

National Drug List

Drug list — Four Tier Drug Plan

Your plan includes coverage for medications you'll find on this drug list. The drug list includes brand-name and generic prescription medications approved by the FDA.

Drugs that are not on this list may cost you more out of pocket. You and your doctor can use this list as a guide to choose the medications that are best for you.

Your coverage has limitations and exclusions. It's best to refer to your Certificate/Evidence of Coverage or Summary Plan Description (SPD) for details about what's covered and what's not. For example, provider administered drugs are not covered under your pharmacy benefit prescription drug plan, and drugs used for cosmetic purposes may not be covered.

Inside you will find more information about how this drug list works with your prescription drug coverage. This booklet is updated on a quarterly basis. For the most up to date information, including newly added medications, generics and more, you can visit [anthem.com/ca/pharmacyinformation](https://www.anthem.com/ca/pharmacyinformation). For additional information about your pharmacy benefit, please call the Member Services number on your ID card.

National Drug List

What is a drug list?

The drug list (also called a formulary) is a list of prescription medications approved by the U.S. Food and Drug Administration (FDA). The list is made up of hundreds of brand-name and generic medications that have been reviewed and recommended for their quality and effectiveness through our Pharmacy and Therapeutics (P&T) process.

Our P&T process involves an independent group of practicing doctors, pharmacists, and other health care professionals responsible for the research and decisions surrounding our drug lists. This group meets regularly to review new and existing drugs and chooses the top medications for our drug lists, based on their safety, effectiveness and value.

The drug list is organized in tiers; medications on Tier 1 have the lowest member cost share while members pay more for drugs on higher tiers.

How will I know about changes to the drug list?

Drugs on our list are reviewed regularly. Sometimes this results in drugs being added or removed. We will always try to notify you of changes to the drug list that impact you.

Now and then, it's a good idea to check the status of any medications you are taking. On our website, you can view and search the drug list to see which drugs are covered and at what tier level, as well as information on dosage/strength options and prior authorization or step therapy requirements. You can also see if a brand-name drug has a generic equivalent.

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

A brand-name drug is usually available from only one manufacturer and may have patent protection.

A generic drug is also FDA-approved and has the same active ingredients as its brand-name counterpart, but a generic is typically available only after the brand-name drug's patent protection expires. Although it may look different, a generic drug works the same as its brand-name counterpart.

Is this a complete listing of all covered drugs?

Yes, this is a complete listing of all drugs on the drug list; however, a drug(s) may be excluded based on your plan's benefit design. If a medication isn't on this list, this means your plan doesn't cover the medication(s), so you may have to pay out of pocket or switch to a covered prescription medication or an over the counter (OTC) option.

If my medication is not included on the drug list, what are my options?

The drug list includes many brand-name and generic drugs. You may have to pay the full cost of a medication that isn't included on the drug list. When you visit our website, you can get more information about generic equivalent options, if available; however, OTC options will not be displayed. If an alternative isn't listed, please talk to your doctor or pharmacist about whether another medication that is included on the drug list or an OTC may be right for you.

Only you and your doctor can decide what drugs are right for you. If a medication you're taking is not covered, your doctor can ask us to keep covering the drug(s) you take now by submitting a request for an exception. This process, called prior authorization, requires your doctor to call the member services number on your member ID card or go to our website to download and submit the prior authorization form.

How will I know how much my drug will cost?

Medications on the drug list are grouped into tiers. Your cost will depend on what tier the medication your doctor prescribes for you falls in and could be a set cost or a percentage of the total drug cost. In general, drugs on the lowest tier have the lowest member cost share, which is what you pay. Drugs on a higher tier may cost you more.

Several factors determine what tier a drug is placed in, including:

- Clinical considerations.
- Cost of the drug in comparison to other drugs used for the same type of treatment.
- Availability of over-the-counter options

What types of drugs can I expect to find in the different tiers?

Tier 1 drugs have the lowest member cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions. Some plans may separate Tier 1 into Tier 1a & Tier 1b which will be labeled in the Tier column.

- Tier 1a - Tier 1a drugs have the lowest member cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 1b - Tier 1b drugs have a low member 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 medium cost share. They may be preferred brand drugs, based on their effectiveness and value. Some are newer, more expensive generic drugs.

Tier 3 drugs have a higher cost share. They generally include non-preferred brand and generic drugs. They may cost more than drugs placed 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 specialty drugs have the highest cost share and typically consist of specialty (brand and generic) drugs. They may cost more than drugs placed on lower tiers that are used to treat the same condition. Tier 4 may also include drugs that were recently approved by the FDA or specialty drugs used to treat complex, chronic conditions and may need special handling.

Member cost share amount for certain abuse-deterrent opioid analgesics may be lower due to state law requirements.

Preventive care drugs: We cover preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA). We cover contraceptives for members enrolled in a California plan according to state regulations.

In selecting medications for the prescription drug formulary, the therapeutic efficacy and cost effectiveness are addressed for each category. All therapeutic categories are represented on the formulary by at least one medication. When a closed formulary is in effect, only medications that are included on the formulary are a covered service. In certain clinical situations, a member may require use of a non-formulary product. Anthem has criteria that permits a member to obtain a non-formulary medication in a closed formulary plan. If specific criteria are met, a member can receive a non-formulary drug for a formulary copay. The criteria preserves the clinical integrity of the drug formulary and provides a process by which deviations from the formulary may be allowed. An appeals process is in place for any medications that do not meet the criteria.

National Drug List
Four-Tier

Table of Contents

ANALGESICS	3
ANESTHETICS	8
ANTIALLERGY	11
ANTIARTHRITICS	11
ANTIASTHMATICS	13
ANTIBIOTICS	15
ANTICOAGULANTS	25
ANTIDOTES	26
ANTIFUNGALS	27
ANTIHISTAMINE AND DECONGESTANT COMBINATION	29
ANTIHISTAMINES	29
ANTIHYPERGLYCEMICS	29
ANTIINFECTIVES	32
ANTIINFECTIVES/MISCELLANEOUS	31
ANTINEOPLASTICS	32
ANTI-OBESITY DRUGS	38
ANTIPARKINSON DRUGS	39
ANTIPLATELET DRUGS	39
ANTIVIRALS	40
AUTONOMIC DRUGS	43
BIOLOGICALS	45
BLOOD	53
CARDIAC DRUGS	56
CARDIOVASCULAR	60
CNS DRUGS	67
COLONY STIMULATING FACTORS	71
CONTRACEPTIVES	71
COUGH/COLD PREPARATIONS	75
DIAGNOSTIC	77
DIURETICS	77
EENT PREPS	78
ELECT/CALORIC/H2O	81
GASTROINTESTINAL	90
HORMONES	96
IMMUNOSUPPRESSANTS	101
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG	101
MUSCLE RELAXANTS	105
PRE-NATAL VITAMINS	106
PSYCHOTHERAPEUTIC DRUGS	109
SEDATIVE/HYPNOTICS	114
SKIN PREPS	115
SMOKING DETERRENTS	124
THYROID PREPS	124
UNCLASSIFIED DRUG PRODUCTS	124
VITAMINS	131

National Drug List
Four-Tier
CURRENT AS OF 6/15/2017

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

Drug Name	Tier	Notes
buprenorphine hcl injection syringe	1 or 1b*	QL
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	3	PA; QL
butalbital compound w/codeine oral capsule	1 or 1b*	QL
butalbital-acetaminop-caf-cod oral capsule	1 or 1b*	QL
butalbital-acetaminophen oral tablet	1 or 1b*	
butalbital-acetaminophen-caff oral capsule	1 or 1b*	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1 or 1b*	
butalbital-aspirin-caffeine oral capsule	1 or 1b*	
butorphanol tartrate injection solution	1 or 1b*	
butorphanol tartrate nasal spray,non-aerosol	1 or 1b*	QL
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA; QL
CAFERGOT ORAL TABLET	3	
CAMBIA ORAL POWDER IN PACKET	3	QL
capacet oral capsule	1 or 1b*	
CAPITAL WITH CODEINE ORAL SUSPENSION	3	QL
carisoprodol-asa-codeine oral tablet	1 or 1b*	
choline,magnesium salicylate oral liquid	1 or 1b*	
clonidine (pf) epidural solution	1 or 1b*	
codeine sulfate oral tablet	1 or 1b*	QL
codeine-butalbital-asa-caff oral capsule	1 or 1b*	QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL

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

Effective 7/1/17

Drug Name	Tier	Notes
D.H.E.45 INJECTION SOLUTION	3	PA
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 75 MG/1.5 ML	3	
demerol (pf) injection solution 100 mg/ml	1 or 1b*	
DEMEROL (PF) INJECTION SOLUTION 50 MG/ML	3	QL
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 75 MG/ML	3	
DEMEROL (PF) INJECTION SYRINGE 50 MG/ML	3	QL
DEMEROL INJECTION SOLUTION	3	
DEMEROL ORAL TABLET 100 MG	3	QL
diclofenac potassium oral tablet	1 or 1b*	
diflunisal oral tablet	1 or 1b*	
dihydroergotamine injection solution	1 or 1b*	PA
dihydroergotamine nasal spray, non-aerosol	1 or 1b*	QL
DILAUDID (PF) INJECTION SYRINGE	3	
DILAUDID ORAL LIQUID	3	QL
DILAUDID ORAL TABLET	3	QL
diskets oral tablet, soluble	1 or 1b*	PA; QL
DOLOPHINE ORAL TABLET	3	PA; QL
DURACLON (PF) EPIDURAL SOLUTION	3	
DURAGESIC TRANSDERMAL PATCH 72 HOUR	3	PA; QL
duramorph (pf) injection solution	1 or 1b*	QL
ELMIRON ORAL CAPSULE	3	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL

Drug Name	Tier	Notes
ERGOMAR SUBLINGUAL TABLET	3	
ergotamine-caffeine oral tablet	1 or 1b*	
ESGIC ORAL CAPSULE	3	
ESGIC ORAL TABLET	3	
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL EPIDURAL PREFILLED PUMP RESERVOIR 2 MCG/ML- 0.125 %	3	
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.1 %	3	
fentanyl citrate (pf) injection solution	1 or 1b*	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL
FENTANYL CITRATE-0.9%NACL (PF) INTRAVENOUS SOLUTION 20 MCG/ML	3	
fentanyl citrate-0.9% nacl (pf) intravenous solution 5 mcg/ml	1 or 1b*	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1 or 1b*	PA; QL
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR, 87.5 MCG/HOUR	3	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	
FENTORA BUCCAL TABLET, EFFERVESCENT	3	PA; QL
FIORINAL ORAL CAPSULE	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
FIORINAL-CODEINE #3 ORAL CAPSULE	3	QL
FROVA ORAL TABLET	3	ST; QL
frovatriptan oral tablet	1 or 1b*	ST; QL
HYCET ORAL SOLUTION	3	QL
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	3	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
hydromorphone (pf) injection solution	1 or 1b*	QL
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 250 MG/250 ML (1 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 2 MG/ML	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML	3	
hydromorphone injection solution	1 or 1b*	QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	
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

Drug Name	Tier	Notes
hydromorphone oral tablet extended release 24 hr	1 or 1b*	PA; QL
hydromorphone rectal suppository	1 or 1b*	QL
IBUDONE ORAL TABLET	3	QL
ibuprofen-oxycodone oral tablet	1 or 1a*	QL
IMITREX NASAL SPRAY, NON-AEROSOL	3	ST; QL
IMITREX ORAL TABLET	3	ST; QL
IMITREX STATDOSE KIT REFILL SUBCUTANEOUS CARTRIDGE	3	QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	3	QL
IMITREX SUBCUTANEOUS SOLUTION	3	QL
INFUMORPH P/F INJECTION SOLUTION	3	
IONSYS TRANSDERMAL SYSTEM, TRANSDERMAL PCA	3	
isometh-dichloral-acetaminophen oral capsule	1 or 1b*	
isomethepten-caf-acetaminophen oral tablet 65-20-325 mg	1 or 1b*	
ketorolac injection cartridge	1 or 1b*	
ketorolac injection solution 15 mg/ml, 30 mg/ml	1 or 1b*	QL
ketorolac injection solution 30 mg/ml (1 ml)	1 or 1b*	
ketorolac injection syringe 15 mg/ml	1 or 1b*	QL
ketorolac injection syringe 30 mg/ml	1 or 1b*	
ketorolac intramuscular solution	1 or 1b*	QL
ketorolac intramuscular syringe	1 or 1b*	QL
ketorolac oral tablet	1 or 1a*	QL
levorphanol tartrate oral tablet	1 or 1b*	
lorcet (hydrocodone) oral tablet	1 or 1b*	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
lorcet hd oral tablet	1 or 1b*	QL
lorcet plus oral tablet 7.5-325 mg	1 or 1b*	QL
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	QL
marten-tab oral tablet	1 or 1b*	
MAXALT ORAL TABLET	3	QL
MAXALT-MLT ORAL TABLET,DISINTEGRATING	3	QL
mefenamic acid oral capsule	1 or 1b*	QL
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine injection cartridge	1 or 1b*	QL
meperidine oral solution	1 or 1b*	QL
meperidine oral tablet	1 or 1b*	QL
methadone injection solution	1 or 1b*	PA; QL
methadone intensol oral concentrate	1 or 1b*	PA; QL
methadone oral concentrate	1 or 1b*	PA; QL
methadone oral solution	1 or 1b*	PA; QL
methadone oral tablet	1 or 1b*	PA; QL
methadone oral tablet,soluble	1 or 1b*	PA; QL
methadose oral concentrate	1 or 1b*	PA; QL
methadose oral tablet,soluble	1 or 1b*	PA; QL
migergot rectal suppository	1 or 1b*	
MIGRANAL NASAL SPRAY,NON-AEROSOL	3	QL
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS SOLUTION 5 MG/ML	3	
morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/ml, 2 mg/2 ml (1 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	1 or 1b*	
morphine concentrate oral solution	1 or 1b*	QL
MORPHINE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 275 MG/55 ML (5 MG/ML)	3	

Drug Name	Tier	Notes
MORPHINE IN 0.9 % NACL INTRAVENOUS SOLUTION 10 MG/ML	3	
morphine injection solution 15 mg/ml, 8 mg/ml	1 or 1b*	
morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1 or 1b*	
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	
morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml	1 or 1b*	
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	3	
morphine intravenous pt controlled analgesia syring	1 or 1b*	
morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 50 mg/ml	1 or 1b*	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	3	
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1 or 1b*	
morphine oral capsule, er multiphase 24 hr	1 or 1b*	PA; QL
morphine oral capsule,extend.release pellets	1 or 1b*	PA; QL
morphine oral solution	1 or 1b*	QL
morphine oral tablet	1 or 1b*	QL
morphine oral tablet extended release	1 or 1b*	PA; QL
morphine rectal suppository	1 or 1b*	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL
nalbuphine injection solution	1 or 1b*	
naratriptan oral tablet	1 or 1b*	QL
nodolor oral capsule	1 or 1b*	
NORCO ORAL TABLET	3	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
NUCYNTA ORAL TABLET	3	QL
OFIRMEV INTRAVENOUS SOLUTION	3	
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	ST; QL
OPANA INJECTION SOLUTION	3	
OPANA ORAL TABLET	3	QL
OXAYDO ORAL TABLET, ORAL ONLY	3	QL
oxycodone oral capsule	1 or 1b*	QL
oxycodone oral concentrate	1 or 1b*	QL
oxycodone oral solution	1 or 1b*	QL
OXYCODONE ORAL SYRINGE	3	QL
oxycodone oral tablet	1 or 1b*	QL
oxycodone-acetaminophen oral solution	1 or 1b*	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
oxycodone-aspirin oral tablet	1 or 1b*	QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	PA; QL
oxymorphone oral tablet	1 or 1b*	QL
oxymorphone oral tablet extended release 12 hr	1 or 1b*	PA; QL
pentazocine-naloxone oral tablet	1 or 1b*	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL
PONSTEL ORAL CAPSULE	3	
PRIALT INTRATHECAL SOLUTION	4	PA; LD
PRIMLEV ORAL TABLET	3	QL
PRODRIN ORAL TABLET 65-20-325 MG	3	
RELPAK ORAL TABLET	2	QL
reprexain oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
RIMSO-50 INTRAVESICAL SOLUTION	3	
rizatriptan oral tablet	1 or 1b*	QL
rizatriptan oral tablet, disintegrating	1 or 1b*	QL
ROXICODONE ORAL TABLET	3	QL
SPRIX NASAL SPRAY, NON-AEROSOL	3	QL
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	3	
sumatriptan nasal spray, non-aerosol	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate subcutaneous cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous pen injector	1 or 1b*	QL
sumatriptan succinate subcutaneous solution	1 or 1b*	QL
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1 or 1b*	QL
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR	3	QL
SYNALGOS-DC ORAL CAPSULE	3	QL
TALWIN INJECTION SOLUTION	3	
tencon oral tablet 50-325 mg	1 or 1b*	
TORONOVA II SUIK KIT	3	
TORONOVA SUIK KIT	3	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	3	PA; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75	3	PA; QL
tramadol oral tablet	1 or 1b*	QL
tramadol oral tablet extended release 24 hr	1 or 1b*	PA; QL
tramadol oral tablet, er multiphase 24 hr	1 or 1b*	PA; QL
tramadol-acetaminophen oral tablet	1 or 1b*	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
TREXIMET ORAL TABLET	3	ST; QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	QL
TYLENOL-CODEINE #3 ORAL TABLET	3	QL
TYLENOL-CODEINE #4 ORAL TABLET	3	QL
ULTIVA INTRAVENOUS RECON SOLN	3	
ULTRACET ORAL TABLET	3	QL
ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; QL
ULTRAM ORAL TABLET	3	QL
VANATOL LQ ORAL SOLUTION	3	
verdrocet oral tablet	1 or 1b*	QL
vicodin es oral tablet	1 or 1b*	QL
vicodin hp oral tablet	1 or 1b*	QL
vicodin oral tablet	1 or 1b*	QL
XODOL 10/300 ORAL TABLET	3	QL
XODOL 5/300 ORAL TABLET	3	QL
XODOL 7.5/300 ORAL TABLET	3	QL
xylon 10 oral tablet	1 or 1b*	QL
zamicet oral solution	1 or 1b*	QL
zebutal oral capsule 50-325-40 mg	1 or 1b*	
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	ST; QL
ZIPSOR ORAL CAPSULE	3	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet,disintegrating	1 or 1b*	QL
ZOMIG NASAL SPRAY,NON-AEROSOL	3	ST; QL
ZOMIG ORAL TABLET	3	ST; QL
ZOMIG ZMT ORAL TABLET,DISINTEGRATING	3	ST; QL

Drug Name	Tier	Notes
ANESTHETICS		
AMIDATE INTRAVENOUS SOLUTION	3	
AMIDATE INTRAVENOUS SYRINGE	3	
ANASTIA TOPICAL LOTION	3	
ARTICADENT DENTAL INJECTION CARTRIDGE	3	
ASTERO TOPICAL GEL WITH PUMP	3	
BREVITAL INJECTION RECON SOLN 2.5 GRAM, 500 MG	3	
BUCALSEP MUCOUS MEMBRANE AEROSOL,SPRAY	3	
BUCALSEP MUCOUS MEMBRANE SOLUTION	3	
BUFFERED LIDOCAINE INJECTION SYRINGE 1 % (0.5 ML)	3	
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 BITART INJECTION CARTRIDGE	3	
bupivacaine-epinephrine injection solution	1 or 1b*	
CARBOCAINE (PF) INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	3	
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	1 or 1b*	
CARBOCAINE INJECTION SOLUTION	3	
cidaleaze topical cream	1 or 1b*	
CITANEST FORTE DENTAL INJECTION CARTRIDGE	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
CITANEST PLAIN DENTAL INJECTION CARTRIDGE	3	
cocaine topical solution	1 or 1b*	
dermacinrx prizopak topical kit	1 or 1b*	
DIPRIVAN INTRAVENOUS EMULSION	3	
ethyl chloride topical aerosol,spray	1 or 1b*	
etomidate intravenous solution	1 or 1b*	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
forane inhalation liquid	1 or 1b*	
glydo mucous membrane jelly in applicator	1 or 1b*	
isoflurane inhalation liquid	1 or 1b*	
IV INFUSION CPI KIT	3	
KETALAR INJECTION SOLUTION	3	
KETAMINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 100 MG/10 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML)	3	
ketamine injection solution	1 or 1b*	
KETAMINE INTRAVENOUS SYRINGE 100 MG/2 ML (50 MG/ML)	3	
LDO PLUS TOPICAL GEL WITH PUMP	3	
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 %)	1 or 1b*	
lidocaine hcl laryngotracheal solution	1 or 1a*	
lidocaine hcl mucous membrane jelly	1 or 1b*	
lidocaine hcl mucous membrane jelly in applicator	1 or 1b*	

Drug Name	Tier	Notes
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1 or 1b*	
lidocaine topical adhesive patch,medicated	1 or 1b*	
lidocaine topical ointment	1 or 1b*	
lidocaine viscous mucous membrane solution	1 or 1a*	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE	3	
lidocaine-epinephrine injection solution	1 or 1b*	
lidocaine-prilocaine topical cream	1 or 1b*	
lidocaine-prilocaine topical kit	1 or 1b*	
LIDOCAINE-TETRACAINE TOPICAL CREAM	3	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	3	
LIDOPAC TOPICAL KIT	3	
lidopril topical kit	1 or 1b*	
LIDOPRIL XR TOPICAL KIT	3	
LIDOTREX TOPICAL GEL	3	
LIVIXIL PAK TOPICAL KIT	3	
lta pre-attached laryngotracheal solution	1 or 1a*	
MARCAINE (PF) INJECTION SOLUTION 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML)	3	
marcaine (pf) injection solution 0.75 % (7.5 mg/ml)	1 or 1b*	
MARCAINE INJECTION SOLUTION	3	
MARCAINE SPINAL (PF) INJECTION SOLUTION	3	
MARCAINE-EPINEPHRINE (PF) INJECTION SOLUTION	3	
MARCAINE-EPINEPHRINE INJECTION SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
MARVONA SUIK (PF) KIT	3	
MEPIVACAINE (PF) INJECTION CARTRIDGE	3	
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 (PF) INJECTION SYRINGE 5 MG/ML	3	
midazolam injection solution	1 or 1b*	
NAROPIN (PF) INJECTION SOLUTION	3	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
NUMBONEX TOPICAL LOTION	3	
PAIN EASE TOPICAL AEROSOL,SPRAY	3	
P-CARE M (PF) INJECTION KIT	3	
P-CARE X (PF) INJECTION KIT	3	
phenazopyridine oral tablet 100 mg, 200 mg	1 or 1a*	
PLIAGLIS TOPICAL CREAM	3	
polocaine injection solution 1 % (10 mg/ml)	1 or 1b*	
POLOCAINE INJECTION SOLUTION 2 %	3	
polocaine-mpf injection solution	1 or 1b*	
PONTOCAINE TOPICAL SOLUTION	3	
propofol intravenous emulsion	1 or 1b*	
PYRIDIDIUM ORAL TABLET	3	
REGENECARE TOPICAL GEL	3	
REGENECARE WITH ALOE TOPICAL GEL	3	

Drug Name	Tier	Notes
relador pak plus topical kit	1 or 1b*	
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL PREFILLED PUMP RESERVOIR 0.2 % (2 MG/ML)	3	
ropivacaine (pf) injection solution	1 or 1b*	
SENSORCAINE INJECTION SOLUTION 0.25 % (2.5 MG/ML)	3	
sensorcaine injection solution 0.5 % (5 mg/ml)	1 or 1b*	
sensorcaine/epinephrine injection solution	1 or 1b*	
SENSORCAINE-MPF INJECTION SOLUTION	3	
SENSORCAINE-MPF SPINAL INJECTION SOLUTION	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
sevoflurane inhalation liquid	1 or 1b*	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	3	
SUPRANE INHALATION LIQUID	3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	3	
terrell inhalation liquid	1 or 1b*	
tetracaine hcl (pf) injection solution	1 or 1b*	
TRANZAREL TOPICAL GEL	3	
ULTANE INHALATION LIQUID	3	
xylocaine dental-epinephrine injection cartridge	1 or 1b*	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE-EPINEPHRINE INJECTION SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
ZINGO INTRADERMAL PEN INJECTOR	3	
ANTIALLERGY		
cromolyn oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
ANTIARTHRITICS		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous recon soln	1 or 1b*	
aloprim intravenous recon soln	1 or 1b*	
ANAPROX DS ORAL TABLET	3	
ARAVA ORAL TABLET	3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; QL
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; QL
CALDOLOR INTRAVENOUS RECON SOLN	3	
CELEBREX ORAL CAPSULE	3	ST; QL
celecoxib oral capsule	1 or 1b*	ST; QL
COLCHICINE ORAL CAPSULE	3	PA; QL
COLCHICINE ORAL TABLET	3	PA; QL
COLCRYS ORAL TABLET	2	QL
CUPRIMINE ORAL CAPSULE	3	PA
DAYPRO ORAL TABLET	3	
DEPEN TITRATABS ORAL TABLET	3	PA
diclofenac sodium oral tablet extended release 24 hr	1 or 1b*	

Drug Name	Tier	Notes
diclofenac sodium oral tablet, delayed release (dr/ec)	1 or 1b*	
diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic	1 or 1b*	ST
DISALCID ORAL TABLET	3	
DUEXIS ORAL TABLET	3	ST; QL
DYLOJECT INTRAVENOUS SOLUTION	3	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
ELITEK INTRAVENOUS RECON SOLN	3	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
etodolac oral capsule	1 or 1b*	
etodolac oral tablet	1 or 1b*	
etodolac oral tablet extended release 24 hr	1 or 1b*	
EUFLEXXA INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
FELDENE ORAL CAPSULE	3	
FENOPROFEN ORAL CAPSULE	3	ST
fenoprofen oral tablet	1 or 1b*	
FENORTHO ORAL CAPSULE	3	ST; QL
flurbiprofen oral tablet	1 or 1b*	
GEL-ONE INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
GELSYN-3 INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
GENVISC 850 INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP

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

Effective 7/1/17

Drug Name	Tier	Notes
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA PEN PSORIASIS-UVEITIS 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
HYALGAN INTRA-ARTICULAR SOLUTION	4	PA; SP
HYALGAN INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
HYMOVIS INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
ibuprofen oral suspension	1 or 1a*	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	
INDOCIN ORAL SUSPENSION	3	ST; QL
INDOCIN RECTAL SUPPOSITORY	3	ST
indomethacin oral capsule	1 or 1b*	QL
indomethacin oral capsule, extended release	1 or 1b*	QL
ketoprofen oral capsule	1 or 1b*	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1 or 1b*	QL
KINERET SUBCUTANEOUS SYRINGE	4	PA; QL; LD
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; SP
leflunomide oral tablet	1 or 1b*	
LODINE ORAL TABLET	3	
meclofenamate oral capsule	1 or 1b*	
meloxicam oral suspension	1 or 1b*	QL
meloxicam oral tablet	1 or 1b*	QL
MITIGARE ORAL CAPSULE	3	PA; QL
MOBIC ORAL TABLET	3	QL
MONOVISC INTRA-ARTICULAR SYRINGE	4	PA; QL; SP

Drug Name	Tier	Notes
nabumetone oral tablet	1 or 1b*	
NALFON ORAL CAPSULE 400 MG	3	ST; QL
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	QL
NAPROSYN ORAL SUSPENSION	3	
NAPROSYN ORAL TABLET 500 MG	3	
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*	
NUDICLO TABPAK KIT	3	
ORTHOVISC INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
OTEZLA ORAL TABLET	4	PA; QL; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK	4	PA; QL; SP
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	4	PA; QL; SP
oxaprozin oral tablet	1 or 1b*	
piroxicam oral capsule	1 or 1b*	
probenecid oral tablet	1 or 1b*	
probenecid-colchicine oral tablet	1 or 1b*	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	PA; QL; SP
RIDAURA ORAL CAPSULE	2	
salsalate oral tablet	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
SIMPONI SUBCUTANEOUS SYRINGE	4	PA; QL; SP
sulindac oral tablet	1 or 1b*	
SUPARTZ FX INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
SYNVISC INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
SYNVISC-ONE INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
TIVORBEX ORAL CAPSULE	3	ST; QL
tolmetin oral capsule	1 or 1b*	
tolmetin oral tablet	1 or 1b*	
ULORIC ORAL TABLET	3	ST
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; QL
VIVLODEX ORAL CAPSULE	3	ST; QL
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
XELJANZ ORAL TABLET	4	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; QL; SP
XENAFLAMM KIT	3	QL
ZORVOLEX ORAL CAPSULE	3	ST; QL
ZURAMPIC ORAL TABLET	3	PA; QL
ZYLOPRIM ORAL TABLET	3	
ANTIASTHMATICS		
ACCOLATE ORAL TABLET	3	
acetylcysteine solution	1 or 1b*	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	2	QL

Drug Name	Tier	Notes
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL
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*	
AMINOPHYLLINE INTRAVENOUS SOLUTION 500 MG/20 ML	3	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	ST; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	QL
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1 or 1b*	QL
budesonide inhalation suspension for nebulization 1 mg/2 ml	1 or 1b*	ST; QL
CINQAIR INTRAVENOUS SOLUTION	4	PA; LD
COMBIVENT RESPIMAT INHALATION MIST	2	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
cromolyn inhalation solution for nebulization	1 or 1b*	
DALIRESP ORAL TABLET	3	QL
DULERA INHALATION HFA AEROSOL INHALER	2	QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL
ipratropium bromide inhalation solution	1 or 1b*	QL
ipratropium-albuterol inhalation solution for nebulization	1 or 1b*	
levalbuterol hcl inhalation solution for nebulization	1 or 1b*	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	QL
metaproterenol oral syrup	1 or 1b*	
metaproterenol oral tablet	1 or 1b*	
montelukast oral granules in packet	1 or 1b*	QL
montelukast oral tablet	1 or 1b*	QL
montelukast oral tablet, chewable	1 or 1b*	QL
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; SP

Drug Name	Tier	Notes
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION	2	QL
PROAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	3	QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	ST; QL
QVAR INHALATION AEROSOL	2	QL
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
SINGULAIR ORAL GRANULES IN PACKET	3	QL
SINGULAIR ORAL TABLET	3	QL
SINGULAIR ORAL TABLET, CHEWABLE	3	QL
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	2	QL
terbutaline oral tablet	1 or 1b*	
terbutaline subcutaneous solution	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
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*	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	ST; QL
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2	QL
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; SP
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	3	
XOPENEX HFA INHALATION HFA AEROSOL INHALER	3	QL
XOPENEX INHALATION SOLUTION FOR NEBULIZATION	3	
zafirlukast oral tablet	1 or 1b*	
zileuton oral tablet, er multiphase 12 hr	1 or 1b*	
ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR	3	
ZYFLO ORAL TABLET	3	

Drug Name	Tier	Notes
ANTIBIOTICS		
ACTICLATE ORAL TABLET	3	ST
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1 or 1b*	
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension for reconstitution	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1 or 1a*	
amoxicillin-pot clavulanate oral suspension for reconstitution	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1 or 1b*	
amoxicillin-pot clavulanate oral tablet,chewable	1 or 1b*	
ampicillin oral capsule	1 or 1a*	
ampicillin oral suspension for reconstitution	1 or 1a*	
ampicillin sodium injection recon soln	1 or 1b*	
ampicillin sodium intravenous recon soln	1 or 1b*	
ampicillin-sulbactam injection recon soln	1 or 1b*	
ampicillin-sulbactam intravenous recon soln	1 or 1b*	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3	
AVELOX ORAL TABLET	3	QL
avidoxy oral tablet	1 or 1b*	
AVYCAZ INTRAVENOUS RECON SOLN	3	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
AZACTAM INJECTION RECON SOLN	3	
AZASITE OPHTHALMIC DROPS	2	
azithromycin intravenous recon soln	1 or 1b*	
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension for reconstitution	1 or 1b*	QL
azithromycin oral tablet	1 or 1b*	QL
aztreonam injection recon soln	1 or 1b*	
azuphen mb oral capsule	1 or 1b*	
baciim intramuscular recon soln	1 or 1b*	
bacitracin intramuscular recon soln	1 or 1b*	
bacitracin ophthalmic ointment	1 or 1b*	
bacitracin-polymyxin b ophthalmic ointment	1 or 1a*	
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
BACTROBAN NASAL NASAL OINTMENT	2	
BACTROBAN TOPICAL CREAM	3	
BENZAMYCIN TOPICAL GEL	3	ST
BESIVANCE OPHTHALMIC DROPS,SUSPENSION	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	LD; SP

Drug Name	Tier	Notes
BIAXIN ORAL TABLET 500 MG	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	
BLEPH-10 OPHTHALMIC DROPS	3	
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
bp 10-1 topical cleanser	1 or 1b*	
CAPASTAT INJECTION RECON SOLN	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	LD; SP
CEDAX ORAL CAPSULE	3	
CEDAX ORAL SUSPENSION FOR RECONSTITUTION	3	
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 0.9% SOD CHLORIDE INTRAVENOUS PIGGYBACK	3	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SYRINGE 1 GRAM/10 ML	3	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
cefazolin injection recon soln	1 or 1b*	
cefazolin intravenous recon soln	1 or 1b*	
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension for reconstitution	1 or 1b*	
cefditoren pivoxil oral tablet	1 or 1b*	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
cefepime in dextrose,iso-osm intravenous piggyback	1 or 1b*	
cefepime injection recon soln	1 or 1b*	
cefixime oral suspension for reconstitution	1 or 1b*	
CEFOTAN INJECTION RECON SOLN	3	
cefotaxime injection recon soln	1 or 1b*	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK	3	
cefotetan injection recon soln	1 or 1b*	
cefotetan intravenous recon soln	1 or 1b*	
cefoxitin in dextrose, iso-osm intravenous piggyback	1 or 1b*	
cefoxitin intravenous recon soln	1 or 1b*	
cefpodoxime oral suspension for reconstitution	1 or 1b*	
cefpodoxime oral tablet	1 or 1b*	
cefprozil oral suspension for reconstitution	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	3	

