

Essential Drug List

Drug list — Four Tier Drug Plan

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

Here are a few things to remember about the list:

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

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

Essential Drug List

What is a drug list?

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

Is this a complete listing of all covered drugs?

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

How can I find a drug on the list?

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

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

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

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

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

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

How will I know how much my drug will cost?

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

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

Here are a few things to think about:

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

Who decides what drugs are on the list?

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

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

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

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

Online Pharmacy Resources

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

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/ca](https://www.anthem.com/ca).

Does my plan cover preventive drugs?

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

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

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

KEY

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

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

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

Essential Drug List

Four-Tier

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Essential Drug List

Four-Tier

CURRENT AS OF 1/1/2019

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

Drug Name	Tier	Notes
demerol (pf) injection solution 100 mg/ml	1 or 1b*	QL
diclofenac potassium oral tablet	1 or 1b*	
diflunisal oral tablet	1 or 1b*	
dihydroergotamine injection solution	1 or 1b*	PA; QL
dihydroergotamine nasal spray,non-aerosol	2	
diskets oral tablet,soluble	1 or 1b*	PA; QL
duramorph (pf) injection solution	1 or 1b*	QL
dvorah oral tablet	1 or 1b*	QL
eletriptan oral tablet	1 or 1b*	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
ergotamine-caffeine oral tablet	1 or 1b*	
fentanyl citrate (pf) injection solution	1 or 1b*	
fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml	1 or 1b*	
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	2	PA; QL
fentanyl transdermal patch 72 hour	2	PA; QL
frovatriptan oral tablet	1 or 1b*	ST; QL
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1 or 1b*	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml	1 or 1b*	QL
hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml)	1 or 1b*	

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

Drug Name	Tier	Notes
hydromorphone injection solution	1 or 1b*	QL
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1 or 1b*	QL
hydromorphone oral liquid	1 or 1b*	QL
hydromorphone oral tablet	1 or 1b*	QL
hydromorphone oral tablet extended release 24 hr	2	PA; QL
hydromorphone rectal suppository	1 or 1b*	QL
ibuprofen-oxycodone oral tablet	1 or 1a*	QL
ketorolac injection cartridge	2	QL
ketorolac injection solution	2	QL
ketorolac injection syringe	2	QL
ketorolac intramuscular cartridge	2	
ketorolac intramuscular solution	2	QL
ketorolac intramuscular syringe	2	QL
ketorolac oral tablet	1 or 1a*	QL
levorphanol tartrate oral tablet	2	PA; QL
lorcet (hydrocodone) oral tablet	1 or 1b*	QL
lorcet hd oral tablet	1 or 1b*	QL
lorcet plus oral tablet 7.5-325 mg	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*	
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine injection cartridge	1 or 1b*	QL
meperidine oral solution	1 or 1b*	QL
meperidine oral tablet	1 or 1b*	QL
methadone injection solution	1 or 1b*	PA; QL
methadone intensol oral concentrate	1 or 1b*	PA; QL
methadone oral concentrate	1 or 1b*	PA; QL
methadone oral solution	1 or 1b*	PA; QL
methadone oral tablet	1 or 1b*	PA; QL
methadone oral tablet, soluble	1 or 1b*	PA; QL
methadose oral concentrate	1 or 1b*	PA; QL
methadose oral tablet, soluble	1 or 1b*	PA; QL

Drug Name	Tier	Notes
migergot rectal suppository	1 or 1b*	
morphine (pf) in 0.9 % nacl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)	1 or 1b*	
morphine (pf) in 0.9 % nacl intravenous solution 1 mg/ml	1 or 1b*	
morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/ml	1 or 1b*	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL
morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml	1 or 1b*	QL
morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml	1 or 1b*	
morphine concentrate oral solution	1 or 1b*	QL
morphine injection solution 8 mg/ml	1 or 1b*	QL
morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1 or 1b*	QL
morphine intravenous pt controlled analgesia syringe	1 or 1b*	
morphine intravenous solution 10 mg/ml, 25 mg/ml	1 or 1b*	QL
morphine intravenous solution 100 mg/4 ml, 250 mg/10 ml, 50 mg/ml	1 or 1b*	
morphine intravenous syringe 2 mg/ml	1 or 1b*	
morphine intravenous syringe 4 mg/ml	1 or 1b*	QL
morphine oral capsule, er multiphase 24 hr	2	PA; QL
morphine oral capsule, extend. release pellets	2	PA; QL
morphine oral solution	1 or 1b*	QL
morphine oral tablet	1 or 1b*	QL
morphine oral tablet extended release	2	PA; QL
morphine rectal suppository	1 or 1b*	QL
nalbuphine injection solution	2	
naratriptan oral tablet	1 or 1b*	QL
oxycodone oral capsule	2	QL
oxycodone oral concentrate	2	QL

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

Drug Name	Tier	Notes
oxycodone oral solution	2	QL
oxycodone oral tablet	2	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
oxymorphone oral tablet	2	QL
oxymorphone oral tablet extended release 12 hr	2	PA; QL
pentazocine-naloxone oral tablet	1 or 1b*	QL
phrenilin forte(with caffeine) oral capsule	1 or 1b*	
remifentanil intravenous recon soln	1 or 1b*	
rizatriptan oral tablet	1 or 1b*	QL
rizatriptan oral tablet,disintegrating	1 or 1b*	QL
sumatriptan nasal spray,non-aerosol	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate subcutaneous cartridge	2	QL
sumatriptan succinate subcutaneous pen injector	2	QL
sumatriptan succinate subcutaneous solution	2	QL
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	2	QL
sumatriptan-naproxen oral tablet	2	ST; QL
tencon oral tablet 50-325 mg	1 or 1b*	
tramadol oral tablet	1 or 1b*	QL
tramadol oral tablet extended release 24 hr	2	PA; QL
tramadol oral tablet, er multiphase 24 hr	2	PA; QL
tramadol-acetaminophen oral tablet	1 or 1b*	QL
verdrocet oral tablet	1 or 1b*	QL
vicodin es oral tablet	1 or 1b*	QL
vicodin hp oral tablet	1 or 1b*	QL
vicodin oral tablet	1 or 1b*	QL
xylon 10 oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
zebutal oral capsule 50-325-40 mg	2	
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet,disintegrating	1 or 1b*	QL
ANESTHETICS		
bupivacaine (pf) injection solution	1 or 1b*	
bupivacaine injection solution	1 or 1b*	
bupivacaine-dextrose-water(pf) injection solution	1 or 1b*	
bupivacaine-epinephrine (pf) injection solution	1 or 1b*	
bupivacaine-epinephrine injection solution	1 or 1b*	
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	1 or 1b*	
chloroprocaine (pf) injection solution	1 or 1b*	
ethyl chloride topical aerosol,spray	1 or 1b*	
etomidate intravenous solution	1 or 1b*	
forane inhalation liquid	1 or 1b*	
glydo mucous membrane jelly in applicator	2	
isoflurane inhalation liquid	1 or 1b*	
ketamine in 0.9 % sod chloride intravenous syringe 50 mg/5 ml (10 mg/ml)	1 or 1b*	
ketamine injection solution	1 or 1b*	
lidocaine (pf) in d7.5w intrathecal solution	1 or 1b*	
lidocaine (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution	1 or 1b*	
lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %)	1 or 1b*	
lidocaine hcl laryngotracheal solution	1 or 1a*	
lidocaine hcl mucous membrane jelly	2	
lidocaine hcl mucous membrane jelly in applicator	2	

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

Drug Name	Tier	Notes
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	
lidocaine topical adhesive patch,medicated	2	
lidocaine topical ointment	2	
lidocaine viscous mucous membrane solution	1 or 1a*	
lidocaine-epinephrine injection solution	1 or 1b*	
lidocaine-prilocaine topical cream	2	
lidocaine-prilocaine topical kit	2	
marcaine (pf) injection solution 0.75 % (7.5 mg/ml)	1 or 1b*	
midazolam (pf) in 0.9 % nacl intravenous solution	1 or 1b*	
midazolam (pf) injection cartridge	1 or 1b*	
midazolam (pf) injection solution	1 or 1b*	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	1 or 1b*	
midazolam injection solution	1 or 1b*	
phenazopyridine oral tablet 100 mg, 200 mg	1 or 1a*	
polocaine injection solution 1 % (10 mg/ml)	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
propofol intravenous emulsion	1 or 1b*	
ropivacaine (pf) injection solution	1 or 1b*	
sensorcaine injection solution 0.5 % (5 mg/ml)	1 or 1b*	
sensorcaine/epinephrine injection solution	1 or 1b*	
sevoflurane inhalation liquid	1 or 1b*	
terrell inhalation liquid	1 or 1b*	
xylocaine dental-epinephrine injection cartridge	1 or 1b*	
ANTIALLERGY		
cromolyn oral concentrate	1 or 1b*	
ANTIARTHRITICS		
allopurinol oral tablet	1 or 1a*	

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

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

Effective 1/1/19

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

Drug Name	Tier	Notes
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER	2	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1 or 1b*	
budesonide inhalation suspension for nebulization 1 mg/2 ml	1 or 1b*	ST; QL
COMBIVENT RESPIMAT INHALATION MIST	2	
cromolyn inhalation solution for nebulization	1 or 1b*	
DULERA INHALATION HFA AEROSOL INHALER	2	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	
ipratropium bromide inhalation solution	1 or 1b*	
ipratropium-albuterol inhalation solution for nebulization	1 or 1b*	
levalbuterol hcl inhalation solution for nebulization	2	
metaproterenol oral syrup	1 or 1a*	
metaproterenol oral tablet	1 or 1a*	
montelukast oral granules in packet	1 or 1b*	
montelukast oral tablet	1 or 1b*	
montelukast oral tablet, chewable	1 or 1b*	
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION	2	
PROAIR HFA INHALATION HFA AEROSOL INHALER	2	

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

Effective 1/1/19

Drug Name	Tier	Notes
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	
SPIRIVA RESPIMAT INHALATION MIST	2	
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	
STIOLTO RESPIMAT INHALATION MIST	2	
SYMBICORT INHALATION HFA AEROSOL INHALER	2	
terbutaline oral tablet	1 or 1b*	
terbutaline subcutaneous solution	1 or 1b*	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
theochron oral tablet extended release 12 hr	1 or 1b*	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml	1 or 1b*	
theophylline oral elixir	1 or 1b*	
theophylline oral solution	1 or 1b*	
theophylline oral tablet extended release 12 hr	1 or 1b*	
theophylline oral tablet extended release 24 hr	1 or 1b*	
zafirlukast oral tablet	1 or 1b*	
zileuton oral tablet, er multiphase 12 hr	2	
ANTIBIOTICS		
ak-poly-bac ophthalmic (eye) ointment	1 or 1a*	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	2	

Drug Name	Tier	Notes
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension for reconstitution	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1 or 1a*	
amoxicillin-pot clavulanate oral suspension for reconstitution	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1 or 1b*	
amoxicillin-pot clavulanate oral tablet,chewable	1 or 1b*	
ampicillin oral capsule	1 or 1a*	
ampicillin sodium injection recon soln	2	
ampicillin sodium intravenous recon soln	2	
ampicillin-sulbactam injection recon soln	2	
ampicillin-sulbactam intravenous recon soln	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
avidoxy oral tablet	1 or 1b*	
azithromycin intravenous recon soln	2	
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension for reconstitution	1 or 1b*	QL
azithromycin oral tablet	1 or 1b*	QL
aztreonam injection recon soln	2	
baciiim intramuscular recon soln	2	
bacitracin intramuscular recon soln	2	
bacitracin ophthalmic (eye) ointment	1 or 1b*	
bacitracin-polymyxin b ophthalmic (eye) ointment	1 or 1a*	
BACTROBAN NASAL NASAL OINTMENT	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
bp 10-1 topical cleanser	1 or 1b*	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1 or 1b*	
cefaclor oral tablet extended release 12 hr	1 or 1b*	
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	2	
cefazolin injection recon soln	2	
cefazolin intravenous recon soln	2	
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension for reconstitution	1 or 1b*	
cefditoren pivoxil oral tablet	1 or 1b*	
cefepime in dextrose,iso-osm intravenous piggyback	2	
cefepime injection recon soln	2	
cefixime oral suspension for reconstitution	2	
cefotaxime injection recon soln 1 gram	2	
cefotetan injection recon soln	2	
cefotetan intravenous recon soln	2	
cefoxitin in dextrose, iso-osm intravenous piggyback	2	
cefoxitin intravenous recon soln	2	
cefpodoxime oral suspension for reconstitution	2	
cefpodoxime oral tablet	2	
cefprozil oral suspension for reconstitution	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
ceftazidime injection recon soln	2	
ceftriaxone in dextrose,iso-os intravenous piggyback	2	

Drug Name	Tier	Notes
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	
ceftriaxone intravenous recon soln	2	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection recon soln 750 mg	2	
cefuroxime sodium intravenous recon soln	2	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension for reconstitution	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
chloramphenicol sod succinate intravenous recon soln	2	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	2	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr	1 or 1b*	
ciprofloxacin hcl ophthalmic (eye) drops	1 or 1a*	
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin hcl otic (ear) dropperette	1 or 1b*	
ciprofloxacin in 5 % dextrose intravenous piggyback	2	
ciprofloxacin oral suspension,microcapsule recon	1 or 1b*	QL
clarithromycin oral suspension for reconstitution	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
clarithromycin oral tablet extended release 24 hr	1 or 1b*	
cleansing wash topical cleanser	1 or 1b*	
cleocin intravenous solution 300 mg/2 ml	1 or 1b*	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin in 5 % dextrose intravenous piggyback	1 or 1b*	
clindamycin palmitate hcl oral recon soln	1 or 1b*	
clindamycin pediatric oral recon soln	1 or 1b*	

* 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 phosphate injection solution	1 or 1b*	
clindamycin phosphate intravenous solution	1 or 1b*	
clindamycin phosphate topical foam	1 or 1b*	ST; QL
clindamycin phosphate topical gel	1 or 1b*	
clindamycin phosphate topical lotion	1 or 1b*	ST; QL
clindamycin phosphate topical solution	1 or 1b*	ST; QL
clindamycin phosphate topical swab	1 or 1b*	ST; QL
clindamycin phosphate vaginal cream	1 or 1b*	ST; QL
colistin (colistimethate na) injection recon soln	2	
coremino oral tablet extended release 24 hr	1 or 1b*	
dapsone oral tablet	2	
daptomycin intravenous recon soln 500 mg	2	
demeclocycline oral tablet	2	
dicloxacillin oral capsule	1 or 1b*	
doxy-100 intravenous recon soln	2	
doxycycline hyclate intravenous recon soln	2	ST; QL
doxycycline hyclate oral capsule	1 or 1b*	
doxycycline hyclate oral tablet 100 mg	1 or 1b*	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1 or 1b*	ST; QL
doxycycline hyclate oral tablet, delayed release (dr/ec)	1 or 1b*	ST; QL
doxycycline monohydrate oral capsule	1 or 1b*	
doxycycline monohydrate oral suspension for reconstitution	1 or 1b*	
doxycycline monohydrate oral tablet	1 or 1b*	
e.e.s. 400 oral tablet	1 or 1b*	
ery pads topical swab	1 or 1b*	
erygel topical gel	1 or 1b*	

