

Essential Drug List

Drug list — Three 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.

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/pharmacyinformation](https://www.anthem.com/pharmacyinformation). For additional information about your pharmacy benefit, please call the Member Services number on your ID card.

Essential Drug List

What is a drug list?

The drug list (also called a formulary) is a list of prescription 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 the highest 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 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).

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.

**Essential Drug list
Three Tier**

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CURRENT AS OF 4/1/2017

Drug Name	Tier	Notes
ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	1 or 1b*	QL
acetaminophen-codeine oral solution	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
almotriptan malate oral tablet	1 or 1b*	QL
ascomp with codeine oral capsule	1 or 1b*	QL
aspirin-caffeine-dihydrocodein oral capsule	1 or 1b*	QL
belladonna alkaloids-opium rectal suppository	2	CTT1
belladonna-opium rectal suppository	2	CTT1
buprenorphine hcl injection solution	2	CTT1
buprenorphine hcl injection syringe	2	CTT1
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	1 or 1b*	
butalbital-aspirin-caffeine oral capsule	1 or 1b*	
butorphanol tartrate injection solution	2	CTT1
butorphanol tartrate nasal spray,non-aerosol	1 or 1b*	QL
capacet oral capsule	1 or 1b*	

Drug Name	Tier	Notes
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	2	QL; CTT1
codeine-butalbital-asa-caff oral capsule	1 or 1b*	
demerol (pf) injection solution	1 or 1b*	
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	2	QL; CTT1
diskets oral tablet,soluble	1 or 1b*	PA; QL
duramorph (pf) injection solution	1 or 1b*	
endocet oral tablet	1 or 1b*	QL
ergotamine-caffeine oral tablet	1 or 1b*	
fentanyl citrate (pf) injection solution	1 or 1b*	
fentanyl citrate (pf) intravenous syringe	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	2	PA; QL; CTT1
fentanyl citrate-0.9%nacl (pf) intravenous solution	1 or 1b*	
fentanyl transdermal patch 72 hour	2	PA; QL; CTT1
frovatriptan oral tablet	1 or 1b*	ST; QL
hydrocodone-acetaminophen oral solution	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1 or 1b*	
hydrocodone-ibuprofen oral tablet	1 or 1b*	QL
hydromorphone (pf) injection solution	1 or 1b*	

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

Drug Name	Tier	Notes
hydromorphone injection solution	1 or 1b*	
hydromorphone injection syringe	1 or 1b*	
hydromorphone oral liquid	1 or 1b*	QL
hydromorphone oral tablet	1 or 1b*	QL
hydromorphone oral tablet extended release 24 hr	2	PA; QL; CTT1
hydromorphone rectal suppository	1 or 1b*	
ibuprofen-oxycodone oral tablet	1 or 1a*	QL
isometh-dichloral-acetaminophen oral capsule	1 or 1b*	
isomethepten-cafeacetaminophen oral tablet	1 or 1b*	
ketorolac injection cartridge	2	CTT1
ketorolac injection solution 15 mg/ml, 30 mg/ml	2	QL; CTT1
ketorolac injection solution 30 mg/ml (1 ml)	2	CTT1
ketorolac injection syringe 15 mg/ml	2	QL; CTT1
ketorolac injection syringe 30 mg/ml	2	CTT1
ketorolac intramuscular solution	2	QL; CTT1
ketorolac intramuscular syringe	2	QL; CTT1
ketorolac oral tablet	1 or 1a*	QL
levorphanol tartrate oral tablet	2	CTT1
lorcet (hydrocodone) oral tablet	1 or 1b*	QL
lorcet hd oral tablet	1 or 1b*	QL
lorcet plus oral tablet	1 or 1b*	QL
lortab 10-325 oral tablet	1 or 1b*	QL
lortab 5-325 oral tablet	1 or 1b*	QL
lortab 7.5-325 oral tablet	1 or 1b*	QL
marten-tab oral tablet	1 or 1b*	
mefenamic acid oral capsule	1 or 1b*	QL
meperidine (pf) injection solution	1 or 1b*	
meperidine injection cartridge	1 or 1b*	
meperidine oral solution	1 or 1b*	QL

Drug Name	Tier	Notes
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*	
morphine (pf) in 0.9 % nacl intravenous syringe	1 or 1b*	
morphine (pf) injection solution	1 or 1b*	
morphine (pf) intravenous patient control analgesia soln	1 or 1b*	
morphine concentrate oral solution	1 or 1b*	QL
morphine injection solution	1 or 1b*	
morphine injection syringe	1 or 1b*	
morphine intravenous cartridge	1 or 1b*	
morphine intravenous pt controlled analgesia syring	1 or 1b*	
morphine intravenous solution	1 or 1b*	
morphine intravenous syringe	1 or 1b*	
morphine oral capsule, er multiphase 24 hr	2	PA; QL; CTT1
morphine oral capsule, extend release pellets	2	PA; QL; CTT1
morphine oral solution	1 or 1b*	QL
morphine oral tablet	1 or 1b*	QL
morphine oral tablet extended release	2	PA; QL; CTT1
morphine rectal suppository	1 or 1b*	
nalbuphine injection solution	2	CTT1
naratriptan oral tablet	1 or 1b*	QL
nodolor oral capsule	1 or 1b*	
oxycodone oral capsule	2	CTT1
oxycodone oral concentrate	2	CTT1
oxycodone oral solution	2	CTT1