Drug Name	Tier	Notes
ceftazidime injection recon soln	1 or 1b*	
ceftibuten oral capsule	1 or 1b*	
ceftibuten oral suspension for reconstitution	1 or 1b*	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	
ceftriaxone in dextrose,iso-os intravenous piggyback	1 or 1b*	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1 or 1b*	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
ceftriaxone intravenous recon soln	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection recon soln 750 mg	1 or 1b*	
cefuroxime sodium intravenous recon soln	1 or 1b*	
CEFUROXIME SODIUM-0.9%NACL(PF) INTRAVITREAL SOLUTION	3	
CENTANY AT TOPICAL OINTMENT KIT	3	
CENTANY TOPICAL OINTMENT	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension for reconstitution	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
CETRAXAL OTIC DROPPERETTE	3	
chloramphenicol sod succinate intravenous recon soln	1 or 1b*	
CILOXAN OPHTHALMIC DROPS	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO HC OTIC DROPS,SUSPENSION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	QL
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR	3	QL
CIPRODEX OTIC DROPS,SUSPENSION	2	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr	1 or 1b*	QL
ciprofloxacin hcl ophthalmic drops	1 or 1a*	
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin hcl otic dropperette	1 or 1b*	
ciprofloxacin in 5 % dextrose intravenous piggyback	1 or 1b*	
ciprofloxacin lactate intravenous solution	1 or 1b*	
ciprofloxacin oral suspension,microcapsule recon	1 or 1b*	QL
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN	3	
clarithromycin oral suspension for reconstitution	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
clarithromycin oral tablet extended release 24 hr	1 or 1b*	
cleansing wash topical cleanser	1 or 1b*	
CLEOCIN HCL ORAL CAPSULE	3	
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK	3	
CLEOCIN INJECTION SOLUTION	3	
cleocin intravenous solution 300 mg/2 ml	1 or 1b*	

Drug Name	Tier	Notes
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	
CLEOCIN T TOPICAL GEL	3	ST
CLEOCIN T TOPICAL LOTION	3	ST
CLEOCIN T TOPICAL SOLUTION	3	
CLEOCIN T TOPICAL SWAB	3	ST
CLEOCIN VAGINAL CREAM	3	ST
CLEOCIN VAGINAL SUPPOSITORY	2	
CLINDAGEL TOPICAL GEL	3	ST
clindamycin hcl oral capsule	1 or 1b*	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
clindamycin in 5 % dextrose intravenous piggyback	1 or 1b*	
clindamycin palmitate hcl oral recon soln	1 or 1b*	
clindamycin pediatric oral recon soln	1 or 1b*	
clindamycin phosphate injection solution	1 or 1b*	
clindamycin phosphate intravenous solution	1 or 1b*	
clindamycin phosphate topical foam	1 or 1b*	ST
clindamycin phosphate topical gel	1 or 1b*	ST
clindamycin phosphate topical lotion	1 or 1b*	ST
clindamycin phosphate topical solution	1 or 1b*	ST
clindamycin phosphate topical swab	1 or 1b*	ST
clindamycin phosphate vaginal cream	1 or 1b*	ST
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
colistin (colistimethate na) injection recon soln	1 or 1b*	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	
COLY-MYCIN S OTIC DROPS,SUSPENSION	3	
CORTISPORIN TOPICAL CREAM	3	
CORTISPORIN TOPICAL OINTMENT	3	
CUBICIN INTRAVENOUS RECON SOLN	3	
CUBICIN RF INTRAVENOUS RECON SOLN	3	
CYCLOSERINE ORAL CAPSULE	3	
DALVANCE INTRAVENOUS SOLUTION	3	
dapsone oral tablet	1 or 1b*	
daptomycin intravenous recon soln	1 or 1b*	
DAXBIA ORAL CAPSULE	3	
demeclocycline oral tablet	1 or 1b*	
dicloxacillin oral capsule	1 or 1b*	
DIFICID ORAL TABLET	3	
DORIBAX INTRAVENOUS RECON SOLN	3	
DORIPENEM INTRAVENOUS RECON SOLN	3	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
doxy-100 intravenous recon soln	1 or 1b*	
doxycycline hyclate oral capsule	1 or 1b*	
doxycycline hyclate oral tablet 100 mg	1 or 1b*	

Drug Name	Tier	Notes
doxycycline hyclate oral tablet,delayed release (dr/ec)	1 or 1b*	ST
doxycycline monohydrate oral capsule	1 or 1b*	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
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*	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	
ery pads topical swab	1 or 1b*	
erygel topical gel	1 or 1b*	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1 or 1b*	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	1 or 1b*	
ERYTHROCIN INTRAVENOUS RECON SOLN	3	
erythromycin ethylsuccinate oral suspension for reconstitution	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin ophthalmic 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*	

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

Effective 7/1/17

Drug Name	Tier	Notes
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	1 or 1b*	
EVOCLIN TOPICAL FOAM	3	ST
FACTIVE ORAL TABLET	3	QL
FLAGYL ER ORAL TABLET EXTENDED RELEASE	3	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET	3	
floxin otic drops	1 or 1b*	
FORTAZ IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
FORTAZ INJECTION RECON SOLN	3	
FORTAZ INTRAVENOUS RECON SOLN	3	
FURADANTIN ORAL SUSPENSION	3	
gatifloxacin ophthalmic drops	1 or 1b*	
gentak ophthalmic ointment	1 or 1a*	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	1 or 1b*	
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	3	
gentamicin injection solution	1 or 1b*	
gentamicin ophthalmic drops	1 or 1a*	
gentamicin ophthalmic ointment	1 or 1a*	
gentamicin sulfate (ped) (pf) injection solution	1 or 1b*	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	1 or 1b*	

Drug Name	Tier	Notes
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	
gentamicin topical cream	1 or 1b*	
gentamicin topical ointment	1 or 1b*	
HIPREX ORAL TABLET	3	
hyolev mb oral tablet	1 or 1b*	
hyophen oral tablet	1 or 1b*	
imipenem-cilastatin intravenous recon soln	1 or 1b*	
INDIOMIN MB ORAL CAPSULE	3	
INVANZ INJECTION RECON SOLN	3	
INVANZ INTRAVENOUS RECON SOLN	3	
isoniazid injection solution	1 or 1a*	
isoniazid oral solution	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
KEFLEX ORAL CAPSULE	3	
KETEK ORAL TABLET	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	SP
LEVAQUIN ORAL TABLET	3	QL
levofloxacin in d5w intravenous piggyback	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	
levofloxacin ophthalmic drops	1 or 1b*	
LEVOFLOXACIN ORAL SOLUTION	3	QL
levofloxacin oral tablet	1 or 1b*	QL
LINCOCIN INJECTION SOLUTION	3	
lincomycin injection solution	1 or 1b*	
linezolid intravenous parenteral solution	1 or 1b*	
linezolid oral suspension for reconstitution	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
linezolid-0.9% sodium chloride intravenous parenteral solution	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
MAXIPIME INJECTION RECON SOLN	3	
MAXIPIME INTRAVENOUS RECON SOLN	3	
MAXITROL OPHTHALMIC DROPS,SUSPENSION	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MEFOXIN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
meropenem intravenous recon soln	1 or 1b*	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
MERREM INTRAVENOUS RECON SOLN	3	
methenamine hippurate oral tablet	1 or 1b*	
methenamine mandelate oral tablet	1 or 1b*	
methen-sod phos-meth blue-hyos oral tablet	1 or 1b*	
metro i.v. intravenous piggyback	1 or 1b*	
METROGEL VAGINAL VAGINAL GEL	3	
metronidazole in nacl (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*	
MINOCIN INTRAVENOUS RECON SOLN	3	
MINOCIN ORAL CAPSULE	3	ST
minocycline oral capsule	1 or 1b*	ST
minocycline oral tablet	1 or 1b*	ST

Drug Name	Tier	Notes
minocycline oral tablet extended release 24 hr	1 or 1b*	ST
mondoxyne nl oral capsule	1 or 1b*	
MONODOX ORAL CAPSULE	3	ST
MONUROL ORAL PACKET	3	
MORGIDOX 1X 50 KIT	3	
morgidox oral capsule	1 or 1b*	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
MOXEZA OPHTHALMIC DROPS, VISCOUS	2	
MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION	3	
moxifloxacin oral tablet	1 or 1b*	QL
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	3	
mupirocin calcium topical cream	1 or 1b*	
mupirocin topical ointment	1 or 1b*	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
nafcillin in dextrose iso-osm intravenous piggyback	1 or 1b*	
nafcillin injection recon soln	1 or 1b*	
nafcillin intravenous recon soln	1 or 1b*	
neomycin oral tablet	1 or 1a*	
neomycin-bacitracin-poly-hc ophthalmic ointment	1 or 1b*	
neomycin-bacitracin-polymyxin ophthalmic ointment	1 or 1b*	
neomycin-polymyxin b-dexameth ophthalmic drops,suspension	1 or 1a*	
neomycin-polymyxin b-dexameth ophthalmic ointment	1 or 1a*	
neomycin-polymyxin-gramicidin ophthalmic drops	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
neomycin-polymyxin-hc ophthalmic drops,suspension	1 or 1b*	
neomycin-polymyxin-hc otic drops,suspension	1 or 1b*	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	
neo-polycin ophthalmic ointment	1 or 1b*	
NEOSPORIN (NEO-POLYM-GRAMICID) OPHTHALMIC DROPS	3	
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd/m-cryst oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
NUVESSA VAGINAL GEL	3	
OCUFLOX OPHTHALMIC DROPS	3	
ofloxacin ophthalmic drops	1 or 1a*	
ofloxacin oral tablet 300 mg, 400 mg	1 or 1b*	QL
ofloxacin otic drops	1 or 1b*	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
ORBACTIV INTRAVENOUS RECON SOLN	3	
OTIPRIO INTRATYMPANIC SUSPENSION	3	
OTOVEL OTIC SOLUTION	2	
oxacillin in dextrose(iso-osm) intravenous piggyback	1 or 1b*	
oxacillin injection recon soln	1 or 1b*	
oxacillin intravenous recon soln	1 or 1b*	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	

Drug Name	Tier	Notes
PCE ORAL TABLET, PARTICLES/CRYSTALS	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	3	
penicillin g potassium injection recon soln	1 or 1b*	
penicillin g procaine intramuscular syringe	1 or 1b*	
penicillin g sodium injection recon soln	1 or 1b*	
penicillin v potassium oral recon soln	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen-g injection recon soln	1 or 1b*	
phosphasal oral tablet	1 or 1b*	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1 or 1b*	
polycin ophthalmic ointment	1 or 1a*	
polymyxin b sulfate injection recon soln	1 or 1b*	
polymyxin b sulf-trimethoprim ophthalmic drops	1 or 1a*	
POLYTRIM OPHTHALMIC DROPS	3	
PRED-G OPHTHALMIC DROPS,SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
PRIFTIN ORAL TABLET	2	
PRIMAXIN IV INTRAVENOUS RECON SOLN	3	
PRIMSOL ORAL SOLUTION	3	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
RIFADIN INTRAVENOUS RECON SOLN	3	
RIFADIN ORAL CAPSULE	3	
RIFAMATE ORAL CAPSULE	3	
rifampin intravenous recon soln	1 or 1b*	
rifampin oral capsule	1 or 1b*	
RIFATER ORAL TABLET	2	
SILVADENE TOPICAL CREAM	3	
silver sulfadiazine topical cream	1 or 1a*	
SIRTURO ORAL TABLET	3	
SIVEXTRO INTRAVENOUS RECON SOLN	3	
SIVEXTRO ORAL TABLET	3	PA; QL
SPECTRACEF ORAL TABLET 400 MG	3	
ss 10-2 topical cleanser	1 or 1b*	
ssd topical cream	1 or 1a*	
sss 10-5 topical cream	1 or 1b*	
sss 10-5 topical foam	1 or 1b*	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	
sulfacetamide sodium ophthalmic drops	1 or 1b*	
sulfacetamide sodium ophthalmic ointment	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8- 4.8 %	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %, 9-4.5 %	1 or 1b*	PA
sulfacetamide sodium-sulfur topical cream 10-2 %	1 or 1b*	PA
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w), 9.8-4.8 %	1 or 1b*	
sulfacetamide sodium-sulfur topical lotion	1 or 1b*	

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

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

Effective 7/1/17

Drug Name	Tier	Notes
THALOMID ORAL CAPSULE	2	PA; QL; SP
thermazene topical cream	1 or 1a*	
TIGECYCLINE INTRAVENOUS RECON SOLN	3	
TOBI INHALATION SOLUTION FOR NEBULIZATION	4	SP
TOBI PODHALER INHALATION CAPSULE	4	SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	SP
TOBRADEX OPHTHALMIC DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION	3	
tobramycin in 0.225 % nacl inhalation solution for nebulization	4	SP
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	1 or 1b*	
tobramycin ophthalmic drops	1 or 1a*	
tobramycin sulfate injection recon soln	1 or 1b*	
tobramycin sulfate injection solution	1 or 1b*	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	4	SP
tobramycin-dexamethasone ophthalmic drops,suspension	1 or 1b*	
TOBREX OPHTHALMIC DROPS	3	
TOBREX OPHTHALMIC OINTMENT	3	
TRECTOR ORAL TABLET	3	
trimethoprim oral tablet	1 or 1a*	

Drug Name	Tier	Notes
TYGACIL INTRAVENOUS RECON SOLN	3	
UNASYN INJECTION RECON SOLN	3	
ur n-c oral tablet	1 or 1b*	
uramit mb oral capsule	1 or 1b*	
URELLE ORAL TABLET	3	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1 or 1b*	
URIBEL ORAL CAPSULE	3	
urimar-t oral tablet	1 or 1b*	
urin ds oral tablet	1 or 1b*	
uro-458 oral tablet	1 or 1b*	
urogesic-blue oral tablet	1 or 1b*	
uro-mp oral capsule	1 or 1b*	
urophen mb oral tablet	1 or 1b*	
uryl oral tablet	1 or 1b*	
ustell oral capsule	1 or 1b*	
UTA ORAL CAPSULE	3	
utira-c oral tablet	1 or 1b*	
VANCOCIN ORAL CAPSULE	3	PA
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS SOLUTION 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 750 MG/150 ML, 750 MG/250 ML	3	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	PA
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/250 ML	3	
VANCOMYCIN INJECTION RECON SOLN	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	1 or 1b*	PA
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	3	PA
vancomycin oral capsule	1 or 1b*	PA
vandazole vaginal gel	1 or 1b*	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	ST
VIGAMOX OPHTHALMIC DROPS	2	
XIFAXAN ORAL TABLET	3	PA; QL
ZERBAXA INTRAVENOUS RECON SOLN	3	
ZINACEF IN STERILE WATER INTRAVENOUS PIGGYBACK	3	
ZINACEF INJECTION RECON SOLN 750 MG	3	
ZINACEF INTRAVENOUS RECON SOLN	3	
ZITHROMAX INTRAVENOUS RECON SOLN	3	
ZITHROMAX ORAL PACKET	3	QL
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ZITHROMAX ORAL TABLET	3	QL
ZITHROMAX TRI-PAK ORAL TABLET	3	QL
ZITHROMAX Z-PAK ORAL TABLET	3	QL
ZMAX ORAL SUSPENSION,EXTENDED REL RECON	3	QL

Drug Name	Tier	Notes
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
ZOSYN INTRAVENOUS RECON SOLN	3	
ZYLET OPHTHALMIC DROPS,SUSPENSION	2	
ZYMAXID OPHTHALMIC DROPS	3	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
ZYVOX ORAL TABLET	3	PA; QL
ANTICOAGULANTS		
ACD SOLUTION	3	
ACD-A SOLUTION	3	
ANGIOMAX INTRAVENOUS RECON SOLN	3	
ANTICOAG CITRATE PHOS DEXTROSE SOLUTION	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	3	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
ARIXTRA SUBCUTANEOUS SYRINGE	4	QL
BIVALIRUDIN INTRAVENOUS RECON SOLN	3	
COUMADIN ORAL TABLET	2	
ELIQUIS ORAL TABLET	2	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
enoxaparin subcutaneous solution	4	QL
enoxaparin subcutaneous syringe	4	QL
fondaparinux subcutaneous syringe	4	QL
FRAGMIN SUBCUTANEOUS SOLUTION	4	QL
FRAGMIN SUBCUTANEOUS SYRINGE	4	QL
hep flush-10 (pf) intravenous solution	1 or 1b*	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 1,000 UNIT/1000 ML (1 UNIT/ML), 2,000 UNIT/500 ML (4 UNIT/ML), 25,000 UNIT/250 ML, 4000 UNIT/1000 ML (4 UNIT/ML), 6,000 UNIT/1000 ML (6 UNIT/ML)	3	
heparin (porcine) in 5 % dex intravenous parenteral solution	1 or 1b*	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	1 or 1b*	
heparin (porcine) injection cartridge	1 or 1b*	
heparin (porcine) injection solution	1 or 1b*	
heparin (porcine) injection syringe 5,000 unit/ml	1 or 1b*	
heparin flush(porcine)-0.9nacl intravenous kit	1 or 1b*	
heparin lock flush (porcine) intravenous solution	1 or 1b*	
heparin lock flush intravenous solution	1 or 1b*	
heparin lock flush intravenous syringe	1 or 1b*	
heparin lockflush(porcine)(pf) intravenous syringe	1 or 1b*	

Drug Name	Tier	Notes
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1 or 1b*	
heparin, porcine (pf) injection solution	1 or 1b*	
heparin, porcine (pf) injection syringe	1 or 1b*	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1 or 1b*	
heparin, porcine (pf) intravenous syringe	1 or 1b*	
IPRIVASK SUBCUTANEOUS RECON SOLN	4	
jantoven oral tablet	1 or 1a*	
LOVENOX SUBCUTANEOUS SOLUTION	4	QL
LOVENOX SUBCUTANEOUS SYRINGE	4	QL
PRADAXA ORAL CAPSULE	3	QL
SAVAYSA ORAL TABLET	3	QL
SODIUM CITRATE SOLUTION	3	
TRICITRASOL INJECTION CONCENTRATE	3	
warfarin oral tablet	1 or 1a*	
XARELTO ORAL TABLET	2	QL
XARELTO ORAL TABLETS,DOSE PACK	2	
ANTIDOTES		
EVZIO INJECTION AUTO-INJECTOR	3	ST; QL
MOVANTI K ORAL TABLET	2	
naloxone injection solution	1 or 1b*	QL
naloxone injection syringe	1 or 1b*	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
naltrexone oral tablet	1 or 1b*	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
RELISTOR ORAL TABLET	3	ST
RELISTOR SUBCUTANEOUS SOLUTION	3	ST
RELISTOR SUBCUTANEOUS SYRINGE	3	ST
REVIA ORAL TABLET	3	
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
amphotericin b injection recon soln	1 or 1b*	
ANCOBON ORAL CAPSULE	3	
CANCIDAS INTRAVENOUS RECON SOLN	3	
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*	QL
clotrimazole topical cream	1 or 1b*	
clotrimazole topical solution	1 or 1b*	
clotrimazole-betamethasone topical cream	1 or 1b*	
clotrimazole-betamethasone topical lotion	1 or 1b*	
CRESEMBA INTRAVENOUS RECON SOLN	3	PA; QL
CRESEMBA ORAL CAPSULE	3	PA; QL
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK	3	ST

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

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

Effective 7/1/17

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

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

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

Effective 7/1/17

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

Drug Name	Tier	Notes
hydroxyzine hcl intramuscular solution	1 or 1b*	
HYDROXYZINE HCL ORAL SOLUTION 10 MG/5 ML	3	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR	3	
LASTACFT OPHTHALMIC DROPS	3	ST; QL
levocetirizine oral solution	1 or 1b*	
levocetirizine oral tablet	1 or 1b*	
olopatadine ophthalmic drops	1 or 1b*	ST; QL
PATADAY OPHTHALMIC DROPS	3	ST; QL
PATANOL OPHTHALMIC DROPS	3	ST; QL
PAZEO OPHTHALMIC DROPS	3	ST; QL
PHENERGAN INJECTION SOLUTION	3	
promethazine injection solution	1 or 1a*	
promethazine oral syrup	1 or 1a*	
promethazine oral tablet	1 or 1a*	
RYVENT ORAL TABLET	3	
VISTARIL ORAL CAPSULE	3	
XYZAL ORAL SOLUTION	3	ST
XYZAL ORAL TABLET	3	ST
ANTIHYPERGLYCEMICS		
acarbose oral tablet	1 or 1b*	
ACTOPLUS MET ORAL TABLET	3	ST; QL
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
ACTOS ORAL TABLET	3	ST; QL
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	PA; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	3	ST; QL

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

Effective 7/1/17

Drug Name	Tier	Notes
AMARYL ORAL TABLET	3	
AVANDAMET ORAL TABLET 2-1,000 MG	3	ST; QL
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	ST; QL
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	2	ST; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	ST; QL
chlorpropamide oral tablet	1 or 1b*	
CYCLOSET ORAL TABLET	3	
DM2 COMBO PACK, TABLET AND STRIP	3	
DUETACT ORAL TABLET	3	ST; QL
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR	3	ST
glimepiride oral tablet	1 or 1b*	
glipizide oral tablet	1 or 1a*	
glipizide oral tablet extended release 24hr	1 or 1a*	
glipizide-metformin oral tablet	1 or 1b*	
GLUCOPHAGE ORAL TABLET	3	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
GLUCOTROL ORAL TABLET	3	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	
GLUCOVANCE ORAL TABLET	3	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR	3	ST
glyburide micronized oral tablet	1 or 1b*	

Drug Name	Tier	Notes
glyburide oral tablet	1 or 1b*	
glyburide-metformin oral tablet	1 or 1b*	
GLYNASE ORAL TABLET	3	
GLYSET ORAL TABLET	3	
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION	2	
HUMALOG SUBCUTANEOUS CARTRIDGE	2	
HUMALOG SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N SUBCUTANEOUS SUSPENSION	2	
HUMULIN R U-100 INJECTION SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	

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

Drug Name	Tier	Notes
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
KORLYM ORAL TABLET	4	PA; LD
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
LANTUS SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR SUBCUTANEOUS SOLUTION	2	
metformin oral tablet	1 or 1b*	
metformin oral tablet extended release 24 hr	1 or 1b*	generic Glucophage XR
metformin oral tablet extended release 24hr	3	generic Fortamet
metformin oral tablet,er gast.retention 24 hr	3	ST; generic Glumetza
migliitol oral tablet	1 or 1b*	
nateglinide oral tablet	1 or 1b*	
OSENI ORAL TABLET	3	ST; QL
pioglitazone oral tablet	1 or 1b*	ST; QL
pioglitazone-glimepiride oral tablet	1 or 1b*	ST; QL
pioglitazone-metformin oral tablet	1 or 1b*	ST; QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE ORAL TABLET	3	
repaglinide oral tablet	1 or 1b*	

Drug Name	Tier	Notes
repaglinide-metformin oral tablet	1 or 1b*	
RIOMET ORAL SOLUTION	3	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	ST; QL
STARLIX ORAL TABLET	3	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
tolazamide oral tablet	1 or 1b*	
tolbutamide oral tablet	1 or 1b*	
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TRADJENTA ORAL TABLET	2	ST; DO
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	ST; QL
ANTIINFECTIVES/MISCELLANEOUS		
ALBENZA ORAL TABLET	3	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	
ALINIA ORAL TABLET	3	
atovaquone oral suspension	1 or 1b*	
atovaquone-proguanil oral tablet	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
BILTRICIDE ORAL TABLET	3	
chloroquine phosphate oral tablet	1 or 1a*	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	3	PA; QL; LD
EMVERM ORAL TABLET,CHEWABLE	3	
fem ph vaginal gel	1 or 1b*	
formadon topical solution	1 or 1b*	
formadon topical solution with applicator	1 or 1b*	
formaldehyde topical solution with applicator	1 or 1b*	
GLUTARALDEHYDE SOLUTION	2	
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	
hydroxychloroquine oral tablet	1 or 1b*	
IMPAVIDO ORAL CAPSULE	3	
ivermectin oral tablet	1 or 1b*	
MALARONE ORAL TABLET	3	
MALARONE PEDIATRIC ORAL TABLET	3	
mefloquine oral tablet	1 or 1b*	
MEPRON ORAL SUSPENSION	3	
NEBUPENT INHALATION RECON SOLN	2	
paromomycin oral capsule	1 or 1b*	
PENTAM INJECTION RECON SOLN	2	
PLAQUENIL ORAL TABLET	3	
PRIMAQUINE ORAL TABLET	2	
QUALAQUIN ORAL CAPSULE	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
RELAGARD VAGINAL GEL	3	

Drug Name	Tier	Notes
STROMEKTOL ORAL TABLET	3	
TINDAMAX ORAL TABLET 500 MG	3	
tinidazole oral tablet	1 or 1b*	
ANTIINFECTIVES		
AVC VAGINAL VAGINAL CREAM	3	
ANTINEOPLASTICS		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	PA; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LD; SP
ADCETRIS INTRAVENOUS RECON SOLN	3	PA; SP
adriamycin intravenous solution	1 or 1b*	SP
adrucil intravenous solution	1 or 1b*	SP
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	3	PA; SP
AFINITOR ORAL TABLET	2	PA; SP
ALECENSA ORAL CAPSULE	3	PA; QL; LD; SP
ALFERON N INJECTION SOLUTION	4	SP
ALIMTA INTRAVENOUS RECON SOLN	3	PA; SP
ALKERAN INTRAVENOUS RECON SOLN	3	SP
ALKERAN ORAL TABLET	2	SP
ALUNBRIG ORAL TABLET	3	PA; QL; SP
AMELUZ TOPICAL GEL	3	
anastrozole oral tablet	1 or 1b*	QL
ARIMIDEX ORAL TABLET	3	QL
AROMASIN ORAL TABLET	3	QL
ARRANON INTRAVENOUS SOLUTION	3	SP

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

Effective 7/1/17

Drug Name	Tier	Notes
ARZERRA INTRAVENOUS SOLUTION	3	PA
AVASTIN INTRAVENOUS SOLUTION	3	PA; SP
azacitidine injection recon soln	1 or 1b*	PA; SP
BAVENCIO INTRAVENOUS SOLUTION	3	PA
BELEODAQ INTRAVENOUS RECON SOLN	3	PA
BENDEKA INTRAVENOUS SOLUTION	3	SP
bexarotene oral capsule	1 or 1b*	PA; SP
bicalutamide oral tablet	1 or 1b*	
BICNU INTRAVENOUS RECON SOLN	3	SP
bleo 15k injection recon soln	1 or 1b*	SP
bleomycin injection recon soln	1 or 1b*	SP
BLINCYTO INTRAVENOUS KIT	3	PA
BOSULIF ORAL TABLET	2	PA; QL; SP
busulfan intravenous solution	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION	3	SP
CABOMETYX ORAL TABLET	3	PA; QL; LD; SP
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP
capecitabine oral tablet	1 or 1b*	PA; SP
CAPRELSA ORAL TABLET	2	PA; QL
CARAC TOPICAL CREAM	2	QL
carboplatin intravenous recon soln	1 or 1b*	SP
carboplatin intravenous solution	1 or 1b*	SP
CASODEX ORAL TABLET	3	
cisplatin intravenous solution	1 or 1b*	SP

Drug Name	Tier	Notes
cladribine intravenous solution	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	SP
CLOLAR INTRAVENOUS SOLUTION	3	SP
COMETRIQ ORAL CAPSULE	3	PA; QL; LD
COSMEGEN INTRAVENOUS RECON SOLN	3	SP
COTELLIC ORAL TABLET	3	PA; QL; SP
cyclophosphamide intravenous recon soln	1 or 1b*	SP
CYCLOPHOSPHAMIDE ORAL CAPSULE	3	SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; LD
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
dacarbazine intravenous recon soln	1 or 1b*	SP
DACOGEN INTRAVENOUS RECON SOLN	3	SP
DARZALEX INTRAVENOUS SOLUTION	3	PA; SP
daunorubicin intravenous recon soln	1 or 1b*	SP
daunorubicin intravenous solution	1 or 1b*	SP
decitabine intravenous recon soln	1 or 1b*	SP
DEPOCYT (PF) INTRATHECAL SUSPENSION	3	SP
diclofenac sodium topical gel 3 %	1 or 1b*	PA; QL
DOCEFREZ INTRAVENOUS RECON SOLN	3	PA; SP

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

Effective 7/1/17

Drug Name	Tier	Notes
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	1 or 1b*	PA; SP
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	3	PA; SP
DOXIL INTRAVENOUS SUSPENSION	3	PA; SP
doxorubicin intravenous recon soln	1 or 1b*	SP
doxorubicin intravenous solution	1 or 1b*	SP
doxorubicin, peg-liposomal intravenous suspension	1 or 1b*	PA; SP
EFUDEX TOPICAL CREAM	3	ST; QL
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ELLECE INTRAVENOUS SOLUTION	3	SP
EMCYT ORAL CAPSULE	2	PA
EMPLICITI INTRAVENOUS RECON SOLN	3	PA; SP
epirubicin intravenous recon soln	1 or 1b*	SP
epirubicin intravenous solution	1 or 1b*	SP
ERBITUX INTRAVENOUS SOLUTION	3	PA; SP
ERIVEDGE ORAL CAPSULE	2	PA; QL; SP
ERWINAZE INJECTION RECON SOLN	3	PA; LD; SP

Drug Name	Tier	Notes
ETOPOPHOS INTRAVENOUS RECON SOLN	3	SP
etoposide intravenous solution	1 or 1b*	SP
etoposide oral capsule	1 or 1b*	SP
EVOMELA INTRAVENOUS RECON SOLN	3	SP
exemestane oral tablet	1 or 1b*	QL
FARESTON ORAL TABLET	2	QL
FARYDAK ORAL CAPSULE	3	PA; QL; SP
FASLODEX INTRAMUSCULAR SYRINGE	3	PA; SP
FEMARA ORAL TABLET	3	QL
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	3	PA; QL; SP
floxuridine injection recon soln	1 or 1b*	SP
fludarabine intravenous recon soln	1 or 1b*	SP
fludarabine intravenous solution	1 or 1b*	SP
FLUOROPLEX TOPICAL CREAM	3	ST; QL
fluorouracil intravenous solution	1 or 1b*	SP
FLUOROURACIL TOPICAL CREAM 0.5 %	3	ST; QL
fluorouracil topical cream 5 %	1 or 1b*	QL
fluorouracil topical solution	1 or 1b*	QL
flutamide oral capsule	1 or 1b*	
FOLOTYN INTRAVENOUS SOLUTION	3	SP
GAZYVA INTRAVENOUS SOLUTION	3	PA; SP
gemcitabine intravenous recon soln	1 or 1b*	SP

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

Effective 7/1/17

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

Drug Name	Tier	Notes
IMLYGIC INJECTION SUSPENSION	3	
INLYTA ORAL TABLET	2	PA; QL; SP
INTRON A INJECTION RECON SOLN	4	PA; SP
INTRON A INJECTION SOLUTION	4	PA; SP
IRESSA ORAL TABLET	2	PA; QL; LD; SP
irinotecan intravenous solution	1 or 1b*	SP
ISTODAX INTRAVENOUS RECON SOLN	3	PA; SP
IXEMPRA INTRAVENOUS RECON SOLN	3	PA; SP
JAKAFI ORAL TABLET	2	PA; QL; LD; SP
JEVTANA INTRAVENOUS SOLUTION	3	PA; SP
KADCYLA INTRAVENOUS RECON SOLN	3	SP
KEYTRUDA INTRAVENOUS RECON SOLN	3	PA
KEYTRUDA INTRAVENOUS SOLUTION	3	PA
KISQALI FEMARA CO-PACK ORAL TABLET	3	PA; QL; SP
KISQALI ORAL TABLET	3	PA; QL; SP
KYPROLIS INTRAVENOUS RECON SOLN	3	PA
LARTRUVO INTRAVENOUS SOLUTION	3	PA; SP
LENVIMA ORAL CAPSULE	3	PA; QL; LD; SP
letrozole oral tablet	1 or 1b*	QL
LEUKERAN ORAL TABLET	2	
leuprolide subcutaneous kit	1 or 1b*	PA; SP
LEVULAN TOPICAL SOLUTION	3	
lipodox 50 intravenous suspension	1 or 1b*	PA; SP
lipodox intravenous suspension	1 or 1b*	PA; SP

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

Effective 7/1/17

Drug Name	Tier	Notes
LONSURF ORAL TABLET	3	PA; LD; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA; QL; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	3	PA; QL; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	3	PA; QL; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA; QL; SP
LYNPARZA ORAL CAPSULE	3	PA; QL; LD; SP
LYSODREN ORAL TABLET	2	QL
MARQIBO INTRAVENOUS KIT	3	
MATULANE ORAL CAPSULE	2	LD
megestrol oral tablet	1 or 1b*	
MEKINIST ORAL TABLET	3	PA; QL; SP
melphalan hcl intravenous recon soln	1 or 1b*	SP
mercaptopurine oral tablet	1 or 1b*	
methotrexate sodium (pf) injection recon soln	1 or 1b*	
methotrexate sodium (pf) injection solution	1 or 1b*	
methotrexate sodium injection solution	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*	
mitomycin intravenous recon soln	1 or 1b*	SP
mitoxantrone intravenous concentrate	1 or 1b*	SP
MUSTARGEN INJECTION RECON SOLN	3	SP
MYLERAN ORAL TABLET	2	
NAVELBINE INTRAVENOUS SOLUTION	3	SP