Drug Name	Tier	Notes
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	1 or 1b*	
erythrocin (as stearate) oral tablet 250 mg	1 or 1b*	
erythromycin ethylsuccinate oral suspension for reconstitution	2	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin ophthalmic (eye) ointment	1 or 1a*	
erythromycin oral capsule, delayed release (dr/ec)	1 or 1b*	
erythromycin oral tablet	1 or 1b*	
erythromycin with ethanol topical gel	1 or 1b*	
erythromycin with ethanol topical solution	1 or 1b*	
erythromycin with ethanol topical swab	1 or 1b*	
erythromycin-benzoyl peroxide topical gel	1 or 1b*	
ethambutol oral tablet	2	
gatifloxacin ophthalmic (eye) drops	1 or 1b*	
gentak ophthalmic (eye) ointment	1 or 1a*	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	2	
gentamicin injection solution	2	
gentamicin ophthalmic (eye) drops	1 or 1a*	
gentamicin sulfate (ped) (pf) injection solution	2	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	2	
gentamicin topical cream	1 or 1b*	
gentamicin topical ointment	1 or 1b*	
imipenem-cilastatin intravenous recon soln	2	
isoniazid injection solution	1 or 1a*	
isoniazid oral solution	1 or 1a*	
isoniazid 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
levofloxacin in d5w intravenous piggyback	2	
levofloxacin intravenous solution	2	
levofloxacin ophthalmic (eye) drops	1 or 1b*	
levofloxacin oral solution	2	
levofloxacin oral tablet	1 or 1b*	
linezolid in dextrose 5% intravenous piggyback	1 or 1b*	
linezolid oral suspension for reconstitution	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
linezolid-0.9% sodium chloride intravenous parenteral solution	1 or 1b*	
mafenide acetate topical packet	2	
meropenem intravenous recon soln	2	
methenamine hippurate oral tablet	2	
methenamine mandelate oral tablet	1 or 1b*	
metro i.v. intravenous piggyback	1 or 1b*	
metronidazole in nacl (iso-os) intravenous piggyback	1 or 1b*	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
metronidazole vaginal gel	1 or 1b*	
minocycline oral capsule	1 or 1b*	ST; QL
minocycline oral tablet	1 or 1b*	ST; QL
minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 65 mg, 90 mg	1 or 1b*	ST; QL
mondoxyne nl oral capsule	1 or 1b*	
morgidox oral capsule 100 mg	1 or 1b*	
moxifloxacin ophthalmic (eye) drops	2	
moxifloxacin oral tablet	2	
mupirocin calcium topical cream	1 or 1b*	
mupirocin topical ointment	1 or 1b*	
nafcillin in dextrose iso-osm intravenous piggyback	2	

Drug Name	Tier	Notes
nafcillin injection recon soln	2	
nafcillin intravenous recon soln	2	
neomycin oral tablet	1 or 1a*	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	1 or 1b*	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	1 or 1b*	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	1 or 1a*	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	1 or 1a*	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	1 or 1b*	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	1 or 1b*	
neomycin-polymyxin-hc otic (ear) drops,suspension	1 or 1b*	
neomycin-polymyxin-hc otic (ear) solution	1 or 1b*	
neo-polycin hc ophthalmic (eye) ointment	1 or 1b*	
neo-polycin ophthalmic (eye) ointment	1 or 1b*	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd/m-cryst oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
ofloxacin ophthalmic (eye) drops	1 or 1a*	
ofloxacin oral tablet 300 mg	1 or 1b*	QL
ofloxacin oral tablet 400 mg	1 or 1b*	
ofloxacin otic (ear) drops	1 or 1b*	
okebo oral capsule 75 mg	1 or 1b*	
OTOVEL OTIC (EAR) SOLUTION	2	
oxacillin in dextrose(iso-osm) intravenous piggyback	2	
oxacillin injection recon soln	2	
oxacillin intravenous recon soln	2	

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

Drug Name	Tier	Notes
penicillin g potassium injection recon soln	2	
penicillin g procaine intramuscular syringe	2	
penicillin g sodium injection recon soln	2	
penicillin v potassium oral recon soln	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen-g injection recon soln	2	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	2	
polycin ophthalmic (eye) ointment	1 or 1a*	
polymyxin b sulfate injection recon soln	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1 or 1a*	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	2	
rifabutin oral capsule	2	
rifampin intravenous recon soln	2	
rifampin oral capsule	2	
RIFATER ORAL TABLET	2	
silver sulfadiazine topical cream	1 or 1a*	
soloxide oral tablet, delayed release (dr/ec)	1 or 1b*	ST; QL
ssd topical cream	1 or 1a*	
sss 10-5 topical cream	1 or 1b*	
sss 10-5 topical foam	1 or 1b*	
sulfacetamide sodium ophthalmic (eye) drops	1 or 1b*	
sulfacetamide sodium ophthalmic (eye) ointment	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %, 9-4.5 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur topical cream 10-2 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	1 or 1b*	

Drug Name	Tier	Notes
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	1 or 1b*	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur topical suspension 10-5 %	1 or 1b*	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1 or 1b*	PA; QL
sulfacetamide sod-sulfur-urea topical cleanser	1 or 1b*	
sulfacetamide-prednisolone ophthalmic (eye) drops	1 or 1a*	
sulfacetamide-sulfur-cleansr23 topical kit	1 or 1b*	PA; QL
sulfact na-sul-avobnz-otn-ocsa topical combo pack, cleanser and cream	1 or 1b*	
sulfadiazine oral tablet	2	
sulfamethoxazole-trimethoprim intravenous solution	2	
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim oral suspension	1 or 1a*	
tetracycline oral capsule	1 or 1b*	
THALOMID ORAL CAPSULE	4	PA; QL; SP
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
tobramycin in 0.225 % nacl inhalation solution for nebulization	4	SP
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	2	
tobramycin ophthalmic (eye) drops	1 or 1a*	
tobramycin sulfate injection recon soln	2	
tobramycin sulfate injection solution	2	
tobramycin-dexamethasone ophthalmic (eye) drops, suspension	1 or 1b*	
trimethoprim oral tablet	1 or 1a*	

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

Drug Name	Tier	Notes
ur n-c oral tablet	1 or 1b*	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1 or 1b*	
uryl oral tablet	1 or 1b*	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	2	PA; QL
vancomycin oral capsule	2	PA; QL
vandazole vaginal gel	1 or 1b*	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
ANTICOAGULANTS		
ELIQUIS ORAL TABLET	2	
ELIQUIS ORAL TABLETS,DOSE PACK	2	
enoxaparin subcutaneous solution	4	
enoxaparin subcutaneous syringe	4	
fondaparinux subcutaneous syringe	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
hep flush-10 (pf) intravenous solution	2	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	
heparin (porcine) in nacl (pf) intravenous parenteral solution	2	
heparin (porcine) injection cartridge	2	
heparin (porcine) injection solution	2	
heparin (porcine) injection syringe 5,000 unit/ml	2	
heparin flush(porcine)-0.9nacl intravenous kit	2	
heparin lock flush (porcine) intravenous solution	2	

Drug Name	Tier	Notes
heparin lock flush intravenous solution	2	
heparin lock flush intravenous syringe	2	
heparin lockflush(porcine)(pf) intravenous syringe	2	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	2	
heparin, porcine (pf) injection solution	2	
heparin, porcine (pf) injection syringe	2	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	2	
heparin, porcine (pf) intravenous syringe	2	
jantoven oral tablet	1 or 1a*	
PRADAXA ORAL CAPSULE	3	
warfarin oral tablet	1 or 1a*	
XARELTO ORAL TABLET	2	
XARELTO ORAL TABLETS,DOSE PACK	2	
ANTIDOTES		
naloxone injection solution	1 or 1b*	
naloxone injection syringe	1 or 1b*	
naltrexone oral tablet	1 or 1b*	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	
ANTIFUNGALS		
amphotericin b injection recon soln	2	
caspofungin intravenous recon soln	2	
ciclopirox topical cream	1 or 1b*	
ciclopirox topical gel	1 or 1b*	
ciclopirox topical shampoo	1 or 1b*	
ciclopirox topical solution	1 or 1b*	
ciclopirox topical suspension	1 or 1b*	
clotrimazole mucous membrane troche	1 or 1b*	
clotrimazole topical solution	1 or 1b*	

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

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Drug Name	Tier	Notes
clotrimazole-betamethasone topical cream	1 or 1b*	
clotrimazole-betamethasone topical lotion	1 or 1b*	
econazole topical cream	1 or 1b*	
fluconazole in dextrose(iso-o) intravenous piggyback	1 or 1b*	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1 or 1b*	
fluconazole oral suspension for reconstitution	1 or 1b*	
fluconazole oral tablet	1 or 1b*	
flucytosine oral capsule	2	PA; QL
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
itraconazole oral capsule	2	PA; QL
itraconazole oral solution	2	PA; 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*	
miconazole-3 vaginal suppository	1 or 1b*	
naftifine topical cream	2	ST; QL
nyamyc topical powder	1 or 1b*	
nystatin oral suspension	1 or 1b*	
nystatin oral tablet	1 or 1b*	
nystatin topical cream	1 or 1b*	
nystatin topical ointment	1 or 1b*	
nystatin topical powder	1 or 1b*	
nystatin-triamcinolone topical cream	1 or 1b*	
nystatin-triamcinolone topical ointment	1 or 1b*	
nystop topical powder	1 or 1b*	
oxiconazole topical cream	1 or 1b*	ST; QL
terbinafine hcl oral tablet	1 or 1b*	
terconazole vaginal cream	1 or 1b*	
terconazole vaginal suppository	1 or 1b*	

Drug Name	Tier	Notes
voriconazole intravenous solution	2	
voriconazole oral suspension for reconstitution	2	PA; QL
voriconazole oral tablet	2	PA; QL
ANTI-HISTAMINE AND DECONGESTANT COMBINATION		
centergy oral drops	1 or 1b*	
promethazine-phenylephrine oral syrup	1 or 1b*	
ANTI-HISTAMINES		
azelastine ophthalmic (eye) drops	1 or 1b*	QL
carbinoxamine maleate oral liquid	1 or 1b*	
carbinoxamine maleate oral tablet	1 or 1b*	
clemastine oral tablet 2.68 mg	1 or 1b*	
cyproheptadine oral tablet	1 or 1b*	
desloratadine oral tablet	3	
desloratadine oral tablet, disintegrating	3	
diphenhydramine hcl injection solution 50 mg/ml	2	
diphenhydramine hcl injection syringe	2	
diphenhydramine hcl oral capsule 50 mg	1 or 1a*	
epinastine ophthalmic (eye) drops	1 or 1b*	QL
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
olopatadine ophthalmic (eye) drops	1 or 1b*	ST; QL
promethazine injection solution	1 or 1a*	
promethazine oral syrup	1 or 1a*	
promethazine oral tablet	1 or 1a*	
ANTI-HYPERGLYCEMIC S		
acarbose 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
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR	2	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	ST; QL
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDE D REL RECON	2	ST; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	ST; QL
chlorpropamide oral tablet	1 or 1b*	ST; QL
glimepiride oral tablet	1 or 1b*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide oral tablet extended release 24hr	1 or 1a*	ST; QL
glipizide-metformin oral tablet	1 or 1b*	ST; QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF- UNIT	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION	2	

Drug Name	Tier	Notes
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
JENTADUETO ORAL TABLET	2	ST; QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
LANTUS SOLOSTAR U- 100 INSULIN SUBCUTANEOUS INSULIN PEN	2	

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

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Drug Name	Tier	Notes
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
metformin oral tablet	1 or 1b*	
metformin oral tablet extended release 24 hr	1 or 1b*	generic Glucophage XR
miglitol oral tablet	1 or 1b*	
nateglinide oral tablet	2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR	2	ST; QL
pioglitazone oral tablet	1 or 1b*	ST; QL
pioglitazone-glimepiride oral tablet	1 or 1b*	ST; QL
pioglitazone-metformin oral tablet	1 or 1b*	ST; QL
repaglinide oral tablet	2	
repaglinide-metformin oral tablet	2	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
tolazamide oral tablet	1 or 1b*	ST; QL
tolbutamide oral tablet	2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRADJENTA ORAL TABLET	2	ST; DO; QL

Drug Name	Tier	Notes
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
ANTIINFECTIVES/MISCELLANEOUS		
albendazole oral tablet	1 or 1b*	PA; QL
atovaquone oral suspension	2	
atovaquone-proguanil oral tablet	1 or 1b*	
chloroquine phosphate oral tablet	1 or 1a*	
glycine urologic irrigation solution	1 or 1b*	
glycine urologic solution irrigation solution	1 or 1b*	
hydroxychloroquine oral tablet	1 or 1b*	
ivermectin oral tablet	1 or 1b*	
mefloquine oral tablet	1 or 1b*	
NEBUPENT INHALATION RECON SOLN	2	
paromomycin oral capsule	1 or 1b*	
praziquantel oral tablet	2	
PRIMAQUINE ORAL TABLET	2	
quinine sulfate oral capsule	1 or 1b*	PA; QL
tinidazole oral tablet	1 or 1b*	
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS		
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; QL; SP
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL; SP
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP

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

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Drug Name	Tier	Notes
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
REMICADE INTRAVENOUS RECON SOLN	4	PA; QL; SP
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; QL; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
SIMPONI SUBCUTANEOUS SYRINGE	4	PA; QL; SP
ANTINEOPLASTICS		
abiraterone oral tablet	4	PA; QL; SP

Drug Name	Tier	Notes
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	4	PA; QL; SP
AFINITOR ORAL TABLET	4	PA; QL; SP
anastrozole oral tablet	2	
bexarotene oral capsule	4	PA; QL; SP
bicalutamide oral tablet	2	
BOSULIF ORAL TABLET	4	PA; QL; SP
capecitabine oral tablet	4	PA; QL; SP
CAPRELSA ORAL TABLET	4	PA; QL
CARAC TOPICAL CREAM	2	
COMETRIQ ORAL CAPSULE	4	PA; QL; LD
cyclophosphamide oral capsule	4	SP
diclofenac sodium topical gel 3 %	2	PA; QL
EMCYT ORAL CAPSULE	4	PA; QL
ERIVEDGE ORAL CAPSULE	4	PA; QL; SP
ERLEADA ORAL TABLET	4	PA; QL; SP
etoposide oral capsule	4	SP
exemestane oral tablet	2	
FARESTON ORAL TABLET	4	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	4	PA; QL; SP
fluorouracil topical cream 5 %	1 or 1b*	
fluorouracil topical solution	1 or 1b*	
flutamide oral capsule	2	
GILOTRIF ORAL TABLET	4	PA; QL; LD; SP
HYCAMTIN ORAL CAPSULE	4	PA; QL; SP
hydroxyurea oral capsule	2	
ICLUSIG ORAL TABLET	4	PA; QL
imatinib oral tablet	4	PA; QL; SP
INLYTA ORAL TABLET	4	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
INTRON A INJECTION RECON SOLN	4	SP
INTRON A INJECTION SOLUTION	4	SP
IRESSA ORAL TABLET	4	PA; QL; LD; SP
JAKAFI ORAL TABLET	4	PA; QL; LD; SP
letrozole oral tablet	2	
LEUKERAN ORAL TABLET	2	
leuprolide subcutaneous kit	4	PA; QL; SP
LYSODREN ORAL TABLET	4	
MATULANE ORAL CAPSULE	4	LD
megestrol oral tablet	1 or 1b*	
MEKINIST ORAL TABLET	4	PA; QL; SP
melphalan oral tablet	4	SP
mercaptopurine oral tablet	2	
methotrexate sodium (pf) injection recon soln	4	
methotrexate sodium (pf) injection solution	4	
methotrexate sodium injection solution	4	
methotrexate sodium oral tablet	2	
MYLERAN ORAL TABLET	4	
NEXAVAR ORAL TABLET	4	PA; QL; SP
nilutamide oral tablet	4	QL
POMALYST ORAL CAPSULE	4	PA; QL; SP
REVLIMID ORAL CAPSULE	4	PA; QL; SP
SOLTAMOX ORAL SOLUTION	2	\$0
SPRYCEL ORAL TABLET	4	PA; QL; SP
STIVARGA ORAL TABLET	4	PA; QL; SP
SUTENT ORAL CAPSULE	4	PA; QL; SP
TABLOID ORAL TABLET	2	
TAFINLAR ORAL CAPSULE	4	PA; QL; SP