Drug Name	Tier	Notes
NEXAVAR ORAL TABLET	2	PA; QL; SP
NILANDRON ORAL TABLET	3	QL
nilutamide oral tablet	1 or 1b*	QL
NINLARO ORAL CAPSULE	3	PA; QL; LD; SP
NIPENT INTRAVENOUS RECON SOLN	3	SP
ODOMZO ORAL CAPSULE	3	PA; QL; SP
ONCASPAR INJECTION SOLUTION	3	PA; SP
ONIVYDE INTRAVENOUS DISPERSION	3	
OPDIVO INTRAVENOUS SOLUTION	3	PA
oxaliplatin intravenous recon soln	1 or 1b*	SP
oxaliplatin intravenous solution	1 or 1b*	SP
paclitaxel intravenous concentrate	1 or 1b*	SP
PANRETIN TOPICAL GEL	3	SP
PERJETA INTRAVENOUS SOLUTION	3	PA; SP
PHOTOFRIN INTRAVENOUS RECON SOLN	3	
PICATO TOPICAL GEL	3	ST; QL
POMALYST ORAL CAPSULE	3	PA; QL; SP
PORTRAZZA INTRAVENOUS SOLUTION	3	LD
PROLEUKIN INTRAVENOUS RECON SOLN	3	SP
PROVENGE INTRAVENOUS SUSPENSION	4	PA
PURIXAN ORAL SUSPENSION	3	PA
REVLIMID ORAL CAPSULE	2	PA; QL; SP

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

Effective 7/1/17

Drug Name	Tier	Notes
RITUXAN INTRAVENOUS CONCENTRATE	3	PA; SP
RUBRACA ORAL TABLET	3	PA; QL
RYDAPT ORAL CAPSULE	3	PA; QL; SP
SOLARAZE TOPICAL GEL	3	PA; QL
SOLTAMOX ORAL SOLUTION	2	
SPRYCEL ORAL TABLET	2	PA; QL; SP
STIVARGA ORAL TABLET	2	PA; QL; SP
SUTENT ORAL CAPSULE	2	PA; QL; SP
SYLATRON SUBCUTANEOUS KIT	3	SP
SYLVANT INTRAVENOUS RECON SOLN	4	PA; SP
SYNRIBO SUBCUTANEOUS RECON SOLN	3	LD
TABLOID ORAL TABLET	2	
TAFINLAR ORAL CAPSULE	3	PA; QL; SP
TAGRISSO ORAL TABLET	3	PA; QL; LD; SP
tamoxifen oral tablet	1 or 1b*	
TARCEVA ORAL TABLET	2	PA; QL; SP
TARGRETIN ORAL CAPSULE	3	PA; SP
TARGRETIN TOPICAL GEL	2	PA; SP
TASIGNA ORAL CAPSULE	2	PA; QL; SP
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; SP
TEMODAR INTRAVENOUS RECON SOLN	2	PA; SP

Drug Name	Tier	Notes
TEMODAR ORAL CAPSULE	3	PA; QL; SP
temozolomide oral capsule	1 or 1b*	PA; QL; SP
TENIPOSIDE INTRAVENOUS SOLUTION	3	SP
TEPADINA INJECTION RECON SOLN	3	SP
thiotepa injection recon soln	1 or 1b*	SP
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	4	SP
TOLAK TOPICAL CREAM	3	ST; QL
toposar intravenous solution	1 or 1b*	SP
topotecan intravenous recon soln	1 or 1b*	SP
topotecan intravenous solution	1 or 1b*	SP
TORISEL INTRAVENOUS RECON SOLN	2	PA; SP
TREANDA INTRAVENOUS RECON SOLN	3	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL; SP
TRELSTAR INTRAMUSCULAR SYRINGE	3	PA; QL; SP
tretinoin (chemotherapy) oral capsule	1 or 1b*	
TREXALL ORAL TABLET	2	
TRISENOX INTRAVENOUS SOLUTION	3	SP
TYKERB ORAL TABLET	2	PA; QL; SP
UNITUXIN INTRAVENOUS SOLUTION	3	
UVADEX INJECTION SOLUTION	3	
VALCHLOR TOPICAL GEL	3	PA; QL; LD; SP
VALSTAR INTRAVESICAL SOLUTION	2	SP

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

Effective 7/1/17

Drug Name	Tier	Notes
VANTAS IMPLANT KIT	3	PA; SP
VECTIBIX INTRAVENOUS SOLUTION	3	PA; SP
VELCADE INJECTION RECON SOLN	3	PA; SP
VENCLEXTA ORAL TABLET	3	PA; QL; LD
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	3	PA; QL; LD
VIDAZA INJECTION RECON SOLN	3	PA; SP
vinblastine intravenous solution	1 or 1b*	SP
vincasar pfs intravenous solution	1 or 1b*	SP
vincristine intravenous solution	1 or 1b*	SP
vinorelbine intravenous solution	1 or 1b*	SP
VOTRIENT ORAL TABLET	2	PA; QL; SP
XALKORI ORAL CAPSULE	2	PA; QL; LD; SP
XATMEP ORAL SOLUTION	3	
XELODA ORAL TABLET	3	PA; SP
XTANDI ORAL CAPSULE	2	PA; QL; SP
YERVOY INTRAVENOUS SOLUTION	3	PA; SP
YONDELIS INTRAVENOUS RECON SOLN	3	
ZALTRAP INTRAVENOUS SOLUTION	3	PA; SP
ZANOSAR INTRAVENOUS RECON SOLN	3	SP
ZEJULA ORAL CAPSULE	3	PA; QL
ZELBORAF ORAL TABLET	2	PA; QL; SP
ZEVALIN (Y-90) INTRAVENOUS KIT	3	

Drug Name	Tier	Notes
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; QL; SP
ZOLINZA ORAL CAPSULE	2	PA; QL; SP
ZYDELIG ORAL TABLET	3	PA; QL; LD
ZYKADIA ORAL CAPSULE	3	PA; QL; SP
ZYTIGA ORAL TABLET	2	PA; QL; SP
ANTI-OBESITY DRUGS		
ADIPEX-P ORAL CAPSULE	3	PA
ADIPEX-P ORAL TABLET	3	PA
BELVIQ ORAL TABLET	3	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
benzphetamine oral tablet 25 mg	1 or 1b*	
benzphetamine oral tablet 50 mg	1 or 1b*	PA
CONTRAVE ORAL TABLET EXTENDED RELEASE	3	PA
diethylpropion oral tablet	1 or 1b*	PA
diethylpropion oral tablet extended release	1 or 1b*	PA
LOMAIRA ORAL TABLET	3	PA
phendimetrazine tartrate oral capsule, extended release	1 or 1b*	PA
phendimetrazine tartrate oral tablet	1 or 1b*	PA
phentermine oral capsule	1 or 1b*	PA
phentermine oral tablet	1 or 1b*	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR	3	PA
REGIMEX ORAL TABLET	3	PA
SAXENDA SUBCUTANEOUS PEN INJECTOR	3	PA
XENICAL ORAL CAPSULE	3	PA

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

Effective 7/1/17

Drug Name	Tier	Notes
ANTIPARKINSON DRUGS		
amantadine hcl oral capsule	1 or 1b*	QL
amantadine hcl oral solution	1 or 1b*	
amantadine hcl oral tablet	1 or 1b*	QL
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; QL; LD; SP
AZILECT ORAL TABLET	3	
benztropine injection solution	1 or 1a*	
benztropine oral tablet	1 or 1a*	
bromocriptine oral capsule	1 or 1b*	
bromocriptine oral tablet	1 or 1b*	
carbidopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet extended release	1 or 1b*	
carbidopa-levodopa oral tablet, disintegrating	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet	1 or 1b*	
COGENTIN INJECTION SOLUTION	3	
COMTAN ORAL TABLET	3	QL
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	3	PA; LD; SP
ELDEPRYL ORAL CAPSULE	3	
entacapone oral tablet	1 or 1b*	QL
LODOSYN ORAL TABLET	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	3	QL
MIRAPEX ORAL TABLET	3	QL
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	QL
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
pramipexole oral tablet	1 or 1b*	QL

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

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

Drug Name	Tier	Notes
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
AGGRENEX ORAL CAPSULE, ER MULTIPHASE 12 HR	3	QL
AGRYLIN ORAL CAPSULE	3	
anagrelide oral capsule	1 or 1b*	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1 or 1b*	QL
BRILINTA ORAL TABLET	2	QL
cilostazol oral tablet	1 or 1b*	
clopidogrel oral tablet 300 mg	1 or 1b*	
clopidogrel oral tablet 75 mg	1 or 1b*	QL
dipyridamole oral tablet	1 or 1b*	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; QL
EFFIENT ORAL TABLET 10 MG	2	QL
EFFIENT ORAL TABLET 5 MG	2	DO
eptifibatide intravenous solution	1 or 1b*	
INTEGRILIN INTRAVENOUS SOLUTION	3	
KENGREAL INTRAVENOUS RECON SOLN	3	
PLAVIX ORAL TABLET 300 MG	3	
PLAVIX ORAL TABLET 75 MG	3	QL
REOPRO INTRAVENOUS SOLUTION	3	
ticlopidine oral tablet	1 or 1b*	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	QL
ZONTIVITY ORAL TABLET	3	QL
ANTIVIRALS		
abacavir oral tablet	1 or 1b*	

Drug Name	Tier	Notes
abacavir-lamivudine oral tablet	1 or 1b*	
abacavir-lamivudine-zidovudine oral tablet	1 or 1b*	
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension 200 mg/5 ml	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous recon soln	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
acyclovir topical ointment	1 or 1b*	QL
adefovir oral tablet	4	SP
APTIVUS ORAL CAPSULE	2	
APTIVUS ORAL SOLUTION	2	
ATRIPLA ORAL TABLET	2	
BARACLUDE ORAL SOLUTION	4	SP
BARACLUDE ORAL TABLET	4	SP
cidofovir intravenous solution	1 or 1b*	SP
COMBIVIR ORAL TABLET	3	
COMPLERA ORAL TABLET	2	
COPEGUS ORAL TABLET	4	SP
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	
CYTOVENE INTRAVENOUS RECON SOLN	4	SP
DAKLINZA ORAL TABLET	4	PA; QL; SP
DENA VIR TOPICAL CREAM	3	PA; QL
DESCOVY ORAL TABLET	3	
didanosine oral capsule, delayed release(dr/ec)	1 or 1b*	
EDURANT ORAL TABLET	2	

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

Effective 7/1/17

Drug Name	Tier	Notes
EMTRIVA ORAL CAPSULE	2	
EMTRIVA ORAL SOLUTION	2	
entecavir oral tablet	4	SP
EPCLUSA ORAL TABLET	4	PA; QL; SP
EPIVIR HBV ORAL SOLUTION	4	SP
EPIVIR HBV ORAL TABLET	4	SP
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET	3	
EPZICOM ORAL TABLET	3	
EVOTAZ ORAL TABLET	3	
famciclovir oral tablet	1 or 1b*	
FLUMADINE ORAL TABLET	3	
foscarnet intravenous solution	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION	3	
FUZEON SUBCUTANEOUS RECON SOLN	2	
GANCICLOVIR INTRAVENOUS SOLUTION	4	SP
ganciclovir sodium intravenous recon soln	4	SP
GENVOYA ORAL TABLET	2	
HARVONI ORAL TABLET	4	PA; QL; SP
HEPSERA ORAL TABLET	4	SP
INTELENCE ORAL TABLET	2	
INVIRASE ORAL CAPSULE	2	
INVIRASE ORAL TABLET	2	
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	2	

Drug Name	Tier	Notes
ISENTRESS ORAL TABLET,CHEWABLE	2	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	2	
lamivudine oral solution	1 or 1b*	
lamivudine oral tablet 100 mg	4	SP
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	
lamivudine-zidovudine oral tablet	1 or 1b*	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	2	
lopinavir-ritonavir oral solution	1 or 1b*	
moderiba dose pack oral tablets,dose pack	4	SP
moderiba oral tablet	4	SP
nevirapine oral suspension	1 or 1b*	
nevirapine oral tablet	1 or 1b*	
nevirapine oral tablet extended release 24 hr	1 or 1b*	
NORVIR ORAL CAPSULE	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	2	
ODEFSEY ORAL TABLET	3	
OLYSIO ORAL CAPSULE	4	PA; QL; SP
oseltamivir oral capsule	1 or 1b*	QL
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
PEGASYS SUBCUTANEOUS SOLUTION	4	PA; QL; SP
PEGASYS SUBCUTANEOUS SYRINGE	4	PA; QL; SP
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML	4	PA; SP

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

Effective 7/1/17

Drug Name	Tier	Notes
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	PA; SP
PREZCOBIX ORAL TABLET	3	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RAPIVAB INTRAVENOUS SOLUTION	3	
REBETOL ORAL SOLUTION	4	SP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	QL
RESCRIPTOR ORAL TABLET	2	
RESCRIPTOR ORAL TABLET, DISPERSIBLE	2	
RETROVIR INTRAVENOUS SOLUTION	2	
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	
REYATAZ ORAL POWDER IN PACKET	2	
ribasphere oral capsule	4	SP
ribasphere oral tablet	4	SP
ribasphere ribapak oral tablets,dose pack	4	SP
ribavirin inhalation recon soln	1 or 1b*	
ribavirin oral capsule	4	SP
ribavirin oral tablet 200 mg	4	SP
rimantadine oral tablet	1 or 1b*	
SELZENTRY ORAL TABLET	2	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	PA; QL
SOVALDI ORAL TABLET	4	PA; QL; SP

Drug Name	Tier	Notes
stavudine oral capsule	1 or 1b*	
stavudine oral recon soln	1 or 1b*	
STRIBILD ORAL TABLET	2	
SUSTIVA ORAL CAPSULE	2	
SUSTIVA ORAL TABLET	2	
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; SP
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	QL
TECHNIVIE ORAL TABLET	4	PA; QL; SP
TIVICAY ORAL TABLET	3	
trifluridine ophthalmic drops	1 or 1b*	
TRIUMEQ ORAL TABLET	2	
TRIZIVIR ORAL TABLET	3	
TRUVADA ORAL TABLET	2	
valacyclovir oral tablet	1 or 1b*	
VALCYTE ORAL RECON SOLN	3	SP
VALCYTE ORAL TABLET	3	SP
valganciclovir oral recon soln	1 or 1b*	SP
valganciclovir oral tablet	1 or 1b*	SP
VALTREX ORAL TABLET	3	
VEMLIDY ORAL TABLET	4	SP
VEREGEN TOPICAL OINTMENT	3	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	2	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	2	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
VIEKIRA PAK ORAL TABLETS,DOSE PACK	4	PA; QL; SP
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR	4	PA; QL; SP
VIRACEPT ORAL TABLET	2	
VIRAMUNE ORAL SUSPENSION	3	
VIRAMUNE ORAL TABLET	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
VIRAZOLE INHALATION RECON SOLN	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET	2	
VIROPTIC OPHTHALMIC DROPS	3	
XERESE TOPICAL CREAM	3	PA; QL
ZEPATIER ORAL TABLET	4	PA; QL; SP
ZERIT ORAL CAPSULE	3	
ZERIT ORAL RECON SOLN	3	
ZIAGEN ORAL SOLUTION	2	
ZIAGEN ORAL TABLET	3	
zidovudine oral capsule	1 or 1b*	
zidovudine oral syrup	1 or 1b*	
zidovudine oral tablet	1 or 1b*	
ZIRGAN OPHTHALMIC GEL	3	
ZOVIRAX ORAL CAPSULE	3	
ZOVIRAX ORAL SUSPENSION	3	
ZOVIRAX ORAL TABLET	3	
ZOVIRAX TOPICAL CREAM	3	PA; QL
ZOVIRAX TOPICAL OINTMENT	3	QL
AUTONOMIC DRUGS		
ADDERALL ORAL TABLET	3	PA

Drug Name	Tier	Notes
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	1 or 1b*	PA
adrenalin injection solution	1 or 1b*	
ADZENYS XR-ODT ORAL TABLET,DISINTIG ER BIPHASE 24H	3	PA
ARICEPT ORAL TABLET	3	
atracurium intravenous solution	1 or 1b*	
bethanechol chloride oral tablet	1 or 1b*	
BLOXIVERZ INTRAVENOUS SOLUTION	3	
BOTOX COSMETIC INJECTION RECON SOLN	4	PA; SP
BOTOX COSMETIC INTRAMUSCULAR RECON SOLN	4	PA; SP
BOTOX INJECTION RECON SOLN	4	PA; SP
cevimeline oral capsule	1 or 1b*	
cisatracurium intravenous solution	1 or 1b*	
DESOXYN ORAL TABLET	3	PA
dexedrine oral tablet	1 or 1b*	PA
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE	3	PA
dextroamphetamine oral capsule, extended release	1 or 1b*	PA
dextroamphetamine oral solution	1 or 1b*	PA
dextroamphetamine oral tablet	1 or 1b*	PA
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1 or 1b*	PA
dextroamphetamine-amphetamine oral tablet	1 or 1b*	PA
DIBENZYLINE ORAL CAPSULE	3	
donepezil oral tablet	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
donepezil oral tablet, disintegrating	1 or 1b*	
dopamine in 5 % dextrose intravenous solution	1 or 1b*	
dopamine intravenous solution	1 or 1b*	
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA
DYS PORT INTRAMUSCULAR RECON SOLN	4	PA; LD; SP
enlon injection solution	1 or 1b*	
ENLON-PLUS INTRAVENOUS SOLUTION	3	
epinephrine 0.15 mg auto-inject outer	1 or 1b*	PA; QL; (Only generic EpiPen by Mylan)
epinephrine 0.3 mg auto-inject outer	1 or 1b*	PA; QL; (Only generic EpiPen by Mylan)
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
epinephrine injection solution	1 or 1b*	
epinephrine injection syringe 0.1 mg/ml	1 or 1b*	
EPISNAP INJECTION KIT	3	
EVEKEO ORAL TABLET	3	ST
EVOXAC ORAL CAPSULE	3	
EXELON TRANSDERMAL PATCH 24 HOUR	3	ST
galantamine oral capsule, ext rel. pellets 24 hr	1 or 1b*	
galantamine oral solution	1 or 1b*	
galantamine oral tablet	1 or 1b*	
guanidine oral tablet	1 or 1b*	
ISUPREL INJECTION SOLUTION	3	
LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION	3	
MESTINON ORAL SYRUP	2	

Drug Name	Tier	Notes
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	3	
methamphetamine oral tablet	1 or 1b*	PA
midodrine oral tablet	1 or 1b*	
MIVACRON INJECTION SOLUTION	3	
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; SP
neostigmine methylsulfate intravenous solution 0.5 mg/ml	1 or 1b*	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 1 MG/ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 3 MG/3 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	
NIMBEX INTRAVENOUS SOLUTION	3	
norepinephrine bitartrate intravenous solution	1 or 1b*	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 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*	
NOREPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION 8 MG/250 ML (32 MCG/ML)	3	
NORTHERA ORAL CAPSULE	3	LD; SP
pancuronium intravenous solution	1 or 1b*	
phenoxybenzamine oral capsule	1 or 1b*	
phentolamine injection recon soln	1 or 1b*	
physostigmine salicylate injection solution	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
pilocarpine hcl oral tablet	1 or 1b*	
procentra oral solution	1 or 1b*	PA
pyridostigmine bromide oral tablet	1 or 1b*	
pyridostigmine bromide oral tablet extended release	1 or 1b*	
QUELICIN INJECTION SOLUTION 20 MG/ML	3	
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	
RAZADYNE ORAL TABLET	3	
regonol injection solution	1 or 1b*	
rivastigmine tartrate oral capsule	1 or 1b*	
rivastigmine transdermal patch 24 hour	1 or 1b*	
rocuronium intravenous solution	1 or 1b*	
ROCURONIUM INTRAVENOUS SYRINGE 50 MG/5 ML (10 MG/ML)	3	
SALAGEN (PILOCARPINE) ORAL TABLET	3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SYRINGE 140 MG/7 ML (20 MG/ML)	3	
URECHOLINE ORAL TABLET	3	
vecuronium bromide intravenous recon soln	1 or 1b*	
XEOMIN INTRAMUSCULAR RECON SOLN	4	PA; SP
zenzedi oral tablet 10 mg, 5 mg	1 or 1b*	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA
BIOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	

Drug Name	Tier	Notes
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	
AFLURIA 2016-2017 (PF) INTRAMUSCULAR SYRINGE	2	QL
AFLURIA 2016-2017 INTRAMUSCULAR SUSPENSION	2	QL
AFLURIA QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE	2	QL
ALL EXT-CAL PEPPER TREE POLLEN INJECTION SOLUTION	3	
ALL EXT-WEED POL-SHEEP SORREL INJECTION SOLUTION	3	
ALL XT-WEED POL-RUSSIAN THISTL INJECTION SOLUTION	3	
ALL.XT,KBLUE-JUNE GRASS POLLEN INJECTION SOLUTION	3	
ALLER EXT-ALTERNARIA ALTERNATA INJECTION SOLUTION	3	
ALLER EXT-AMERICAN COCKROACH INJECTION SOLUTION	3	
ALLER EXT-SPINY PIGWEED POLLEN INJECTION SOLUTION	3	
ALLER EXT-TREE POLL,RED CEDAR INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,AM ELM INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,BAYBERRY INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,MESQUITE INJECTION SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ALLER EXT-WEED POLLEN-KOCHIA INJECTION SOLUTION	3	
ALLER XT-SHAGBARK HICKORY POLL INJECTION SOLUTION	3	
ALLER XT-TREE POL,E.COTTONWOOD INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,BOX ELDER INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,HACKBERRY INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,RED BIRCH INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,WHITE ASH INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN-MELALEUCA INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN-WHITE OAK INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-COCKLEBUR INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-GOLDENROD INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-SAGEBRUSH INJECTION SOLUTION	3	
ALLER XT-WEED POLL-YELLOW DOCK INJECTION SOLUTION	3	
ALLERG EX,GRASS POLLEN-BERMUDA INJECTION SOLUTION	3	
ALLERG EX,GRASS POLLEN-ORCHARD INJECTION SOLUTION	3	
ALLERG EX-GRASS POLLEN-JOHNSON INJECTION SOLUTION	3	
ALLERG EXT,GRASS POLLEN-REDTOP INJECTION SOLUTION	3	

Drug Name	Tier	Notes
ALLERG EXT-ACREMONIUM STRICTUM INJECTION SOLUTION	3	
ALLERG EXT-BLACK WALNUT POLLEN INJECTION SOLUTION	3	
ALLERG EXT-GRASS,PERENNIAL RYE INJECTION SOLUTION	3	
ALLERG EXT-PENICILLIUM NOTATUM INJECTION SOLUTION	3	
ALLERG EXTRACT-FOOD-CANTALOUPE PERCUTANEOUS SOLUTION	3	
ALLERG EXT-TALL RAGWEED POLLEN INJECTION SOLUTION	3	
ALLERG EXT-TREE POLLEN-ACACIA INJECTION SOLUTION	3	
ALLERG EXT-TREE POLLEN-ALDER INJECTION SOLUTION	3	
ALLERG EXT-TREE POLL-JUN, WEST INJECTION SOLUTION	3	
ALLERG EXT-TREE POLL-RED MAPLE INJECTION SOLUTION	3	
ALLERG EXT-WEED POLLEN-MUGWORT INJECTION SOLUTION	3	
ALLERG EX-WEED POL-RGH PIGWEED INJECTION SOLUTION	3	
ALLERG XT,D.FARINAE-D.PTERONYS INJECTION SOLUTION	3	
ALLERG XT,GRASS POLLEN-TIMOTHY INJECTION SOLUTION	3	PA
ALLERG XT,GRASS-MEADOW FESCUE INJECTION SOLUTION	3	
ALLERG XT-SHEEP SOR,YELLW DOCK INJECTION SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ALLERG XT-TREE POLL-ELM, CEDAR INJECTION SOLUTION	3	
ALLERG XT-WEED POLL-DOG FENNEL INJECTION SOLUTION	3	
ALLERG XT-WHITE BIRCH POLLEN INJECTION SOLUTION	3	
ALLERG XT-WHITE PINE POLLEN INJECTION SOLUTION	3	
ALLERGEN EX-FUSARIUM OXYSPORUM INJECTION SOLUTION	3	
ALLERGEN EXT-AMER BEECH POLLEN INJECTION SOLUTION	3	
ALLERGEN EXT-ASPERGILLUS FUMIG INJECTION SOLUTION	3	
ALLERGEN EXT-ASPERGILLUS,MIXED INJECTION SOLUTION	3	
ALLERGEN EXT-AUREOBA.PULLULANS INJECTION SOLUTION	3	
ALLERGEN EXT-BOTRYTIS CINEREA INJECTION SOLUTION	3	
ALLERGEN EXT-C.CLADOSPORIOIDES INJECTION SOLUTION	3	
ALLERGEN EXT-C.SPHAEROSPERMUM INJECTION SOLUTION	3	
ALLERGEN EXT-CANDIDA ALBICANS INJECTION SOLUTION	3	
ALLERGEN EXT-CATTLE EPITHELIUM INJECTION SOLUTION	3	
ALLERGEN EXT-CROP POLLEN-CORN INJECTION SOLUTION	3	
ALLERGEN EXT-ENGLISH PLANTAIN INJECTION SOLUTION	3	
ALLERGEN EXT-GERMAN COCKROACH INJECTION SOLUTION	3	

Drug Name	Tier	Notes
ALLERGEN EXT-OLIVE TREE POLLEN INJECTION SOLUTION	3	
ALLERGEN EXT-RABBIT EPITHELIUM INJECTION SOLUTION	3	
ALLERGEN EXTRACT-CHICKEN MEAT PERCUTANEOUS SOLUTION	3	
ALLERGEN EXTRACT-D.SOROKINIANA INJECTION SOLUTION	3	
ALLERGEN EXTRACT-FOOD-AVOCADO PERCUTANEOUS SOLUTION	3	
ALLERGEN EXTRACT-S.CEREVISIAE INJECTION SOLUTION	3	
ALLERGEN EXT-T.MENTAGROPHYTES INJECTION SOLUTION	3	
ALLERGEN EXT-TREE POLLEN,PECAN INJECTION SOLUTION	3	
ALLERGEN EXT-TREE POLLEN-KAPOK INJECTION SOLUTION	3	
ALLERGEN XT TREE POL-AUST PINE INJECTION SOLUTION	3	
ALLERGEN XT-AM.SYCAMORE POLLEN INJECTION SOLUTION	3	
ALLERGEN XT-GRASS POLLEN-BAHIA INJECTION SOLUTION	3	
ALLERGEN XT-GRASS POLLEN-BROME INJECTION SOLUTION	3	
ALLERGEN XT-MITE,D.PTERONYSSIN INJECTION SOLUTION	3	
ALLERGEN XT-QUEEN PALM POLLEN INJECTION SOLUTION	3	
ALLERGEN XT-VIRGINIA LIVE OAK INJECTION SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ALLERGENIC EX-HORSE EPITHELIUM INJECTION SOLUTION	3	
ALLERGENIC EXT, MIXED FEATHERS INJECTION SOLUTION	3	
ALLERGENIC EXT-DOG EPITHELIUM INJECTION SOLUTION	3	
ALLERGENIC EXT-FOOD-SOYBEAN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT-MITE, D FARINAE INJECTION SOLUTION	3	
ALLERGENIC EXT-MIXED RAGWEED INJECTION SOLUTION	3	
ALLERGENIC EXT-MUCOR PLUMBEUS INJECTION SOLUTION	3	
ALLERGENIC EXT-PHOMA HERBARUM INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-CURVULARIA INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-EGG WHITE PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FIRE ANT INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-ALMOND PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-APPLE PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-BANANA PERCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
ALLERGENIC EXTRACT-FOOD-BEEF PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-CASEIN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-COCOA PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-CORN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-CRAB PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-EGG PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-OATS PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-ORANGE PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-PEANUT PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-PECAN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-PORK PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-RICE PERCUTANEOUS SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ALLERGENIC EXTRACT-FOOD-SHRIMP PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-MOSQUITO INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-PISTACHIO PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-SESAME SEED PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-STRAWBERRY PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT-RHIZOPUS ORYZAE INJECTION SOLUTION	3	
ALLERGENIC XT-EPICOCCUM NIGRUM INJECTION SOLUTION	3	
ALLERGENIC XT-MOUSE EPITHELIUM INJECTION SOLUTION	3	
ALLERGEN-WEED-LAMBSQUARTERS INJECTION SOLUTION	3	
ALLERGN EXT-MOUNT.CEDAR POLLEN INJECTION SOLUTION	3	
ALLERGN XT-RED MULBERRY POLLEN INJECTION SOLUTION	3	
ALLERGN XT-WHT MULBERRY POLLEN INJECTION SOLUTION	3	
ANASCORP INTRAVENOUS RECON SOLN	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN	3	
ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN	3	

Drug Name	Tier	Notes
APLISOL INTRADERMAL SOLUTION	3	
ATGAM INTRAVENOUS SOLUTION	4	SP
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BEXSERO INTRAMUSCULAR SYRINGE	3	
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
BIVIGAM INTRAVENOUS SOLUTION	4	PA; SP
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	
candin intradermal allergen	1 or 1b*	
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	4	PA; SP
CAT HAIR STD ALLERGENIC EXT INJECTION SOLUTION	3	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	2	
CROFAB INJECTION RECON SOLN	3	
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; SP
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	LD; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	3	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET	3	
EZ FLU 2016-17 (AFLURIA) (PF) INTRAMUSCULAR SYRINGE KIT	2	QL
EZ FLU 2016-17 (FLUVIRIN) (PF) INTRAMUSCULAR SYRINGE KIT	2	QL
EZ FLU16-17(FLUZON QD PED)(PF) INTRAMUSCULAR SYRINGE KIT	2	QL
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA; SP
FLUAD 2016-2017 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	2	QL
FLUARIX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE	2	QL
FLUBLOK 2016-2017 (PF) INTRAMUSCULAR SOLUTION	2	QL
FLUCELVAX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE	2	QL
FLULAVAL QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE	2	QL
FLULAVAL QUAD 2016-2017 INTRAMUSCULAR SUSPENSION	2	QL
FLUVIRIN 2016-2017 (PF) INTRAMUSCULAR SYRINGE	2	QL

Drug Name	Tier	Notes
FLUVIRIN 2016-2017 INTRAMUSCULAR SUSPENSION	2	QL
FLUZONE HIGH-DOSE 2016-17 (PF) INTRAMUSCULAR SYRINGE	2	QL
FLUZONE INTRADERM QUAD 2016-17 INTRADERMAL SYRINGE	2	QL
FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SUSPENSION	2	QL
FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE	2	QL
FLUZONE QUAD 2016-2017 INTRAMUSCULAR SUSPENSION	2	QL
FLUZONE QUAD PEDI 2016-17 (PF) INTRAMUSCULAR SYRINGE	2	QL
GAMASTAN S/D INTRAMUSCULAR SOLUTION	4	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; SP
GAMMAKED INJECTION SOLUTION	4	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	4	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; SP
GAMUNEX-C INJECTION SOLUTION	4	PA; SP
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	

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

Effective 7/1/17

Drug Name	Tier	Notes
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	3	
GRAFIX XC TOPICAL SHEET	3	
GRASTEK SUBLINGUAL TABLET	3	PA; QL
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	
HEPAGAM B INJECTION SOLUTION	4	SP
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	
HIZENTRA SUBCUTANEOUS SOLUTION	4	PA; LD; SP
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	4	SP
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	4	SP
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	4	SP
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	4	SP
HYPERRHO S/D INTRAMUSCULAR SYRINGE	4	SP
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE	3	
HYQVIA SUBCUTANEOUS SOLUTION	4	PA; SP

Drug Name	Tier	Notes
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	4	SP
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL INJECTION SUSPENSION	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN	3	
MENOMUNE - A/C/Y/W- 135 (PF) SUBCUTANEOUS RECON SOLN	3	
MENOMUNE - A/C/Y/W- 135 SUBCUTANEOUS RECON SOLN	3	
MENVEO A-C-Y-W-135- DIP (PF) INTRAMUSCULAR KIT	3	
MICRHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SYRINGE	4	SP
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	
NABI-HB INTRAMUSCULAR SOLUTION	4	SP
OCTAGAM INTRAVENOUS SOLUTION	4	PA; SP

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

Effective 7/1/17

Drug Name	Tier	Notes
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL; LD
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PENTACEL (PF) INTRAMUSCULAR KIT	3	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	3	
PNEUMOVAX 23 INJECTION SOLUTION	2	
PNEUMOVAX 23 INJECTION SYRINGE	2	
PRE-PEN INTRADERMAL SOLUTION	3	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	2	
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; LD; SP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
RAGWITEK SUBLINGUAL TABLET	3	PA; QL
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE	4	SP