Drug Name	Tier	Notes
tamoxifen oral tablet	2	\$0
TARCEVA ORAL TABLET	4	PA; QL; SP
TARGRETIN TOPICAL GEL	4	PA; QL; SP
TASIGNA ORAL CAPSULE	4	PA; QL; SP
temozolomide oral capsule	4	PA; QL; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; QL; SP
tretinoin (chemotherapy) oral capsule	2	
TREXALL ORAL TABLET	2	
TYKERB ORAL TABLET	4	PA; QL; SP
VOTRIENT ORAL TABLET	4	PA; QL; SP
XALKORI ORAL CAPSULE	4	PA; QL; SP
XTANDI ORAL CAPSULE	4	PA; QL; SP
ZELBORAF ORAL TABLET	4	PA; QL; SP
ZOLINZA ORAL CAPSULE	4	PA; QL; SP
ZYTIGA ORAL TABLET	4	PA; QL; SP
ANTI-OBESITY DRUGS		
benzphetamine oral tablet 25 mg	1 or 1b*	
benzphetamine oral tablet 50 mg	1 or 1b*	PA; QL
diethylpropion oral tablet	1 or 1b*	PA; QL
diethylpropion oral tablet extended release	1 or 1b*	PA; QL
phendimetrazine tartrate oral capsule, extended release	1 or 1b*	PA; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; QL
phentermine oral capsule	1 or 1b*	PA; QL
phentermine oral tablet	1 or 1b*	PA; QL
ANTIPARASITICS		
croton topical lotion	2	
lindane topical shampoo	1 or 1b*	
malathion topical lotion	1 or 1b*	
permethrin topical cream	1 or 1b*	

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

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Drug Name	Tier	Notes
spinosad topical suspension	1 or 1b*	
ANTIPARKINSON DRUGS		
amantadine hcl oral capsule	1 or 1b*	
amantadine hcl oral solution	1 or 1b*	
amantadine hcl oral tablet	1 or 1b*	
benztropine injection solution	1 or 1a*	
benztropine oral tablet	1 or 1a*	
bromocriptine oral capsule	1 or 1b*	
bromocriptine oral tablet	1 or 1b*	
carbidopa oral tablet	2	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet extended release	2	
carbidopa-levodopa oral tablet, disintegrating	2	
carbidopa-levodopa-entacapone oral tablet	2	
entacapone oral tablet	2	
pramipexole oral tablet	1 or 1b*	
pramipexole oral tablet extended release 24 hr	1 or 1b*	
rasagiline oral tablet	2	
ropinirole oral tablet	1 or 1b*	
ropinirole oral tablet extended release 24 hr	1 or 1b*	
selegiline hcl oral capsule	2	
selegiline hcl oral tablet	2	
tolcapone oral tablet	2	PA; QL
trihexyphenidyl oral elixir	1 or 1a*	
trihexyphenidyl oral tablet	1 or 1a*	
ANTIPLATELET DRUGS		
anagrelide oral capsule	1 or 1b*	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1 or 1b*	
BRILINTA ORAL TABLET	2	
cilostazol oral tablet	2	
clopidogrel oral tablet	1 or 1b*	
dipyridamole oral tablet	2	
eptifibatide intravenous solution	2	
prasugrel oral tablet 10 mg	2	

Drug Name	Tier	Notes
prasugrel oral tablet 5 mg	2	DO
ANTIVIRALS		
abacavir oral solution	4	
abacavir oral tablet	4	
abacavir-lamivudine oral tablet	4	
abacavir-lamivudine-zidovudine oral tablet	4	
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension 200 mg/5 ml	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous recon soln	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
acyclovir topical ointment	1 or 1b*	
adefovir oral tablet	4	SP
APTIVUS ORAL CAPSULE	4	
APTIVUS ORAL SOLUTION	4	
atazanavir oral capsule	4	
BARACLUDE ORAL SOLUTION	4	SP
BIKTARVY ORAL TABLET	4	
CIMDUO ORAL TABLET	4	
DESCOVY ORAL TABLET	4	
didanosine oral capsule, delayed release(dr/ec)	4	
EDURANT ORAL TABLET	4	
efavirenz oral capsule	4	
efavirenz oral tablet	4	
EMTRIVA ORAL CAPSULE	4	
EMTRIVA ORAL SOLUTION	4	
entecavir oral tablet	4	SP
EPIVIR HBV ORAL SOLUTION	4	SP
famciclovir oral tablet	1 or 1b*	
fosamprenavir oral tablet	4	

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

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Drug Name	Tier	Notes
FUZEON SUBCUTANEOUS RECON SOLN	4	
GENVOYA ORAL TABLET	4	
INTELENCE ORAL TABLET	4	
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET,CHEWABLE	4	
KALETRA ORAL TABLET	4	
lamivudine oral tablet 150 mg, 300 mg	4	
lamivudine-zidovudine oral tablet	4	
lopinavir-ritonavir oral solution	4	
MAVYRET ORAL TABLET	4	PA; QL; SP
moderiba dose pack oral tablets,dose pack 600 mg (7)-600 mg (7), 600-600 mg (28)-mg (28)	4	SP
moderiba oral tablet	4	SP
nevirapine oral suspension	4	
nevirapine oral tablet	4	
nevirapine oral tablet extended release 24 hr	4	
NORVIR ORAL CAPSULE	4	
NORVIR ORAL SOLUTION	4	
oseltamivir oral capsule	1 or 1b*	QL
oseltamivir oral suspension for reconstitution	1 or 1b*	QL
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	QL
REYATAZ ORAL POWDER IN PACKET	4	
ribasphere oral capsule	4	SP
ribasphere oral tablet	4	SP

Drug Name	Tier	Notes
ribasphere ribapak oral tablets,dose pack	4	SP
ribavirin inhalation recon soln	2	
ribavirin oral capsule	4	SP
ribavirin oral tablet 200 mg	4	SP
rimantadine oral tablet	1 or 1b*	
ritonavir oral tablet	4	
SELZENTRY ORAL TABLET	4	
stavudine oral capsule	4	
STRIBILD ORAL TABLET	4	
tenofovir disoproxil fumarate oral tablet	4	
TIVICAY ORAL TABLET	4	
trifluridine ophthalmic (eye) drops	1 or 1b*	
TRIUMEQ ORAL TABLET	4	
TRUVADA ORAL TABLET	4	
valacyclovir oral tablet	1 or 1b*	
valganciclovir oral recon soln	4	SP
valganciclovir oral tablet	4	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
VOSEVI ORAL TABLET	4	PA; QL; SP
XOFLUZA ORAL TABLET	3	
zidovudine oral capsule	4	
zidovudine oral syrup	4	
zidovudine oral tablet	4	
AUTONOMIC DRUGS		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	1 or 1b*	PA; QL
adrenalin injection solution	1 or 1b*	
amphetamine sulfate oral tablet	1 or 1b*	
anectine injection solution	1 or 1b*	
atracurium intravenous solution	1 or 1b*	
bethanechol chloride oral tablet	2	
cevimeline oral capsule	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
cisatracurium intravenous solution	1 or 1b*	
dextroamphetamine oral capsule, extended release	1 or 1b*	PA; QL
dextroamphetamine oral solution	1 or 1b*	PA; QL
dextroamphetamine oral tablet	1 or 1b*	PA; QL
dextroamphetamine-amphetamine oral capsule, extended release 24hr	1 or 1b*	PA; QL
dextroamphetamine-amphetamine oral tablet	1 or 1b*	PA; QL
donepezil oral tablet	1 or 1b*	
donepezil oral tablet, disintegrating	1 or 1b*	
dopamine in 5 % dextrose intravenous solution	1 or 1b*	
dopamine intravenous solution	1 or 1b*	
epinephrine hcl in 0.9 % nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)	1 or 1b*	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.15 MG/0.3 ML	1 or 1b*	
epinephrine injection auto-injector 0.3 mg/0.3 ml	1 or 1b*	
epinephrine injection solution 1 mg/ml	1 or 1b*	
epinephrine injection syringe 0.1 mg/ml	1 or 1b*	
galantamine oral capsule, ext rel. pellets 24 hr	2	
galantamine oral solution	2	
galantamine oral tablet	2	
guanidine oral tablet	1 or 1b*	
MESTINON ORAL SYRUP	2	
methamphetamine oral tablet	1 or 1b*	PA; QL
midodrine oral tablet	2	
neostigmine methylsulfate intravenous solution	1 or 1b*	
neostigmine methylsulfate intravenous syringe 5 mg/5 ml (1 mg/ml)	1 or 1b*	

Drug Name	Tier	Notes
norepinephrine bitartrate intravenous solution	1 or 1b*	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)	1 or 1b*	
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml)	1 or 1b*	
pancuronium intravenous solution	1 or 1b*	
phenoxybenzamine oral capsule	2	PA; QL
phentolamine injection recon soln	1 or 1b*	
pilocarpine hcl oral tablet	2	
procentra oral solution	1 or 1b*	PA; QL
pyridostigmine bromide oral tablet	2	
pyridostigmine bromide oral tablet extended release	2	
regonol injection solution	1 or 1b*	
rivastigmine tartrate oral capsule	2	
rivastigmine transdermal patch 24 hour	2	
rocuronium intravenous solution	1 or 1b*	
succinylcholine chloride injection solution	1 or 1b*	
vecuronium bromide intravenous recon soln	1 or 1b*	
zenzedi oral tablet 10 mg, 5 mg	1 or 1b*	PA; QL
BIOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	2	\$0

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

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Drug Name	Tier	Notes
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
ANASCORP INTRAVENOUS RECON SOLN	2	
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN	2	
ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
BEXSERO INTRAMUSCULAR SYRINGE	2	\$0
BIOTHRAX INTRAMUSCULAR SUSPENSION	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	2	\$0
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	2	\$0
candin intradermal allergen	1 or 1b*	
CROFAB INJECTION RECON SOLN	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	\$0
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	2	\$0
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	\$0

Drug Name	Tier	Notes
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	\$0
EZ FLU 2018-19(FLUCELVAX)(PF) INTRAMUSCULAR SYRINGE KIT	2	\$0
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE	2	\$0
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION	2	\$0
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0

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Drug Name	Tier	Notes
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE	2	\$0
GAMUNEX-C INJECTION SOLUTION	4	PA; QL; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	\$0
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	\$0
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	\$0
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	\$0
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	2	\$0
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	2	\$0
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	\$0
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	\$0
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	\$0
IPOL INJECTION SUSPENSION	2	\$0
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	\$0
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	\$0
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	\$0

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

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

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Drug Name	Tier	Notes
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	\$0
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	2	\$0
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	\$0
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	2	\$0
TETANUS-DIPHThERIA TOXIDS-TD INTRAMUSCULAR SUSPENSION	2	\$0
TRUMENBA INTRAMUSCULAR SYRINGE	2	\$0
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	\$0
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	2	\$0
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	\$0
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	

Drug Name	Tier	Notes
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
BLOOD		
albumin, human 25 % intravenous parenteral solution	1 or 1b*	
alburx (human) 25 % intravenous parenteral solution	1 or 1b*	
albutein 25 % intravenous parenteral solution	1 or 1b*	
albutein 5 % intravenous parenteral solution	1 or 1b*	
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral tablet	2	
buminate 25 % intravenous parenteral solution	1 or 1b*	
buminate 5 % intravenous parenteral solution	1 or 1b*	
DROXIA ORAL CAPSULE		
hetastarch 6 % in 0.9 % nacl intravenous solution	1 or 1b*	
lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution	1 or 1b*	
lmd 10 % in 5 % dextrose intravenous parenteral solution	1 or 1b*	
pentoxifylline oral tablet extended release	1 or 1b*	
plasbumin 25 % intravenous parenteral solution	1 or 1b*	
plasbumin 5 % intravenous parenteral solution	1 or 1b*	
plasmanate intravenous parenteral solution	1 or 1b*	
protamine intravenous solution	1 or 1b*	
tranexamic acid intravenous solution	2	
tranexamic acid 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
CARDIAC DRUGS		
adenosine intravenous solution	1 or 1b*	
adenosine intravenous syringe	1 or 1b*	
afeditab cr oral tablet extended release 30 mg	2	DO
afeditab cr oral tablet extended release 60 mg	2	
amiodarone intravenous solution	1 or 1b*	
amiodarone intravenous syringe	1 or 1b*	
amiodarone oral tablet	1 or 1b*	
amlodipine oral tablet 10 mg	1 or 1b*	
amlodipine oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg	1 or 1b*	DO
cartia xt oral capsule,extended release 24hr 240 mg, 300 mg	1 or 1b*	
digitek oral tablet	1 or 1b*	
digox oral tablet	1 or 1b*	
digoxin injection solution	1 or 1b*	
digoxin injection syringe	1 or 1b*	
digoxin oral solution 50 mcg/ml	1 or 1b*	
digoxin oral tablet	1 or 1b*	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE	2	
diltiazem hcl intravenous recon soln	1 or 1b*	
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	1 or 1b*	
diltiazem hcl oral capsule,extended release 12 hr	1 or 1b*	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg	1 or 1b*	DO

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

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

Drug Name	Tier	Notes
isradipine oral capsule	1 or 1b*	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
lidocaine (pf) intravenous solution	1 or 1b*	
lidocaine (pf) intravenous syringe	1 or 1b*	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)	1 or 1b*	
lidocaine in nacl,iso-osmo(pf) injection syringe	1 or 1b*	
matzim la oral tablet extended release 24 hr 180 mg	1 or 1b*	DO
matzim la oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
mexiletine oral capsule	2	
milrinone in 5 % dextrose intravenous piggyback	1 or 1b*	
milrinone intravenous solution	1 or 1b*	
nicardipine intravenous solution	1 or 1b*	
nicardipine oral capsule	1 or 1b*	
nifedipine oral capsule	2	
nifedipine oral tablet extended release 24hr 30 mg	2	DO
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	2	
nifedipine oral tablet extended release 30 mg	2	DO
nifedipine oral tablet extended release 60 mg, 90 mg	2	
nimodipine oral capsule	2	
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*	

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

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

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Drug Name	Tier	Notes
verapamil oral capsule, 24 hr er pellet ct 200 mg, 300 mg	1 or 1b*	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg	1 or 1b*	DO
verapamil oral capsule,ext rel. pellets 24 hr 240 mg, 360 mg	1 or 1b*	
verapamil oral tablet	1 or 1b*	
verapamil oral tablet extended release	1 or 1b*	
CARDIOVASCULAR		
acebutolol oral capsule	1 or 1b*	
alprostadil injection solution	1 or 1b*	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
amlodipine-benazepril oral capsule	1 or 1b*	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	
amlodipine-valsartan oral tablet 5-160 mg	1 or 1b*	DO
amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	
amlodipine-valsartan-hcthiazyd oral tablet 5-160-12.5 mg	1 or 1b*	DO
atenolol oral tablet	1 or 1a*	
atenolol-chlorthalidone oral tablet	1 or 1b*	
atorvastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin oral tablet 40 mg	1 or 1b*	DO
atorvastatin oral tablet 80 mg	1 or 1b*	
benazepril oral tablet	1 or 1a*	