Drug Name	Tier	Notes
RHOPHYLAC INJECTION SYRINGE	4	SP
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	
SPHERUSOL INTRADERMAL SOLUTION	3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
STD GRASS POLLEN-SWEET VERNAL INJECTION SOLUTION	3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	3	
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	SP
TREE POLLEN-ARIZONA CYPRESS INJECTION SOLUTION	3	
TREE POLLEN-BALD CYPRESS INJECTION SOLUTION	3	
TREE POLLEN-BLACK WILLOW INJECTION SOLUTION	3	
TREE POLLEN-PRIVET INJECTION SOLUTION	3	
TREE POLLEN-SWEET GUM INJECTION SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
TRUMENBA INTRAMUSCULAR SYRINGE	3	
TRUSKIN TOPICAL SHEET	3	
TUBERSOL INTRADERMAL SOLUTION	3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
VARIZIG INTRAMUSCULAR RECON SOLN	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	3	
VIVOTIF BERNA VACCINE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
WEED POLLEN-SHORT RAGWEED INJECTION SOLUTION	3	
WEED POLLEN-TRUE MARSH ELDER INJECTION SOLUTION	3	

Drug Name	Tier	Notes
WINRHO SDF INJECTION SOLUTION	4	SP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ZINPLAVA INTRAVENOUS SOLUTION	4	PA
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
BLOOD		
ACTIVASE INTRAVENOUS RECON SOLN	3	
ADVATE INTRAVENOUS RECON SOLN	4	PA; SP
ADYNOVATE INTRAVENOUS SOLUTION	4	PA; SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	4	PA; LD; SP
AFSTYLA INTRAVENOUS RECON SOLN 1,500 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE	4	PA
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION	3	
albumin, human 25 % intravenous parenteral solution	1 or 1b*	
ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION	2	
albuminar 25 % intravenous parenteral solution	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
albuminar 5 % intravenous parenteral solution	1 or 1b*	
alburx (human) 25 % intravenous parenteral solution	1 or 1b*	
alburx (human) 5 % intravenous parenteral solution	1 or 1b*	
albutein 25 % intravenous parenteral solution	1 or 1b*	
albutein 5 % intravenous parenteral solution	1 or 1b*	
ALPHANATE INTRAVENOUS RECON SOLN	4	PA; SP
ALPHANINE SD INTRAVENOUS RECON SOLN	4	PA; SP
ALPROLIX INTRAVENOUS RECON SOLN	4	PA; SP
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
aminocaproic acid intravenous solution	1 or 1b*	
ASTRINGYN TOPICAL SOLUTION	3	
AVITENE FLOUR TOPICAL POWDER	3	
AVITENE TOPICAL POWDER IN PACKET	3	
AVITENE TOPICAL SHEET	3	
BEBULIN INTRAVENOUS RECON SOLN	4	PA; SP
BENEFIX INTRAVENOUS RECON SOLN	4	PA; SP
buminate 25 % intravenous parenteral solution	1 or 1b*	
buminate 5 % intravenous parenteral solution	1 or 1b*	
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN	3	
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	SP

Drug Name	Tier	Notes
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	SP
COAGADEX INTRAVENOUS RECON SOLN	4	PA; LD
CORIFACT INTRAVENOUS RECON SOLN	4	PA; LD; SP
CYKLOKAPRON INTRAVENOUS SOLUTION	3	
DEFITELIO INTRAVENOUS SOLUTION	4	
DROXIA ORAL CAPSULE	2	
ELOCTATE INTRAVENOUS RECON SOLN	4	PA; SP
ENDO AVITENE TOPICAL SHEET	3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	3	
FEIBA NF INTRAVENOUS RECON SOLN	4	PA; SP
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE	3	
GELFOAM JMI POWDER TOPICAL KIT	3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK	3	
GELFOAM MUCOUS MEMBRANE POWDER	3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE	3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE	3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE	3	
GELFOAM TOPICAL SPONGE	3	
HELIXATE FS INTRAVENOUS RECON SOLN	4	PA; LD; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN	4	PA; SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN	4	PA; SP
HEMOFIL M MID INTRAVENOUS RECON SOLN	4	PA; SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN	4	PA; SP
HESPAN 6 % IN NS INTRAVENOUS SOLUTION	3	
hetastarch 6 % in 0.9 % nacl intravenous solution	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION	3	
HUMATE-P INTRAVENOUS RECON SOLN	4	PA; SP
IDELVION INTRAVENOUS RECON SOLN	4	PA; LD; SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 500 UNIT	4	PA; LD; SP
IXINITY INTRAVENOUS RECON SOLN 2,000 UNIT, 250 UNIT, 3,000 UNIT	4	PA; SP
KCENTRA INTRAVENOUS RECON SOLN	3	
KEDBUMIN INTRAVENOUS PARENTERAL SOLUTION	3	

Drug Name	Tier	Notes
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 500 (+/-) UNIT	4	PA; SP
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT	4	SP
KOGENATE FS INTRAVENOUS RECON SOLN	4	PA; SP
KOVALTRY INTRAVENOUS RECON SOLN	4	PA; SP
lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution	1 or 1b*	
lmd 10 % in 5 % dextrose intravenous parenteral solution	1 or 1b*	
LYSTEDA ORAL TABLET	3	
MONOCLATE-P INTRAVENOUS RECON SOLN	4	PA; LD; SP
MONONINE INTRAVENOUS RECON SOLN	4	SP
MONSEL'S TOPICAL SOLUTION	3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR	3	
NOVOEIGHT INTRAVENOUS RECON SOLN	4	PA; SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN	4	PA; SP
NUWIQ INTRAVENOUS RECON SOLN	4	PA; SP
OBIZUR INTRAVENOUS RECON SOLN	4	PA
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION	3	
pentoxifylline oral tablet extended release	1 or 1b*	
plasbumin 25 % intravenous parenteral solution	1 or 1b*	
plasbumin 5 % intravenous parenteral solution	1 or 1b*	
plasmanate intravenous parenteral solution	1 or 1b*	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROFILNINE INTRAVENOUS RECON SOLN	4	PA; SP
protamine intravenous solution	1 or 1b*	
RAPLIXA TOPICAL POWDER	3	
RECOMBINATE INTRAVENOUS RECON SOLN	4	PA; SP
RECOTHROM SPRAY KIT TOPICAL RECON SOLN	3	
RECOTHROM TOPICAL RECON SOLN	3	
RETAVASE INTRAVENOUS KIT 10 UNIT	3	
RIASTAP INTRAVENOUS RECON SOLN	3	PA
RIXUBIS INTRAVENOUS RECON SOLN	4	PA; SP
SOLIRIS INTRAVENOUS SOLUTION	4	PA; SP
SYRINGE AVITENE TOPICAL POWDER	3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED	3	

Drug Name	Tier	Notes
THROMBATE III INTRAVENOUS RECON SOLN	3	
THROMBI-GEL TOPICAL PADS, MEDICATED	3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE	3	
THROMBIN-JMI TOPICAL RECON SOLN	3	
THROMBIN-JMI TOPICAL SPRAY SYRINGE	3	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL	3	
THROMBI-PAD TOPICAL PADS, MEDICATED	3	
TISSEEL VHSD TOPICAL KIT	3	
TISSEEL VHSD TOPICAL SYRINGE	3	
TNKASE INTRAVENOUS KIT	3	
tranexamic acid intravenous solution	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	
TRETTEN INTRAVENOUS RECON SOLN	4	PA; LD; SP
ULTRAFOAM TOPICAL SPONGE	3	
VOLUVEN 6 % INTRAVENOUS SOLUTION	3	
VONVENDI INTRAVENOUS RECON SOLN	4	LD; SP
WILATE INTRAVENOUS RECON SOLN	4	PA; SP
XYNTHA INTRAVENOUS SOLUTION	4	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	4	PA; SP
CARDIAC DRUGS		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG	3	DO

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

Effective 7/1/17

Drug Name	Tier	Notes
ADALAT CC ORAL TABLET EXTENDED RELEASE 60 MG, 90 MG	3	QL
ADENOCARD INTRAVENOUS SYRINGE	3	
adenosine intravenous solution	1 or 1b*	
adenosine intravenous syringe	1 or 1b*	
afeditab cr oral tablet extended release 30 mg	1 or 1b*	DO
afeditab cr oral tablet extended release 60 mg	1 or 1b*	QL
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*	QL
amlodipine oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
CALAN ORAL TABLET	3	QL
CALAN SR ORAL TABLET EXTENDED RELEASE	3	QL
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK	3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
CARDENE IV INTRAVENOUS SOLUTION	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG	3	DO
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG, 300 MG, 360 MG	3	QL
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG	3	DO

Drug Name	Tier	Notes
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 240 MG, 300 MG, 360 MG, 420 MG	3	QL
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	QL
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*	QL
CLEVIPREX INTRAVENOUS EMULSION	3	
CORLANOR ORAL TABLET	2	PA; QL
CORVERT INTRAVENOUS SOLUTION	3	
digitek oral tablet	1 or 1b*	
digox oral tablet	1 or 1b*	
digoxin injection solution	1 or 1b*	
digoxin injection syringe	1 or 1b*	
digoxin oral solution 50 mcg/ml	1 or 1b*	
digoxin oral tablet	1 or 1b*	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE	2	
DILTIAZEM HCL IN 0.9% NACL INTRAVENOUS SOLUTION	3	
diltiazem hcl intravenous recon soln	1 or 1b*	
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl oral capsule, extended release 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule, extended release 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl oral capsule,ext release degradable 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,ext release degradable 240 mg	1 or 1b*	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
diltiazem hcl oral capsule,extended release 12 hr	1 or 1b*	QL
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*	QL
diltiazem hcl oral tablet	1 or 1b*	QL
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*	QL
dilt-xr oral capsule,ext release degradable 120 mg, 180 mg	1 or 1b*	DO
dilt-xr oral capsule,ext release degradable 240 mg	1 or 1b*	QL
disopyramide phosphate oral capsule	1 or 1b*	
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1 or 1b*	
dobutamine intravenous solution	1 or 1b*	
dofetilide oral capsule	1 or 1b*	
felodipine oral tablet extended release 24 hr 10 mg	1 or 1b*	QL
felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg	1 or 1b*	DO
flecainide oral tablet	1 or 1b*	
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ibutilide fumarate intravenous solution	1 or 1b*	
ISOCHRON ORAL TABLET EXTENDED RELEASE	3	
ISORDIL ORAL TABLET	2	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral tablet	1 or 1b*	

Drug Name	Tier	Notes
isosorbide dinitrate oral tablet extended release	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
isosorbide mononitrate oral tablet extended release 24 hr	1 or 1b*	
isradipine oral capsule	1 or 1b*	QL
LANOXIN INJECTION SOLUTION	3	
LANOXIN ORAL TABLET	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 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	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*	QL
mexiletine oral capsule	1 or 1b*	
milrinone in 5 % dextrose intravenous piggyback	1 or 1b*	
milrinone intravenous solution	1 or 1b*	
MINITRAN TRANSDERMAL PATCH 24 HOUR	3	
MULTAQ ORAL TABLET	3	
NEXTERONE INTRAVENOUS SOLUTION	3	
nicardipine intravenous solution	1 or 1b*	
nicardipine oral capsule	1 or 1b*	QL
nifedipine oral capsule	1 or 1b*	QL
nifedipine oral tablet extended release 24hr 30 mg	1 or 1b*	DO
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	1 or 1b*	QL

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

Effective 7/1/17

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

Drug Name	Tier	Notes
NORPACE ORAL CAPSULE	3	
NORVASC ORAL TABLET 10 MG	3	QL
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	DO
NYMALIZE ORAL SOLUTION	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1 or 1b*	
procainamide injection solution	1 or 1b*	
PROCAINAMIDE INTRAVENOUS SYRINGE	3	
PROCARDIA ORAL CAPSULE	3	QL
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 60 MG, 90 MG	3	QL
propafenone oral capsule,extended release 12 hr	1 or 1b*	
propafenone oral tablet	1 or 1b*	
quinidine gluconate injection solution	1 or 1b*	
quinidine gluconate oral tablet extended release	1 or 1b*	
quinidine sulfate oral tablet	1 or 1a*	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	2	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 8.5 MG	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 34 MG	3	QL
taztia xt oral capsule, extended release 120 mg, 180 mg	1 or 1b*	DO
taztia xt oral capsule, extended release 240 mg, 300 mg, 360 mg	1 or 1b*	QL

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

Effective 7/1/17

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

Drug Name	Tier	Notes
ADCIRCA ORAL TABLET	4	PA; QL; SP
ADEMPAS ORAL TABLET	4	PA; QL; LD; SP
AKOVAZ INTRAVENOUS SOLUTION	3	
alprostadil injection solution	1 or 1b*	
ALTACE ORAL CAPSULE	3	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG	3	ST; DO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 60 MG	3	ST; QL
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	QL
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*	QL
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO; QL
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	QL
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*	QL
amlodipine-valsartan-hcthiazyd oral tablet 5-160-12.5 mg	1 or 1b*	DO
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST; QL
ASCLERA INTRAVENOUS SOLUTION	3	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG	3	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
ATACAND HCT ORAL TABLET 32-25 MG	3	
ATACAND ORAL TABLET	3	QL
atenolol oral tablet	1 or 1a*	
atenolol-chlorthalidone oral tablet	1 or 1b*	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO
atorvastatin oral tablet 80 mg	1 or 1b*	QL
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML	3	
AVALIDE ORAL TABLET 150-12.5 MG	3	QL
AVALIDE ORAL TABLET 300-12.5 MG	3	
AVAPRO ORAL TABLET 150 MG, 75 MG	3	DO
AVAPRO ORAL TABLET 300 MG	3	QL
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG	3	QL
AZOR ORAL TABLET 5-20 MG	3	DO
benazepril oral tablet	1 or 1a*	
benazepril-hydrochlorothiazide oral tablet	1 or 1b*	
BENICAR HCT ORAL TABLET 20-12.5 MG	3	DO
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	3	QL
BENICAR ORAL TABLET 20 MG	3	DO
BENICAR ORAL TABLET 40 MG, 5 MG	3	QL
BETAPACE AF ORAL TABLET	3	
BETAPACE ORAL TABLET	3	
betaxolol oral tablet	1 or 1b*	
BIDIL ORAL TABLET	2	
bisoprolol fumarate oral tablet	1 or 1b*	

Drug Name	Tier	Notes
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
BYSTOLIC ORAL TABLET	3	
BYVALSON ORAL TABLET	3	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG	3	QL
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
candesartan oral tablet	1 or 1b*	QL
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg	1 or 1b*	QL
candesartan-hydrochlorothiazid oral tablet 32-25 mg	1 or 1b*	
captopril oral tablet	1 or 1b*	
captopril-hydrochlorothiazide oral tablet	1 or 1b*	
CARDURA ORAL TABLET	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	
carvedilol oral tablet	1 or 1b*	
CATAPRES ORAL TABLET	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
cholestyramine (with sugar) oral powder	1 or 1b*	
cholestyramine (with sugar) oral powder in packet	1 or 1b*	
cholestyramine light oral powder	1 or 1b*	QL
cholestyramine light oral powder in packet	1 or 1b*	
clonidine hcl oral tablet	1 or 1a*	
clonidine transdermal patch weekly	1 or 1b*	
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1 or 1b*	
CLORPRES ORAL TABLET 0.3-15 MG	3	
COLESTID FLAVORED ORAL GRANULES	3	
COLESTID FLAVORED ORAL PACKET	3	
COLESTID ORAL GRANULES	3	
COLESTID ORAL PACKET	3	
COLESTID ORAL TABLET	3	
colestipol oral granules	1 or 1b*	
colestipol oral packet	1 or 1b*	
colestipol oral tablet	1 or 1b*	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	2	
COREG ORAL TABLET	3	
CORGARD ORAL TABLET	3	
CORLOPAM INTRAVENOUS SOLUTION	3	
CORZIDE ORAL TABLET	3	
COZAAR ORAL TABLET	3	QL
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	2	DO
CRESTOR ORAL TABLET 40 MG	2	QL
DEMSER ORAL CAPSULE	3	

Drug Name	Tier	Notes
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG	3	DO
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	3	QL
DIOVAN ORAL TABLET	3	QL
doxazosin oral tablet	1 or 1b*	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR	3	
EDARBI ORAL TABLET	3	
EDARBYCLOR ORAL TABLET	3	QL
enalapril maleate oral tablet	1 or 1b*	
enalaprilat intravenous solution	1 or 1b*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	
ENTRESTO ORAL TABLET	3	PA; QL
EPANED ORAL SOLUTION	3	
ephedrine sulfate injection solution	1 or 1b*	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION	3	
EPHEDRINE SULFATE-0.9%NACL(PF) INTRAVENOUS SYRINGE 10 MG/ML (1 ML), 100 MG/10 ML (10 MG/ML), 25 MG/5 ML (5 MG/ML)	3	
epoprostenol (glycine) intravenous recon soln	4	PA; LD; SP
eprosartan oral tablet	1 or 1b*	QL
ergoloid oral tablet	1 or 1b*	
esmolol intravenous solution	1 or 1b*	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG	3	QL
EXFORGE HCT ORAL TABLET 5-160-12.5 MG	3	DO

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

Effective 7/1/17

Drug Name	Tier	Notes
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG	3	QL
EXFORGE ORAL TABLET 5-160 MG	3	DO
ezetimibe oral tablet	1 or 1b*	ST; QL
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
fenofibrate micronized oral capsule 130 mg, 43 mg	1 or 1b*	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1 or 1b*	QL
fenofibrate nanocrystallized oral tablet	1 or 1b*	QL
FENOFIBRATE ORAL CAPSULE	3	ST; QL
fenofibrate oral tablet 120 mg, 40 mg	1 or 1b*	ST; QL
fenofibrate oral tablet 160 mg, 54 mg	1 or 1b*	QL
fenofibric acid (choline) oral capsule, delayed release(dr/ec)	1 or 1b*	QL
fenofibric acid oral tablet	1 or 1b*	QL
FENOGLIDE ORAL TABLET	3	ST; QL
FIBRICOR ORAL TABLET	3	ST; QL
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LD; SP
fluvastatin oral capsule	1 or 1b*	DO
fluvastatin oral tablet extended release 24 hr	1 or 1b*	
fosinopril oral tablet	1 or 1b*	
fosinopril-hydrochlorothiazide oral tablet	1 or 1b*	
gemfibrozil oral tablet	1 or 1b*	
guanfacine oral tablet	1 or 1b*	
HEMANGEOL ORAL SOLUTION	3	
hydralazine injection solution	1 or 1b*	
hydralazine oral tablet	1 or 1b*	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	QL
HYZAAR ORAL TABLET 50-12.5 MG	3	DO

Drug Name	Tier	Notes
ibuprofen lysine (pf) intravenous solution	1 or 1b*	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
indomethacin sodium intravenous recon soln	1 or 1b*	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1 or 1b*	QL
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1 or 1b*	
isoxsuprine oral tablet	1 or 1b*	
JUXTAPID ORAL CAPSULE	3	PA; QL; LD
KYNAMRO SUBCUTANEOUS SYRINGE	3	PA; QL; LD; SP
labetalol intravenous solution	1 or 1b*	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1 or 1b*	
labetalol oral tablet	1 or 1b*	
LESCOL ORAL CAPSULE	3	ST; DO
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
LETAIRIS ORAL TABLET	4	PA; QL; LD; SP
LEVATOL ORAL TABLET	3	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; DO
LIPITOR ORAL TABLET 80 MG	3	ST; QL
LIPOCHOL PLUS ORAL TABLET	3	
LIPOFEN ORAL CAPSULE	3	ST; QL
lisinopril oral tablet	1 or 1a*	

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

Effective 7/1/17

Drug Name	Tier	Notes
lisinopril-hydrochlorothiazide oral tablet	1 or 1b*	
LIVALO ORAL TABLET 1 MG, 2 MG	3	ST; DO
LIVALO ORAL TABLET 4 MG	3	ST; QL
LOPID ORAL TABLET	3	ST
LOPRESSOR HCT ORAL TABLET	3	
LOPRESSOR INTRAVENOUS SOLUTION	3	
LOPRESSOR ORAL TABLET	3	
losartan oral tablet	1 or 1b*	QL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1 or 1b*	DO
LOTENSIN HCT ORAL TABLET	3	
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG, 5-40 MG	3	
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO
lovastatin oral tablet 40 mg	1 or 1b*	QL
MAVIK ORAL TABLET 1 MG, 2 MG	3	
methyl dopa oral tablet	1 or 1b*	
methyl dopa-hydrochlorothiazide oral tablet	1 or 1b*	
methyl dopate intravenous solution	1 or 1b*	
metoprolol succinate oral tablet extended release 24 hr	1 or 1b*	
METOPROLOL SU-HYDROCHLOROTHIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
metoprolol ta-hydrochlorothiaz oral tablet	1 or 1b*	

Drug Name	Tier	Notes
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate intravenous syringe	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
MICARDIS HCT ORAL TABLET 40-12.5 MG	3	DO
MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG	3	QL
MICARDIS ORAL TABLET 20 MG, 40 MG	3	DO
MICARDIS ORAL TABLET 80 MG	3	QL
MINIPRESS ORAL CAPSULE	3	
minoxidil oral tablet	1 or 1b*	
moexipril oral tablet	1 or 1b*	
moexipril-hydrochlorothiazide oral tablet	1 or 1b*	
nadolol oral tablet	1 or 1b*	
nadolol-bendroflumethiazide oral tablet	1 or 1b*	
NATRECOR INTRAVENOUS RECON SOLN	4	
NEOPROFEN (IBUPROFEN LYSN)(PF) INTRAVENOUS SOLUTION	3	
niacin oral tablet extended release 24 hr	1 or 1b*	PA; QL
NIACOR ORAL TABLET	3	PA; QL
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
NIPRIDE RTU INTRAVENOUS SOLUTION	3	
NITROPRESS INTRAVENOUS SOLUTION	3	
olmesartan oral tablet 20 mg	1 or 1b*	DO
olmesartan oral tablet 40 mg, 5 mg	1 or 1b*	QL
olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg	1 or 1b*	DO

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

Effective 7/1/17

Drug Name	Tier	Notes
olmesartan-amlodipin-hctiazid oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg	1 or 1b*	DO
olmesartan-hydrochlorothiazide oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	QL
OPSUMIT ORAL TABLET	4	PA; QL; LD; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LD; SP
papaverine injection solution	1 or 1b*	
perindopril erbumine oral tablet	1 or 1b*	
PHENYLEPHRINE HCL IN 0.9% NAACL INTRAVENOUS SYRINGE 0.4 MG/10 ML (40 MCG/ML), 0.8 MG/10 ML (80 MCG/ML), 200 MCG/5 ML (40 MCG/ML)	3	
phenylephrine hcl injection solution	1 or 1b*	
PHENYLEPHRINE IN 0.9% NAACL(PF) INTRAVENOUS SYRINGE 1 MG/10 ML (100 MCG/ML)	3	
pindolol oral tablet	1 or 1b*	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
PRAVACHOL ORAL TABLET 20 MG	3	ST; DO
PRAVACHOL ORAL TABLET 40 MG	3	ST
PRAVACHOL ORAL TABLET 80 MG	3	ST; QL
pravastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO
pravastatin oral tablet 40 mg	1 or 1b*	
pravastatin oral tablet 80 mg	1 or 1b*	QL
prazosin oral capsule	1 or 1b*	
PRESTALIA ORAL TABLET 14-10 MG	3	QL

Drug Name	Tier	Notes
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG	3	DO
prevalite oral powder	1 or 1b*	
prevalite oral powder in packet	1 or 1b*	
PRINIVIL ORAL TABLET 10 MG	3	DO
PRINIVIL ORAL TABLET 20 MG, 5 MG	3	
propranolol intravenous solution	1 or 1b*	
propranolol oral capsule,extended release 24 hr	1 or 1b*	
propranolol oral solution	1 or 1b*	
propranolol oral tablet	1 or 1b*	
propranolol-hydrochlorothiazid oral tablet	1 or 1b*	
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
QBRELIS ORAL SOLUTION	3	
QUESTRAN LIGHT ORAL POWDER	3	QL
QUESTRAN ORAL POWDER	3	
QUESTRAN ORAL POWDER IN PACKET	3	
quinapril oral tablet	1 or 1b*	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
ramipril oral capsule	1 or 1b*	
REMODULIN INJECTION SOLUTION	4	PA; 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
reserpine oral tablet	1 or 1b*	

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

Effective 7/1/17

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

Drug Name	Tier	Notes
TEKTURNA ORAL TABLET 300 MG	3	QL
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	QL
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*	QL
TENORETIC 100 ORAL TABLET	3	
TENORETIC 50 ORAL TABLET	3	
TENORMIN ORAL TABLET	3	
terazosin oral capsule	1 or 1b*	
timolol maleate oral tablet	1 or 1b*	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	
TRACLEER ORAL TABLET	4	PA; QL; LD; 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*	QL
TRIBENZOR ORAL TABLET 20-5-12.5 MG	3	DO
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	QL
TRICOR ORAL TABLET	3	ST; QL
TRIGLIDE ORAL TABLET 160 MG	3	PA; QL
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	PA; QL

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

Effective 7/1/17

Drug Name	Tier	Notes
TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG	3	QL
TWYNSTA ORAL TABLET 40-5 MG	3	DO
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
UPTRAVI ORAL TABLET	4	PA; QL; LD; SP
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; QL; LD; SP
valsartan oral tablet	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL
VARITHENA INTRAVENOUS FOAM	3	
VASERETIC ORAL TABLET	3	
VASOTEC ORAL TABLET	3	
VAZCULEP INJECTION SOLUTION	3	
VECAMYL ORAL TABLET	3	
velettri intravenous recon soln	4	PA; LD; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
VYTORIN 10-10 ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
VYTORIN 10-20 ORAL TABLET	3	ST; QL
VYTORIN 10-40 ORAL TABLET	3	ST; QL
VYTORIN 10-80 ORAL TABLET	3	ST; QL
WELCHOL ORAL POWDER IN PACKET	2	
WELCHOL ORAL TABLET	2	
ZESTORETIC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
ZETIA ORAL TABLET	3	ST; QL
ZIAC ORAL TABLET	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	ST; DO
ZOCOR ORAL TABLET 80 MG	3	ST; QL
CNS DRUGS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; QL; SP
APTIOM ORAL TABLET	3	
AUBAGIO ORAL TABLET	4	PA; QL; SP
AUSTEDO ORAL TABLET	4	PA; QL
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; SP
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	
BETASERON SUBCUTANEOUS KIT	4	PA; SP
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
BRIVIACT ORAL TABLET	3	
CAFCIT INTRAVENOUS SOLUTION	3	
caffeine citrate intravenous solution	1 or 1b*	
caffeine citrate oral solution	1 or 1b*	
caffeine-sodium benzoate injection solution	1 or 1b*	
carbamazepine oral capsule, er multiphase 12 hr	1 or 1b*	
carbamazepine oral suspension 100 mg/5 ml	1 or 1b*	
carbamazepine oral tablet	1 or 1b*	
carbamazepine oral tablet extended release 12 hr	1 or 1b*	
carbamazepine oral tablet, chewable	1 or 1b*	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	2	
CELONTIN ORAL CAPSULE 300 MG	3	
CEREBYX INJECTION SOLUTION	3	
clonazepam oral tablet	1 or 1b*	
clonazepam oral tablet, disintegrating	1 or 1b*	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; SP
DEHYDRATED ALCOHOL INJECTION SOLUTION	3	
DEPACON INTRAVENOUS SOLUTION	2	
DEPAKENE ORAL CAPSULE	2	
DEPAKENE ORAL SOLUTION	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	2	

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

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

Drug Name	Tier	Notes
GABITRIL ORAL TABLET	2	
GILENYA ORAL CAPSULE	4	PA; QL; SP
glatopa subcutaneous syringe	4	PA; SP
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; QL
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; DO
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
INGREZZA ORAL CAPSULE	4	PA; QL
KEPPRA INTRAVENOUS SOLUTION	2	
KEPPRA ORAL SOLUTION	2	
KEPPRA ORAL TABLET	2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	2	
KLONOPIN ORAL TABLET	3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	2	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ORAL TABLET	2	

Drug Name	Tier	Notes
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	2	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
lamotrigine oral tablet	1 or 1b*	
lamotrigine oral tablet disintegrating, dose pk	1 or 1b*	
lamotrigine oral tablet extended release 24hr	1 or 1b*	
lamotrigine oral tablet, chewable dispersible	1 or 1b*	
lamotrigine oral tablet,disintegrating	1 or 1b*	
LEMTRADA INTRAVENOUS SOLUTION	4	PA; SP
levetiracetam in nacl (iso-os) intravenous piggyback	1 or 1b*	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	
levetiracetam oral tablet	1 or 1b*	
levetiracetam oral tablet extended release 24 hr	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
LYRICA ORAL CAPSULE	3	PA; QL
LYRICA ORAL SOLUTION	3	PA; QL
memantine oral solution	1 or 1b*	
memantine oral tablet	1 or 1b*	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
MYSOLINE ORAL TABLET	3	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	2	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	2	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL SOLUTION	3	
NEURONTIN ORAL TABLET	3	
NUDEXTA ORAL CAPSULE	3	
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
oxcarbazepine oral suspension	1 or 1b*	
oxcarbazepine oral tablet	1 or 1b*	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
PEGANONE ORAL TABLET	3	
PHENYTEK ORAL CAPSULE	2	
phenytoin oral suspension	1 or 1b*	

Drug Name	Tier	Notes
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; SP
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; SP
POTIGA ORAL TABLET	3	
primidone oral tablet	1 or 1b*	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST
RILUTEK ORAL TABLET	4	SP
riluzole oral tablet	4	SP
roweepra oral tablet	1 or 1b*	
SABRIL ORAL POWDER IN PACKET	3	LD; SP
SABRIL ORAL TABLET	3	LD; SP
SPRITAM ORAL TABLET FOR SUSPENSION	3	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL; SP
TEGRETOL ORAL SUSPENSION	2	
TEGRETOL ORAL TABLET	2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	2	
tetrabenazine oral tablet	1 or 1b*	PA; LD; SP
tiagabine oral tablet	1 or 1b*	
TOPAMAX ORAL CAPSULE, SPRINKLE	2	
TOPAMAX ORAL TABLET	2	
topiramate oral capsule, sprinkle	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST
topiramate oral tablet	1 or 1b*	
TRILEPTAL ORAL SUSPENSION	2	
TRILEPTAL ORAL TABLET	3	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
valproate sodium intravenous solution	1 or 1b*	
valproic acid (as sodium salt) oral solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
XENAZINE ORAL TABLET	3	PA; LD; SP
ZARONTIN ORAL CAPSULE	2	
ZARONTIN ORAL SOLUTION	2	
ZINBRYTA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
zonisamide oral capsule	1 or 1b*	
COLONY STIMULATING FACTORS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	4	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; SP
GRANIX SUBCUTANEOUS SYRINGE	4	PA; SP

Drug Name	Tier	Notes
LEUKINE INJECTION RECON SOLN	4	PA; SP
MIRCERA INJECTION SYRINGE	4	PA
MOZOBIL SUBCUTANEOUS SOLUTION	4	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; QL; SP
NEUPOGEN INJECTION SOLUTION	4	PA; SP
NEUPOGEN INJECTION SYRINGE	4	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; SP
PROCRIT INJECTION SOLUTION	4	PA; SP
PROMACTA ORAL TABLET	4	PA; SP
ZARXIO INJECTION SYRINGE	4	PA; SP
CONTRACEPTIVES		
altavera (28) oral tablet	1 or 1a*	PA
alyacen 1/35 (28) oral tablet	1 or 1a*	PA
alyacen 7/7/7 (28) oral tablet	1 or 1a*	PA
amethia lo oral tablets,dose pack,3 month	1 or 1b*	PA
amethia oral tablets,dose pack,3 month	1 or 1b*	PA
amethyst oral tablet	1 or 1b*	PA
apri oral tablet	1 or 1a*	PA
aranelle (28) oral tablet	1 or 1a*	PA
ashlyna oral tablets,dose pack,3 month	1 or 1b*	
aubra oral tablet	1 or 1a*	PA
aviane oral tablet	1 or 1a*	PA
azurette (28) oral tablet	1 or 1b*	PA
balziva (28) oral tablet	1 or 1a*	PA
bekyree (28) oral tablet	1 or 1b*	PA
BEYAZ ORAL TABLET	3	PA
blisovi 24 fe oral tablet	1 or 1a*	PA

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

Effective 7/1/17

Drug Name	Tier	Notes
blisovi fe 1.5/30 (28) oral tablet	1 or 1a*	
blisovi fe 1/20 (28) oral tablet	1 or 1a*	PA
BREVICON (28) ORAL TABLET	3	PA
briellyn oral tablet	1 or 1a*	PA
camila oral tablet	1 or 1b*	PA
camrese lo oral tablets,dose pack,3 month	1 or 1b*	PA
camrese oral tablets,dose pack,3 month	1 or 1b*	PA
CAYA CONTOURED VAGINAL DIAPHRAGM	2	
caziant (28) oral tablet	1 or 1a*	
chateal oral tablet	1 or 1a*	PA
cryselle (28) oral tablet	1 or 1a*	PA
cyclafem 1/35 (28) oral tablet	1 or 1a*	
cyclafem 7/7/7 (28) oral tablet	1 or 1a*	
CYCLESSA (28) ORAL TABLET	3	PA
cyred oral tablet	1 or 1a*	PA
dasetta 1/35 (28) oral tablet	1 or 1a*	PA
dasetta 7/7/7 (28) oral tablet	1 or 1a*	PA
daysee oral tablets,dose pack,3 month	1 or 1b*	PA
deblitane oral tablet	1 or 1b*	PA
delyla (28) oral tablet	1 or 1a*	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	PA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	PA
desog-e.estradiol/e.estradiol oral tablet	1 or 1b*	PA
DESOGEN ORAL TABLET	3	PA
drosiprenone-e.estradiol-lm.fa oral tablet	1 or 1b*	
drosiprenone-ethinyl estradiol oral tablet	1 or 1b*	PA
elinest oral tablet	1 or 1a*	PA
ELLA ORAL TABLET	3	

Drug Name	Tier	Notes
emoquette oral tablet	1 or 1a*	
enpresse oral tablet	1 or 1a*	PA
enskyce oral tablet	1 or 1a*	PA
errin oral tablet	1 or 1b*	PA
estarylla oral tablet	1 or 1a*	PA
ESTROSTEP FE-28 ORAL TABLET	3	PA
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	
falmina (28) oral tablet	1 or 1a*	PA
fayosim oral tablets,dose pack,3 month	1 or 1b*	PA
FEMCAP VAGINAL DEVICE	2	
FEMCON FE ORAL TABLET,CHEWABLE	3	PA
femynor oral tablet	1 or 1a*	
GENERESS FE ORAL TABLET,CHEWABLE	3	PA
gianvi (28) oral tablet	1 or 1b*	PA
gildagia oral tablet	1 or 1a*	
heather oral tablet	1 or 1b*	PA
introvale oral tablets,dose pack,3 month	1 or 1b*	PA
jencycla oral tablet	1 or 1b*	PA
jolessa oral tablets,dose pack,3 month	1 or 1b*	PA
jolivette oral tablet	1 or 1b*	PA
juleber oral tablet	1 or 1a*	
junel 1.5/30 (21) oral tablet	1 or 1a*	PA
junel 1/20 (21) oral tablet	1 or 1a*	PA
junel fe 1.5/30 (28) oral tablet	1 or 1a*	PA
junel fe 1/20 (28) oral tablet	1 or 1a*	PA
junel fe 24 oral tablet	1 or 1a*	PA
kaitlib fe oral tablet,chewable	1 or 1b*	
kariva (28) oral tablet	1 or 1b*	PA
kelnor 1/35 (28) oral tablet	1 or 1a*	PA
kimidess (28) oral tablet	1 or 1b*	
kurvelo oral tablet	1 or 1a*	PA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	4	

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

Effective 7/1/17

Drug Name	Tier	Notes
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month	1 or 1b*	PA
larin 1.5/30 (21) oral tablet	1 or 1a*	PA
larin 1/20 (21) oral tablet	1 or 1a*	PA
larin 24 fe oral tablet	1 or 1a*	PA
larin fe 1.5/30 (28) oral tablet	1 or 1a*	PA
larin fe 1/20 (28) oral tablet	1 or 1a*	PA
larissia oral tablet	1 or 1a*	
layolis fe oral tablet,chewable	1 or 1b*	PA
leena 28 oral tablet	1 or 1a*	PA
lessina oral tablet	1 or 1a*	PA
levonest (28) oral tablet	1 or 1a*	PA
levonorgestrel oral tablet 1.5 mg	1 or 1b*	QL
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1 or 1a*	PA
levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg	1 or 1b*	PA
levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month	1 or 1b*	PA
levonorg-eth estradiol triphasic oral tablet	1 or 1a*	
levora-28 oral tablet	1 or 1a*	PA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP
LO LOESTRIN FE ORAL TABLET	2	
LOESTRIN 1.5/30 (21) ORAL TABLET	3	PA
LOESTRIN 1/20 (21) ORAL TABLET	3	PA
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	3	PA
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	3	PA
lomedica 24 fe oral tablet	1 or 1a*	
loryna (28) oral tablet	1 or 1b*	PA
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	PA
low-ogestrel (28) oral tablet	1 or 1a*	PA
lutera (28) oral tablet	1 or 1a*	PA

Drug Name	Tier	Notes
lyza oral tablet	1 or 1b*	
marlissa oral tablet	1 or 1a*	PA
medroxyprogesterone intramuscular suspension	1 or 1b*	PA
medroxyprogesterone intramuscular syringe	1 or 1b*	PA
mibelas 24 fe oral tablet,chewable	1 or 1a*	
microgestin 1.5/30 (21) oral tablet	1 or 1a*	PA
microgestin 1/20 (21) oral tablet	1 or 1a*	PA
MICROGESTIN 24 FE ORAL TABLET	3	
microgestin fe 1.5/30 (28) oral tablet	1 or 1a*	PA
microgestin fe 1/20 (28) oral tablet	1 or 1a*	PA
MINASTRIN 24 FE ORAL TABLET,CHEWABLE	3	
MIRCETTE (28) ORAL TABLET	3	PA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	3	LD
mono-linyah oral tablet	1 or 1a*	PA
mononessa (28) oral tablet	1 or 1a*	PA
my way oral tablet	1 or 1b*	QL
myzilra oral tablet	1 or 1a*	
NATAZIA ORAL TABLET	3	PA
necon 0.5/35 (28) oral tablet	1 or 1a*	PA
necon 1/50 (28) oral tablet	1 or 1a*	PA
necon 10/11 (28) oral tablet	1 or 1a*	PA
necon 7/7/7 (28) oral tablet	1 or 1a*	PA
NEXPLANON SUBDERMAL IMPLANT	4	LD; SP
next choice one dose oral tablet	1 or 1b*	QL
nikki (28) oral tablet	1 or 1b*	
nora-be oral tablet	1 or 1b*	PA
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1 or 1b*	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1 or 1b*	PA

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

Effective 7/1/17

Drug Name	Tier	Notes
norethindrone (contraceptive) oral tablet	1 or 1b*	PA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1 or 1a*	PA
norethindrone-e.estradiol-iron oral tablet	1 or 1a*	PA
norethindrone-e.estradiol-iron oral tablet,chewable	1 or 1a*	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	1 or 1b*	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1 or 1b*	PA
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	PA
NORINYL 1/35 (28) ORAL TABLET	3	PA
norlyda oral tablet	1 or 1b*	
norlyroc oral tablet	1 or 1b*	PA
nortrel 0.5/35 (28) oral tablet	1 or 1a*	PA
nortrel 1/35 (21) oral tablet	1 or 1a*	PA
nortrel 1/35 (28) oral tablet	1 or 1a*	PA
nortrel 7/7/7 (28) oral tablet	1 or 1a*	PA
NUVARING VAGINAL RING	2	
ocella oral tablet	1 or 1b*	PA
ogestrel (28) oral tablet	1 or 1a*	PA
orsythia oral tablet	1 or 1a*	
ORTHO MICRONOR ORAL TABLET	3	
ORTHO TRI-CYCLEN (28) ORAL TABLET	3	
ORTHO TRI-CYCLEN LO (28) ORAL TABLET	3	
ORTHO-CYCLEN (28) ORAL TABLET	3	PA
ORTHO-NOVUM 1/35 (28) ORAL TABLET	3	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET	3	
OVCON-35 (28) ORAL TABLET	3	PA

Drug Name	Tier	Notes
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	3	
philith oral tablet	1 or 1a*	PA
pimtree (28) oral tablet	1 or 1b*	PA
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg	1 or 1a*	
pirmella oral tablet 1-35 mg-mcg	1 or 1a*	PA
PLAN B ONE-STEP ORAL TABLET	3	QL
portia oral tablet	1 or 1a*	PA
previfem oral tablet	1 or 1a*	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	3	PA
quasense oral tablets,dose pack,3 month	1 or 1b*	PA
rajani oral tablet	1 or 1b*	
reclipsen (28) oral tablet	1 or 1a*	PA
rivelsa oral tablets,dose pack,3 month	1 or 1b*	PA
SAFYRAL ORAL TABLET	3	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	PA
setlakin oral tablets,dose pack,3 month	1 or 1b*	PA
sharobel oral tablet	1 or 1b*	PA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	LD
sprintec (28) oral tablet	1 or 1a*	PA
sronyx oral tablet	1 or 1a*	PA
syeda oral tablet	1 or 1b*	PA
tarina fe 1/20 (28) oral tablet	1 or 1a*	PA
TAYTULLA ORAL CAPSULE	3	
tilia fe oral tablet	1 or 1b*	PA
tri femynor oral tablet	1 or 1b*	
tri-estarylla oral tablet	1 or 1b*	PA
tri-legest fe oral tablet	1 or 1b*	PA
tri-linyah oral tablet	1 or 1b*	PA
tri-lo-estarylla oral tablet	1 or 1b*	
tri-lo-marzia oral tablet	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
tri-lo-sprintec oral tablet	1 or 1b*	
trinessa (28) oral tablet	1 or 1b*	PA
trinessa lo oral tablet	1 or 1b*	
TRI-NORINYL (28) ORAL TABLET	3	PA
tri-previfem (28) oral tablet	1 or 1b*	
tri-sprintec (28) oral tablet	1 or 1b*	PA
trivora (28) oral tablet	1 or 1a*	PA
velivet triphasic regimen (28) oral tablet	1 or 1a*	PA
vestura (28) oral tablet	1 or 1b*	PA
vienva oral tablet	1 or 1a*	
viorele (28) oral tablet	1 or 1b*	PA
vyfemla (28) oral tablet	1 or 1a*	
wera (28) oral tablet	1 or 1a*	PA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	
wymzya fe oral tablet,chewable	1 or 1b*	
xulane transdermal patch weekly	1 or 1b*	
YASMIN (28) ORAL TABLET	3	PA
YAZ (28) ORAL TABLET	3	PA
zarah oral tablet	1 or 1b*	
zenchent (28) oral tablet	1 or 1a*	PA

Drug Name	Tier	Notes
zenchent fe oral tablet,chewable	1 or 1b*	PA
zovia 1/35e (28) oral tablet	1 or 1a*	PA
zovia 1/50e (28) oral tablet	1 or 1a*	PA
COUGH/COLD PREPARATIONS		
benzonatate oral capsule	1 or 1b*	
BROMFED DM ORAL SYRUP	3	
brompheniramine-pseudoeph-dm oral syrup	1 or 1b*	
CAPCOF ORAL LIQUID	3	
centergy dm oral drops	1 or 1b*	
cheratussin ac oral liquid	1 or 1a*	
CODEINE-GUAIFENESIN ORAL LIQUID	3	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
FLOWTUSS ORAL SOLUTION	3	
g tussin ac oral liquid	1 or 1a*	
guaiaatussin ac oral liquid	1 or 1a*	
guaifenesin ac oral liquid	1 or 1a*	
guaifenesin dac oral syrup	1 or 1b*	
HISTEX-AC ORAL SYRUP	3	
HYCOFENIX ORAL SOLUTION	3	
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 1b*	
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	3	
hydrocodone-homatropine oral tablet	1 or 1b*	
hydromet oral syrup	1 or 1b*	
lortuss ex oral syrup	1 or 1b*	
MAR-COF BP ORAL LIQUID	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
MAR-COF CG ORAL LIQUID	3	
m-clear wc oral liquid	1 or 1a*	
M-END MAX D ORAL LIQUID	3	
M-END PE ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
OBREDON ORAL SOLUTION	3	
phenylhistine dh oral liquid	1 or 1b*	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	2	
promethazine vc-codeine oral syrup	1 or 1b*	
promethazine-codeine oral syrup	1 or 1a*	
promethazine-dm oral syrup	1 or 1a*	
promethazine-phenyleph-codeine oral syrup	1 or 1b*	
PRO-RED AC (W/ DEXCHLORPHENIR) ORAL LIQUID	3	
relcof c oral liquid	1 or 1a*	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	
REZIRA ORAL SOLUTION	3	
rydex oral liquid	1 or 1b*	
TESSALON PERLES ORAL CAPSULE	3	
tusnel c oral syrup	1 or 1b*	
TUSNEL PEDIATRIC ORAL LIQUID	3	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR	2	
tussigon oral tablet	1 or 1b*	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR	3	
virtussin ac oral liquid	1 or 1a*	
virtussin dac oral syrup	1 or 1b*	

Drug Name	Tier	Notes
VITUZ ORAL SOLUTION	3	
ZODRYL AC 25 ORAL SUSPENSION	3	
ZODRYL AC 30 ORAL SUSPENSION	3	
ZODRYL AC 35 ORAL SUSPENSION	3	
ZODRYL AC 40 ORAL SUSPENSION	2	
ZODRYL AC 50 ORAL SUSPENSION	3	
ZODRYL AC 60 ORAL SUSPENSION	3	
ZODRYL AC 80 ORAL SUSPENSION	3	
ZODRYL DAC 25 ORAL SUSPENSION	3	
ZODRYL DAC 30 ORAL SUSPENSION	3	
ZODRYL DAC 35 ORAL SUSPENSION	3	
ZODRYL DAC 40 ORAL SUSPENSION	3	
ZODRYL DAC 50 ORAL SUSPENSION	3	
ZODRYL DAC 60 ORAL SUSPENSION	3	
ZODRYL DAC 80 ORAL SUSPENSION	3	
ZODRYL DEC 25 ORAL SUSPENSION	3	
ZODRYL DEC 30 ORAL SUSPENSION	2	
ZODRYL DEC 35 ORAL SUSPENSION	3	
ZODRYL DEC 40 ORAL SUSPENSION	3	
ZODRYL DEC 50 ORAL SUSPENSION	3	
ZODRYL DEC 60 ORAL SUSPENSION	3	
ZODRYL DEC 80 ORAL SUSPENSION	3	
ZONATUSS ORAL CAPSULE	3	
Z-TUSS AC ORAL LIQUID	2	
ZUTRIPRO ORAL SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
DIAGNOSTIC		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	2	QL
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL
ACCU-CHEK GUIDE STRIP	2	QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	2	QL
ACCUTREND GLUCOSE STRIP	2	QL
ONETOUCH ULTRA TEST STRIP	2	QL
ONETOUCH VERIO STRIP	2	QL
DIURETICS		
acetazolamide oral capsule, extended release	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection recon soln	1 or 1b*	
ALDACTAZIDE ORAL TABLET	3	
ALDACTONE ORAL TABLET	3	
amiloride oral tablet	1 or 1b*	
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
chlorothiazide oral tablet	1 or 1b*	
chlorothiazide sodium intravenous recon soln	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
DEMADEX ORAL TABLET 10 MG, 20 MG	3	
DIAMOX SEQUELS ORAL CAPSULE, EXTENDED RELEASE	3	
DIURIL IV INTRAVENOUS RECON SOLN	3	
DIURIL ORAL SUSPENSION	3	
DYAZIDE ORAL CAPSULE	3	

Drug Name	Tier	Notes
DYRENIUM ORAL CAPSULE	3	
EDECRIIN ORAL TABLET	3	
eplerenone oral tablet	1 or 1b*	
ethacrynate sodium intravenous recon soln	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
furosemide injection solution	1 or 1a*	
furosemide injection syringe	1 or 1a*	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1 or 1a*	
furosemide oral tablet	1 or 1a*	
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
INSPIRA ORAL TABLET	3	
LASIX ORAL TABLET	3	
mannitol 10 % intravenous parenteral solution	1 or 1b*	
mannitol 20 % intravenous parenteral solution	1 or 1b*	
mannitol 25 % intravenous solution	1 or 1b*	
mannitol 5 % intravenous parenteral solution	1 or 1b*	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25MG ORAL TABLET	3	
methazolamide oral tablet	1 or 1b*	
methyclothiazide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
MICROZIDE ORAL CAPSULE	3	
NEPTAZANE ORAL TABLET	3	
OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
osmitrol 15 % intravenous parenteral solution	1 or 1b*	
osmitrol 20 % intravenous parenteral solution	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
OSMITROL 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
RESECTISOL URETHRAL SOLUTION	3	
SAMSCA ORAL TABLET	3	LD; SP
SODIUM EDECRIN INTRAVENOUS RECON SOLN	3	
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*	
VAPRISOL INTRAVENOUS SOLUTION	3	
EENT PREPS		
acetic acid otic solution	1 or 1b*	
acetic acid-aluminum acetate otic drops	1 or 1b*	
acuicyn topical spray,non- aerosol	1 or 1b*	
ACULAR LS OPHTHALMIC DROPS	3	
ACULAR OPHTHALMIC DROPS	3	
ACUVAIL (PF) OPHTHALMIC DROPPERETTE	3	
ADRENALIN NASAL SOLUTION	3	
AKTEN (PF) OPHTHALMIC GEL	3	
ALOCRI OPHTHALMIC DROPS	3	ST; QL
ALOMIDE OPHTHALMIC DROPS	3	ST; QL
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	

Drug Name	Tier	Notes
ALREX OPHTHALMIC DROPS,SUSPENSION	3	
altacaine ophthalmic drops	1 or 1b*	
altafluor ophthalmic drops	1 or 1b*	
AMVISC INTRAOCULAR SYRINGE	4	
AMVISC PLUS INTRAOCULAR SYRINGE	4	
apraclonidine ophthalmic drops	1 or 1b*	
ASTEPRO NASAL SPRAY,NON-AEROSOL	2	QL
atropine ophthalmic drops	1 or 1b*	
atropine ophthalmic ointment	1 or 1b*	
AVENOVA TOPICAL SPRAY,NON-AEROSOL	3	
azelastine nasal aerosol,spray	1 or 1b*	QL
azelastine nasal spray,non- aerosol	1 or 1b*	QL
AZOPT OPHTHALMIC DROPS,SUSPENSION	2	
balanced salt intraocular solution	1 or 1b*	
BECONASE AQ NASAL SPRAY,NON-AEROSOL	3	ST; QL
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION	3	
BETAGAN OPHTHALMIC DROPS 0.5 %	3	
betaxolol ophthalmic drops	1 or 1b*	
BETIMOL OPHTHALMIC DROPS	3	
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION	2	
bimatoprost ophthalmic drops	1 or 1b*	
brimonidine ophthalmic drops	1 or 1b*	
bromfenac ophthalmic drops	1 or 1b*	
BROMSITE OPHTHALMIC DROPS	3	
bss intraocular solution	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
BSS PLUS INTRAOCULAR SOLUTION	3	
carteolol ophthalmic drops	1 or 1a*	
CELLUGEL INTRAOCULAR SYRINGE	3	
COMBIGAN OPHTHALMIC DROPS	2	
CORTANE-B TOPICAL LOTION	3	
COSOPT (PF) OPHTHALMIC DROPPERETTE	3	
COSOPT OPHTHALMIC DROPS	3	
cromolyn ophthalmic drops	1 or 1a*	QL
CYCLOGYL OPHTHALMIC DROPS	3	
CYCLOMYDRIL OPHTHALMIC DROPS	3	
cyclopentolate ophthalmic drops	1 or 1b*	
CYSTARAN OPHTHALMIC DROPS	3	LD
DERMOTIC OIL OTIC DROPS	3	
dexamethasone sodium phosphate ophthalmic drops	1 or 1b*	
diclofenac sodium ophthalmic drops	1 or 1b*	
DISCOVISC INTRAOCULAR SYRINGE	3	
dorzolamide ophthalmic drops	1 or 1b*	
dorzolamide-timolol ophthalmic drops	1 or 1b*	
DUOVISC VISCO ELASTIC INTRAOCULAR SYRINGE	3	
DUREZOL OPHTHALMIC DROPS	2	QL
DYMISTA NASAL SPRAY, NON-AEROSOL	3	QL
EYLEA INTRAVITREAL SOLUTION	4	PA; LD; SP
FLAREX OPHTHALMIC DROPS, SUSPENSION	3	

Drug Name	Tier	Notes
flucaïne ophthalmic drops	1 or 1b*	
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)	3	ST; QL
fluocinolone acetonide oil otic drops	1 or 1b*	
fluorescein-proparacaine ophthalmic drops	1 or 1b*	
fluorometholone ophthalmic drops, suspension	1 or 1b*	
flurbiprofen sodium ophthalmic drops	1 or 1b*	
flurox ophthalmic drops	1 or 1b*	
FML FORTE OPHTHALMIC DROPS, SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC DROPS, SUSPENSION	3	
FML S.O.P. OPHTHALMIC OINTMENT	3	
GELFILM OPHTHALMIC FILM	3	
homatropaire ophthalmic drops	1 or 1b*	
homatropine hbr ophthalmic drops	1 or 1b*	
hydrocortisone-acetic acid otic drops	1 or 1b*	
ILEVRO OPHTHALMIC DROPS, SUSPENSION	2	
ILUVIEN INTRAVITREAL IMPLANT	4	PA; SP
IOPIDINE OPHTHALMIC DROPPERETTE	3	
IOPIDINE OPHTHALMIC DROPS	3	
ipratropium bromide nasal spray, non-aerosol	1 or 1b*	QL
ISOPTO CARPINE OPHTHALMIC DROPS	3	
ISTALOL OPHTHALMIC DROPS, ONCE DAILY	3	
JETREA (PF) INTRAVITREAL SOLUTION	3	PA; LD
ketorolac ophthalmic drops	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
LACRISERT OPTHALMIC INSERT	3	
latanoprost ophthalmic drops	1 or 1b*	
levobunolol ophthalmic drops 0.5 %	1 or 1b*	
LOTEMAX OPTHALMIC DROPS,GEL	2	
LOTEMAX OPTHALMIC DROPS,SUSPENSION	3	
LOTEMAX OPTHALMIC OINTMENT	3	
LUCENTIS INTRAVITREAL SOLUTION	4	PA; SP
LUCENTIS INTRAVITREAL SYRINGE	4	SP
LUMIGAN OPTHALMIC DROPS 0.01 %	2	
MACUGEN INTRAVITREAL SYRINGE	4	PA; LD; SP
MAXIDEX OPTHALMIC DROPS,SUSPENSION	3	
MEMBRANEBLUE INTRAOCCULAR SYRINGE	3	
metipranolol ophthalmic drops	1 or 1b*	
MIOCHOL-E INTRAOCCULAR KIT	3	
miostat intraocular solution	1 or 1b*	
MITOSOL OPTHALMIC KIT	3	
mometasone nasal spray,non-aerosol	3	ST; QL
MYDRIACYL OPTHALMIC DROPS	3	
NASONEX NASAL SPRAY,NON-AEROSOL	3	ST; QL
NEVANAC OPTHALMIC DROPS,SUSPENSION	3	
ocucoat intraocular syringe	1 or 1b*	
OCUFEN OPTHALMIC DROPS	3	

Drug Name	Tier	Notes
olopatadine nasal spray,non-aerosol	1 or 1b*	QL
OMIDRIA INTRAOCCULAR CONCENTRATE	3	
OMNARIS NASAL SPRAY,NON-AEROSOL	3	ST; QL
OMNIPRED OPTHALMIC DROPS,SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	PA; SP
PAREMYD OPTHALMIC DROPS	3	
PATANASE NASAL SPRAY,NON-AEROSOL	3	QL
phenylephrine hcl ophthalmic drops	1 or 1b*	
PHOSPHOLINE IODIDE OPTHALMIC DROPS	3	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	1 or 1b*	
PRED FORTE OPTHALMIC DROPS,SUSPENSION	3	
PRED MILD OPTHALMIC DROPS,SUSPENSION	3	
prednisolone acetate ophthalmic drops,suspension	1 or 1b*	
prednisolone sodium phosphate ophthalmic drops	1 or 1b*	
PROLENSA OPTHALMIC DROPS	3	
proparacaine ophthalmic drops	1 or 1b*	
PROVISC INTRAOCCULAR SYRINGE	4	
QNASL NASAL HFA AEROSOL INHALER	3	ST; QL
RESTASIS MULTIDOSE OPTHALMIC DROPS	3	PA
RESTASIS OPTHALMIC DROPPERETTE	3	PA
RETISERT INTRAVITREAL IMPLANT	3	SP

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

Effective 7/1/17

Drug Name	Tier	Notes
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION	2	
tetacaine ophthalmic drops	1 or 1b*	
TETRACAINE HCL (PF) OPHTHALMIC DROPS	3	
tetracaine hcl ophthalmic drops	1 or 1b*	
TETRAVISC FORTE OPHTHALMIC DROPPERETTE,HYPER VISCOUS	3	
TETRAVISC FORTE OPHTHALMIC DROPS,HYPERVISCIOUS	3	
TETRAVISC OPHTHALMIC DROPPERETTE,VISCOUS	3	
TETRAVISC OPHTHALMIC DROPS, VISCOUS	3	
TICASPRAY NASAL KIT,SPRAY SUSPENSION AND SPRAY	3	ST; QL
timolol maleate ophthalmic drops	1 or 1b*	
timolol maleate ophthalmic gel forming solution	1 or 1b*	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE	3	
TIMOPTIC OPHTHALMIC DROPS	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	3	
TRAVATAN Z OPHTHALMIC DROPS	2	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
tropicamide ophthalmic drops	1 or 1b*	
TRUSOPT OPHTHALMIC DROPS	3	
TYZINE NASAL DROPS 0.1 %	3	
TYZINE NASAL SPRAY,NON-AEROSOL	3	

Drug Name	Tier	Notes
VISCOAT INTRAOCULAR SYRINGE	3	
VISIONBLUE INTRAOCULAR SYRINGE	3	
XALATAN OPHTHALMIC DROPS	3	
XIIDRA OPHTHALMIC DROPPERETTE	3	PA; QL
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; QL
ZIOPTAN (PF) OPHTHALMIC DROPPERETTE	3	
ELECT/CALORIC/H2O		
ACTIVE FE ORAL TABLET	3	
ADDAMEL N INTRAVENOUS SOLUTION	3	
amino acids 15 % intravenous parenteral solution	1 or 1b*	
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	3	

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

Effective 7/1/17

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

Drug Name	Tier	Notes
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SOLUTION 2 GRAM/50 ML, 3 GRAM/100 ML	3	
CALCIUM GLUCONATE IN D5W INTRAVENOUS SOLUTION 2 GRAM/100 ML	3	
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*	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	3	
CLINPRO 5000 DENTAL PASTE	3	
copper chloride intravenous solution	1 or 1b*	
corvita 150 oral tablet	1 or 1b*	

Drug Name	Tier	Notes
CORVITE 150 ORAL TABLET 150 MG IRON-1 MG	3	
CORVITE FE ORAL TABLET 150 MG IRON-1 MG	3	
cysteine (l-cysteine) intravenous solution	1 or 1b*	
cytra k crystals oral packet	1 or 1b*	
cytra-2 oral solution	1 or 1b*	
cytra-3 oral solution	1 or 1b*	
cytra-k oral solution	1 or 1b*	
d10 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
delflex with 2.5 % dextrose intraperitoneal solution	1 or 1b*	
delflex-lc/1.5% dextrose intraperitoneal solution	1 or 1b*	
delflex-lc/2.5% dextrose intraperitoneal solution	1 or 1b*	
delflex-lc/4.25% dextrose intraperitoneal solution	1 or 1b*	
DELFLX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
dentagel dental gel	1 or 1a*	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1 or 1b*	
dextrose 10 % in water (d10w) intravenous parenteral solution	1 or 1b*	
dextrose 20 % in water (d20w) intravenous parenteral solution	1 or 1b*	
dextrose 25 % in water (d25w) intravenous syringe	1 or 1b*	
dextrose 30 % in water (d30w) intravenous parenteral solution	1 or 1b*	

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

Drug Name	Tier	Notes
dextrose 40 % in water (d40w) intravenous parenteral solution	1 or 1b*	
dextrose 5 % in ringer's intravenous parenteral solution	1 or 1b*	
dextrose 5 % in water (d5w) intravenous parenteral solution	1 or 1b*	
dextrose 5 % in water (d5w) intravenous piggyback	1 or 1b*	
dextrose 5 %-lactated ringers intravenous parenteral solution	1 or 1b*	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1 or 1b*	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1 or 1b*	
dextrose 50 % in water (d50w) intravenous parenteral solution	1 or 1b*	
dextrose 50 % in water (d50w) intravenous syringe	1 or 1b*	
dextrose 70 % in water (d70w) intravenous parenteral solution	1 or 1b*	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2 WITH 2.5 % DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2 WITH 4.25 % DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	

Drug Name	Tier	Notes
DIANEAL WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL WITH 4.25 % DEXTROSE INTRAPERITONEAL SOLUTION	3	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1 or 1b*	
electrolyte-48 in d5w intravenous parenteral solution	1 or 1b*	
eliphos oral tablet	1 or 1b*	ST
EXTRANEAL 7.5 % INTRAPERITONEAL SOLUTION	3	
fe c plus oral tablet	1 or 1b*	
FERAHEME INTRAVENOUS SOLUTION	3	
FERIVA 21-7 TABLET ORAL TABLET	3	
FERIVA FA (SUMALATE) ORAL CAPSULE	3	
FERIVA ORAL CAPSULE,EXT RELEASE MULTIPHASE	3	
ferocon oral capsule	1 or 1b*	
FERRALET 90 DUAL-IRON DELIVERY ORAL TABLET	3	
ferraplus 90 oral tablet	1 or 1b*	
ferrex 150 forte oral capsule	1 or 1b*	
ferrex 150 forte plus oral capsule	1 or 1b*	
ferrex 28 oral tablet	1 or 1b*	
FERRLECTIT INTRAVENOUS SOLUTION	3	
ferrocite plus oral tablet	1 or 1b*	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS	3	
FLUORABON ORAL DROPS	3	

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

Drug Name	Tier	Notes
fluor-a-day (with xylitol) oral tablet, chewable 0.25 mg f (0.55 mg)-236.79mg, 1 mg f (2.2 mg)-236.79 mg	1 or 1b*	
FLUOR-A-DAY ORAL DROPS	3	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
fluoritab oral tablet, chewable	1 or 1a*	
FLURA-DROPS ORAL DROPS	3	
focalgin dss oral tablet	1 or 1b*	
FOLGARD OS ORAL TABLET	3	
folivane-f oral capsule	1 or 1b*	
folivane-plus oral capsule	1 or 1b*	
FOSRENOL ORAL POWDER IN PACKET	3	ST
FOSRENOL ORAL TABLET, CHEWABLE	3	ST
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	3	
freamine iii 10 % intravenous parenteral solution	1 or 1b*	
FUSION PLUS ORAL CAPSULE	3	
FUSION SPRINKLES ORAL POWDER IN PACKET	3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT	2	
GLYCOPHOS INTRAVENOUS SOLUTION	3	
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*	

Drug Name	Tier	Notes
HEMATRON-AF ORAL TABLET EXTENDED RELEASE 24 HR	3	
hemetab oral tablet	1 or 1b*	
HEMOCYTE-F ORAL TABLET	3	
HEMOCYTE-PLUS ORAL CAPSULE	3	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3	
HYPERLYTE CR INTRAVENOUS SOLUTION	3	
ICAR-C PLUS ORAL TABLET	3	
iferex 150 forte oral capsule	1 or 1b*	
infed injection solution	1 or 1b*	
INJECTAFER INTRAVENOUS SOLUTION	3	
INTEGRA F ORAL CAPSULE	3	
INTEGRA PLUS ORAL CAPSULE	3	
IODOPEN INTRAVENOUS SOLUTION	3	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
IROSPAN 24/6 ORAL TABLET	3	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	

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

Drug Name	Tier	Notes
KABIVEN INTRAVENOUS EMULSION	3	
KAYEXALATE ORAL POWDER	3	
k-effervescent oral tablet, effervescent	1 or 1b*	
kionex (with sorbitol) oral suspension	1 or 1b*	
kionex oral powder	1 or 1b*	
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	1 or 1b*	
KLOR-CON/25 ORAL PACKET	3	
klor-con/ef oral tablet, effervescent	1 or 1b*	
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	
k-phos-neutral oral tablet	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
k-tab oral tablet extended release 8 meq	1 or 1b*	
lactated ringers intravenous parenteral solution	1 or 1b*	
LEUCINE ORAL POWDER	3	
ludent fluoride oral tablet,chewable	1 or 1a*	
lugols oral solution	1 or 1b*	
LYSIPLEX PLUS ORAL TABLET	3	
MAGNEBIND 400 ORAL TABLET	3	

Drug Name	Tier	Notes
magnesium chloride injection solution	1 or 1b*	
MAGNESIUM SULFATE IN 0.9 %NACL INTRAVENOUS PIGGYBACK 6 GRAM/150 ML (40 MG/ML)	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
magnesium sulfate in water intravenous parenteral solution	1 or 1b*	
magnesium sulfate in water intravenous piggyback	1 or 1b*	
magnesium sulfate injection solution	1 or 1b*	
magnesium sulfate injection syringe	1 or 1b*	
manganese chloride intravenous solution	1 or 1b*	
manganese sulfate intravenous solution	1 or 1b*	
MAXFE (FOLATE- DOCUSATE) ORAL TABLET	3	
monoject 0.9% sodium chloride injection syringe	1 or 1b*	
monoject prefill advanced ns injection syringe	1 or 1b*	
monoject prefill saline flush injection syringe	1 or 1b*	
multigen folic oral tablet	1 or 1b*	
multigen plus oral tablet	1 or 1b*	
MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION	3	
MULTITRACE-4 INTRAVENOUS SOLUTION	3	
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION	3	
multitrace-4 pediatric intravenous solution	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
MULTITRACE-5 CONCENTRATE INTRAVENOUS SOLUTION	3	
MULTITRACE-5 INTRAVENOUS SOLUTION	3	
myferon 150 forte oral capsule	1 or 1b*	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	3	
NEPHRON FA ORAL TABLET	3	
NEUT INTRAVENOUS SOLUTION	3	
normal saline flush injection syringe	1 or 1b*	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
NUFERA ORAL TABLET	3	
NUTRESTORE ORAL POWDER IN PACKET	3	
nutrilyte intravenous solution	1 or 1b*	
ORACIT ORAL SOLUTION	3	
PEDITRACE INTRAVENOUS SOLUTION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
PHOSLYRA ORAL SOLUTION	3	ST