Drug Name	Tier	Notes
benazepril-hydrochlorothiazide oral tablet	1 or 1b*	
betaxolol oral tablet	1 or 1b*	
BIDIL ORAL TABLET	2	
bisoprolol fumarate oral tablet	1 or 1b*	
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
BYSTOLIC ORAL TABLET	3	
candesartan oral tablet	1 or 1b*	
candesartan-hydrochlorothiazid oral tablet	1 or 1b*	
captopril oral tablet	1 or 1b*	
captopril-hydrochlorothiazide oral tablet	1 or 1b*	
carvedilol oral tablet	1 or 1b*	
carvedilol phosphate oral capsule, er multiphase 24 hr	2	
cholestyramine (with sugar) oral powder	2	
cholestyramine (with sugar) oral powder in packet	2	
cholestyramine light oral powder	2	
cholestyramine light oral powder in packet	2	
clonidine hcl oral tablet	1 or 1a*	
clonidine transdermal patch weekly	2	
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1 or 1b*	
colesevelam oral powder in packet	2	
colesevelam oral tablet	2	
colestipol oral granules	1 or 1b*	
colestipol oral packet	1 or 1b*	
colestipol oral tablet	1 or 1b*	
doxazosin oral tablet	1 or 1b*	
enalapril maleate oral tablet	1 or 1b*	
enalaprilat intravenous solution	1 or 1b*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
ENTRESTO ORAL TABLET	3	PA; QL
eprosartan oral tablet	1 or 1b*	
ergoloid oral tablet	2	
esmolol intravenous solution	1 or 1b*	
esmolol intravenous syringe	1 or 1b*	
ezetimibe oral tablet	2	ST; QL
ezetimibe-simvastatin oral tablet	2	ST; QL
fenofibrate micronized oral capsule	1 or 1b*	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1 or 1b*	
fenofibrate oral tablet 120 mg, 40 mg	1 or 1b*	ST; QL
fenofibrate oral tablet 160 mg, 54 mg	1 or 1b*	
fenofibric acid (choline) oral capsule, delayed release(dr/ec)	1 or 1b*	
fenofibric acid oral tablet	1 or 1b*	
fluvastatin oral capsule	1 or 1b*	DO; \$0
fluvastatin oral tablet extended release 24 hr	1 or 1b*	\$0
fosinopril oral tablet	1 or 1b*	
fosinopril-hydrochlorothiazide oral tablet	1 or 1b*	
gemfibrozil oral tablet	1 or 1b*	
guanfacine oral tablet	1 or 1b*	
hydralazine injection solution	2	
hydralazine oral tablet	1 or 1b*	
indomethacin sodium intravenous recon soln	2	
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	
labetalol intravenous solution	1 or 1b*	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml)	1 or 1b*	
labetalol oral tablet	1 or 1b*	
LETAIRIS ORAL TABLET	4	PA; QL; LD; SP

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

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

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Drug Name	Tier	Notes
olmesartan-hydrochlorothiazide oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	
papaverine injection solution	1 or 1b*	
perindopril erbumine oral tablet	1 or 1b*	
phenylephrine hcl in 0.9% nacl intravenous solution 80 mg/250 ml (320 mcg/ml)	1 or 1b*	
phenylephrine hcl in d5w intravenous solution 20 mg/250 ml (80 mcg/ml)	1 or 1b*	
phenylephrine hcl injection solution	1 or 1b*	
pindolol oral tablet	2	
pravastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
pravastatin oral tablet 40 mg, 80 mg	1 or 1b*	\$0
prazosin oral capsule	1 or 1b*	
prevalite oral powder	2	
prevalite oral powder in packet	2	
propranolol intravenous solution	1 or 1b*	
propranolol oral capsule,extended release 24 hr	1 or 1b*	
propranolol oral solution	1 or 1b*	
propranolol oral tablet	1 or 1b*	
propranolol-hydrochlorothiazid oral tablet	1 or 1b*	
quinapril oral tablet	1 or 1b*	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
ramipril oral capsule	1 or 1b*	
REMODYLIN INJECTION SOLUTION	4	PA; QL; LD; SP
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	4	PA; QL; SP
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	4	PA; QL; SP

Drug Name	Tier	Notes
rosuvastatin oral tablet 10 mg, 5 mg	2	ST; DO; QL; \$0
rosuvastatin oral tablet 20 mg	2	ST; DO; QL
rosuvastatin oral tablet 40 mg	2	ST; QL
sildenafil (antihypertensive) oral tablet	4	PA; QL; SP
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
sorine oral tablet	2	
sotalol af oral tablet	2	
sotalol oral tablet	2	
tadalafil (antihypertensive) oral tablet	4	PA; QL; SP
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	DO
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	
terazosin oral capsule	1 or 1b*	
timolol maleate oral tablet	1 or 1b*	
TRACLEER ORAL TABLET	4	PA; QL; SP
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; QL; SP
trandolapril oral tablet	1 or 1b*	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg	1 or 1b*	DO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	1 or 1b*	
valsartan oral tablet	1 or 1b*	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
WELCHOL ORAL POWDER IN PACKET	2	
CNS DRUGS		
AUBAGIO ORAL TABLET	4	PA; QL; SP
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	4	PA; QL; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL; SP
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL; SP
BETASERON SUBCUTANEOUS KIT	4	PA; QL; SP
caffeine citrate intravenous solution	2	
caffeine citrate oral solution	2	
carbamazepine oral capsule, er multiphase 12 hr	1 or 1b*	
carbamazepine oral suspension 100 mg/5 ml	1 or 1b*	
carbamazepine oral tablet	1 or 1b*	
carbamazepine oral tablet extended release 12 hr	1 or 1b*	
carbamazepine oral tablet, chewable	1 or 1b*	
clobazam oral suspension	2	
clobazam oral tablet	2	
clonazepam oral tablet	1 or 1b*	
clonazepam oral tablet, disintegrating	1 or 1b*	
dalfampridine oral tablet extended release 12 hr	4	PA; QL; SP
DIASTAT RECTAL KIT	2	
diazepam rectal kit	1 or 1b*	
DILANTIN ORAL CAPSULE	2	
divalproex oral capsule, delayed rel sprinkle	1 or 1b*	

Drug Name	Tier	Notes
divalproex oral tablet extended release 24 hr	1 or 1b*	
divalproex oral tablet, delayed release (dr/ec)	1 or 1b*	
doxapram intravenous solution	1 or 1b*	
epitol oral tablet	1 or 1b*	
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
felbamate oral suspension	2	
felbamate oral tablet	2	
fosphenytoin injection solution	2	
gabapentin oral capsule	2	
gabapentin oral solution	2	
gabapentin oral tablet 600 mg, 800 mg	2	
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL; SP
glatiramer subcutaneous syringe	4	PA; QL; SP
glatopa subcutaneous syringe	4	PA; QL; SP
lamotrigine oral tablet	1 or 1b*	
lamotrigine oral tablet disintegrating, dose pk	1 or 1b*	
lamotrigine oral tablet extended release 24hr	1 or 1b*	
lamotrigine oral tablet, chewable dispersible	1 or 1b*	
lamotrigine oral tablet, disintegrating	1 or 1b*	
lamotrigine oral tablets, dose pack	1 or 1b*	
levetiracetam intravenous solution	2	
levetiracetam oral solution	2	
levetiracetam oral tablet	2	
levetiracetam oral tablet extended release 24 hr	2	
memantine oral capsule, sprinkle, er 24hr	2	
memantine oral solution	2	
memantine oral tablet	2	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	2	

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

Drug Name	Tier	Notes
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
oxcarbazepine oral suspension	1 or 1b*	
oxcarbazepine oral tablet	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet,chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium intravenous solution	1 or 1b*	
phenytoin sodium intravenous syringe	1 or 1b*	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; QL; SP
primidone oral tablet	1 or 1b*	
riluzole oral tablet	4	SP
roweepra oral tablet	2	
roweepra xr oral tablet extended release 24 hr	2	
subvenite oral tablet	1 or 1b*	
subvenite starter (blue) kit oral tablets,dose pack	1 or 1b*	
subvenite starter (green) kit oral tablets,dose pack	1 or 1b*	
subvenite starter (orange) kit oral tablets,dose pack	1 or 1b*	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL; SP
tetrabenazine oral tablet	4	PA; QL; LD; SP
tiagabine oral tablet	2	
topiramate oral capsule, sprinkle	1 or 1b*	
topiramate oral tablet	1 or 1b*	
valproate sodium intravenous solution	1 or 1b*	
valproic acid (as sodium salt) oral solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	
vigabatrin oral powder in packet	4	LD; SP

Drug Name	Tier	Notes
vigadrone oral powder in packet	4	SP
zonisamide oral capsule	2	
COLONY STIMULATING FACTORS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	4	PA; QL; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; QL; SP
NEUPOGEN INJECTION SOLUTION	4	PA; QL; SP
NEUPOGEN INJECTION SYRINGE	4	PA; QL; SP
PROCRIT INJECTION SOLUTION	4	PA; QL; SP
PROMACTA ORAL TABLET	4	PA; QL; SP
CONTRACEPTIVES		
altavera (28) oral tablet	1 or 1a*	\$0
alyacen 1/35 (28) oral tablet	1 or 1a*	\$0
alyacen 7/7/7 (28) oral tablet	1 or 1a*	\$0
amethia lo oral tablets,dose pack,3 month	1 or 1b*	\$0
amethia oral tablets,dose pack,3 month	1 or 1b*	\$0
amethyst oral tablet	1 or 1b*	\$0
apri oral tablet	1 or 1a*	\$0
aranelle (28) oral tablet	1 or 1a*	\$0
ashlyna oral tablets,dose pack,3 month	1 or 1b*	\$0
aubra eq oral tablet	1 or 1a*	\$0
aubra oral tablet	1 or 1a*	\$0
aviane oral tablet	1 or 1a*	\$0
azurette (28) oral tablet	1 or 1b*	\$0
BALCOLTRA ORAL TABLET	2	\$0
balziva (28) oral tablet	1 or 1a*	\$0
bekyree (28) oral tablet	1 or 1b*	\$0
blisovi 24 fe oral tablet	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
blisovi fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
blisovi fe 1/20 (28) oral tablet	1 or 1a*	\$0
briellyn oral tablet	1 or 1a*	\$0
camila oral tablet	1 or 1b*	\$0
camrese lo oral tablets,dose pack,3 month	1 or 1b*	\$0
camrese oral tablets,dose pack,3 month	1 or 1b*	\$0
CAYA CONTOURED VAGINAL DIAPHRAGM	2	\$0
caziant (28) oral tablet	1 or 1a*	\$0
chateal eq oral tablet	1 or 1a*	\$0
chateal oral tablet	1 or 1a*	\$0
cryselle (28) oral tablet	1 or 1a*	\$0
cyclafem 1/35 (28) oral tablet	1 or 1a*	\$0
cyclafem 7/7/7 (28) oral tablet	1 or 1a*	\$0
cyred eq oral tablet	1 or 1a*	\$0
cyred oral tablet	1 or 1a*	\$0
dasetta 1/35 (28) oral tablet	1 or 1a*	\$0
dasetta 7/7/7 (28) oral tablet	1 or 1a*	\$0
daysee oral tablets,dose pack,3 month	1 or 1b*	\$0
deblitane oral tablet	1 or 1b*	\$0
delyla (28) oral tablet	1 or 1a*	\$0
desog-e.estradiol/e.estradiol oral tablet	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet	1 or 1a*	\$0
drospirenone-e.estradiol-lm.fa oral tablet	1 or 1b*	\$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elinest oral tablet	1 or 1a*	\$0
ELLA ORAL TABLET	2	\$0
emoquette oral tablet	1 or 1a*	\$0
enpresse oral tablet	1 or 1a*	\$0
enskyce oral tablet	1 or 1a*	\$0
errin oral tablet	1 or 1b*	\$0
estarylla oral tablet	1 or 1a*	\$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	\$0
falmina (28) oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
fayosim oral tablets,dose pack,3 month	1 or 1b*	\$0
FEMCAP VAGINAL DEVICE	2	\$0
femynor oral tablet	1 or 1a*	\$0
gianvi (28) oral tablet	1 or 1b*	\$0
hailey 24 fe oral tablet	1 or 1a*	\$0
heather oral tablet	1 or 1b*	\$0
incassia oral tablet	1 or 1b*	\$0
introvale oral tablets,dose pack,3 month	1 or 1b*	\$0
isibloom oral tablet	1 or 1a*	\$0
jencycla oral tablet	1 or 1b*	\$0
jolessa oral tablets,dose pack,3 month	1 or 1b*	\$0
jolivette oral tablet	1 or 1b*	\$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 (21) oral tablet	1 or 1a*	\$0
junel 1/20 (21) oral tablet	1 or 1a*	\$0
junel fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
junel fe 1/20 (28) oral tablet	1 or 1a*	\$0
junel fe 24 oral tablet	1 or 1a*	\$0
kaitlib fe oral tablet,chewable	1 or 1b*	\$0
kariva (28) oral tablet	1 or 1b*	\$0
kelnor 1/35 (28) oral tablet	1 or 1a*	\$0
kelnor 1-50 oral tablet	1 or 1a*	\$0
kurvelo oral tablet	1 or 1a*	\$0
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month	1 or 1b*	\$0
larin 1.5/30 (21) oral tablet	1 or 1a*	\$0
larin 1/20 (21) oral tablet	1 or 1a*	\$0
larin 24 fe oral tablet	1 or 1a*	\$0
larin fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
larin fe 1/20 (28) oral tablet	1 or 1a*	\$0
larissia oral tablet	1 or 1a*	\$0
layolis fe oral tablet,chewable	1 or 1b*	\$0
leena 28 oral tablet	1 or 1a*	\$0
lessina oral tablet	1 or 1a*	\$0
levonest (28) oral tablet	1 or 1a*	\$0
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	\$0
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1 or 1b*	\$0
levonorg-eth estrad triphasic oral tablet	1 or 1a*	\$0
levora-28 oral tablet	1 or 1a*	\$0
lillow oral tablet	1 or 1a*	\$0
LO LOESTRIN FE ORAL TABLET	2	\$0
loryna (28) oral tablet	1 or 1b*	\$0
low-ogestrel (28) oral tablet	1 or 1a*	\$0
lutera (28) oral tablet	1 or 1a*	\$0
lyza oral tablet	1 or 1b*	\$0
marlissa oral tablet	1 or 1a*	\$0
medroxyprogesterone intramuscular suspension	1 or 1b*	\$0
medroxyprogesterone intramuscular syringe	1 or 1b*	\$0
melodetta 24 fe oral tablet,chewable	1 or 1a*	\$0
mibelas 24 fe oral tablet,chewable	1 or 1a*	\$0
microgestin 1.5/30 (21) oral tablet	1 or 1a*	\$0
microgestin 1/20 (21) oral tablet	1 or 1a*	\$0
microgestin fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
microgestin fe 1/20 (28) oral tablet	1 or 1a*	\$0
mili oral tablet	1 or 1a*	\$0
mono-lynyah oral tablet	1 or 1a*	\$0
mononessa (28) oral tablet	1 or 1a*	\$0
myzilra oral tablet	1 or 1a*	\$0
NATAZIA ORAL TABLET	2	\$0
necon 0.5/35 (28) oral tablet	1 or 1a*	\$0
nikki (28) oral tablet	1 or 1b*	\$0
nora-be oral tablet	1 or 1b*	\$0
noreth-ethinyl estradiol-iron oral tablet,chewable	1 or 1b*	\$0
norethindrone (contraceptive) oral tablet	1 or 1b*	\$0