Drug Name	Tier	Notes
phospha 250 neutral oral tablet	1 or 1b*	
PHOXILLUM BK HEMODIALYSIS SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
poly-iron 150 forte oral capsule	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*	
potassium chloride in lr-d5 intravenous parenteral solution	1 or 1b*	
potassium chloride intravenous piggyback	1 or 1b*	
potassium chloride intravenous solution	1 or 1b*	
potassium chloride oral capsule, extended release	1 or 1b*	
potassium chloride oral liquid	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
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 packet	1 or 1b*	
potassium citrate-citric acid oral solution	1 or 1b*	
POTASSIUM CL-LIDO-0.9 % NACL INTRAVENOUS PIGGYBACK	3	
POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
potassium phosphate m-/d-basic intravenous solution	1 or 1b*	
premasol 10 % intravenous parenteral solution	1 or 1b*	
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	
PREVIDENT DENTAL GEL	3	

Drug Name	Tier	Notes
PREVIDENT DENTAL SOLUTION	3	
PRISMASOL B22GK HEMODIALYSIS SOLUTION K 4 MEQ/L - MG 1.5 MEQ/L	3	
PRISMASOL BGK HEMODIALYSIS SOLUTION	3	
PRISMASOL BK HEMODIALYSIS SOLUTION	3	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	3	
PROFERRIN-FORTE ORAL TABLET	3	
PROGLYCEM ORAL SUSPENSION	3	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	
purevit dualfe plus oral capsule	1 or 1b*	
RENACIDIN IRRIGATION SOLUTION 6.602-3.268 GRAM/100 ML	3	
RENAGEL ORAL TABLET	3	ST
RENVELA ORAL POWDER IN PACKET	2	
RENVELA ORAL TABLET	2	
ringer's intravenous parenteral solution	1 or 1b*	
SACCHARIN POWDER	3	
selenium intravenous solution	1 or 1b*	
se-tan plus oral capsule	1 or 1b*	
sf dental gel	1 or 1a*	
SHOHL'S MODIFIED ORAL SOLUTION	3	
sodium acetate intravenous solution	1 or 1b*	
sodium bicarbonate intravenous solution	1 or 1b*	
sodium bicarbonate intravenous syringe	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
sodium chloride 0.45 % intravenous parenteral solution	1 or 1b*	
sodium chloride 0.45 % intravenous piggyback	1 or 1b*	
sodium chloride 0.9 % injection solution	1 or 1b*	
sodium chloride 0.9 % injection syringe	1 or 1b*	
SODIUM CHLORIDE 0.9 % INJECTION SYRINGE, WITH SWAB CAP	3	
sodium chloride 0.9 % intravenous parenteral solution	1 or 1b*	
sodium chloride 0.9 % intravenous piggyback	1 or 1b*	
sodium chloride 3 % intravenous parenteral solution	1 or 1b*	
sodium chloride 5 % intravenous parenteral solution	1 or 1b*	
sodium chloride intravenous parenteral solution	1 or 1b*	
sodium citrate-citric acid oral solution	1 or 1b*	
sodium ferric gluconat-sucrose intravenous solution	1 or 1b*	
sodium fluoride dental solution	1 or 1a*	
sodium fluoride oral drops	1 or 1a*	
sodium fluoride oral tablet, chewable	1 or 1a*	
sodium lactate intravenous solution	1 or 1b*	
SODIUM PHOSPHATE IN 0.9 % NACL INTRAVENOUS SOLUTION 15 MMOL/250 ML, 7.5 MMOL/100 ML	3	
sodium phosphate intravenous solution	1 or 1b*	
sodium polystyrene (sorb free) oral suspension	1 or 1b*	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sodium polystyrene sulfonate oral suspension	1 or 1b*	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	1 or 1b*	

Drug Name	Tier	Notes
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	3	
sps (with sorbitol) oral suspension	1 or 1b*	
sps (with sorbitol) rectal enema	1 or 1b*	
SSKI ORAL SOLUTION	3	
strong iodine oral solution	1 or 1b*	
SWABFLUSH INJECTION SYRINGE, WITH SWAB CAP	3	
syrex sodium chloride 0.9% injection syringe	1 or 1b*	
TANDEM PLUS ORAL CAPSULE	3	
taron forte oral capsule	1 or 1b*	
THAM INTRAVENOUS SOLUTION	3	
tl g-fol os oral tablet	1 or 1b*	
tl icon oral capsule	1 or 1b*	
tl-hem 150 oral tablet extended release 24 hr	1 or 1b*	
TPN ELECTROLYTES II INTRAVENOUS SOLUTION	3	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION	3	
travasol 10 % intravenous parenteral solution	1 or 1b*	
tricitrates oral solution	1 or 1b*	
tricon oral capsule	1 or 1b*	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
trigels-f forte oral capsule	1 or 1b*	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
UROQID-ACID NO.2 ORAL TABLET	3	
VELPHORO ORAL TABLET,CHEWABLE	3	ST
VELTASSA ORAL POWDER IN PACKET	3	LD; SP
VENOFER INTRAVENOUS SOLUTION	3	
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*	
VITAFOL ORAL TABLET	3	
XURIDEN ORAL GRANULES IN PACKET	3	PA; QL; LD
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	
zinc sulfate oral capsule	1 or 1b*	

Drug Name	Tier	Notes
GASTROINTESTINAL		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; QL
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
ACTIGALL ORAL CAPSULE	3	
AKYNZEO ORAL CAPSULE	3	QL
alose tron oral tablet	1 or 1b*	PA; QL
ALOXI INTRAVENOUS SOLUTION	3	PA
AMITIZA ORAL CAPSULE	2	
AMMONUL INTRAVENOUS SOLUTION	3	
amoxicil-clarithromy-lansopraz oral combo pack	1 or 1b*	
ANALPRAM-HC RECTAL CREAM	3	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
anas paz oral tablet,disintegrating	1 or 1b*	
anucort-hc rectal suppository	1 or 1b*	
ANUSOL-HC RECTAL SUPPOSITORY	3	
ANZEMET ORAL TABLET	3	QL
aprepitant oral capsule	1 or 1b*	QL
aprepitant oral capsule,dose pack	1 or 1b*	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	2	ST; QL
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)	2	QL
atropine injection solution	1 or 1b*	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	1 or 1b*	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	QL

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

Effective 7/1/17

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

Drug Name	Tier	Notes
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	QL
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS	3	ST; QL
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
dicyclomine intramuscular solution	1 or 1b*	
dicyclomine oral capsule	1 or 1a*	
dicyclomine oral solution	1 or 1a*	
dicyclomine oral tablet	1 or 1a*	
dimenhydrinate injection solution	1 or 1b*	
DIPENTUM ORAL CAPSULE	3	ST; QL
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
DONNATAL ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
dronabinol oral capsule	1 or 1b*	
ed-spaz oral tablet,disintegrating	1 or 1b*	
EMEND INTRAVENOUS RECON SOLN	3	PA; QL
EMEND ORAL CAPSULE	3	QL
EMEND ORAL CAPSULE,DOSE PACK	3	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ENTEREG ORAL CAPSULE	3	
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; QL; SP
enulose oral solution	1 or 1b*	
esomeprazole magnesium oral capsule,delayed release(dr/ec)	3	ST; QL
esomeprazole sodium intravenous recon soln	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; QL
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*	
GATTEX 30-VIAL SUBCUTANEOUS KIT	3	PA; LD; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT	3	PA; LD; SP
gavilyte-c oral recon soln	1 or 1a*	
gavilyte-g oral recon soln	1 or 1a*	
gavilyte-h and bisacodyl oral kit	1 or 1b*	
gavilyte-n oral recon soln	1 or 1a*	
generlac oral solution	1 or 1b*	
GIAZO ORAL TABLET	3	QL
glycopyrrolate injection solution	1 or 1b*	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
glycopyrrolate oral tablet	1 or 1b*	
GOLYTELY ORAL POWDER IN PACKET	3	
GOLYTELY ORAL RECON SOLN	3	
granisetron (pf) intravenous solution	1 or 1b*	
granisetron hcl intravenous solution	1 or 1b*	
granisetron hcl oral tablet	1 or 1b*	QL
hemmorex-hc rectal suppository	1 or 1b*	
hydrocortisone acetate rectal suppository	1 or 1b*	
hydrocortisone-pramoxine rectal cream	1 or 1b*	
hyoscyamine sulfate oral drops	1 or 1b*	

Drug Name	Tier	Notes
hyoscyamine sulfate oral elixir	1 or 1b*	
hyoscyamine sulfate oral tablet	1 or 1b*	
hyoscyamine sulfate oral tablet extended release 12 hr	1 or 1b*	
hyoscyamine sulfate oral tablet,disintegrating	1 or 1b*	
hyoscyamine sulfate sublingual tablet	1 or 1b*	
hyosyne oral drops	1 or 1b*	
hyosyne oral elixir	1 or 1b*	
INFLECTRA INTRAVENOUS RECON SOLN	4	PA; SP
intralipid intravenous emulsion 20 %	1 or 1b*	
INTRALIPID INTRAVENOUS EMULSION 30 %	3	
KEPIVANCE INTRAVENOUS RECON SOLN	4	LD
KINEVAC INJECTION RECON SOLN	3	
KRISTALOSE ORAL PACKET	3	
lactulose oral solution	1 or 1b*	
lansoprazole oral capsule,delayed release(dr/ec)	3	ST; QL
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	
LEVSIN INJECTION SOLUTION	2	
LEVSIN ORAL TABLET	3	
LEVSIN/SL SUBLINGUAL TABLET	3	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	2	QL
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	3	
LINZESS ORAL CAPSULE	2	
LITHOSTAT ORAL TABLET	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
LOMOTIL ORAL TABLET	3	
loperamide oral capsule	1 or 1b*	
LOTRONEX ORAL TABLET	3	PA; QL
LOVAZA ORAL CAPSULE	3	ST; QL
MARINOL ORAL CAPSULE	3	
meclizine oral tablet 12.5 mg, 25 mg	1 or 1a*	
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; QL
mesalamine rectal enema	1 or 1b*	QL
mesalamine with cleansing wipe rectal enema kit	1 or 1b*	QL
methscopolamine oral tablet	1 or 1b*	
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl injection syringe	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	
metoclopramide hcl oral tablet	1 or 1a*	
metoclopramide hcl oral tablet,disintegrating	1 or 1a*	
misoprostol oral tablet	1 or 1a*	
MOTOFEN ORAL TABLET	3	
MOVIPREP ORAL POWDER IN PACKET	3	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET	2	QL
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	

Drug Name	Tier	Notes
NULEV ORAL TABLET,DISINTEGRATING	3	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN	3	
NUTRILIPID INTRAVENOUS EMULSION	3	
NUTRIPORT BALLOON KIT	2	
OCALIVA ORAL TABLET	4	PA; QL; LD; SP
omega-3 acid ethyl esters oral capsule	3	ST; QL
omeprazole oral capsule,delayed release(dr/ec)	1 or 1b*	QL
omeprazole-sodium bicarbonate oral capsule	1 or 1b*	ST; QL
omeprazole-sodium bicarbonate oral packet	1 or 1b*	QL
ondansetron hcl (pf) injection solution	1 or 1b*	
ondansetron hcl (pf) injection syringe	1 or 1b*	
ondansetron hcl intravenous solution	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL
ondansetron hcl oral tablet	1 or 1b*	QL
ONDANSETRON IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 8 MG/50 ML	3	
ondansetron oral tablet,disintegrating	1 or 1b*	QL
opium tincture oral tincture	1 or 1b*	
oscimin oral tablet	1 or 1b*	
oscimin oral tablet,disintegrating	1 or 1b*	
oscimin sl sublingual tablet	1 or 1b*	
oscimin sr oral tablet extended release 12 hr	1 or 1b*	
OSMOPREP ORAL TABLET	3	

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

Drug Name	Tier	Notes
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200-24,600 UNIT	3	
pantoprazole intravenous recon soln	1 or 1b*	
pantoprazole oral tablet,delayed release (dr/ec)	1 or 1b*	QL
paregoric oral liquid	1 or 1b*	
peg 3350-electrolytes oral recon soln	1 or 1a*	
peg-electrolyte soln oral recon soln	1 or 1a*	
peg-prep oral kit	1 or 1b*	
PENTASA ORAL CAPSULE, EXTENDED RELEASE	2	QL
PEPCID ORAL SUSPENSION	3	
PEPCID ORAL TABLET	3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	
phenadoz rectal suppository	1 or 1b*	
phenergan rectal suppository	1 or 1b*	
phenohydro oral tablet	1 or 1b*	
polyethylene glycol 3350 oral powder	1 or 1b*	
polyethylene glycol 3350 oral powder in packet	1 or 1b*	
pramcort rectal cream	1 or 1b*	
PREPOPIK ORAL POWDER IN PACKET	3	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; QL
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL	3	ST; QL
PREVPAC ORAL COMBO PACK	3	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	3	QL

Drug Name	Tier	Notes
prochlorperazine edisylate injection solution	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	
PROCTOFOAM HC RECTAL FOAM	3	
promethazine rectal suppository	1 or 1b*	
promethegan rectal suppository	1 or 1b*	
propantheline oral tablet	1 or 1b*	
PROTONIX INTRAVENOUS RECON SOLN	3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	QL
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; QL
PYLERA ORAL CAPSULE	3	
rabeprazole oral tablet,delayed release (dr/ec)	1 or 1b*	ST; QL
ranitidine hcl injection solution	1 or 1b*	
ranitidine hcl oral capsule	1 or 1b*	
ranitidine hcl oral syrup	1 or 1b*	
ranitidine hcl oral tablet 150 mg, 300 mg	1 or 1b*	
RAVICTI ORAL LIQUID	3	PA; QL; LD; SP
RECTIV RECTAL OINTMENT	3	
REGLAN ORAL TABLET	3	
REMICADE INTRAVENOUS RECON SOLN	4	PA; SP
RESTORA RX ORAL CAPSULE	3	
RESTORA SPRINKLES ORAL POWDER IN PACKET	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ROBINUL FORTE ORAL TABLET	3	
ROBINUL INJECTION SOLUTION	3	
ROBINUL ORAL TABLET	3	
ROWASA RECTAL ENEMA KIT	3	QL
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
SCOPOLAMINE HBR INJECTION SOLUTION	3	
SENSURA CLICK OSTOMY POUCH	3	
SENSURA OSTOMY BASE PLATE	3	
SFROWASA RECTAL ENEMA	3	QL
SMOFLIPID INTRAVENOUS EMULSION	3	
sodium benzoate-sodium phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder	1 or 1b*	
SUCRAID ORAL SOLUTION	4	LD; SP
sucralfate oral tablet	1 or 1b*	
sulfasalazine oral tablet	1 or 1b*	QL
sulfasalazine oral tablet,delayed release (dr/ec)	1 or 1b*	QL
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING	3	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	3	
symax fastabs oral tablet,disintegrating	1 or 1b*	
symax-sl sublingual tablet	1 or 1b*	
symax-sr oral tablet extended release 12 hr	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION	3	

Drug Name	Tier	Notes
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	2	
trilyte with flavor packets oral recon soln	1 or 1a*	
trimethobenzamide oral capsule	1 or 1b*	
TRULANCE ORAL TABLET	3	ST
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
VARUBI ORAL TABLET	3	QL
VASCEPA ORAL CAPSULE	3	ST; QL
VIBERZI ORAL TABLET	3	PA; QL
VIKACE ORAL TABLET	3	
XERMELO ORAL TABLET	4	PA; QL
ZANTAC INJECTION SOLUTION	3	
ZANTAC ORAL TABLET	3	
ZEGERID ORAL CAPSULE	3	ST; QL
ZEGERID ORAL PACKET	3	ST; QL
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS SOLUTION	3	
ZOFRAN (AS HYDROCHLORIDE) ORAL SOLUTION	3	QL
ZOFRAN (AS HYDROCHLORIDE) ORAL TABLET	3	QL
ZOFRAN ODT ORAL TABLET,DISINTEGRATING	3	QL
ZUPLENZ ORAL FILM	3	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
HORMONES		
ACTHAR H.P. INJECTION GEL	4	PA; SP
ACTHREL INTRAVENOUS RECON SOLN	3	
ACTIVE INJECTION KIT D INJECTION KIT	3	
ACTIVELLA ORAL TABLET	3	
a-hydrocort injection recon soln	1 or 1b*	
ALORA TRANSDERMAL PATCH SEMIWEEKLY	3	QL
amabelz oral tablet	1 or 1b*	
ANADROL-50 ORAL TABLET	3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; QL
ANDROID ORAL CAPSULE	3	
androxy oral tablet	1 or 1b*	
ANGELIQ ORAL TABLET	3	
ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION	3	
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION	3	
ARZE-JECT-A INJECTION KIT	3	

Drug Name	Tier	Notes
AVEED INTRAMUSCULAR SOLUTION	3	PA; LD
AYGESTIN ORAL TABLET	3	
BETALOAN SUIK KIT	3	
betamethasone acet,sod phos injection suspension	1 or 1b*	
BRAVELLE INJECTION RECON SOLN	4	PA; SP
budesonide oral capsule,delayed,extend.release	1 or 1b*	QL
cabergoline oral tablet	1 or 1b*	
calcitonin (salmon) nasal spray,non-aerosol	1 or 1b*	QL
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; SP
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	QL
CLIMARA TRANSDERMAL PATCH WEEKLY	3	
clomiphene citrate oral tablet	1 or 1b*	PA
colocort rectal enema	1 or 1b*	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	QL
CORTEF ORAL TABLET	3	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM RECTAL FOAM	3	
cortisone oral tablet	1 or 1b*	
CORTROSYN INJECTION RECON SOLN	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
cosyntropin injection recon soln	1 or 1b*	
covaryx h.s. oral tablet	1 or 1b*	
covaryx oral tablet	1 or 1b*	
CRINONE VAGINAL GEL	4	PA; SP
danazol oral capsule	1 or 1b*	
DDAVP INJECTION SOLUTION	3	
DDAVP NASAL AEROSOL,SPRAY	3	
DDAVP NASAL SOLUTION	3	
DDAVP ORAL TABLET	3	
DELESTROGEN INTRAMUSCULAR OIL	3	
deltasone oral tablet 20 mg	1 or 1a*	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DEPO-MEDROL INJECTION SUSPENSION	3	
DEPO-PROVERA INTRAMUSCULAR SOLUTION	3	PA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	PA
desmopressin injection solution	1 or 1b*	
desmopressin nasal aerosol,spray	1 or 1b*	
desmopressin nasal solution	1 or 1b*	
desmopressin nasal spray,non-aerosol	1 or 1b*	
desmopressin oral tablet	1 or 1b*	
dexamethasone intensol oral drops	1 or 1a*	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone sodium phos (pf) injection solution	1 or 1b*	
dexamethasone sodium phosphate injection solution	1 or 1b*	
dexamethasone sodium phosphate injection syringe	1 or 1b*	
DEXPAK 10 DAY ORAL TABLETS,DOSE PACK	3	

Drug Name	Tier	Notes
DEXPAK 13 DAY ORAL TABLETS,DOSE PACK	3	
DEXPAK 6 DAY ORAL TABLETS,DOSE PACK	3	
DIVIGEL TRANSDERMAL GEL IN PACKET	2	QL
DUAVEE ORAL TABLET	3	PA; QL
eemt hs oral tablet	1 or 1b*	
eemt oral tablet	1 or 1b*	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; QL; LD; SP
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	4	PA; LD; SP
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
EMFLAZA ORAL SUSPENSION	4	PA
EMFLAZA ORAL TABLET	4	PA
ENDOMETRIN VAGINAL INSERT	3	PA
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE	3	QL
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	2	
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch semiweekly	1 or 1b*	QL
estradiol transdermal patch weekly	1 or 1b*	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
estradiol-norethindrone acet oral tablet	1 or 1b*	
ESTRING VAGINAL RING	3	QL
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
estrogens-methyltestosterone oral tablet	1 or 1b*	
estropipate oral tablet	1 or 1a*	

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

Effective 7/1/17

Drug Name	Tier	Notes
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	2	QL
FEMHRT LOW DOSE ORAL TABLET	3	
FEMRING VAGINAL RING	3	QL
fludrocortisone oral tablet	1 or 1b*	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	4	PA; SP
fyavolv oral tablet	1 or 1b*	
GANIRELIX SUBCUTANEOUS SYRINGE	4	PA; SP
GONAL-F RFF REDI- JECT SUBCUTANEOUS PEN INJECTOR	4	PA; SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	PA; SP
GONAL-F SUBCUTANEOUS RECON SOLN	4	PA; SP
HEMABATE INTRAMUSCULAR SOLUTION	3	
HUMATROPE INJECTION CARTRIDGE	4	PA; SP
HUMATROPE INJECTION RECON SOLN	4	PA; SP
hydrocortisone oral tablet	1 or 1b*	
hydrocortisone rectal enema	1 or 1b*	
hydroxyprogesterone caproate intramuscular oil	4	
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; LD; SP
jevantique lo oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
KENALOG INJECTION SUSPENSION	3	
lopreeza oral tablet	1 or 1b*	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET	4	PA; QL; SP

Drug Name	Tier	Notes
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET	4	PA; QL; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; QL; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA; QL; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; QL; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; QL; SP
MAKENA INTRAMUSCULAR OIL	4	PA; LD; SP
MEDROL (PAK) ORAL TABLETS, DOSE PACK	3	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROLOAN II SUIK KIT	3	
MEDROLOAN SUIK KIT	3	
medroxyprogesterone oral tablet	1 or 1a*	QL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
MENOPUR SUBCUTANEOUS RECON SOLN	4	PA; SP
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
methergine oral tablet	1 or 1b*	
METHITEST ORAL TABLET	3	
METHYLERGONOVINE INJECTION SOLUTION	3	
methylprednisolone acetate injection suspension	1 or 1b*	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablets, dose pack	1 or 1a*	

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

Effective 7/1/17

Drug Name	Tier	Notes
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1 or 1b*	
methylprednisolone sodium succ intravenous recon soln	1 or 1b*	
methyltestosterone oral capsule	1 or 1b*	
MIA CALCIN INJECTION SOLUTION	4	
MIA CALCIN NASAL SPRAY, NON-AEROSOL	3	QL
millipred dp oral tablets, dose pack	1 or 1a*	
MILLIPRED ORAL SOLUTION	3	
millipred oral tablet	1 or 1a*	
mimvey lo oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	2	QL
MYALEPT SUBCUTANEOUS RECON SOLN	4	LD; SP
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; QL; LD; SP
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	4	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	4	PA; SP
octreotide acetate injection solution	4	PA; SP
octreotide acetate injection syringe	4	PA; SP
ORAPRED ODT ORAL TABLET, DISINTEGRATING	3	
OVIDREL SUBCUTANEOUS SYRINGE	4	PA; SP
OXANDRIN ORAL TABLET	3	PA

Drug Name	Tier	Notes
oxandrolone oral tablet	1 or 1b*	PA
OXYTOCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/1,000 ML	3	
oxytocin injection solution	1 or 1b*	
P-CARE D40 INJECTION KIT	3	
P-CARE D40G KIT	3	
P-CARE D80 INJECTION KIT	3	
P-CARE D80G KIT	3	
PEDIAPRED ORAL SOLUTION	3	
PITOCIN INJECTION SOLUTION	3	
prednisolone oral solution 15 mg/5 ml	1 or 1a*	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1 or 1a*	
prednisolone sodium phosphate oral tablet, disintegrating	1 or 1a*	
prednisone intensol oral concentrate	1 or 1a*	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablets, dose pack	1 or 1a*	
PREFEST ORAL TABLET	3	
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; SP
PREMARIN INJECTION RECON SOLN	2	
PREMARIN ORAL TABLET	2	QL
PREMARIN VAGINAL CREAM	2	QL
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	

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

Effective 7/1/17

Drug Name	Tier	Notes
PREPIDIL VAGINAL GEL	3	
progesterone in oil intramuscular oil	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized oral capsule	1 or 1b*	QL
PROMETRIUM ORAL CAPSULE	3	QL
PROSTIN E2 VAGINAL SUPPOSITORY	3	
PROVERA ORAL TABLET	3	QL
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
SANDOSTATIN INJECTION SOLUTION	4	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA; QL; SP
serophene oral tablet	1 or 1b*	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; QL; LD; SP
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
SOLU-CORTEF (PF) INJECTION RECON SOLN	3	
SOLU-CORTEF INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN	3	

Drug Name	Tier	Notes
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; QL; SP
STIMATE NASAL SPRAY,NON-AEROSOL	3	
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR	3	PA; QL
SUPPRELIN LA IMPLANT KIT	4	PA; QL; SP
SYNAREL NASAL SPRAY,NON-AEROSOL	4	PA; QL; SP
TESTOPEL IMPLANT PELLETT	3	PA; LD
testosterone cypionate intramuscular oil	1 or 1b*	PA
testosterone enanthate intramuscular oil	1 or 1b*	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1 or 1b*	PA; QL
TESTRED ORAL CAPSULE	3	
triamcinolone acetonide injection suspension	1 or 1b*	
TRILOAN II SUIK KIT	3	
TRILOAN SUIK KIT	3	
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	QL
UCERIS RECTAL FOAM	3	
VAGIFEM VAGINAL TABLET	3	QL
vasopressin injection solution	1 or 1b*	
VASOSTRICT INTRAVENOUS SOLUTION	3	
veripred 20 oral solution	1 or 1a*	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	QL
yuvafem vaginal tablet	1 or 1b*	QL
ZONACORT ORAL TABLETS,DOSE PACK	3	
ZORBTIVE SUBCUTANEOUS RECON SOLN	4	PA; SP

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

Effective 7/1/17

Drug Name	Tier	Notes
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; SP
AZASAN ORAL TABLET	2	PA
azathioprine oral tablet	1 or 1b*	PA
azathioprine sodium injection recon soln	1 or 1b*	PA
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	SP
CELLCEPT ORAL CAPSULE	2	SP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	2	SP
CELLCEPT ORAL TABLET	2	SP
cyclosporine intravenous solution	1 or 1b*	PA; SP
cyclosporine modified oral capsule	1 or 1b*	PA; SP
cyclosporine modified oral solution	1 or 1b*	PA; SP
cyclosporine oral capsule	1 or 1b*	PA; SP
ELIDEL TOPICAL CREAM	2	ST
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; SP
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	PA; SP
gengraf oral capsule 50 mg	1 or 1b*	SP
gengraf oral solution	1 or 1b*	PA; SP
IMURAN ORAL TABLET	3	PA
mycophenolate mofetil hcl intravenous recon soln	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	PA; SP
mycophenolate mofetil oral suspension for reconstitution	1 or 1b*	PA; SP
mycophenolate mofetil oral tablet	1 or 1b*	PA; SP
mycophenolate sodium oral tablet, delayed release (dr/ec)	1 or 1b*	PA; SP

Drug Name	Tier	Notes
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	3	PA; SP
NEORAL ORAL CAPSULE	2	PA; SP
NEORAL ORAL SOLUTION	2	PA; SP
NULOJIX INTRAVENOUS RECON SOLN	3	PA; SP
PROGRAF INTRAVENOUS SOLUTION	2	PA; SP
PROGRAF ORAL CAPSULE	2	PA; SP
PROTOPIC TOPICAL OINTMENT	3	ST
RAPAMUNE ORAL SOLUTION	2	PA; SP
RAPAMUNE ORAL TABLET	2	PA; SP
SANDIMMUNE INTRAVENOUS SOLUTION	3	PA; SP
SANDIMMUNE ORAL CAPSULE	2	PA; SP
SANDIMMUNE ORAL SOLUTION	2	PA; SP
SIMULECT INTRAVENOUS RECON SOLN	3	PA; SP
sirolimus oral tablet	1 or 1b*	PA; SP
STELARA INTRAVENOUS SOLUTION	4	PA; QL; SP
STELARA SUBCUTANEOUS SOLUTION	4	SP
STELARA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
tacrolimus oral capsule	1 or 1b*	PA; SP
tacrolimus topical ointment	1 or 1b*	ST
ZORTRESS ORAL TABLET	2	PA; SP
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG		
1ST TIER UNIFINE PENTIPS NEEDLE	2	

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

Effective 7/1/17

Drug Name	Tier	Notes
1ST TIER UNIFINE PENTIPS PLUS NEEDLE	2	
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK FASTCLIX	2	
ACCU-CHEK FASTCLIX 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	
acti-lance lancets 17 gauge, 28 gauge	1 or 1b*	
ACTI-LANCE LANCETS 23 GAUGE	2	
ADVANCED LANCING DEVICE KIT	2	
ADVANCED TRAVEL LANCETS	2	
ADVOCATE LANCET	2	
ADVOCATE PEN NEEDLE NEEDLE	2	
ALTERNATE SITE LANCET	2	
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	2	
ASSURE LANCE	2	
ASSURE LANCE PLUS	2	
AUTOLET IMPRESSION LANC DEV KIT	2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE	2	
BD INSULIN PEN NEEDLE UF MINI NEEDLE	2	
BD INSULIN PEN NEEDLE UF ORIG NEEDLE	2	

Drug Name	Tier	Notes
BD INSULIN PEN NEEDLE UF SHORT NEEDLE	2	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	2	
BD ULTRA FINE LANCETS	2	
BD ULTRA-FINE II LANCETS	2	
BD ULTRA-FINE NANO PEN NEEDLES NEEDLE	2	
BULLSEYE MINI SAFETY LANCETS	2	
CAREFINE PEN NEEDLE NEEDLE	2	
CAREONE THIN LANCET	2	
CAREONE ULTRA THIN LANCET	2	
CARETOUCH PEN NEEDLE NEEDLE	2	
CARETOUCH TWIST LANCET 30 GAUGE	2	
CLEVER CHEK LANCETS	2	
CLICKFINE NEEDLE	2	
COAGUCHEK LANCETS	2	
COLOR LANCETS	2	
COMFORT EZ PEN NEEDLES NEEDLE	2	
COMFORT LANCETS	2	
DROPLET LANCETS	2	
DROPLET PEN NEEDLE NEEDLE	2	
EASY COMFORT LANCETS	2	
EASY COMFORT PEN NEEDLES NEEDLE	2	
EASY TOUCH LANCETS	2	
EASY TOUCH NEEDLE	2	
EASY TOUCH SAFETY LANCETS	2	
EASY TOUCH TWIST LANCETS	2	
EASY TWIST AND CAP LANCETS	2	
EMBRACE LANCETS	2	

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

Effective 7/1/17

Drug Name	Tier	Notes
e-z ject lancets	1 or 1b*	
E-Z JECT THIN LANCETS	2	
EZ SMART LANCETS	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FINE 30 UNIVERSAL LANCETS	2	
FINGERSTIX LANCETS	2	
FORA V10-V12-D10-D20 STRP-LNCT COMBO PACK	3	
FORACARE LANCETS	2	
FREESTYLE LANCETS	2	
FREESTYLE UNISTIK 2	2	
GLUCOCOM LANCETS	2	
GMATE LANCETS	2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE	2	
HEALTHY ACCENTS UNILET LANCET	2	
HYPOLANCE AST LANCING KIT	2	
INCONTROL PEN NEEDLE NEEDLE	2	
INCONTROL SUPER THIN LANCETS	2	
INCONTROL ULTRA THIN LANCETS	2	
INJECT EASE LANCETS	2	
INSUPEN NEEDLE	2	
INVACARE LANCETS	2	
LANCETS	2	
LANCETS, SUPER THIN	2	
LANCETS, THIN	2	
LANCETS, ULTRA THIN	2	
LANCING DEVICE WITH LANCETS KIT	2	
LANZO LANCING DEVICE KIT	2	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE	2	
LITE TOUCH LANCETS	2	
MEDISENSE THIN LANCETS	2	

Drug Name	Tier	Notes
MEDLANCE PLUS LANCETS	2	
MICRO THIN LANCETS	2	
MICROLET 2 LANCING DEVICE KIT	2	
MICROLET LANCET	2	
MICROLET NEXT LANCING DEVICE KIT	2	
MINI ULTRA-THIN II NEEDLE	2	
MONOLET LANCETS	2	
MONOLET THIN LANCETS	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH LANCETS	2	
NOVA SAFETY LANCETS	2	
NOVA SUREFLEX LANCETS	2	
NOVOFINE 30 NEEDLE	2	
NOVOFINE 32 NEEDLE	2	
NOVOFINE AUTOCOVER NEEDLE	2	
NOVOFINE PLUS NEEDLE	2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	
ON CALL LANCET	2	
ON CALL PLUS LANCET	2	
ONETOUCH DELICA LANC DEVICE KIT	2	
ONETOUCH DELICA LANCETS	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRASOFT LANCETS	2	
ON-THE-GO LANCETS	2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	

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

Effective 7/1/17

Drug Name	Tier	Notes
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
PENTIPS NEEDLE	2	
PRESSURE ACTIVATED LANCETS	2	
PRO COMFORT LANCET	2	
PRO COMFORT PEN NEEDLE NEEDLE	2	
PRODIGY LANCETS	2	
PRODIGY TWIST TOP LANCET	2	
READYLANCE SAFETY LANCETS	2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	2	
RELIAMED SAFETY SEAL LANCETS	2	
RELION NEEDLES NEEDLE	2	
RELION PEN NEEDLES NEEDLE	2	
RELION THIN LANCETS	2	
RELION ULTRA THIN PLUS LANCETS	2	
RIGHTEST GL300 LANCETS	2	
SAFETY LANCETS	2	
SAFETY SEAL LANCETS	2	
SAFETY-LET LANCETS	2	
SINGLE-LET	2	
SMART SENSE LANCETS	2	
SMARTTEST LANCET	2	
SOFT TOUCH LANCETS	2	
SOLUS V2 LANCETS	2	
SOLUS V2 LANCING DEVICE KIT	2	
STERILANCE TL	2	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	2	