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

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

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Drug Name	Tier	Notes
TAYTULLA ORAL CAPSULE	2	\$0
tilia fe oral tablet	1 or 1b*	\$0
tri femynor oral tablet	1 or 1b*	\$0
tri-estarylla oral tablet	1 or 1b*	\$0
tri-legest fe oral tablet	1 or 1b*	\$0
tri-linyah oral tablet	1 or 1b*	\$0
tri-lo-estarylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-sprintec oral tablet	1 or 1b*	\$0
tri-mili oral tablet	1 or 1b*	\$0
tri-previfem (28) oral tablet	1 or 1b*	\$0
tri-sprintec (28) oral tablet	1 or 1b*	\$0
trivora (28) oral tablet	1 or 1a*	\$0
tri-vylibra oral tablet	1 or 1b*	\$0
tulana oral tablet	1 or 1b*	\$0
tydemy oral tablet	1 or 1b*	\$0
velivet triphasic regimen (28) oral tablet	1 or 1a*	\$0
vienva oral tablet	1 or 1a*	\$0
viorele (28) oral tablet	1 or 1b*	\$0
vyfemla (28) oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera (28) oral tablet	1 or 1a*	\$0
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	\$0

Drug Name	Tier	Notes
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
zarah oral tablet	1 or 1b*	\$0
zenchent (28) oral tablet	1 or 1a*	\$0
zovia 1/35e (28) oral tablet	1 or 1a*	\$0
COUGH/COLD PREPARATIONS		
benzonatate oral capsule	1 or 1b*	
brompheniramine-pseudoeph-dm oral syrup	1 or 1b*	
centergy dm oral drops	1 or 1b*	
cheratussin ac oral liquid	1 or 1a*	
g tussin ac oral liquid	1 or 1a*	
guaiaatussin ac oral liquid	1 or 1a*	
guaifenesin ac oral liquid	1 or 1a*	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr	1 or 1b*	
hydrocodone-cpm-pseudoephed oral solution	1 or 1b*	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1 or 1a*	
hydrocodone-homatropine oral tablet	1 or 1a*	
hydromet oral syrup	1 or 1a*	
lortuss ex oral syrup	1 or 1b*	
m-clear wc oral liquid	1 or 1a*	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	2	
promethazine-codeine oral syrup	1 or 1a*	
promethazine-dm oral syrup	1 or 1a*	
promethazine-phenyleph-codeine oral syrup	1 or 1b*	
robafen ac oral liquid	1 or 1a*	PA; QL
rydex oral liquid	1 or 1b*	
tusnel c oral syrup	1 or 1b*	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR	2	
virtussin ac oral liquid	1 or 1a*	
virtussin dac oral syrup	1 or 1b*	

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

Drug Name	Tier	Notes
ZODRYL AC 40 ORAL SUSPENSION	2	
ZODRYL DEC 30 ORAL SUSPENSION	2	
Z-TUSS AC ORAL LIQUID	2	
DIAGNOSTIC		
ACCU-CHEK AVIVA PLUS TEST STRIP	2	QL
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL
ACCU-CHEK GUIDE STRIP	2	QL
ACCU-CHEK SMARTVIEW TEST STRIP	2	QL
ACCUTREND GLUCOSE STRIP	2	QL
ONETOUCH ULTRA BLUE TEST STRIP	2	
ONETOUCH VERIO STRIP	2	QL
DIURETICS		
acetazolamide oral capsule, extended release	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection recon soln	1 or 1b*	
amiloride oral tablet	2	
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
chlorothiazide oral tablet	1 or 1b*	
chlorothiazide sodium intravenous recon soln	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
eplerenone oral tablet	2	
ethacrynic acid oral tablet	2	
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*	

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

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

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Drug Name	Tier	Notes
betaxolol ophthalmic (eye) drops	1 or 1b*	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION	2	
bimatoprost ophthalmic (eye) drops	2	
brimonidine ophthalmic (eye) drops	1 or 1b*	
bromfenac ophthalmic (eye) drops	2	
bss intraocular solution	1 or 1b*	
carteolol ophthalmic (eye) drops	1 or 1a*	
COMBIGAN OPTHALMIC (EYE) DROPS	2	
cromolyn ophthalmic (eye) drops	1 or 1a*	
cyclopentolate ophthalmic (eye) drops	1 or 1b*	
CYSTARAN OPTHALMIC (EYE) DROPS	4	PA; QL; LD
dexamethasone sodium phosphate ophthalmic (eye) drops	1 or 1b*	
diclofenac sodium ophthalmic (eye) drops	1 or 1b*	
dorzolamide ophthalmic (eye) drops	1 or 1b*	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1 or 1b*	
dorzolamide-timolol ophthalmic (eye) drops	1 or 1b*	
DUREZOL OPTHALMIC (EYE) DROPS	2	
DYMISTA NASAL SPRAY,NON-AEROSOL	2	
flac otic oil otic (ear) drops	1 or 1b*	
fluocinolone acetonide oil otic (ear) drops	1 or 1b*	
fluorometholone ophthalmic (eye) drops,suspension	1 or 1b*	
flurbiprofen sodium ophthalmic (eye) drops	1 or 1b*	
hydrocortisone-acetic acid otic (ear) drops	1 or 1b*	

Drug Name	Tier	Notes
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	2	
ipratropium bromide nasal spray,non-aerosol	1 or 1b*	
ketorolac ophthalmic (eye) drops	1 or 1b*	
latanoprost ophthalmic (eye) drops	1 or 1b*	
levobunolol ophthalmic (eye) drops 0.5 %	1 or 1b*	
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPTHALMIC (EYE) OINTMENT	3	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	
metipranolol ophthalmic (eye) drops	1 or 1b*	
miostat intraocular solution	1 or 1b*	
mometasone nasal spray,non-aerosol	3	ST; QL
ocucoat intraocular syringe	1 or 1b*	
olopatadine nasal spray,non-aerosol	1 or 1b*	
phenylephrine hcl ophthalmic (eye) drops	1 or 1b*	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1 or 1b*	
prednisolone acetate ophthalmic (eye) drops,suspension	1 or 1b*	
prednisolone sodium phosphate ophthalmic (eye) drops	1 or 1b*	
proparacaine ophthalmic (eye) drops	1 or 1b*	
RESTASIS OPTHALMIC (EYE) DROPPERETTE	3	PA; QL
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	2	

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

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Drug Name	Tier	Notes
tetcaine ophthalmic (eye) drops	1 or 1b*	
timolol maleate ophthalmic (eye) drops	1 or 1b*	
timolol maleate ophthalmic (eye) drops, once daily	1 or 1b*	
timolol maleate ophthalmic (eye) gel forming solution	1 or 1b*	
TRAVATAN Z OPHTHALMIC (EYE) DROPS	2	
tropicamide ophthalmic (eye) drops	1 or 1b*	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
ELECT/CALORIC/H2O		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	2	
bd posiflush normal saline 0.9 injection syringe	2	
bd pre-filled normal saline injection syringe	2	
bd pre-filled saline blunt can injection syringe	2	
calcium acetate oral capsule	2	
calcium acetate oral tablet 667 mg	2	
calcium chloride intravenous solution	1 or 1b*	
calcium chloride intravenous syringe	1 or 1b*	
calcium gluconate intravenous solution	1 or 1b*	
calcium-folic acid-vitamin d oral wafer	1 or 1b*	
centratex oral capsule	1 or 1b*	
chromium chloride intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
copper chloride intravenous solution	1 or 1b*	
corvita 150 oral tablet	1 or 1b*	
cysteine (l-cysteine) intravenous solution	1 or 1b*	
d10 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
delflex with 2.5 % dextrose intraperitoneal solution	1 or 1b*	
delflex-1c/1.5% dextrose intraperitoneal solution	1 or 1b*	
delflex-1c/2.5% dextrose intraperitoneal solution	1 or 1b*	
delflex-1c/4.25% dextrose intraperitoneal solution	1 or 1b*	
dentagel dental gel	1 or 1a*	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1 or 1b*	
dextrose 10 % in water (d10w) intravenous parenteral solution	1 or 1b*	
dextrose 20 % in water (d20w) intravenous parenteral solution	1 or 1b*	
dextrose 25 % in water (d25w) intravenous syringe	1 or 1b*	
dextrose 30 % in water (d30w) intravenous parenteral solution	1 or 1b*	
dextrose 40 % in water (d40w) intravenous parenteral solution	1 or 1b*	
dextrose 5 % in ringer's intravenous parenteral solution	1 or 1b*	
dextrose 5 % in water (d5w) intravenous piggyback	1 or 1b*	
dextrose 5 %-lactated ringers intravenous parenteral solution	1 or 1b*	

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

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Drug Name	Tier	Notes
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*	
effer-k oral tablet, effervescent 25 meq	1 or 1b*	
electrolyte-48 in d5w intravenous parenteral solution	1 or 1b*	
eliphos oral tablet	2	ST; QL
fe c plus oral tablet	1 or 1a*	
ferocon oral capsule	1 or 1b*	
ferraplus 90 oral tablet	1 or 1b*	
ferrocite plus oral tablet	1 or 1b*	
fluoride (sodium) oral drops	1 or 1a*	\$0
fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride)	1 or 1b*	\$0
fluoride (sodium) oral tablet, chewable 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*	
fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)	1 or 1a*	\$0
fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	1 or 1a*	
folivane-f oral capsule	1 or 1b*	
folivane-plus oral capsule	1 or 1b*	
freamine iii 10 % intravenous parenteral solution	1 or 1b*	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	2	

Drug Name	Tier	Notes
hematinic plus vit/minerals oral tablet	1 or 1b*	
hematinic/folic acid oral tablet	1 or 1b*	
hematogen fa oral capsule	1 or 1b*	
hematogen forte oral capsule	1 or 1b*	
hematogen oral capsule	1 or 1b*	
hemetab oral tablet	1 or 1b*	
infed injection solution	1 or 1b*	
k-effervescent oral tablet, effervescent	1 or 1b*	
kionex (with sorbitol) oral suspension	2	
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con 8 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet, er particles/crystals	1 or 1a*	
klor-con m15 oral tablet, er particles/crystals	1 or 1a*	
klor-con m20 oral tablet, er particles/crystals	1 or 1a*	
klor-con oral packet	1 or 1b*	
klor-con sprinkle oral capsule, extended release 8 meq	1 or 1b*	
klor-con/ef oral tablet, effervescent	1 or 1b*	
k-phos-neutral oral tablet	1 or 1b*	
k-tab oral tablet extended release 8 meq	1 or 1b*	
lactated ringers intravenous parenteral solution	1 or 1b*	
lanthanum oral tablet, chewable	2	ST; QL
luent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)	1 or 1a*	\$0
luent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	1 or 1a*	
lugols oral solution	1 or 1b*	
magnesium chloride injection solution	1 or 1b*	
magnesium sulfate in water intravenous parenteral solution	2	

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

Drug Name	Tier	Notes
magnesium sulfate in water intravenous piggyback	2	
magnesium sulfate injection solution	2	
magnesium sulfate injection syringe	2	
manganese chloride intravenous solution	1 or 1b*	
manganese sulfate intravenous solution	1 or 1b*	
monoject 0.9% sodium chloride injection syringe	2	
monoject prefill advanced ns injection syringe	2	
monoject prefill saline flush injection syringe	2	
multigen folic oral tablet	1 or 1b*	
multigen plus oral tablet	1 or 1b*	
multitrace-4 pediatric intravenous solution	1 or 1b*	
normal saline flush injection syringe	2	
nutrilyte intravenous solution	1 or 1b*	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
plenamine intravenous parenteral solution	1 or 1b*	
pot,sodium citrate-citric acid oral solution	1 or 1b*	
potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
potassium bicarb and chloride oral tablet, effervescent	1 or 1b*	
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 20 meq/l, 40 meq/l	1 or 1b*	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1 or 1b*	

Drug Name	Tier	Notes
potassium chloride in lr-d5 intravenous parenteral solution	1 or 1b*	
potassium chloride in water intravenous piggyback	1 or 1b*	
potassium chloride oral capsule, extended release	1 or 1b*	
potassium chloride oral liquid	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral tablet extended release	1 or 1b*	
potassium chloride oral tablet,er particles/crystals	1 or 1a*	
potassium chloride-0.45 % nacl intravenous parenteral solution	1 or 1b*	
potassium chloride-d5-0.2%nacl intravenous parenteral solution	1 or 1b*	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1 or 1b*	
potassium chloride-d5-0.9%nacl intravenous parenteral solution	1 or 1b*	
potassium citrate oral tablet extended release	1 or 1b*	
potassium citrate-citric acid oral solution	1 or 1b*	
premasol 10 % intravenous parenteral solution	1 or 1b*	
purevit dualfe plus oral capsule	1 or 1b*	
ringer's intravenous parenteral solution	1 or 1b*	
selenium intravenous solution	1 or 1b*	
se-tan plus oral capsule	1 or 1b*	
sevelamer carbonate oral powder in packet	2	
sevelamer carbonate oral tablet	2	
sf dental gel	1 or 1a*	
sodium acetate intravenous solution	1 or 1b*	
sodium bicarbonate intravenous solution	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
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml)	2	
sodium chloride 0.45 % intravenous parenteral solution	2	
sodium chloride 0.45 % intravenous piggyback	2	
sodium chloride 0.9 % injection solution	2	
sodium chloride 0.9 % injection syringe	2	
sodium chloride 0.9 % intravenous piggyback	2	
sodium chloride 3 % intravenous parenteral solution	2	
sodium chloride 5 % intravenous parenteral solution	2	
sodium chloride intravenous parenteral solution	2	
sodium citrate-citric acid oral solution	1 or 1b*	
sodium ferric gluconat-sucrose intravenous solution	1 or 1b*	
sodium lactate intravenous solution	1 or 1b*	
sodium phosphate intravenous solution	1 or 1b*	
sodium polystyrene (sorb free) oral suspension	2	
sodium polystyrene sulfonate oral powder	2	
sodium polystyrene sulfonate oral suspension	2	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	2	
sps (with sorbitol) oral suspension	2	
sps (with sorbitol) rectal enema	2	
taron forte oral capsule	1 or 1b*	
tl g-fol os oral tablet	1 or 1b*	
tl icon oral capsule	1 or 1b*	
travasol 10 % intravenous parenteral solution	1 or 1b*	

Drug Name	Tier	Notes
tricitrates oral solution	1 or 1b*	
tricon oral capsule	1 or 1b*	
trigels-f forte oral capsule	1 or 1b*	
virt-phos 250 neutral oral tablet	1 or 1b*	
virtrate-2 oral solution	1 or 1b*	
virtrate-3 oral solution	1 or 1b*	
virtrate-k oral solution	1 or 1b*	
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	
GASTROINTESTINAL		
alosetron oral tablet	2	PA; QL
AMITIZA ORAL CAPSULE	2	
anaspaz oral tablet, disintegrating	1 or 1b*	
aprepitant oral capsule	2	
aprepitant oral capsule, dose pack	2	
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR	2	
atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)	2	
atropine injection solution	2	
atropine injection syringe 0.05 mg/ml	2	
balsalazide oral capsule	1 or 1b*	
CANASA RECTAL SUPPOSITORY	2	
CARAFATE ORAL SUSPENSION	2	
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1 or 1b*	
compro rectal suppository	1 or 1b*	
constulose oral solution	1 or 1b*	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)	2	
dicyclomine intramuscular solution	2	

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

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Drug Name	Tier	Notes
dicyclomine oral capsule	1 or 1a*	
dicyclomine oral solution	1 or 1a*	
dicyclomine oral tablet	1 or 1a*	
dimenhydrinate injection solution	1 or 1b*	
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
dronabinol oral capsule	2	
enulose oral solution	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1 or 1b*	
famotidine intravenous solution	1 or 1b*	
famotidine oral suspension	1 or 1b*	
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	
gavilyte-c oral recon soln	1 or 1a*	\$0
gavilyte-g oral recon soln	1 or 1a*	\$0
gavilyte-n oral recon soln	1 or 1a*	\$0
generlac oral solution	1 or 1b*	
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral tablet	1 or 1b*	
granisetron (pf) intravenous solution	2	
granisetron hcl intravenous solution	2	
granisetron hcl oral tablet	2	QL
hydrocortisone-pramoxine rectal cream 1-1 %	1 or 1b*	
hyoscyamine sulfate oral tablet extended release 12 hr	1 or 1b*	
intralipid intravenous emulsion 20 %	1 or 1b*	
lactulose oral packet	2	
lactulose oral solution	1 or 1b*	
LINZESS ORAL CAPSULE	2	
loperamide oral capsule	1 or 1b*	
meclizine oral tablet 12.5 mg, 25 mg	1 or 1a*	
mesalamine oral tablet,delayed release (dr/ec)	2	

Drug Name	Tier	Notes
mesalamine rectal enema	2	
mesalamine with cleansing wipe rectal enema kit	2	
methscopolamine oral tablet	1 or 1b*	
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl injection syringe	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	
metoclopramide hcl oral tablet	1 or 1a*	
metoclopramide hcl oral tablet,disintegrating	1 or 1a*	
misoprostol oral tablet	1 or 1a*	
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	
NUTRIPOINT BALLOON KIT	2	
omeprazole oral capsule,delayed release(dr/ec)	1 or 1b*	QL
ondansetron hcl (pf) injection solution	2	
ondansetron hcl (pf) injection syringe	2	
ondansetron hcl intravenous solution	2	
ondansetron hcl oral solution	2	QL
ondansetron hcl oral tablet	2	QL
ondansetron oral tablet,disintegrating	2	QL
palonosetron intravenous solution 0.25 mg/5 ml	2	PA; QL
peg 3350-electrolytes oral recon soln	1 or 1a*	\$0
peg-electrolyte soln oral recon soln	1 or 1a*	\$0
peg-prep oral kit	1 or 1b*	\$0
PENTASA ORAL CAPSULE, EXTENDED RELEASE	2	
phenadoz rectal suppository	2	
phenergan rectal suppository	2	
phenobarb-hyoscy-atropine-scop oral elixir	1 or 1b*	
pramcort rectal cream	1 or 1b*	

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

Drug Name	Tier	Notes
prochlorperazine edisylate injection solution	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
promethazine rectal suppository	2	
promethegan rectal suppository	2	
propantheline oral tablet	1 or 1b*	
ranitidine hcl injection solution	1 or 1b*	
ranitidine hcl oral capsule	1 or 1b*	
ranitidine hcl oral syrup	1 or 1b*	
ranitidine hcl oral tablet 150 mg, 300 mg	1 or 1b*	
scopolamine base transdermal patch 3 day	1 or 1b*	
sodium phenylbutyrate oral powder	4	PA; QL
sodium phenylbutyrate oral tablet	4	PA; QL
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	2	
symax fastabs oral tablet, disintegrating	1 or 1b*	
trilyte with flavor packets oral recon soln	1 or 1a*	\$0
trimethobenzamide oral capsule	1 or 1b*	
ursodiol oral capsule	2	
ursodiol oral tablet	2	
VIOKACE ORAL TABLET	3	

Drug Name	Tier	Notes
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
HORMONES		
a-hydrocort injection recon soln	1 or 1b*	
amabelz oral tablet	1 or 1b*	
betamethasone acet, sod phos injection suspension	1 or 1b*	
budesonide oral capsule, delayed, extend. release	2	
budesonide oral tablet, delayed and ext. release	2	
cabergoline oral tablet	1 or 1b*	
calcitonin (salmon) nasal spray, non-aerosol	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	
clomiphene citrate oral tablet	1 or 1b*	PA; QL
colocort rectal enema	2	
COMBIPATCH TRANSDERMAL PATCH SEMI-WEEKLY	2	
cortisone oral tablet	1 or 1b*	
cosyntropin injection recon soln	2	
danazol oral capsule	2	
decadron oral tablet	1 or 1a*	
deltasone oral tablet 20 mg	1 or 1a*	
desmopressin injection solution	1 or 1b*	
desmopressin nasal spray with pump	1 or 1b*	
desmopressin nasal spray, non-aerosol	1 or 1b*	
desmopressin oral tablet	1 or 1b*	
dexamethasone in 0.9 % sod chl intravenous piggyback 10 mg/50 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
dexamethasone intensol oral drops	1 or 1a*	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablets,dose pack	1 or 1b*	
dexamethasone sodium phos (pf) injection solution	1 or 1b*	
dexamethasone sodium phosphate injection solution	1 or 1b*	
DIVIGEL TRANSDERMAL GEL IN PACKET	2	
ENDOMETRIN VAGINAL INSERT	2	PA; QL
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch semiweekly	1 or 1b*	
estradiol transdermal patch weekly	1 or 1b*	
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
estradiol-norethindrone acet oral tablet	1 or 1b*	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	2	
fludrocortisone oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
GONAL-F RFF REDJECT SUBCUTANEOUS PEN INJECTOR	4	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	SP
GONAL-F SUBCUTANEOUS RECON SOLN	4	SP
HUMATROPE INJECTION CARTRIDGE	4	PA; QL; SP
HUMATROPE INJECTION RECON SOLN	4	PA; QL; SP
hydrocortisone oral tablet	1 or 1b*	

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

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

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

Drug Name	Tier	Notes
testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	2	PA; QL
testosterone transdermal solution in metered pump w/app	2	PA; QL
triamcinolone acetonide injection suspension	1 or 1b*	
vasopressin in 0.9 % sodium chloride intravenous solution 60 unit/100 ml (0.6 unit/ml)	1 or 1b*	
vasopressin injection solution	1 or 1b*	
veripred 20 oral solution	1 or 1a*	
yuvaferm vaginal tablet	1 or 1b*	
IMMUNOSUPPRESSANTS		
AZASAN ORAL TABLET	2	
azathioprine oral tablet	1 or 1b*	
azathioprine sodium injection recon soln	1 or 1b*	
cyclosporine modified oral capsule	4	SP
cyclosporine modified oral solution	4	SP
cyclosporine oral capsule	4	SP
ELIDEL TOPICAL CREAM	2	ST; QL
gengraf oral capsule 100 mg, 25 mg	4	SP
gengraf oral solution	4	SP
mycophenolate mofetil oral capsule	4	SP
mycophenolate mofetil oral suspension for reconstitution	4	SP
mycophenolate mofetil oral tablet	4	SP
mycophenolate sodium oral tablet, delayed release (dr/ec)	4	SP
RAPAMUNE ORAL SOLUTION	4	SP
sirolimus oral tablet	4	SP
STELARA INTRAVENOUS SOLUTION	4	PA; QL; SP
STELARA SUBCUTANEOUS SOLUTION	4	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
STELARA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
tacrolimus oral capsule	4	SP
tacrolimus topical ointment	1 or 1b*	ST; QL
ZORTRESS ORAL TABLET	4	SP
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG		
1ST TIER UNIFINE PENTIPS NEEDLE	3	ST; QL
1ST TIER UNIFINE PENTIPS PLUS NEEDLE	3	ST; QL
ACCU-CHEK FASTCLIX LANCET DRUM	2	
ACCU-CHEK FASTCLIX LANCING DEV KIT	2	
ACCU-CHEK MULTICLIX LANCET	2	
ACCU-CHEK MULTICLIX LANCET KIT	2	
ACCU-CHEK SAFE-T- PRO	2	
ACCU-CHEK SAFE-T- PRO PLUS	2	
ACCU-CHEK SOFT DEV LANCETS KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ADVOCATE PEN NEEDLE NEEDLE	3	ST; QL
ADVOCATE SYRINGES SYRINGE	3	ST; QL
ASSURE ID INSULIN SAFETY SYRINGE	3	ST; QL
ASSURE ID PEN NEEDLE NEEDLE	3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE	2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	2	

Drug Name	Tier	Notes
BD INSULIN SYRINGE SAFETY-LOK SYRINGE	2	
BD INSULIN SYRINGE SLIP TIP SYRINGE	2	
BD INSULIN SYRINGE SYRINGE	2	
BD INSULIN SYRINGE U-500 SYRINGE	2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
BD LO-DOSE MICRO- FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
BD LO-DOSE ULTRA- FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE	2	
BD VEO INSULIN SYR HALF UNIT SYRINGE	2	
BD VEO INSULIN SYRINGE UF SYRINGE	2	

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

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Drug Name	Tier	Notes
CAREFINE PEN NEEDLE NEEDLE	3	ST; QL
CARETOUCH PEN NEEDLE NEEDLE	3	ST; QL
CLICKFINE NEEDLE	3	ST; QL
COMFORT EZ PEN NEEDLES NEEDLE	3	ST; QL
COMFORT EZ SYRINGE SYRINGE	3	ST; QL
DEXCOM G4 RECEIVER	3	
DEXCOM G4 RECEIVER PEDIATRIC	3	
DEXCOM G4 RECEIVER-SHARE (PED)	3	
DEXCOM G4 RECEIVER-SHARE KIT	3	
DEXCOM G4 TRANSMITTER DEVICE	2	
DEXCOM G5 RECEIVER	3	
DEXCOM G5 TRANSMITTER DEVICE	2	
DEXCOM G5-G4 SENSOR DEVICE	3	
DEXCOM G6 RECEIVER	3	
DEXCOM G6 SENSOR DEVICE	3	
DEXCOM G6 TRANSMITTER DEVICE	2	
DEXCOM RECEIVER	3	
DROPLET INSULIN SYR HALF UNIT SYRINGE	3	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2"	3	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	ST; QL
DROPLET PEN NEEDLE NEEDLE	3	ST; QL

Drug Name	Tier	Notes
DROPSAFE PEN NEEDLE NEEDLE	3	
EASY COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	3	ST; QL
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	3	
EASY GLIDE PEN NEEDLE NEEDLE	3	ST; QL
EASY TOUCH FLIPLOCK INSULIN SYRINGE	3	ST; QL
EASY TOUCH INSULIN SAFETY SYR SYRINGE	3	ST; QL
EASY TOUCH INSULIN SYRINGE SYRINGE	3	ST; QL
EASY TOUCH LUER LOCK INSULIN SYRINGE	3	
EASY TOUCH NEEDLE	3	ST; QL
EASY TOUCH PEN NEEDLE NEEDLE	3	ST; QL
EASY TOUCH SHEATHLOCK INSULIN SYRINGE	3	ST; QL
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	2	
EVERSENSE SMART TRANSMITTER DEVICE	2	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; QL
FREESTYLE LIBRE 10 DAY READER	2	
FREESTYLE LIBRE 10 DAY SENSOR KIT	2	
FREESTYLE LIBRE 14 DAY READER	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
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	
FREESTYLE PRECISION SYRINGE	3	ST; QL
GUARDIAN LINK 3 TRANSMITTER DEVICE	2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE	3	ST; QL
INCONTROL PEN NEEDLE NEEDLE	3	ST; QL
INSULIN SYR/NDL U100 HALF MARK SYRINGE	3	ST; QL
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	2	
INSULIN SYRINGE NEEDLELESS SYRINGE	2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64"	3	ST; QL
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"	1 or 1b*	

Drug Name	Tier	Notes
INSUPEN NEEDLE	3	ST; QL
LITE TOUCH INSULIN PEN NEEDLES NEEDLE	3	ST; QL
LITE TOUCH INSULIN SYRINGE SYRINGE	3	ST; QL
MAGELLAN INSULIN SAFETY SYRNG SYRINGE	3	ST; QL
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
MINI ULTRA-THIN II NEEDLE	3	ST; QL
MINILINK REAL-TIME TRANSMITTER DEVICE	2	
MINIMED 630G GUARDIAN START KT DEVICE	2	
MONOJECT INSULIN SAFETY SYRING SYRINGE	3	ST; QL
MONOJECT INSULIN SYRINGE SYRINGE	3	ST; QL
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	3	ST; QL
MONOJECT ULTRA COMFORT INSULIN SYRINGE	3	ST; QL
NOVOFINE 32 NEEDLE	3	ST; QL
NOVOFINE AUTOCOVER NEEDLE	3	ST; QL
NOVOFINE PLUS NEEDLE	3	ST; QL
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	3	ST; QL
ONETOUCH DELICA LANC DEVICE KIT	2	
ONETOUCH DELICA LANCETS	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRASOFT LANCETS	2	
PARADIGM REAL-TIME TRANSMIT-SN	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
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; QL
PEN NEEDLE, DIABETIC NEEDLE	3	ST; QL
PENTIPS NEEDLE	3	ST; QL
PRO COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
PRO COMFORT PEN NEEDLE NEEDLE	3	ST; QL
PRODIGY INSULIN SYRINGE SYRINGE	3	ST; QL
RELION NEEDLES NEEDLE	3	ST; QL
RELION PEN NEEDLES NEEDLE	3	ST; QL
SAFESNAP INSULIN SYRINGE SYRINGE	3	ST; QL
SURE COMFORT INS. SYR. U-100 SYRINGE	3	ST; QL
SURE COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
SURE COMFORT PEN NEEDLE NEEDLE	3	ST; QL
SURE-FINE PEN NEEDLES NEEDLE	3	ST; QL
SURE-JECT INSULIN SYRINGE SYRINGE	3	ST; QL
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	3	ST; QL
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	
TECHLITE INSULIN SYRINGE SYRINGE	3	ST; QL

Drug Name	Tier	Notes
TECHLITE PEN NEEDLE NEEDLE	3	ST; QL
TERUMO INSULIN SYRINGE SYRINGE	3	ST; QL
thinpro insulin syringe syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"	1 or 1b*	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST; QL
TOPCARE CLICKFINE NEEDLE	3	ST; QL
TOPCARE ULTRA COMFORT SYRINGE	3	ST; QL
TRUE COMFORT INSULIN SYRINGE SYRINGE	3	
TRUEPLUS INSULIN SYRINGE	3	ST; QL
TRUEPLUS PEN NEEDLE NEEDLE	3	
ULTICARE INSULIN SYR HALF UNIT SYRINGE	3	ST; QL
ULTICARE INSULIN SYRINGE SYRINGE	3	ST; QL
ULTICARE PEN NEEDLE NEEDLE	3	ST; QL
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	3	ST; QL
ULTILET INSULIN SYRINGE SYRINGE	3	ST; QL
ULTILET PEN NEEDLE NEEDLE	3	ST; QL
ULTRA CMFT INS SYR HALF UNIT SYRINGE	3	ST; QL