Drug Name	Tier	Notes
SURE COMFORT LANCETS	2	
SURE COMFORT PEN NEEDLE NEEDLE	2	
SURE-FINE PEN NEEDLES NEEDLE	2	
SUREFLEX DEVICE WITH LANCETS KIT	2	
SURE-LANCE	2	
SURE-LANCE ULTRA THIN	2	
SURE-TOUCH LANCET	2	
TECHLITE LANCETS	2	
TECHLITE PEN NEEDLE NEEDLE	2	
TELCARE LANCETS	2	
THIN LANCETS	2	
TOPCARE CLICKFINE NEEDLE	2	
TOPCARE UNIVERSAL1 LANCET	2	
TRUEPLUS LANCETS	2	
TRUEPLUS PEN NEEDLE NEEDLE	2	
ULTICARE PEN NEEDLE NEEDLE	2	
ULTI-LANCE KIT	2	
ULTILET BASIC LANCETS	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET PEN NEEDLE NEEDLE	2	
ULTILET SAFETY LANCETS	2	
ULTRA THIN II LANCETS	2	
ULTRA THIN LANCETS	2	
ULTRA THIN PLUS LANCETS	2	
ULTRA TLC LANCETS	2	
ULTRALANCE LANCETS	2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE	2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE	2	

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

Effective 7/1/17

Drug Name	Tier	Notes
ULTRA-THIN II LANCETS	2	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS NEEDLE	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II LANCET	2	
UNILET EXCELITE LANCET	2	
UNILET GP LANCET	2	
UNILET LANCET 28 GAUGE, 33 GAUGE	2	
UNILET LANCETS	2	
UNILET SUPER THIN LANCETS	2	
UNISTIK 2 DEVICE KIT	2	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	2	
UNISTIK 3 COMFORT DEVICE KIT	2	
UNISTIK 3 COMFORT LANCET	2	
UNISTIK 3 EXTRA LANCET	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 KIT	2	
UNISTIK 3 LANCETS	2	
UNISTIK 3 NEONATAL DEVICE KIT	2	
UNISTIK 3 NEONATAL KIT	2	
UNISTIK 3 NORMAL LANCET	2	
UNISTIK CZT LANCET	2	
UNISTIK SAFETY	2	
UNISTIK TOUCH LANCETS	2	
UNIVERSAL 1 LANCETS	2	
MUSCLE RELAXANTS		
baclofen oral tablet	1 or 1b*	

Drug Name	Tier	Notes
carisoprodol oral tablet	1 or 1b*	
carisoprodol-aspirin oral tablet	1 or 1b*	
chlorzoxazone oral tablet	1 or 1b*	
cyclobenzaprine oral tablet	1 or 1b*	
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
dantrolene oral capsule	1 or 1b*	
FEXMID ORAL TABLET	3	ST
GABLOFEN INTRATHECAL SOLUTION	4	
GABLOFEN INTRATHECAL SYRINGE	4	
LIORESAL INTRATHECAL SOLUTION	3	
LORZONE ORAL TABLET	3	ST
metaxall oral tablet	1 or 1b*	
metaxalone oral tablet	1 or 1b*	ST
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*	
PARAFON FORTE DSC ORAL TABLET	3	ST
revonto intravenous recon soln	1 or 1b*	
ROBAXIN INJECTION SOLUTION	3	ST
ROBAXIN ORAL TABLET	3	ST
ROBAXIN-750 ORAL TABLET	3	ST
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
SKELAXIN ORAL TABLET	3	ST
SOMA ORAL TABLET	3	ST

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

Effective 7/1/17

Drug Name	Tier	Notes
tizanidine oral capsule	1 or 1b*	
tizanidine oral tablet	1 or 1b*	
ZANAFLEX ORAL CAPSULE	3	ST
ZANAFLEX ORAL TABLET	3	ST
PRE-NATAL VITAMINS		
ATABEX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	2	
CADEAU DHA ORAL CAPSULE	3	
calcium pnv oral capsule	1 or 1b*	
CITRANATAL (DUAL-IRON) ORAL TABLET	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE	3	
c-nate dha oral capsule	1 or 1b*	
completenate oral tablet,chewable	1 or 1a*	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
dothelle dha oral capsule	1 or 1b*	
elite-ob 400 oral capsule	1 or 1b*	
elite-ob oral capsule	1 or 1b*	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
EXTRA-VIRT PLUS DHA ORAL CAPSULE	2	
folbecal oral tablet, er multiphase 24 hr	1 or 1b*	
FOLET ONE ORAL CAPSULE	3	
folivane-ob oral capsule	1 or 1b*	
hemenatal ob oral tablet	1 or 1b*	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
levomefolate dha oral capsule	1 or 1b*	
MARNATAL-F ORAL CAPSULE	3	

Drug Name	Tier	Notes
M-VIT ORAL TABLET	3	
mynatal advance oral tablet	1 or 1b*	
mynatal oral capsule	1 or 1b*	
mynatal oral tablet	1 or 1b*	
mynatal plus oral tablet	1 or 1a*	
mynatal-z oral tablet	1 or 1a*	
mynate 90 plus oral tablet extended release	1 or 1a*	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	3	
NATELLE ONE ORAL CAPSULE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS ORAL TABLET	3	
newgen oral tablet	1 or 1b*	
NEXA PLUS ORAL CAPSULE	3	
NIVA-PLUS ORAL TABLET	3	
OB COMPLETE GOLD ORAL CAPSULE	3	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
OBSTETRIX ONE ORAL CAPSULE	3	
O-CAL FA ORAL TABLET	3	
O-CAL PRENATAL ORAL TABLET	3	
pnv 29-1 oral tablet	1 or 1a*	

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

Effective 7/1/17

Drug Name	Tier	Notes
pnv-dha + docusate oral capsule	1 or 1b*	
pnv-dha oral capsule	1 or 1b*	
pnv-ferrous fumarate-docu-fa oral tablet	1 or 1a*	
pnv-omega oral capsule	1 or 1b*	
pnv-select oral tablet	1 or 1b*	
pnv-vp-u oral capsule	1 or 1a*	
pr natal 400 ec oral combo pack,tablet and cap,dr	1 or 1a*	
pr natal 400 oral combo pack	1 or 1a*	
pr natal 430 ec oral combo pack,tablet and cap,dr	1 or 1a*	
pr natal 430 oral combo pack	1 or 1a*	
PREFERA-OB ONE ORAL CAPSULE	3	
PREFERA-OB ORAL TABLET	3	
PREFERA-OB PLUS DHA ORAL COMBO PACK	3	
prena1 chew oral tablet,chew,ir - dr,biphase	1 or 1b*	
prena1 pearl oral capsule,ir - delay rel,biphase	1 or 1b*	
prena1 true oral combo pack	1 or 1b*	
prenaissance oral capsule	1 or 1b*	
prenaissance plus oral capsule	1 or 1b*	
PRENATA ORAL TABLET,CHEWABLE	3	
prenatabs fa oral tablet	1 or 1a*	
prenatabs rx oral tablet	1 or 1a*	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET	3	
PRENATAL 19 ORAL TABLET,CHEWABLE	3	
prenatal low iron oral tablet	1 or 1a*	
prenatal plus (calcium carb) oral tablet	1 or 1a*	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
prenatal plus oral tablet	1 or 1a*	
prenatal vitamin plus low iron oral tablet	1 or 1a*	
prenatal-u oral capsule	1 or 1a*	

Drug Name	Tier	Notes
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE DHA ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ELITE ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL ORAL CAPSULE	3	
PRENATE ESSENTIAL (IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
preplus oral tablet	1 or 1a*	
pretab oral tablet	1 or 1a*	
PROVIDA DHA ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
PUREFE OB PLUS ORAL CAPSULE	3	
PUREFE PLUS ORAL CAPSULE	3	
relnate dha oral capsule	1 or 1b*	
R-NATAL OB ORAL CAPSULE	3	
rulavite dha oral capsule	1 or 1b*	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
se-natal 19 (with docusate) oral tablet	1 or 1a*	
se-natal 19 oral tablet, chewable	1 or 1a*	
taron-c dha oral capsule	1 or 1b*	
taron-prex prenatal-dha oral capsule	1 or 1b*	
THRIVITE RX ORAL TABLET	3	
thrivite-19 oral tablet	1 or 1a*	
tl-select oral capsule	1 or 1b*	
triadvance oral tablet	1 or 1b*	
TRICARE ORAL TABLET	3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE	3	
TRICARE PRENATAL ORAL TABLET, CHEWABLE	3	
trinatal gt oral tablet	1 or 1b*	
trinatal rx 1 oral tablet	1 or 1a*	
trinate oral tablet	1 or 1a*	
TRISTART DHA ORAL CAPSULE	3	
triveen-one oral capsule	1 or 1b*	
triveen-prx rnf oral capsule	1 or 1b*	
ultimatecare one nf oral capsule	1 or 1b*	
ultimatecare one oral capsule	1 or 1b*	
vemavite-prx-2 oral capsule	1 or 1b*	
vinacal oral tablet	1 or 1b*	
vinate care oral tablet, chewable	1 or 1a*	
vinate dha oral capsule	1 or 1b*	
VINATE DHA RF ORAL CAPSULE	3	
vinate gt oral tablet	1 or 1b*	
vinate ii oral tablet	1 or 1a*	
vinate m oral tablet	1 or 1a*	
vinate one oral tablet	1 or 1a*	
vinate pn care oral tablet	1 or 1b*	
vinate ultra oral tablet	1 or 1b*	
virt-advance oral tablet	1 or 1b*	
virt-c dha oral capsule	1 or 1b*	
virt-nate dha oral capsule	1 or 1b*	

Drug Name	Tier	Notes
virt-nate oral tablet	1 or 1a*	
virt-pn dha oral capsule	1 or 1b*	
virt-pn oral tablet	1 or 1b*	
virt-pn plus oral capsule	1 or 1b*	
VIRTPREX ORAL CAPSULE	3	
virt-select oral capsule	1 or 1b*	
virt-vite gt oral tablet	1 or 1b*	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE	3	
VITAFOL NANO ORAL TABLET	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	2	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMED MD ONE RX ORAL CAPSULE	3	
VITAMEDMD REDICHEW RX ORAL TABLET, CHEW, IR - DR, BIPHASE	3	
VITAPEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	
VITATRUE ORAL COMBO PACK	3	
VIVA DHA ORAL CAPSULE	3	
vol-nate oral tablet	1 or 1a*	
vol-plus oral tablet	1 or 1a*	
vol-tab rx oral tablet	1 or 1a*	
vp-ch plus oral capsule	1 or 1b*	
vp-ch-pnv oral capsule	1 or 1b*	
vp-ggr-b6 oral tablet	1 or 1a*	
vp-heme ob oral tablet	1 or 1b*	
vp-heme one oral capsule	1 or 1b*	
VP-PNV-DHA ORAL CAPSULE	3	
zatean-ch oral capsule	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
zatean-pn dha oral capsule	1 or 1b*	
zatean-pn plus oral capsule	1 or 1b*	
zingiber oral tablet	1 or 1a*	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	
ABILIFY ORAL TABLET	3	ST
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ADDYI ORAL TABLET	3	PA; QL
alprazolam intensol oral concentrate	1 or 1b*	
alprazolam oral tablet	1 or 1b*	
alprazolam oral tablet extended release 24 hr	1 or 1b*	
alprazolam oral tablet,disintegrating	1 or 1b*	
amitriptyline oral tablet	1 or 1a*	
amitriptyline-chlordiazepoxide oral tablet	1 or 1b*	
amoxapine oral tablet	1 or 1b*	
ANAFRANIL ORAL CAPSULE	3	
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	ST; DO
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG, 522 MG	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	PA
aripiprazole oral solution	1 or 1b*	
aripiprazole oral tablet	1 or 1b*	
aripiprazole oral tablet,disintegrating	1 or 1b*	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	

Drug Name	Tier	Notes
armodafinil oral tablet 150 mg, 250 mg, 50 mg	1 or 1b*	PA; QL
armodafinil oral tablet 200 mg	1 or 1b*	PA
ATIVAN ORAL TABLET	3	
atomoxetine oral capsule	1 or 1b*	PA
BRISDELLE ORAL CAPSULE	3	
bupropion hcl oral tablet 100 mg	1 or 1b*	QL
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 12 hr 100 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 12 hr 150 mg, 200 mg	1 or 1b*	
bupropion hcl oral tablet extended release 24 hr 150 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 24 hr 300 mg	1 or 1b*	QL
bupropion hcl oral tablet	1 or 1b*	
CELEXA ORAL TABLET 10 MG, 20 MG	3	ST; DO
CELEXA ORAL TABLET 40 MG	3	ST; QL
chlordiazepoxide hcl oral capsule	1 or 1b*	
chlorpromazine injection solution	1 or 1b*	
chlorpromazine oral tablet	1 or 1b*	
citalopram oral solution	1 or 1b*	QL
citalopram oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram oral tablet 40 mg	1 or 1b*	QL
clomipramine oral capsule	1 or 1b*	
clonidine hcl oral tablet extended release 12 hr	1 or 1b*	
clorazepate dipotassium oral tablet	1 or 1b*	
clozapine oral tablet	1 or 1b*	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL ORAL TABLET	2	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	PA
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG	3	PA; QL
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	PA; DO
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	PA; QL
desipramine oral tablet	1 or 1b*	
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	ST; DO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; DO
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1 or 1b*	QL
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
dexmethylphenidate oral tablet	1 or 1b*	PA
diazepam injection solution	1 or 1a*	
diazepam injection syringe	1 or 1a*	

Drug Name	Tier	Notes
diazepam intensol oral concentrate	1 or 1a*	
diazepam oral concentrate	1 or 1a*	
diazepam oral solution	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, 60 mg	1 or 1b*	QL
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1 or 1b*	DO
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1 or 1b*	PA; QL
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	ST; QL
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG, 75 MG	3	ST; DO
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
escitalopram oxalate oral solution	1 or 1b*	QL
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO
escitalopram oxalate oral tablet 20 mg	1 or 1b*	QL
FANAPT ORAL TABLET	3	ST
FANAPT ORAL TABLETS,DOSE PACK	3	ST
FAZACLO ORAL TABLET,DISINTEGRATING	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST; QL
fluoxetine oral capsule 10 mg, 20 mg	1 or 1b*	DO

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

Effective 7/1/17

Drug Name	Tier	Notes
fluoxetine oral capsule 40 mg	1 or 1b*	QL
fluoxetine oral capsule, delayed release(dr/ec)	1 or 1b*	QL
fluoxetine oral solution	1 or 1b*	QL
fluoxetine oral tablet 10 mg	1 or 1b*	DO
fluoxetine oral tablet 20 mg	1 or 1b*	
FLUOXETINE ORAL TABLET 60 MG	3	ST; 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*	QL
fluvoxamine oral tablet 100 mg	1 or 1b*	QL
fluvoxamine oral tablet 25 mg, 50 mg	1 or 1b*	DO
FOCALIN ORAL TABLET	3	PA
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50	3	PA
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
GEODON INTRAMUSCULAR RECON SOLN	2	ST
GEODON ORAL CAPSULE	3	ST
guanfacine oral tablet extended release 24 hr	1 or 1b*	PA
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
HALDOL INJECTION SOLUTION	3	
haloperidol decanoate intramuscular solution	1 or 1b*	
haloperidol lactate injection solution	1 or 1b*	

Drug Name	Tier	Notes
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	3	ST
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
IRENKA ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	PA; QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	3	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; QL
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; DO
LATUDA ORAL TABLET	3	
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	ST; DO
LEXAPRO ORAL TABLET 20 MG	3	ST; QL
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	
lithium carbonate oral tablet extended release	1 or 1a*	
lithium citrate oral solution 8 meq/5 ml	1 or 1b*	
LITHOBID ORAL TABLET EXTENDED RELEASE	2	
lorazepam intensol oral concentrate	1 or 1b*	
lorazepam oral concentrate	1 or 1b*	
lorazepam oral tablet	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
loxapine succinate oral capsule	1 or 1b*	
maprotiline oral tablet	1 or 1b*	
MARPLAN ORAL TABLET	3	
meprobamate oral tablet	1 or 1b*	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	3	PA
metadate er oral tablet extended release	1 or 1b*	PA
METHYLIN ORAL SOLUTION	3	PA
METHYLIN ORAL TABLET,CHEWABLE	3	PA
methylphenidate oral capsule, er biphasic 30-70	1 or 1b*	PA
methylphenidate oral capsule,er biphasic 50-50	1 or 1b*	PA
methylphenidate oral solution	1 or 1b*	PA
methylphenidate oral tablet	1 or 1b*	PA
methylphenidate oral tablet extended release	1 or 1b*	PA
methylphenidate oral tablet extended release 24hr	1 or 1b*	PA
methylphenidate oral tablet,chewable	1 or 1b*	PA
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet,disintegrating	1 or 1b*	
modafinil oral tablet 100 mg	1 or 1b*	PA; DO
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
NARDIL ORAL TABLET	3	
nefazodone oral tablet	1 or 1b*	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline oral capsule	1 or 1b*	
nortriptyline oral solution	1 or 1b*	
NUPLAZID ORAL TABLET	4	PA; QL; LD; SP
NUVIGIL ORAL TABLET 150 MG, 250 MG, 50 MG	3	PA; QL
NUVIGIL ORAL TABLET 200 MG	3	PA
olanzapine intramuscular recon soln	1 or 1b*	
olanzapine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
olanzapine oral tablet,disintegrating	1 or 1b*	
olanzapine-fluoxetine oral capsule	1 or 1b*	
ORAP ORAL TABLET	3	
oxazepam oral capsule	1 or 1b*	
paliperidone oral tablet extended release 24hr	1 or 1b*	
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	QL
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*	QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	ST; DO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST; QL
PAXIL ORAL TABLET 10 MG, 20 MG	3	ST; DO
PAXIL ORAL TABLET 30 MG, 40 MG	3	ST; QL
perphenazine oral tablet	1 or 1b*	
perphenazine-amitriptyline oral tablet	1 or 1b*	
PEXEVA ORAL TABLET 10 MG, 20 MG	3	ST; DO
PEXEVA ORAL TABLET 30 MG, 40 MG	3	ST; QL
phenelzine oral tablet	1 or 1b*	
pimozide oral tablet	1 or 1b*	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST; DO

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

Effective 7/1/17

Drug Name	Tier	Notes
protriptyline oral tablet	1 or 1b*	
PROVIGIL ORAL TABLET 100 MG	3	PA; DO
PROVIGIL ORAL TABLET 200 MG	3	PA; QL
PROZAC ORAL CAPSULE 10 MG, 20 MG	3	ST; DO
PROZAC ORAL CAPSULE 40 MG	3	ST; QL
PROZAC WEEKLY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; QL
quetiapine oral tablet	1 or 1b*	
quetiapine oral tablet extended release 24 hr	3	ST
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR	3	PA
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	3	PA
REMERON ORAL TABLET	3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	
REXULTI ORAL TABLET	3	ST
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE	2	ST
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING	3	ST
RISPERDAL ORAL SOLUTION	3	ST
RISPERDAL ORAL TABLET	3	ST
risperidone oral solution	1 or 1b*	ST
risperidone oral tablet	1 or 1b*	
risperidone oral tablet,disintegrating	1 or 1b*	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	PA
RITALIN ORAL TABLET	3	PA

Drug Name	Tier	Notes
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET	3	ST
SARAFEM ORAL TABLET 10 MG	3	DO
SARAFEM ORAL TABLET 20 MG	3	
SEROQUEL ORAL TABLET	3	ST
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	ST
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG, 300 MG, 400 MG, 50 MG	2	
sertraline oral concentrate	1 or 1b*	QL
sertraline oral tablet 100 mg	1 or 1b*	QL
sertraline oral tablet 25 mg, 50 mg	1 or 1b*	DO
STRATTERA ORAL CAPSULE	3	PA
SURMONTIL ORAL CAPSULE	3	
SYMBYAX ORAL CAPSULE	3	
thioridazine oral tablet	1 or 1b*	
thiothixene oral capsule	1 or 1b*	
TOFRANIL ORAL TABLET	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
tranylcypromine oral tablet	1 or 1b*	
trazodone oral tablet	1 or 1a*	
trifluoperazine oral tablet	1 or 1b*	
trimipramine oral capsule	1 or 1b*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	DO
TRINTELLIX ORAL TABLET 20 MG	3	ST; QL
VALIUM ORAL TABLET	3	
venlafaxine oral capsule,extended release 24hr 150 mg	1 or 1b*	QL
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine oral tablet	1 or 1b*	QL

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

Effective 7/1/17

Drug Name	Tier	Notes
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg	1 or 1b*	QL
venlafaxine oral tablet extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
VERSACLOZ ORAL SUSPENSION	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG	3	ST; DO
VIIBRYD ORAL TABLET 40 MG	3	ST; QL
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL
VRAYLAR ORAL CAPSULE	3	ST
VRAYLAR ORAL CAPSULE,DOSE PACK	3	ST
VYVANSE ORAL CAPSULE	2	PA
VYVANSE ORAL TABLET,CHEWABLE	3	PA
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	3	DO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 150 MG, 200 MG	3	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	DO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL
XANAX ORAL TABLET	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
ziprasidone hcl oral capsule	1 or 1b*	
ZOLOFT ORAL CONCENTRATE	3	
ZOLOFT ORAL TABLET 100 MG	3	ST; QL
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	ST; DO
ZYPREXA INTRAMUSCULAR RECON SOLN	3	ST

Drug Name	Tier	Notes
ZYPREXA ORAL TABLET	3	ST
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ST
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	ST
SEDATIVE/HYPNOTICS		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	3	ST; QL
AMBIEN ORAL TABLET	3	ST; QL
AMYTAL INJECTION RECON SOLN	3	
ATIVAN INJECTION SOLUTION	3	
BELSOMRA ORAL TABLET	3	ST; QL
BUTISOL ORAL TABLET 30 MG	3	
DEXMEDETOMIDINE INTRAVENOUS SOLUTION	3	
DORAL ORAL TABLET	3	
EDLUAR SUBLINGUAL TABLET	3	ST; QL
estazolam oral tablet	1 or 1b*	
eszopiclone oral tablet	1 or 1b*	QL
flurazepam oral capsule	1 or 1b*	
HALCION ORAL TABLET 0.25 MG	3	
HETLIOZ ORAL CAPSULE	4	PA; QL; LD; SP
INTERMEZZO SUBLINGUAL TABLET	3	ST; QL
LORAZEPAM IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML)	3	
LORAZEPAM IN DEXTROSE 5 % INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML)	3	
lorazepam injection solution	1 or 1b*	
lorazepam injection syringe	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
LUNESTA ORAL TABLET	3	ST; QL
midazolam oral syrup 2 mg/ml	1 or 1b*	
NEMBUTAL SODIUM INJECTION SOLUTION	3	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution	1 or 1b*	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	3	
PRECEDEX INTRAVENOUS SOLUTION	3	
quazepam oral tablet	1 or 1b*	
RESTORIL ORAL CAPSULE	3	
ROZEREM ORAL TABLET	3	ST; QL
seconal sodium oral capsule	1 or 1b*	
SILENOR ORAL TABLET	3	ST; QL
SONATA ORAL CAPSULE	3	ST; QL
temazepam oral capsule	1 or 1b*	
triazolam oral tablet	1 or 1b*	
XYREM ORAL SOLUTION	3	PA; QL; LD; SP
zaleplon oral capsule	1 or 1b*	ST; QL
zolpidem oral tablet	1 or 1b*	QL
zolpidem oral tablet,ext release multiphase	1 or 1b*	ST; QL
zolpidem sublingual tablet	1 or 1b*	ST; QL
ZOLPIMIST ORAL SPRAY,NON-AEROSOL	3	ST; QL
SKIN PREPS		
ABSORICA ORAL CAPSULE	3	PA
ACANYA TOPICAL GEL WITH PUMP	2	
acetic acid irrigation solution	1 or 1b*	
acitretin oral capsule	1 or 1b*	
ACZONE TOPICAL GEL	3	

Drug Name	Tier	Notes
ACZONE TOPICAL GEL WITH PUMP	3	
adapalene topical cream	1 or 1b*	PA
adapalene topical gel	1 or 1b*	PA
adapalene topical gel with pump	1 or 1b*	PA
ADAPALENE TOPICAL LOTION	3	PA
ala-cort topical cream	1 or 1a*	
ALA-QUIN TOPICAL CREAM	3	
ALA-SCALP TOPICAL LOTION	3	ST
alclometasone topical cream	1 or 1b*	
alclometasone topical ointment	1 or 1b*	
ALCORTIN A TOPICAL GEL	3	
ALCORTIN A TOPICAL GEL IN PACKET	3	
ALDARA TOPICAL CREAM IN PACKET	3	ST; QL
ALEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	3	
ALEVICYN ANTIPRURITIC TOPICAL GEL	3	
ALEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL	3	
ALEVICYN PLUS TOPICAL COMBO PACK,CREAM AND GEL	3	
ALOQUIN TOPICAL GEL	3	
alphaquin hp topical cream	1 or 1b*	
ALTABAX TOPICAL OINTMENT	2	
amcinonide topical cream	3	ST
amcinonide topical lotion	3	ST
amcinonide topical ointment	3	ST
ammonium lactate topical cream	1 or 1b*	
ammonium lactate topical lotion	1 or 1b*	
AMPHADASE INJECTION SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ANALPRAM-HC TOPICAL LOTION	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	
apexicon e topical cream	3	ST
ARTISS TOPICAL SYRINGE	3	
ATOPICLAIR TOPICAL CREAM	3	
ATRALIN TOPICAL GEL	3	PA
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL	3	
AVAGE TOPICAL CREAM	3	PA
avita topical cream	1 or 1b*	PA
AVITA TOPICAL GEL	3	PA
avo cream topical emulsion	1 or 1b*	
AZELEX TOPICAL CREAM	3	PA
BEAU RX TOPICAL GEL	3	
BENSAL HP TOPICAL OINTMENT 3 %	3	
BENZACLIN PUMP TOPICAL GEL WITH PUMP	3	ST
BENZACLIN TOPICAL GEL	3	ST
BENZEFOAM ULTRA TOPICAL FOAM	3	PA
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	PA
benzebro topical towelette	1 or 1b*	PA
benzoyl peroxide topical cleanser 7 %	1 or 1b*	PA
benzoyl peroxide topical foam 5.3 %	1 or 1b*	PA
betamethasone dipropionate topical cream	3	ST
betamethasone dipropionate topical lotion	3	ST
betamethasone dipropionate topical ointment	3	ST
betamethasone valerate topical cream	3	ST

Drug Name	Tier	Notes
betamethasone valerate topical foam	3	ST
betamethasone valerate topical lotion	3	ST
betamethasone valerate topical ointment	3	ST
betamethasone, augmented topical cream	1 or 1b*	
betamethasone, augmented topical gel	1 or 1b*	ST
betamethasone, augmented topical lotion	1 or 1b*	ST
betamethasone, augmented topical ointment	1 or 1b*	
BIAFINE EMULSION TOPICAL EMULSION	3	
bimatoprost base of the eyelashes drops with applicator	1 or 1b*	
BIONECT TOPICAL CREAM	3	
BIONECT TOPICAL FOAM	3	
BIONECT TOPICAL GEL	3	
blanche topical cream	1 or 1b*	
bp-50% urea topical emulsion	1 or 1b*	
bpo topical gel	1 or 1b*	PA
bpo topical towelette 6 %	1 or 1b*	PA
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*	
CAPEX TOPICAL SHAMPOO	3	ST
cem-urea topical gel	1 or 1b*	
CERAMAX TOPICAL CREAM	3	
claravis oral capsule	2	PA
clindamycin-benzoyl peroxide topical gel	1 or 1b*	
clindamycin-benzoyl peroxide topical gel with pump	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
clindamycin-tretinoin topical gel	1 or 1b*	
clobetasol scalp solution	1 or 1b*	
clobetasol topical cream	1 or 1b*	
clobetasol topical foam	1 or 1b*	
clobetasol topical gel	1 or 1b*	
clobetasol topical lotion	1 or 1b*	
clobetasol topical ointment	1 or 1b*	
clobetasol topical shampoo	1 or 1b*	
clobetasol topical spray,non-aerosol	1 or 1b*	
clobetasol-emollient topical cream	1 or 1b*	
clobetasol-emollient topical foam	1 or 1b*	
CLOBEX TOPICAL LOTION	3	ST
CLOBEX TOPICAL SHAMPOO	3	ST
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST
CLOCORTOLONE PIVALATE TOPICAL CREAM	3	ST
clodan topical shampoo	1 or 1b*	
CLODERM TOPICAL CREAM	3	ST
COAL TAR TOPICAL SOLUTION	3	
CONDYLOX TOPICAL GEL	3	
CONDYLOX TOPICAL SOLUTION	3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
CORDRAN TOPICAL CREAM	3	ST
CORDRAN TOPICAL LOTION	3	ST
CORDRAN TOPICAL OINTMENT	3	ST
cormax scalp solution	1 or 1b*	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; QL; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP

Drug Name	Tier	Notes
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
COSENTYX SUBCUTANEOUS SYRINGE	4	PA; QL; SP
CUTIVATE TOPICAL CREAM	3	ST
CUTIVATE TOPICAL LOTION	3	ST
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL SCALP OIL	3	ST
DERMATOP TOPICAL CREAM	3	ST
DERMATOP TOPICAL OINTMENT	3	ST
dermazene topical cream	1 or 1b*	
DESONATE TOPICAL GEL	3	ST
desonide topical cream	3	ST
desonide topical lotion	3	ST
desonide topical ointment	3	ST
DESOWEN TOPICAL CREAM	3	
DESOWEN TOPICAL LOTION	3	
desoximetasone topical cream	3	ST
desoximetasone topical gel	3	ST
desoximetasone topical ointment	3	ST
DEXERYL TOPICAL CREAM	3	
diclofenac sodium topical drops	3	ST; QL
diclofenac sodium topical gel 1 %	1 or 1b*	QL
DICLOZOR TOPICAL KIT	3	ST
DIFFERIN TOPICAL CREAM	3	PA
DIFFERIN TOPICAL GEL	3	PA
DIFFERIN TOPICAL GEL WITH PUMP	3	PA
DIFFERIN TOPICAL LOTION	3	PA

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

Drug Name	Tier	Notes
diflorasone topical cream	3	ST
diflorasone topical ointment	3	ST
DIPROLENE AF TOPICAL CREAM	3	ST
DIPROLENE TOPICAL OINTMENT	3	ST
DOVONEX TOPICAL CREAM	3	
doxepin topical cream	1 or 1b*	
drithocreme hp topical cream	1 or 1b*	
DRYSOL TOPICAL SOLUTION	3	
DUAC TOPICAL GEL	3	ST
DUPIXENT SUBCUTANEOUS SYRINGE	4	PA; QL; SP
eletone topical cream	1 or 1b*	
ELIMITE TOPICAL CREAM	3	
ELOCON TOPICAL CREAM	3	ST
ELOCON TOPICAL OINTMENT	3	ST
emulsion sb topical emulsion	1 or 1b*	
ENSTILAR TOPICAL FOAM	3	
ENTTY TOPICAL SPRAY, NON-AEROSOL	3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	3	
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	PA
EPIDUO TOPICAL GEL WITH PUMP	3	PA
EPIFOAM TOPICAL FOAM	3	
EUCRISA TOPICAL OINTMENT	3	PA
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
FABIOR TOPICAL FOAM	3	PA
FINACEA TOPICAL FOAM	2	
FINACEA TOPICAL GEL	2	

Drug Name	Tier	Notes
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	ST; QL
fluocinolone and shower cap scalp oil	3	ST
fluocinolone topical cream	3	ST
fluocinolone topical oil	3	ST
fluocinolone topical ointment	3	ST
fluocinolone topical solution	3	ST
fluocinonide topical cream	1 or 1b*	
fluocinonide topical gel	1 or 1b*	ST
fluocinonide topical ointment	1 or 1b*	
fluocinonide topical solution	1 or 1b*	
fluocinonide-e topical cream	1 or 1b*	
fluocinonide-emollient topical cream	1 or 1b*	
flurandrenolide topical cream	3	ST
flurandrenolide topical lotion	3	
flurandrenolide topical ointment	3	
fluticasone topical cream	3	ST
fluticasone topical lotion	3	ST
fluticasone topical ointment	3	ST
forma-ray solution	1 or 1b*	
GENADUR TOPICAL LIQUID	3	
GORDONS UREA TOPICAL OINTMENT	3	
GUAIACOL LIQUID	3	
halobetasol propionate topical cream	1 or 1b*	
halobetasol propionate topical ointment	1 or 1b*	
HALOG TOPICAL CREAM	3	ST
HALOG TOPICAL OINTMENT	3	ST
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 PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM	3	
hpr topical foam	1 or 1b*	

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

Effective 7/1/17

Drug Name	Tier	Notes
HYDRO 35 TOPICAL FOAM	3	
HYDRO 40 TOPICAL FOAM	3	
hydrocortisone butyrate topical cream	3	ST
hydrocortisone butyrate topical ointment	3	ST
hydrocortisone butyrate topical solution	3	ST
hydrocortisone butyr-emollient topical cream	3	ST
hydrocortisone topical cream 1 %, 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 1 %, 2.5 %	1 or 1a*	
hydrocortisone valerate topical cream	3	ST
hydrocortisone valerate topical ointment	3	ST
hydrocortisone-iodoquinol-aloe topical cream in packet	1 or 1b*	
hydrocortisone-min oil-wht pet topical ointment	1 or 1a*	
hydrocortisone-pramoxine topical cream	1 or 1b*	
hydroquinone microspheres topical cream,extended release	1 or 1b*	
hydroquinone topical cream	1 or 1b*	
HYGEL TOPICAL GEL	3	
HYLATOPIC TOPICAL FOAM	3	
HYLATOPICPLUS TOPICAL CREAM	3	
HYLATOPICPLUS TOPICAL FOAM	3	
HYLATOPICPLUS TOPICAL LOTION	3	
imiquimod topical cream in packet	1 or 1b*	QL
IODOFLEX TOPICAL PADS, MEDICATED	3	
iodoquinol-hc topical cream	1 or 1b*	