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

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Drug Name	Tier	Notes
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	3	ST; QL
ULTRACARE INSULIN SYRINGE SYRINGE	3	
ULTRACARE PEN NEEDLE NEEDLE	3	ST; QL
ULTRA-THIN II (SHORT) INS SYR SYRINGE	3	ST; QL
ULTRA-THIN II (SHORT) PEN NDL NEEDLE	3	ST; QL
ULTRA-THIN II INS PEN NEEDLES NEEDLE	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE SYRINGE	3	ST; QL
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; QL
UNIFINE PENTIPS PLUS NEEDLE 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"	3	ST; QL
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
MUSCLE RELAXANTS		
baclofen oral tablet 10 mg, 20 mg	1 or 1b*	
carisoprodol oral tablet	1 or 1b*	

Drug Name	Tier	Notes
carisoprodol-aspirin oral tablet	1 or 1b*	
chlorzoxazone oral tablet	1 or 1b*	
cyclobenzaprine oral tablet	1 or 1b*	
dantrolene oral capsule	2	
metaxall oral tablet	1 or 1b*	
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution	1 or 1b*	
methocarbamol oral tablet	1 or 1b*	
orphenadrine citrate injection solution	1 or 1b*	
orphenadrine citrate oral tablet extended release	1 or 1b*	
revonto intravenous recon soln	1 or 1b*	
tizanidine oral capsule	1 or 1b*	
tizanidine oral tablet	1 or 1b*	
PRE-NATAL VITAMINS		
ATABEX EC ORAL TABLET, DELAYED RELEASE (DR/EC)	2	
bal-care dha oral combo pack, tablet and cap, dr	1 or 1b*	
calcium pnv oral capsule	1 or 1b*	
c-nate dha oral capsule	1 or 1b*	
complete natal dha oral combo pack	1 or 1b*	
completenate oral tablet, chewable	1 or 1a*	
dothelle dha oral capsule	1 or 1b*	
elite-ob 400 oral capsule	1 or 1b*	
elite-ob oral tablet	1 or 1b*	
EXTRA-VIRT PLUS DHA ORAL CAPSULE		
folivane-ob oral capsule	1 or 1a*	
hemenatal ob + dha oral combo pack	1 or 1b*	
hemenatal ob oral tablet	1 or 1b*	
mynatal advance oral tablet	1 or 1b*	
mynatal oral capsule	1 or 1b*	
mynatal oral tablet	1 or 1b*	
mynatal plus oral tablet	1 or 1a*	
mynatal-z oral tablet	1 or 1a*	
mynate 90 plus oral tablet extended release	1 or 1a*	

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

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Drug Name	Tier	Notes
newgen oral tablet	1 or 1b*	
obstetrix dha oral combo pack,tablet and cap,dr	1 or 1b*	
pnv 29-1 oral tablet	1 or 1a*	
pnv ob+dha oral combo pack 27-1-50-250 mg	1 or 1b*	
pnv-dha + docusate oral capsule	1 or 1b*	
pnv-ferrous fumarate-docu-fa oral tablet	1 or 1a*	
pnv-omega oral capsule	1 or 1b*	
pnv-vp-u oral capsule	1 or 1a*	
pr natal 400 ec oral combo pack,tablet and cap,dr	1 or 1a*	
pr natal 400 oral combo pack	1 or 1a*	
pr natal 430 ec oral combo pack,tablet and cap,dr	1 or 1a*	
pr natal 430 oral combo pack	1 or 1a*	
prenal chew oral tablet,chew,ir - dr,biphase	1 or 1b*	
prenal pearl oral capsule,ir - delay rel,biphase	1 or 1b*	
prenal true oral combo pack	1 or 1b*	
prenaissance oral capsule	1 or 1b*	
prenaissance plus oral capsule	1 or 1b*	
prenatabs fa oral tablet	1 or 1a*	
prenatabs rx oral tablet	1 or 1a*	
prenatal low iron oral tablet	1 or 1a*	
prenatal plus (calcium carb) oral tablet	1 or 1a*	
prenatal plus oral tablet	1 or 1a*	
prenatal vitamin plus low iron oral tablet	1 or 1a*	
prenatal-u oral capsule	1 or 1a*	
preplus oral tablet	1 or 1a*	
pretab oral tablet	1 or 1a*	
se-natal 19 (with docusate) oral tablet	1 or 1a*	
se-natal 19 oral tablet,chewable	1 or 1a*	
taron-c dha oral capsule	1 or 1b*	
taron-prex prenatal-dha oral capsule	1 or 1b*	
trinatal rx 1 oral tablet	1 or 1a*	
trinate oral tablet	1 or 1a*	

Drug Name	Tier	Notes
triveen-duo dha oral combo pack	1 or 1b*	
trust natal dha oral combo pack	1 or 1b*	
vinate care oral tablet,chewable	1 or 1a*	
vinate ii oral tablet	1 or 1a*	
vinate m oral tablet	1 or 1a*	
vinate one oral tablet	1 or 1a*	
virt-advance oral tablet	1 or 1b*	
virt-c dha oral capsule	1 or 1b*	
virt-nate dha oral capsule	1 or 1b*	
virt-pn dha oral capsule	1 or 1b*	
virt-pn oral tablet	1 or 1b*	
virt-pn plus oral capsule	1 or 1b*	
virt-select oral capsule	1 or 1b*	
virt-vite gt oral tablet	1 or 1b*	
VITAFOL-OB ORAL TABLET	2	
vp-ch plus oral capsule	1 or 1b*	
vp-ch-pnv oral capsule	1 or 1b*	
zatean-pn dha oral capsule	1 or 1b*	
zatean-pn plus oral capsule	1 or 1b*	
zingiber oral tablet	1 or 1a*	
PSYCHOTHERAPEUTIC DRUGS		
alprazolam intensol oral concentrate	1 or 1b*	
alprazolam oral tablet	1 or 1b*	
alprazolam oral tablet extended release 24 hr	1 or 1b*	
alprazolam oral tablet,disintegrating	1 or 1b*	
amitriptyline oral tablet	1 or 1a*	
amitriptyline-chlordiazepoxide oral tablet	1 or 1b*	
amoxapine oral tablet	1 or 1b*	
aripiprazole oral solution	2	
aripiprazole oral tablet	2	
aripiprazole oral tablet,disintegrating	2	
armodafinil oral tablet	2	PA; QL
atomoxetine oral capsule	1 or 1b*	PA; QL
bupropion hcl oral tablet 100 mg	1 or 1b*	

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

Drug Name	Tier	Notes
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 24 hr 150 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 24 hr 300 mg	1 or 1b*	
bupropion hcl oral tablet sustained-release 12 hr 100 mg	1 or 1b*	DO
bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
buspirone oral tablet	1 or 1b*	
chlordiazepoxide hcl oral capsule	1 or 1b*	
chlorpromazine injection solution	1 or 1b*	
chlorpromazine oral tablet	1 or 1b*	
citalopram oral solution	1 or 1b*	
citalopram oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram oral tablet 40 mg	1 or 1b*	
clomipramine oral capsule	1 or 1b*	
clonidine hcl oral tablet extended release 12 hr	1 or 1b*	PA; QL
clorazepate dipotassium oral tablet	1 or 1b*	
clozapine oral tablet	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	2	
desipramine oral tablet	2	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1 or 1b*	
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	1 or 1b*	DO
dexmethylphenidate oral capsule,er biphasic 50-50	1 or 1b*	PA; QL
dexmethylphenidate oral tablet	1 or 1b*	PA; QL
diazepam injection solution	1 or 1a*	
diazepam injection syringe	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	
diazepam oral concentrate	1 or 1a*	

Drug Name	Tier	Notes
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1 or 1a*	
diazepam oral tablet	1 or 1a*	
doxepin oral capsule	1 or 1b*	
doxepin oral concentrate	1 or 1b*	
droperidol injection solution	1 or 1b*	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 40 mg, 60 mg	2	
duloxetine oral capsule,delayed release(dr/ec) 30 mg	2	DO
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO
escitalopram oxalate oral tablet 20 mg	1 or 1b*	
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	2	
fluoxetine oral capsule 10 mg, 20 mg	1 or 1b*	DO
fluoxetine oral capsule 40 mg	1 or 1b*	
fluoxetine oral capsule,delayed release(dr/ec)	1 or 1b*	
fluoxetine oral solution	1 or 1b*	
fluoxetine oral tablet 10 mg	1 or 1b*	DO
fluoxetine oral tablet 20 mg	1 or 1b*	
fluoxetine oral tablet 60 mg	1 or 1b*	QL
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	
fluphenazine hcl oral elixir	1 or 1b*	
fluphenazine hcl oral tablet	1 or 1b*	
fluvoxamine oral capsule,extended release 24hr	1 or 1b*	
fluvoxamine oral tablet 100 mg	1 or 1b*	
fluvoxamine oral tablet 25 mg, 50 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
GEODON INTRAMUSCULAR RECON SOLN	2	
guanfacine oral tablet extended release 24 hr	1 or 1b*	PA; QL
haloperidol decanoate intramuscular solution	1 or 1b*	
haloperidol lactate injection solution	1 or 1b*	
haloperidol lactate intramuscular syringe	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	
lithium carbonate oral tablet extended release	1 or 1a*	
lithium citrate oral solution 8 meq/5 ml	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	
lorazepam oral concentrate	1 or 1b*	
lorazepam oral tablet	1 or 1b*	
loxapine succinate oral capsule	1 or 1b*	
maprotiline oral tablet	1 or 1b*	
meprobamate oral tablet	1 or 1b*	
metadate er oral tablet extended release	1 or 1b*	PA; QL
methylphenidate hcl oral capsule, er biphasic 30-70	1 or 1b*	PA; QL
methylphenidate hcl oral capsule,er biphasic 50-50	1 or 1b*	PA; QL
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet	1 or 1b*	PA; QL
methylphenidate hcl oral tablet extended release	1 or 1b*	PA; QL
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1 or 1b*	PA; QL

Drug Name	Tier	Notes
methylphenidate hcl oral tablet,chewable	1 or 1b*	PA; QL
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet,disintegrating	1 or 1b*	
modafinil oral tablet 100 mg	2	PA; DO; QL
modafinil oral tablet 200 mg	2	PA; QL
molindone oral tablet	2	
nefazodone oral tablet	1 or 1b*	
nortriptyline oral capsule	1 or 1b*	
nortriptyline oral solution	1 or 1b*	
olanzapine intramuscular recon soln	2	
olanzapine oral tablet	2	
olanzapine oral tablet,disintegrating	2	
olanzapine-fluoxetine oral capsule	1 or 1b*	
oxazepam oral capsule	2	
paliperidone oral tablet extended release 24hr	2	
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1 or 1b*	DO
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	1 or 1b*	
perphenazine oral tablet	1 or 1b*	
perphenazine-amitriptyline oral tablet	1 or 1b*	
phenelzine oral tablet	1 or 1b*	
pimozide oral tablet	1 or 1b*	
protriptyline oral tablet	2	
quetiapine oral tablet	2	
quetiapine oral tablet extended release 24 hr	2	ST; QL
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE	2	
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet	1 or 1b*	
risperidone oral tablet,disintegrating	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
sertraline oral concentrate	1 or 1b*	
sertraline oral tablet 100 mg	1 or 1b*	
sertraline oral tablet 25 mg, 50 mg	1 or 1b*	DO
thioridazine oral tablet	1 or 1b*	
thiothixene oral capsule	1 or 1b*	
tranylcypromine oral tablet	1 or 1b*	
trazodone oral tablet	1 or 1a*	
trifluoperazine oral tablet	1 or 1b*	
trimipramine oral capsule	1 or 1b*	
venlafaxine oral capsule,extended release 24hr 150 mg	1 or 1b*	
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine oral tablet	1 or 1b*	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg	1 or 1b*	
venlafaxine oral tablet extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
VYVANSE ORAL CAPSULE	2	PA; QL
VYVANSE ORAL TABLET,CHEWABLE	2	PA; QL
ziprasidone hcl oral capsule	2	
SEDATIVE/HYPNOTICS		
estazolam oral tablet	1 or 1b*	
eszopiclone oral tablet	1 or 1b*	
flurazepam oral capsule	1 or 1b*	
lorazepam injection solution	1 or 1b*	
lorazepam injection syringe	1 or 1b*	
midazolam oral syrup 2 mg/ml	1 or 1b*	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution	1 or 1b*	
seconal sodium oral capsule	1 or 1b*	
temazepam oral capsule	1 or 1b*	
triazolam oral tablet	1 or 1b*	
zaleplon oral capsule	1 or 1b*	ST; QL

Drug Name	Tier	Notes
zolpidem oral tablet	1 or 1b*	
zolpidem sublingual tablet	2	ST; QL
SKIN PREPS		
acetic acid irrigation solution	1 or 1b*	
acitretin oral capsule	2	
adapalene topical cream	1 or 1b*	PA; QL
adapalene topical gel	1 or 1b*	PA; QL
adapalene topical gel with pump	1 or 1b*	PA; QL
adapalene topical solution	1 or 1b*	PA; QL
adapalene-benzoyl peroxide topical gel with pump	1 or 1b*	
ala-cort topical cream	1 or 1a*	
alclometasone topical cream	1 or 1b*	
alclometasone topical ointment	1 or 1b*	
ALTABAX TOPICAL OINTMENT	2	
amcinonide topical cream	1 or 1b*	ST; QL
amcinonide topical lotion	1 or 1b*	ST; QL
amcinonide topical ointment	1 or 1b*	ST; QL
ammonium lactate topical cream	1 or 1b*	
ammonium lactate topical lotion	1 or 1b*	
amnestem oral capsule	2	PA; QL
apexicon e topical cream	1 or 1b*	ST; QL
aqua care sterile water irrigation solution	1 or 1b*	
avita topical cream	1 or 1b*	PA; QL
avo cream topical emulsion	1 or 1b*	
azelaic acid topical gel	1 or 1b*	
benzoyl peroxide topical foam 5.3 %	1 or 1b*	PA; QL
betamethasone dipropionate topical cream	1 or 1b*	ST; QL
betamethasone dipropionate topical lotion	1 or 1b*	ST; QL
betamethasone dipropionate topical ointment	1 or 1b*	ST; QL
betamethasone valerate topical cream	1 or 1b*	ST; QL
betamethasone valerate topical foam	1 or 1b*	ST; QL
betamethasone valerate topical lotion	1 or 1b*	ST; QL

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

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Drug Name	Tier	Notes
betamethasone valerate topical ointment	1 or 1b*	ST; QL
betamethasone, augmented topical cream	1 or 1b*	
betamethasone, augmented topical gel	1 or 1b*	ST; QL
betamethasone, augmented topical lotion	1 or 1b*	ST; QL
betamethasone, augmented topical ointment	1 or 1b*	
blanche topical cream	1 or 1b*	
bpo topical gel	1 or 1b*	PA; QL
bpo topical towelette 6 %	1 or 1b*	PA; QL
calcipotriene scalp solution	1 or 1b*	
calcipotriene topical cream	1 or 1b*	
calcipotriene topical ointment	1 or 1b*	
calcipotriene-betamethasone topical ointment	1 or 1b*	
calcitrene topical ointment	1 or 1b*	
calcitriol topical ointment	1 or 1b*	PA; QL
claravis oral capsule	2	PA; QL
clindamycin-benzoyl peroxide topical gel	1 or 1b*	
clindamycin-benzoyl peroxide topical gel with pump	1 or 1b*	
clindamycin-tretinoin topical gel	1 or 1b*	
clobetasol scalp solution	1 or 1b*	
clobetasol topical cream	1 or 1b*	
clobetasol topical foam	1 or 1b*	
clobetasol topical gel	1 or 1b*	
clobetasol topical lotion	1 or 1b*	
clobetasol topical ointment	1 or 1b*	
clobetasol topical shampoo	1 or 1b*	
clobetasol topical spray,non-aerosol	1 or 1b*	
clobetasol-emollient topical cream	1 or 1b*	
clobetasol-emollient topical foam	1 or 1b*	
clodan topical shampoo	1 or 1b*	
cormax scalp solution	1 or 1b*	

Drug Name	Tier	Notes
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; QL; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
COSENTYX SUBCUTANEOUS SYRINGE	4	PA; QL; SP
dapsone topical gel	1 or 1b*	ST; QL
desonide topical cream	1 or 1b*	ST; QL
desonide topical lotion	1 or 1b*	ST; QL
desonide topical ointment	1 or 1b*	ST; QL
desoximetasone topical cream	1 or 1b*	ST; QL
desoximetasone topical gel	1 or 1b*	ST; QL
desoximetasone topical ointment	1 or 1b*	ST; QL
desoximetasone topical spray,non-aerosol	1 or 1b*	ST; QL
diclofenac sodium topical gel 1 %	2	
diflorasone topical cream	1 or 1b*	ST; QL
diflorasone topical ointment	1 or 1b*	ST; QL
doxepin topical cream	2	
eletone topical cream	1 or 1b*	
emulsion sb topical emulsion	1 or 1b*	
fluocinolone and shower cap scalp oil	1 or 1b*	ST; QL
fluocinolone topical cream	1 or 1b*	ST; QL
fluocinolone topical oil	1 or 1b*	ST; QL
fluocinolone topical ointment	1 or 1b*	ST; QL
fluocinolone topical solution	1 or 1b*	ST; QL
fluocinonide topical cream	1 or 1b*	
fluocinonide topical gel	1 or 1b*	ST; QL
fluocinonide topical ointment	1 or 1b*	
fluocinonide topical solution	1 or 1b*	
fluocinonide-e topical cream	1 or 1b*	
fluocinonide-emollient topical cream	1 or 1b*	
flurandrenolide topical cream	1 or 1b*	ST; QL
flurandrenolide topical lotion	1 or 1b*	ST; QL

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

Drug Name	Tier	Notes
flurandrenolide topical ointment	1 or 1b*	ST; QL
fluticasone topical cream	1 or 1b*	ST; QL
fluticasone topical lotion	1 or 1b*	ST; QL
fluticasone topical ointment	1 or 1b*	ST; QL
halobetasol propionate topical cream	1 or 1b*	
halobetasol propionate topical ointment	1 or 1b*	
hpr plus hydrogel topical kit,cream and gel	1 or 1b*	
hpr plus topical cream	1 or 1b*	
hpr plus topical foam	1 or 1b*	
hpr topical foam	1 or 1b*	
hydrocortisone butyrate topical cream	1 or 1b*	ST; QL
hydrocortisone butyrate topical lotion	1 or 1b*	ST; QL
hydrocortisone butyrate topical ointment	1 or 1b*	ST; QL
hydrocortisone butyrate topical solution	1 or 1b*	ST; QL
hydrocortisone butyr-emollient topical cream	1 or 1b*	ST; QL
hydrocortisone topical cream 2.5 %	1 or 1a*	
hydrocortisone topical cream with perineal applicator	1 or 1b*	
hydrocortisone topical lotion 2.5 %	1 or 1a*	
hydrocortisone topical ointment 2.5 %	1 or 1a*	
hydrocortisone valerate topical cream	1 or 1b*	ST; QL
hydrocortisone valerate topical ointment	1 or 1b*	ST; QL
imiquimod topical cream in packet	1 or 1b*	
isotretinoin oral capsule	2	
lactated ringers irrigation solution	1 or 1b*	
luxamend topical cream	1 or 1b*	
methoxsalen oral capsule,liqd-filled,rapid rel	4	SP
metronidazole topical cream	1 or 1b*	
metronidazole topical gel	1 or 1b*	
metronidazole topical gel with pump	1 or 1b*	

Drug Name	Tier	Notes
metronidazole topical lotion	1 or 1b*	
mometasone topical cream	1 or 1b*	
mometasone topical ointment	1 or 1b*	
mometasone topical solution	1 or 1b*	
myorisan oral capsule	2	PA; QL
neomycin-polymyxin b gu irrigation solution	2	
neuac topical gel	1 or 1b*	
nivatopic plus topical cream	1 or 1b*	
nolix topical cream	1 or 1b*	ST; QL
nolix topical lotion	1 or 1b*	ST; QL
podofilox topical solution	1 or 1b*	
pr cream topical cream	1 or 1b*	
PRAMOSONE TOPICAL CREAM 1-1 %	2	
PRAMOSONE TOPICAL LOTION	2	
prednicarbate topical cream	1 or 1b*	ST; QL
prednicarbate topical ointment	1 or 1b*	ST; QL
procto-med hc topical cream with perineal applicator	1 or 1b*	
procto-pak topical cream with perineal applicator	1 or 1b*	
proctosol hc topical cream with perineal applicator	1 or 1b*	
proctozone-hc topical cream with perineal applicator	1 or 1b*	
pruclair topical cream	1 or 1b*	
prudoxin topical cream	2	
prumyx topical cream	1 or 1b*	
protect topical emulsion	1 or 1b*	
recedo topical gel	1 or 1b*	
refissa topical cream	1 or 1b*	PA; QL
ringer's irrigation solution	1 or 1b*	
rosadan topical cream	1 or 1b*	
rosadan topical gel	1 or 1b*	
salicylic acid topical cream	1 or 1b*	
salicylic acid topical cream,extended release	1 or 1b*	
salicylic acid topical foam	1 or 1b*	
salicylic acid topical gel	1 or 1b*	
salicylic acid topical lotion	1 or 1b*	
salicylic acid topical lotion,extended release	1 or 1b*	

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

Drug Name	Tier	Notes
salicylic acid topical shampoo	1 or 1b*	
salvax topical foam	1 or 1b*	
scalacort topical lotion	1 or 1a*	
selenium sulfide topical lotion	1 or 1a*	
selenium sulfide topical shampoo 2.25 %	1 or 1a*	
silver nitrate topical ointment	1 or 1b*	
sodium chloride irrigation solution	2	
sonafine topical emulsion	1 or 1b*	
sp antipruritic topical gel	1 or 1b*	
sp scar management topical gel with pump	1 or 1b*	
sulfacetamide sodium (acne) topical suspension	1 or 1b*	
sulfacetamide sodium topical cleanser	1 or 1b*	
sulfacetamide sodium topical cleanser, gel	1 or 1b*	
sulfacetamide sodium topical shampoo	1 or 1b*	
tazarotene topical cream	1 or 1b*	
TAZORAC TOPICAL CREAM 0.05 %	2	
TAZORAC TOPICAL GEL	2	
tis-u-sol pentalyte irrigation solution	1 or 1b*	
tretinoin (emollient) topical cream	1 or 1b*	PA; QL
tretinoin microspheres topical gel	1 or 1b*	PA; QL
tretinoin microspheres topical gel with pump	1 or 1b*	PA; QL
tretinoin topical cream	1 or 1b*	PA; QL
tretinoin topical gel	1 or 1b*	PA; QL
triamcinolone acetonide topical aerosol	1 or 1a*	ST; QL
triamcinolone acetonide topical cream	1 or 1a*	
triamcinolone acetonide topical lotion	1 or 1a*	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	
trianex topical ointment	1 or 1a*	ST; QL

Drug Name	Tier	Notes
triderm topical cream 0.1 %	1 or 1a*	ST; QL
triderm topical cream 0.5 %	1 or 1a*	
urea nail stick topical solution	1 or 1b*	
urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %	1 or 1b*	
urea topical foam	1 or 1b*	
urea topical gel 45 %	1 or 1b*	
urea topical lotion 45 %	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
zenatane oral capsule	2	PA; 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	2	PA; QL; \$0
CHANTIX ORAL TABLET	2	PA; QL; \$0
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	2	PA; QL; \$0
NICOTROL INHALATION CARTRIDGE	2	PA; QL; \$0
NICOTROL NS NASAL SPRAY,NON-AEROSOL	2	PA; QL; \$0
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR	2	PA; QL; \$0
THYROID PREPS		
levothyroxine intravenous recon soln 200 mcg, 500 mcg	1 or 1a*	
levothyroxine oral tablet	1 or 1a*	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1 or 1a*	
liothyronine intravenous solution	1 or 1b*	
liothyronine oral tablet	1 or 1b*	
methimazole oral tablet 10 mg, 5 mg	1 or 1a*	
nature-throid oral tablet	1 or 1a*	
np thyroid oral tablet	1 or 1a*	

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Drug Name	Tier	Notes
propylthiouracil oral tablet	1 or 1b*	
thyroid (pork) oral tablet	1 or 1a*	
unithroid oral tablet	1 or 1a*	
westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1 or 1a*	
UNCLASSIFIED DRUG PRODUCTS		
acamprosate oral tablet, delayed release (dr/ec)	2	
acetylcysteine intravenous solution	2	
alendronate oral solution	1 or 1b*	
alendronate oral tablet	1 or 1b*	
alfuzosin oral tablet extended release 24 hr	1 or 1b*	
bacteriostatic water (parabens) injection solution	1 or 1b*	
buprenorphine hcl sublingual tablet	1 or 1b*	QL
buprenorphine-naloxone sublingual tablet	1 or 1b*	QL
chlorhexidine gluconate mucous membrane mouthwash	1 or 1a*	
CYSTADANE ORAL POWDER	4	LD
darifenacin oral tablet extended release 24 hr	2	
disulfiram oral tablet	1 or 1b*	
doxercalciferol intravenous solution	2	PA; QL
doxercalciferol oral capsule	2	PA; QL
doxycycline hyclate oral tablet 20 mg	1 or 1b*	
dutasteride oral capsule	1 or 1b*	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1 or 1b*	
etidronate disodium oral tablet	2	
finasteride oral tablet	1 or 1b*	
flavoxate oral tablet	1 or 1b*	
flumazenil intravenous solution	1 or 1b*	
fomepizole intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
FOSAMAX PLUS D ORAL TABLET	2	
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; QL; LD; SP
ibandronate oral tablet	1 or 1b*	ST; QL
KUVAN ORAL TABLET, SOLUBLE	4	PA; QL; LD; SP
leucovorin calcium injection recon soln	1 or 1b*	
leucovorin calcium injection solution 10 mg/ml	1 or 1b*	
leucovorin calcium oral tablet	2	
levocarnitine (with sugar) oral solution	2	
levocarnitine oral tablet	2	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1 or 1b*	
mesna intravenous solution	1 or 1b*	PA; QL
methylene blue (antidote) intravenous solution	1 or 1b*	
miglustat oral capsule	4	PA; QL; SP
MURI-LUBE OIL	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
nebusal inhalation solution for nebulization 3 %	1 or 1b*	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	2	
niacin-aze ac-turmer-fa-b6-zn oral tablet	1 or 1b*	
OFEV ORAL CAPSULE	4	PA; QL; LD; SP
oralone dental paste	1 or 1b*	
ORFADIN ORAL CAPSULE	4	PA; QL; LD
oxybutynin chloride oral syrup	1 or 1b*	
oxybutynin chloride oral tablet	1 or 1b*	
oxybutynin chloride oral tablet extended release 24hr	1 or 1b*	

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Drug Name	Tier	Notes
paricalcitol oral capsule	2	PA; QL
paroex oral rinse mucous membrane mouthwash	1 or 1a*	
paroxetine mesylate(menop.sym) oral capsule	1 or 1b*	
periogard mucous membrane mouthwash	1 or 1a*	
PROLIA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
pulmosal inhalation solution for nebulization	1 or 1b*	
PULMOZYME INHALATION SOLUTION	4	SP
raloxifene oral tablet	1 or 1b*	\$0
risedronate oral tablet	1 or 1b*	
risedronate oral tablet,delayed release (dr/ec)	1 or 1b*	
SENSIPAR ORAL TABLET	4	PA; QL
sildenafil oral tablet	1 or 1b*	PA; QL
sodium chlor 0.9% bacteriostat injection solution	2	
sodium chloride inhalation solution for nebulization	2	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	1 or 1b*	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG	4	PA; QL; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL; LD; SP
sterile water for injection injection solution	1 or 1b*	
SUBOXONE SUBLINGUAL FILM	2	QL
tadalafil oral tablet	1 or 1b*	PA; QL
tamsulosin oral capsule	1 or 1b*	
tolterodine oral capsule,extended release 24hr	1 or 1b*	
tolterodine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
triamcinolone acetonide dental paste	1 or 1b*	
trientine oral capsule	4	PA; QL; SP
tropium oral capsule,extended release 24hr	2	
tropium oral tablet	2	
vardenafil oral tablet	1 or 1b*	PA; QL
vardenafil oral tablet,disintegrating	1 or 1b*	PA; QL
VESICARE ORAL TABLET	3	
water for inject, bacteriostat injection solution	1 or 1b*	
water for injection, sterile injection solution	1 or 1b*	
water for injection, sterile intravenous parenteral solution	1 or 1b*	
VITAMINS		
ascorbic acid (vitamin c) injection solution	1 or 1b*	
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA; QL
calcitriol oral capsule	1 or 1b*	PA; QL
calcitriol oral solution	2	PA; QL
corvita oral tablet	1 or 1b*	
cyanocobalamin (vitamin b-12) injection solution	1 or 1a*	
dialyvite oral tablet	1 or 1b*	
ergocalciferol (vitamin d2) oral capsule	1 or 1a*	
folbee oral tablet	1 or 1b*	
folbee plus oral tablet 5 mg	1 or 1b*	
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*	
folplex 2.2 oral tablet	1 or 1b*	
hydroxocobalamin intramuscular solution	1 or 1b*	
m.v.i. adult intravenous solution	1 or 1b*	
multi-vit with fluoride-iron oral drops	1 or 1b*	

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Drug Name	Tier	Notes
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*	
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*	
nephplex rx oral tablet	1 or 1b*	
nephro-vite rx oral tablet	1 or 1b*	
phytonadione (vitamin k1) oral tablet 5 mg	2	
pyridoxine (vitamin b6) injection solution	1 or 1b*	
renal caps oral capsule	1 or 1b*	
rena-vite rx oral tablet	1 or 1b*	
reno caps oral capsule	1 or 1b*	
thiamine hcl (vitamin b1) injection solution	1 or 1b*	
thrivite-19 oral tablet	1 or 1a*	
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-vitamin with fluoride oral drops	1 or 1b*	\$0
tri-vite with fluoride oral drops	1 or 1b*	\$0
v-c forte oral capsule	1 or 1b*	
vic-forte oral capsule	1 or 1b*	
virt-gard oral tablet	1 or 1b*	
virt-vite oral tablet	1 or 1b*	
vit 3 oral capsule	1 or 1b*	
vitamin d2 oral capsule	1 or 1a*	

Drug Name	Tier	Notes
vitamin k injection solution	1 or 1b*	
vitamin k1 injection solution	1 or 1b*	
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	1 or 1b*	\$0
vol-nate oral tablet	1 or 1a*	
vol-plus oral tablet	1 or 1a*	
vol-tab rx oral tablet	1 or 1a*	
vp-vite rx oral tablet	1 or 1b*	

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