Drug Name	Tier	Notes
IODOSORB TOPICAL GEL	3	
KENALOG TOPICAL AEROSOL	3	ST
KERAFOAM TOPICAL FOAM	3	
KERALAC TOPICAL CREAM	3	
KLARON TOPICAL SUSPENSION	3	
klofensaid ii topical drops	3	ST; QL
lactated ringers irrigation solution	1 or 1b*	
lactic acid e topical cream	1 or 1b*	
lactic acid topical lotion	1 or 1b*	
LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR	3	
latrix topical suspension	1 or 1b*	
lindane topical shampoo	1 or 1b*	
LOCOID LIPOCREAM TOPICAL CREAM	3	ST
LOCOID TOPICAL CREAM	3	ST
LOCOID TOPICAL LOTION	3	ST
LOCOID TOPICAL OINTMENT	3	ST
LOCOID TOPICAL SOLUTION	3	ST
LOUTREX TOPICAL CREAM	3	
lugols topical solution	1 or 1b*	
luxamend topical cream	1 or 1b*	
LUXIQ TOPICAL FOAM	3	ST
LYCELLE TOPICAL GEL	3	
malathion topical lotion	1 or 1b*	
melpaque hp topical cream	1 or 1b*	
melquin 3 topical solution	1 or 1b*	
methoxsalen oral capsule,liqd-filled,rapid rel	1 or 1b*	SP
METROCREAM TOPICAL CREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
METROGEL TOPICAL GEL WITH PUMP	3	ST

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

Effective 7/1/17

Drug Name	Tier	Notes
METROLOTIION TOPICAL LOTION	3	ST
metronidazole topical cream	1 or 1b*	
metronidazole topical gel	1 or 1b*	
metronidazole topical gel with pump	1 or 1b*	
metronidazole topical lotion	1 or 1b*	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	
MICROCYN HYDROGEL TOPICAL GEL	3	
MICROCYN TOPICAL SPRAY, NON-AEROSOL	3	
MIRVASO TOPICAL GEL	3	
MIRVASO TOPICAL GEL WITH PUMP	3	
mometasone topical cream	1 or 1b*	
mometasone topical ointment	1 or 1b*	
mometasone topical solution	1 or 1b*	
myorisan oral capsule	2	PA
NATROBA TOPICAL SUSPENSION	3	
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
NEOSALUS TOPICAL CREAM	3	
NEOSALUS TOPICAL FOAM	3	
NEOSALUS TOPICAL LOTION	3	
NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION	3	
neuac topical gel	1 or 1b*	
nivatopic plus topical cream	1 or 1b*	
nolix topical lotion	3	ST
NORITATE TOPICAL CREAM	3	ST
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR	3	
NUCORT TOPICAL LOTION	3	
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION	3	

Drug Name	Tier	Notes
NUOX TOPICAL GEL	3	
NUTRIARX TOPICAL KIT	3	
NUVAIL TOPICAL NAIL FILM SOLUTION	3	
OLUX TOPICAL FOAM	3	ST
OLUX-E TOPICAL FOAM	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER, EXTENDED RELEASE	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE TOPICAL CLEANSER	3	
OVIDE TOPICAL LOTION	3	
OXSORALEN ULTRA ORAL CAPSULE, LIQD- FILLED, RAPID REL	3	SP
PANDEL TOPICAL CREAM	3	ST
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; QL
permethrin topical cream	1 or 1b*	
PHENOL LIQUID	3	
PHLAG SPRAY TOPICAL SPRAY, NON- AEROSOL	3	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
PODOCON TOPICAL LIQUID	3	
podofilox topical solution	1 or 1b*	
POTASSIUM HYDROXIDE TOPICAL SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	PA
pr cream topical cream	1 or 1b*	
PRAMOSONE E TOPICAL CREAM	3	
PRAMOSONE TOPICAL CREAM 1-1 %	2	
PRAMOSONE TOPICAL CREAM 2.5-1 %	3	
PRAMOSONE TOPICAL LOTION	2	
PRAMOSONE TOPICAL OINTMENT	2	
prednicarbate topical cream	3	ST
prednicarbate topical ointment	3	ST
PRESERA TOPICAL FOAM	3	
PROCTOCORT TOPICAL CREAM	3	
procto-med hc topical cream with perineal applicator	1 or 1b*	
procto-pak topical cream with perineal applicator	1 or 1b*	
proctosol hc topical cream with perineal applicator	1 or 1b*	
proctozone-hc topical cream with perineal applicator	1 or 1b*	
PROMISEB TOPICAL CREAM	3	
pruclair topical cream	1 or 1b*	
prudoxin topical cream	1 or 1b*	
prumyx topical cream	1 or 1b*	
protect topical emulsion	1 or 1b*	
PSORCON TOPICAL CREAM	3	ST
PYROGALLIC ACID TOPICAL OINTMENT	3	
QUTENZA TOPICAL KIT	2	LD; SP
rea lo 39 topical cream	1 or 1b*	
rea lo 40 topical lotion	1 or 1b*	
recedo topical gel	1 or 1b*	
refissa topical cream	1 or 1b*	PA
REGRANEX TOPICAL GEL	3	
remeven topical cream	1 or 1b*	

Drug Name	Tier	Notes
RENOVA TOPICAL CREAM 0.02 %	3	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP	3	PA
RETIN-A MICRO TOPICAL GEL	3	PA
RETIN-A TOPICAL CREAM	3	PA
RETIN-A TOPICAL GEL	3	PA
RHOFADE TOPICAL CREAM	3	
ringer's irrigation solution	1 or 1b*	
rosadan topical cream	1 or 1b*	
rosadan topical gel	1 or 1b*	
RYNODERM TOPICAL CREAM	3	
salacyn topical cream	1 or 1b*	
salacyn topical lotion	1 or 1b*	
SALEX TOPICAL SHAMPOO	3	
salicylic acid topical cream	1 or 1b*	
salicylic acid topical cream,extended release	1 or 1b*	
salicylic acid topical foam	1 or 1b*	
salicylic acid topical gel	1 or 1b*	
salicylic acid topical lotion	1 or 1b*	
salicylic acid topical lotion,extended release	1 or 1b*	
salicylic acid topical shampoo	1 or 1b*	
SALKERA TOPICAL FOAM	3	
SALVAX DUO PLUS TOPICAL FOAM	3	
salvax topical foam	1 or 1b*	
SANTYL TOPICAL OINTMENT	3	
scalacort topical lotion	1 or 1a*	
seb-prev topical cleanser	1 or 1b*	
SEBUDERM TOPICAL GEL	3	
selenium sulfide topical lotion	1 or 1a*	
selenium sulfide topical shampoo 2.25 %	1 or 1a*	

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

Effective 7/1/17

Drug Name	Tier	Notes
SELRX TOPICAL SHAMPOO	3	
SERNIVO TOPICAL SPRAY WITH PUMP	3	
silver nitrate applicators topical stick	1 or 1b*	
silver nitrate topical ointment	1 or 1b*	
silver nitrate topical solution	1 or 1b*	
SILVRSTAT TOPICAL GEL	3	
SKLICE TOPICAL LOTION	3	
sodium chloride irrigation solution	1 or 1b*	
sonafine topical emulsion	1 or 1b*	
SOOLANTRA TOPICAL CREAM	3	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL URETHRAL SOLUTION	3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX TOPICAL FOAM	3	
sp antipruritic topical gel	1 or 1b*	
sp scar management topical gel with pump	1 or 1b*	
spinosad topical suspension	1 or 1b*	
sulfacetamide sodium (acne) topical suspension	1 or 1b*	
sulfacetamide sodium topical cleanser	1 or 1b*	
SULFACETAMIDE SODIUM TOPICAL CLEANSER, GEL	3	
sulfacetamide sodium topical shampoo	1 or 1b*	
SYNALAR CREAM KIT TOPICAL CREAM	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST
SYNALAR TOPICAL OINTMENT	3	ST

Drug Name	Tier	Notes
SYNALAR TOPICAL SOLUTION	3	ST
TACLONEX TOPICAL OINTMENT	3	
TACLONEX TOPICAL SUSPENSION	3	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL; SP
TALTZ SYRINGE (2 PACK) SUBCUTANEOUS SYRINGE	4	PA; QL; SP
TALTZ SYRINGE (3 PACK) SUBCUTANEOUS SYRINGE	4	PA; QL; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	4	PA; QL; SP
tazarotene topical cream	1 or 1b*	
TAZORAC TOPICAL CREAM 0.05 %	2	
TAZORAC TOPICAL CREAM 0.1 %	3	
TAZORAC TOPICAL GEL	2	
TEMOVATE TOPICAL CREAM	3	ST
TEMOVATE TOPICAL OINTMENT	3	ST
TERSI FOAM TOPICAL FOAM	3	
TETRIX TOPICAL CREAM	3	
TEXACORT TOPICAL SOLUTION	3	ST
tis-u-sol pentalyte irrigation solution	1 or 1b*	
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST

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

Drug Name	Tier	Notes
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	ST
tretinoin (emollient) topical cream	1 or 1b*	PA
tretinoin microspheres topical gel	1 or 1b*	PA
tretinoin microspheres topical gel with pump	1 or 1b*	PA
tretinoin topical cream	1 or 1b*	PA
tretinoin topical gel	1 or 1b*	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	PA
triamcinolone acetonide topical aerosol	1 or 1a*	
triamcinolone acetonide topical cream 0.025 %	1 or 1a*	
triamcinolone acetonide topical cream 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetonide topical lotion	1 or 1a*	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %	1 or 1a*	
triamcinolone acetonide topical ointment 0.5 %	1 or 1a*	QL
trianex topical ointment	1 or 1a*	
tri-chlor topical solution	1 or 1b*	
TRICHLOROACETIC ACID TOPICAL RECON SOLN 25 %, 75 %	3	
triderm topical cream	1 or 1a*	
TRIDESILON TOPICAL CREAM	3	
TRI-LUMA TOPICAL CREAM	3	
ULESFIA TOPICAL LOTION	3	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL	3	
ULTRAVATE TOPICAL CREAM	3	ST
ULTRAVATE TOPICAL LOTION	3	
ULTRAVATE TOPICAL OINTMENT	3	ST
umecta topical foam	1 or 1b*	

Drug Name	Tier	Notes
urea nail stick topical solution	1 or 1b*	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	1 or 1b*	
urea topical foam	1 or 1b*	
urea topical gel	1 or 1b*	
UREA TOPICAL LOTION 40 %	3	
urea topical lotion 45 %	1 or 1b*	
ure-k topical cream	1 or 1b*	
UREVAZ TOPICAL CREAM	3	
UTOPIC TOPICAL CREAM	3	
VANIQA TOPICAL CREAM	3	
VANOS TOPICAL CREAM	3	ST
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	3	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION	3	
VECTICAL TOPICAL OINTMENT	3	
VELTIN TOPICAL GEL	3	ST
VERDESO TOPICAL FOAM	3	ST
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL	3	
VITRASE INJECTION SOLUTION	3	
VOLTAREN TOPICAL GEL	3	ST; QL
VYTONE TOPICAL CREAM IN PACKET	3	
water for irrigation, sterile irrigation solution	1 or 1b*	
XCLAIR TOPICAL CREAM	3	
XILAPAK TOPICAL KIT	3	
zenatane oral capsule	2	PA
ZIANA TOPICAL GEL	3	ST
ZITHRANOL TOPICAL SHAMPOO	3	
ZONALON TOPICAL CREAM	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; QL
ZYCLARA TOPICAL CREAM IN PACKET	3	ST; QL
SMOKING DETERRENENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	1 or 1b*	PA; QL
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	PA; QL
CHANTIX ORAL TABLET	3	PA; QL
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	PA; QL
NICOTROL INHALATION CARTRIDGE	3	PA
NICOTROL NS NASAL SPRAY,NON-AEROSOL	3	PA
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; QL
THYROID PREPS		
ARMOUR THYROID ORAL TABLET	2	
CYTOMEL ORAL TABLET	3	
LEVO-T ORAL TABLET	3	
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	
levothyroxine intravenous recon soln 200 mcg, 500 mcg	1 or 1a*	
levothyroxine oral tablet	1 or 1a*	
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 1b*	
np thyroid oral tablet	1 or 1b*	

Drug Name	Tier	Notes
propylthiouracil oral tablet	1 or 1b*	
SYNTHROID ORAL TABLET	2	
TAPAZOLE ORAL TABLET	3	
THYROGEN INTRAMUSCULAR RECON SOLN	3	LD; SP
THYROLAR-1 ORAL TABLET	3	
THYROLAR-1/2 ORAL TABLET	3	
THYROLAR-1/4 ORAL TABLET	3	
THYROLAR-2 ORAL TABLET	3	
THYROLAR-3 ORAL TABLET	3	
TIROSINT ORAL CAPSULE	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
unithroid oral tablet	1 or 1a*	
westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1 or 1b*	
WP THYROID ORAL TABLET	3	
UNCLASSIFIED DRUG PRODUCTS		
acamprosate oral tablet,delayed release (dr/ec)	1 or 1b*	QL
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ACTONEL ORAL TABLET	3	QL
ADAGEN INTRAMUSCULAR SOLUTION	4	LD
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; SP
alendronate oral solution	1 or 1b*	
alendronate oral tablet	1 or 1b*	QL
alfuzosin 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.

Effective 7/1/17

Drug Name	Tier	Notes
ALLER EX-VENOM-MIX VESPID PROT INJECTION RECON SOLN	3	
ALLER EX-VENOM-WHT HORNET PROT INJECTION RECON SOLN	3	
ALLER EX-VENOM-YLW HORNET PROT INJECTION RECON SOLN	3	
ALLER EX-VENOM-YLW JACKET PROT INJECTION RECON SOLN	3	
ALLERGEN EXT-VENOM-HONEY BEE INJECTION RECON SOLN	3	
ALLERGEN EX-VENOM-WASP PROTEIN INJECTION RECON SOLN	3	
amifostine crystalline intravenous recon soln	1 or 1b*	SP
ANTABUSE ORAL TABLET	3	
APLIGRAF TOPICAL DISK	3	
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY	3	
ARALAST NP INTRAVENOUS RECON SOLN	4	PA; LD; SP
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; QL; LD; SP
AELVIA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	QL
AVODART ORAL CAPSULE	3	
bacteriostatic water(parabens) injection solution	1 or 1b*	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	PA
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; SP

Drug Name	Tier	Notes
BERINERT INTRAVENOUS KIT	4	PA; LD
BINOSTO ORAL TABLET, EFFERVESCENT	3	QL
BONIVA INTRAVENOUS SYRINGE	4	
BONIVA ORAL TABLET	3	ST; QL
BRIDION INTRAVENOUS SOLUTION	3	
BUNAVAIL BUCCAL FILM	3	QL
buprenorphine hcl sublingual tablet	1 or 1b*	QL
buprenorphine-naloxone sublingual tablet	1 or 1b*	QL
BUTYLATED HYDROXYTOLUENE POWDER	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	3	PA
CAPHOSOL MUCOUS MEMBRANE SOLUTION	3	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	LD
CARDIOVID PLUS ORAL CAPSULE	3	
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARTICEL IMPLANT SUSPENSION	3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA
CAVERJECT INTRACAVERNOSAL RECON SOLN	3	PA
CELLULOSE (BULK) POWDER	3	
CERDELGA ORAL CAPSULE	4	PA; SP

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

Effective 7/1/17

Drug Name	Tier	Notes
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; SP
CETYLEV ORAL TABLET, EFFERVESCENT	3	
CHEMET ORAL CAPSULE	3	PA
chlorhexidine gluconate mucous membrane mouthwash	1 or 1a*	
CIALIS ORAL TABLET 10 MG, 20 MG	2	PA
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
CO-BALAMIN ORAL CAPSULE	3	
CONCEPTION KIT	3	
CO-VERATROL ORAL CAPSULE	3	
cryoserv solution	1 or 1b*	
CUROSURF INTRATRACHEAL SUSPENSION	3	
CYANOKIT INTRAVENOUS RECON SOLN	3	
CYSTADANE ORAL POWDER	3	LD
CYSTAGON ORAL CAPSULE	4	LD
darifenacin oral tablet extended release 24 hr	1 or 1b*	ST
DEBACTEROL MUCOUS MEMBRANE SOLUTION	3	
DEBACTEROL MUCOUS MEMBRANE SWAB	3	
deferoxamine injection recon soln	4	PA; SP
DERMACINRX CLORHEXACIN TOPICAL KIT	3	
DERMAGRAFT TOPICAL SHEET	3	
DESFERAL INJECTION RECON SOLN	4	PA; SP

Drug Name	Tier	Notes
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
DETROL ORAL TABLET	3	ST
dexrazoxane hcl intravenous recon soln	1 or 1b*	SP
DIGIFAB INTRAVENOUS RECON SOLN	3	
DILUENT FOR EPOPROSTENOL/FLOL A INTRAVENOUS SOLUTION	3	LD
disulfiram oral tablet	1 or 1b*	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST
doxercalciferol intravenous solution	1 or 1b*	
doxercalciferol oral capsule	1 or 1b*	
doxycycline hyclate oral tablet 20 mg	1 or 1b*	
DUODOTE INTRAMUSCULAR PEN INJECTOR	3	
dutasteride oral capsule	1 or 1b*	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1 or 1b*	
EDEX INTRACAVERNOSAL KIT	3	PA
ELAPRASE INTRAVENOUS SOLUTION	4	PA
ELELYSO INTRAVENOUS RECON SOLN	4	PA; LD; SP
ELLIOTTS B (PF) INTRATHECAL SOLUTION	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
ENDOFORM FENESTRATED TOPICAL SHEET	3	
ENDOFORM TOPICAL SHEET 2 X 2 ", 4 X 5 "	3	
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
ESBRIET ORAL CAPSULE	4	PA; QL; LD; SP
ESBRIET ORAL TABLET	4	PA; QL; SP
ethyl acetate liquid	1 or 1b*	
ETHYOL INTRAVENOUS RECON SOLN	3	SP
etidronate disodium oral tablet	1 or 1b*	
EUCALYPTUS FLAVOR OIL	3	
EVISTA ORAL TABLET	3	
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN	4	PA; SP
FERRIPROX ORAL SOLUTION	4	PA; LD
FERRIPROX ORAL TABLET	4	PA; LD
finasteride oral tablet	1 or 1b*	
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; SP
flavoxate oral tablet	1 or 1b*	
FLOMAX ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
flumazenil intravenous solution	1 or 1b*	
fomepizole intravenous solution	1 or 1b*	
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
FOSAMAX ORAL TABLET 70 MG	3	QL
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT	2	QL
FOSAMAX PLUS D ORAL TABLET 70 MG-5,600 UNIT	2	
FUSILEV INTRAVENOUS RECON SOLN	3	PA
GALZIN ORAL CAPSULE	3	

Drug Name	Tier	Notes
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	ST
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST
GELX MUCOUS MEMBRANE GEL	3	
GLASSIA INTRAVENOUS SOLUTION	4	PA; LD; SP
HECTOROL INTRAVENOUS SOLUTION	3	
HECTOROL ORAL CAPSULE	3	
HYLENEX INJECTION SOLUTION	3	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
ibandronate intravenous solution	1 or 1b*	
ibandronate intravenous syringe	4	
ibandronate oral tablet	1 or 1b*	ST; QL
ILARIS (PF) SUBCUTANEOUS RECON SOLN	4	PA; QL; LD; SP
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; QL; SP
INFASURF INTRATRACHEAL SUSPENSION	3	
JADENU ORAL TABLET	4	PA; SP
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LD; SP
KALYDECO ORAL GRANULES IN PACKET	4	PA; QL; SP
KALYDECO ORAL TABLET	4	PA; QL; SP

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

Effective 7/1/17

Drug Name	Tier	Notes
KANUMA INTRAVENOUS SOLUTION	3	PA; SP
KERAMATRIX TOPICAL SHEET	3	
KEVEYIS ORAL TABLET	4	PA; QL; LD
KUVAN ORAL POWDER IN PACKET	4	PA; LD; SP
KUVAN ORAL TABLET, SOLUBLE	4	PA; LD; SP
leucovorin calcium injection recon soln	1 or 1b*	
leucovorin calcium oral tablet	1 or 1b*	
levocarnitine (with sugar) oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	3	
levoleucovorin intravenous recon soln 50 mg	1 or 1b*	PA
levoleucovorin intravenous solution	1 or 1b*	
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; SP
MACI IMPLANT SHEET	3	
MEGACE ES ORAL SUSPENSION	3	
MEGACE ORAL SUSPENSION	3	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1 or 1b*	
mesna intravenous solution	1 or 1b*	
MESNEX INTRAVENOUS SOLUTION	3	
MESNEX ORAL TABLET	2	
METASTRON INTRAVENOUS SOLUTION	3	
METHAZEL ORAL CAPSULE	3	
methylene blue (antidote) intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
MIFEPREX ORAL TABLET	3	
MUGARD MUCOUS MEMBRANE SOLUTION	3	
MURI-LUBE OIL	2	
MUSE URETHRAL SUPPOSITORY	3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; LD; SP
nebulal inhalation solution for nebulization 3 %	1 or 1b*	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	2	
NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET	3	
NEXAVIR INJECTION SOLUTION	3	
niacin-aze ac-turmer-fa-b6-zn oral tablet	1 or 1b*	
NICADAN ORAL TABLET	3	
NICAZEL FORTE ORAL TABLET	3	
NICAZEL ORAL TABLET	3	
NITHIODOTE INTRAVENOUS SOLUTION	3	
NUMOISYN MUCOUS MEMBRANE LIQUID	3	
NUMOISYN MUCOUS MEMBRANE LOZENGE	3	
OFEV ORAL CAPSULE	4	PA; QL; LD; SP
ORAFATE MUCOUS MEMBRANE PASTE	3	
oralone dental paste	1 or 1b*	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
ORFADIN ORAL CAPSULE	4	LD
ORFADIN ORAL SUSPENSION	4	LD

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

Effective 7/1/17

Drug Name	Tier	Notes
ORKAMBI ORAL TABLET	4	PA; QL; LD; SP
OSPHENA ORAL TABLET	3	PA; QL
oxybutynin chloride oral syrup	1 or 1b*	
oxybutynin chloride oral tablet	1 or 1b*	
oxybutynin chloride oral tablet extended release 24hr	1 or 1b*	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST
pamidronate intravenous recon soln	4	SP
pamidronate intravenous solution	4	SP
PANHEMATIN INTRAVENOUS RECON SOLN	3	
PAPAVERINE-ALPROSTADIL-WATER INTRACAVERNOSAL SOLUTION	3	
PAPAV-PHENTOLAM-ALPROST-WATER INTRACAVERNOSAL SOLUTION	3	
PAPAV-PHENTOLAMINE IN WATER INTRACAVERNOSAL SOLUTION	3	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
paricalcitol intravenous solution	1 or 1b*	
paricalcitol oral capsule	1 or 1b*	
paroex oral rinse mucous membrane mouthwash	1 or 1a*	
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	
periogard mucous membrane mouthwash	1 or 1a*	
PH 12 DILUENT FOR FLOLAN INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
PHENTOLAM-ALPROSTADIL IN WATER INTRACAVERNOSAL SOLUTION	3	
PRALIDOXIME INTRAMUSCULAR PEN INJECTOR	3	
PROBUPHINE SUBDERMAL IMPLANT	3	PA
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	ST; LD; SP
PROLASTIN-C INTRAVENOUS RECON SOLN	4	PA; LD
PROLIA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
PROPECIA ORAL TABLET	3	
PROSCAR ORAL TABLET	3	
PROTHELIAL MUCOUS MEMBRANE PASTE	3	LD
PROTOPAM CHLORIDE INJECTION RECON SOLN	3	
PROVAYBLUE INTRAVENOUS SOLUTION	3	
pulmosal inhalation solution for nebulization	1 or 1b*	
PULMOZYME INHALATION SOLUTION	4	SP
Q-CARE RX Q2 KIT	3	
Q-CARE RX Q4 KIT	3	
QUADRAMET INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
raloxifene oral tablet	1 or 1b*	
RAPAFLO ORAL CAPSULE	3	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
RECLAST INTRAVENOUS PIGGYBACK	4	SP
risedronate oral tablet	1 or 1b*	QL
risedronate oral tablet,delayed release (dr/ec)	1 or 1b*	QL
RUCONEST INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET	3	
SALIVATERX MUCOUS MEMBRANE POWDER IN PACKET	3	
SAVELLA ORAL TABLET	2	QL
SAVELLA ORAL TABLETS,DOSE PACK	2	QL
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	
SENSIPAR ORAL TABLET	4	
SOD POLYSULFATHIONATE- FOLIC ACID ORAL CAPSULE 400-1 MG	3	
sodium chlor 0.9% bacteriostat injection solution	1 or 1b*	
sodium chloride inhalation solution for nebulization	1 or 1b*	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
sodium succinate powder	1 or 1b*	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	1 or 1b*	
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; QL; LD; SP
sorbitol solution 70 %	1 or 1b*	
STERILE TALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION	3	
sterile water for injection injection solution	1 or 1b*	

Drug Name	Tier	Notes
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; LD
SUBOXONE SUBLINGUAL FILM	2	QL
SULFZIX (FOLIC ACID) ORAL CAPSULE 400-1 MG	3	
SURFAXIN INTRATRACHEAL SUSPENSION	3	
SURVANTA INTRATRACHEAL SUSPENSION	3	
SYPRINE ORAL CAPSULE	2	PA; SP
tamsulosin oral capsule,extended release 24hr	1 or 1b*	
THIOLA ORAL TABLET	3	PA; QL
tolterodine oral capsule,extended release 24hr	1 or 1b*	
tolterodine oral tablet	1 or 1b*	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
triamcinolone acetonide dental paste	1 or 1b*	
trospium oral capsule,extended release 24hr	1 or 1b*	
trospium oral tablet	1 or 1b*	
TYBOST ORAL TABLET	3	
TYSABRI INTRAVENOUS SOLUTION	4	PA; LD; SP
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	
VESICARE ORAL TABLET	3	
VIAGRA ORAL TABLET	2	PA
VIMIZIM INTRAVENOUS SOLUTION	4	PA; LD; SP
VISTOGARD ORAL GRANULES IN PACKET	3	PA; QL; LD
VISUDYNE INTRAVENOUS RECON SOLN	4	SP

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

Effective 7/1/17

Drug Name	Tier	Notes
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	PA; SP
VORAXAZE INTRAVENOUS RECON SOLN	3	
VPRIV INTRAVENOUS RECON SOLN	4	PA; SP
vp-zel oral tablet	1 or 1b*	
water for inject, bacteriostat injection solution	1 or 1b*	
water for injection, sterile injection solution	1 or 1b*	
water for injection, sterile intravenous parenteral solution	1 or 1b*	
XGEVA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
XIAFLEX INJECTION RECON SOLN	4	PA; LD; SP
XOFIGO INTRAVENOUS SOLUTION	3	PA
ZAVESCA ORAL CAPSULE	4	PA; LD; SP
ZEMAIRA INTRAVENOUS RECON SOLN	4	PA; LD; SP
ZEMPLAR INTRAVENOUS SOLUTION	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN	3	SP
zoledronic acid intravenous recon soln	1 or 1b*	PA; SP
zoledronic acid intravenous solution	1 or 1b*	PA; SP
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK	3	SP
ZOLEDRONIC AC-MANNITOL-0.9NAACL INTRAVENOUS PIGGYBACK	4	SP

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

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

Effective 7/1/17

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

Drug Name	Tier	Notes
M.V.I.-12 (WITHOUT VITAMIN K) INTRAVENOUS SOLUTION	3	
MACUVEX ORAL CAPSULE	3	
MACUZIN ORAL CAPSULE	3	
MEPHYTON ORAL TABLET	2	
METHAVER ORAL CAPSULE	3	
multi-vit with fluoride-iron oral drops	1 or 1b*	
multi-vitamin with fluoride oral drops	1 or 1b*	
multivitamin with fluoride oral tablet,chewable	1 or 1b*	
multi-vitamin with fluoride oral tablet,chewable	1 or 1b*	
multivitamins with fluoride oral tablet,chewable	1 or 1b*	
mvc-fluoride oral tablet,chewable	1 or 1b*	
mynephrocaps oral capsule	1 or 1b*	
mynephron oral capsule	1 or 1b*	
NASCOBAL NASAL SPRAY,NON-AEROSOL	3	
nephplex rx oral tablet	1 or 1b*	
NEPHROCAPS ORAL CAPSULE	3	
NEPHROCAPS QT ORAL TABLET,DISINTEGRATING	3	
nephro-vite rx oral tablet	1 or 1b*	
NEURIN-SL SUBLINGUAL TABLET	3	
NICOMIDE (SELENIUM-CHROMIUM) ORAL TABLET	3	
NICOMIDE ORAL TABLET	3	
NIVA-FOL ORAL TABLET	3	
NUTRICAP ORAL TABLET	3	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	

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

Effective 7/1/17

Drug Name	Tier	Notes
POLY-VI-FLOR FS ORAL FILM	3	
POLY-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC	3	
POLY-VI-FLOR ORAL TABLET,CHEWABLE	3	
POLY-VI-FLOR WITH IRON ORAL DROPS,SUSPENSION BIPHASIC	3	
POLY-VI-FLOR WITH IRON ORAL TABLET,CHEWABLE	3	
POTABA ORAL CAPSULE	3	
PROTECT IRON ORAL TABLET	3	
PURALOR CI ORAL TABLET,CHEW,IR - DR,BIPHASE	3	
pyridoxine (vitamin b6) injection solution	1 or 1b*	
QUFLORA FE (FERROUS SULFATE) ORAL DROPS	3	
QUFLORA FE ORAL TABLET,CHEWABLE	3	
QUFLORA PEDIATRIC DROPS ORAL DROPS	3	
QUFLORA PEDIATRIC ORAL TABLET,CHEWABLE	3	
renal caps oral capsule	1 or 1b*	
rena-vite rx oral tablet	1 or 1b*	
reno caps oral capsule	1 or 1b*	
REQ49+ ORAL TABLET	3	
ROCALTROL ORAL CAPSULE	3	
ROCALTROL ORAL SOLUTION	3	
ROXIFOL-D ORAL TABLET	3	
STROVITE FORTE ORAL TABLET	3	
STROVITE ONE ORAL TABLET	3	
SUPERVITE ORAL LIQUID	3	
TEXAVITE LQ ORAL DROPS	3	

Drug Name	Tier	Notes
thiamine hcl (vitamin b1) injection solution	1 or 1b*	
tl gard rx oral tablet	1 or 1b*	
triphrocaps oral capsule	1 or 1b*	
triple vitamin with fluoride oral drops	1 or 1b*	
TRI-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC	3	
tri-vit with fluoride and iron oral drops	1 or 1b*	
tri-vitamin with fluoride oral drops	1 or 1b*	
UDAMIN SP ORAL TABLET	3	
v-c forte oral capsule	1 or 1b*	
vic-forte oral capsule	1 or 1b*	
VIRT-CAPS ORAL CAPSULE	3	
virt-gard oral tablet	1 or 1b*	
virt-vite forte oral tablet	1 or 1b*	
virt-vite oral tablet	1 or 1b*	
VIRT-VITE PLUS ORAL TABLET	3	
vit 3 oral capsule	1 or 1b*	
VITAL-D RX ORAL TABLET	3	
vitamin d2 oral capsule	1 or 1a*	
vitamin k injection solution	1 or 1b*	
vitamin k1 injection solution	1 or 1b*	
vitamins a,c,d and fluoride oral drops	1 or 1b*	
VITA-RESPA ORAL TABLET	3	
vol-care rx oral tablet	1 or 1b*	
vp-vite rx oral tablet	1 or 1b*	
XYZBAC ORAL TABLET	3	
zolate oral capsule	1 or 1b*	

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

Effective 7/1/17

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

Effective 7/1/17

KEY

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

LD = LIMITED DISTRIBUTION. Limited distribution drugs are those drugs that are available only through select pharmacies or wholesalers as determined by the manufacturer.

SP = SPECIALTY DRUGS. This specialty drug may be required to be dispensed through a specialty pharmacy.

PA = PRIOR AUTHORIZATION REQUIRED. Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled.

QL = QUANTITY LIMITS. Certain prescription medications have specific quantity limits per prescription or per month.

ST = STEP THERAPY REQUIRED. You may need to use one medication before benefits for the use of another medication can be authorized.

DO = DOSE OPTIMIZATION REQUIRED. Normally this means switching from taking a drug twice a day to taking it once a day (at a higher strength).

Drug(s) may be excluded based on your plan's benefit design. If you have additional questions about your prescription benefits please call the Member Services number on your ID card.

Most plans include our home delivery program at no extra cost to you. Find out more by going online to [anthem.com/ca](https://www.anthem.com/ca) or call 866-297-1013.

**For more information, please visit
anthem.com/ca/pharmacyinformation**

If you have additional questions about your prescription benefits please call the Member Services number on your ID card.

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

For the most current version of this prescription drug list, please visit anthem.com/ca/pharmacyinformation.



Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Express Scripts, Inc. is a separate company that manages the pharmacy benefit services for members of our health plans.
Rev. 2/17