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

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Drug Name	Tier	Notes
oxycodone oral tablet	2	CTT1
oxycodone-acetaminophen oral solution	1 or 1b*	QL
oxycodone-acetaminophen oral tablet	1 or 1b*	QL
oxycodone-aspirin oral tablet	1 or 1b*	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL
oxymorphone oral tablet	2	QL; CTT1
oxymorphone oral tablet extended release 12 hr	2	PA; QL; CTT1
pentazocine-naloxone oral tablet	1 or 1b*	QL
reprexain oral tablet	1 or 1b*	QL
rizatriptan oral tablet	1 or 1b*	QL
rizatriptan oral tablet,disintegrating	1 or 1b*	QL
sumatriptan nasal spray,non-aerosol	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate subcutaneous cartridge	2	QL; CTT1
sumatriptan succinate subcutaneous pen injector	2	QL; CTT1
sumatriptan succinate subcutaneous solution	2	QL; CTT1
sumatriptan succinate subcutaneous syringe	2	QL; CTT1
tencon oral tablet	1 or 1b*	
tramadol oral tablet	1 or 1b*	QL
tramadol oral tablet extended release 24 hr	2	PA; QL; CTT1
tramadol oral tablet, er multiphase 24 hr	2	PA; QL; CTT1
tramadol-acetaminophen oral tablet	1 or 1b*	QL
verdrocet oral tablet	1 or 1b*	
vicodin es oral tablet	1 or 1b*	QL
vicodin hp oral tablet	1 or 1b*	QL
vicodin oral tablet	1 or 1b*	QL
xylon 10 oral tablet	1 or 1b*	QL
zamicet oral solution	1 or 1b*	QL
zebutal oral capsule	2	CTT1

Drug Name	Tier	Notes
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet,disintegrating	1 or 1b*	QL
ANESTHETICS		
bupivacaine (pf) injection solution	1 or 1b*	
bupivacaine injection solution	1 or 1b*	
bupivacaine-dextrose-water(pf) injection solution	1 or 1b*	
bupivacaine-epinephrine (pf) injection solution	1 or 1b*	
bupivacaine-epinephrine injection solution	1 or 1b*	
carbocaine (pf) injection solution	1 or 1b*	
cocaine topical solution	1 or 1b*	
ethyl chloride topical aerosol,spray	1 or 1b*	
etomidate intravenous solution	1 or 1b*	
forane inhalation liquid	1 or 1b*	
glydo mucous membrane jelly in applicator	2	CTT1
isoflurane inhalation liquid	1 or 1b*	
ketamine injection solution	1 or 1b*	
lidocaine (pf) in d7.5w intrathecal solution	1 or 1b*	
lidocaine (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution	1 or 1b*	
lidocaine hcl injection syringe	1 or 1b*	
lidocaine hcl laryngotracheal solution	1 or 1a*	
lidocaine hcl mucous membrane jelly	2	CTT1
lidocaine hcl mucous membrane jelly in applicator	2	CTT1
lidocaine hcl mucous membrane solution	2	CTT1
lidocaine topical adhesive patch,medicated	2	CTT1
lidocaine topical ointment	2	CTT1
lidocaine viscous mucous membrane solution	1 or 1a*	

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

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Drug Name	Tier	Notes
lidocaine-epinephrine injection solution	1 or 1b*	
lidocaine-prilocaine topical cream	2	CTT1
lidocaine-prilocaine topical kit	2	CTT1
lta pre-attached laryngotracheal solution	1 or 1a*	
marcaine (pf) injection solution	1 or 1b*	
midazolam (pf) injection cartridge	1 or 1b*	
midazolam (pf) injection solution	1 or 1b*	
midazolam (pf) injection syringe	1 or 1b*	
midazolam injection solution	1 or 1b*	
phenazopyridine oral tablet	1 or 1a*	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
propofol intravenous emulsion	1 or 1b*	
relador pak plus topical kit	1 or 1b*	
ropivacaine (pf) injection solution	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine/epinephrine injection solution	1 or 1b*	
sevoflurane inhalation liquid	1 or 1b*	
terrell inhalation liquid	1 or 1b*	
tetracaine hcl (pf) injection solution	1 or 1b*	
xylocaine dental-epinephrine injection cartridge	1 or 1b*	
ANTIALLERGY		
cromolyn oral concentrate	1 or 1b*	
ANTIARTHRITICS		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous recon soln	1 or 1b*	
aloprim intravenous recon soln	1 or 1b*	
celecoxib oral capsule	2	ST; QL; CTT1
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	2	ST; CTT1
ENBREL SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
ENBREL SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	3	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*	
fenoprofen oral tablet	1 or 1b*	
flurbiprofen oral tablet	1 or 1b*	
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT	3	PA; QL; SP
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT	3	PA; QL; SP
ibuprofen oral tablet	1 or 1a*	
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	1 or 1b*	QL
leflunomide oral tablet	2	CTT1
meclofenamate oral capsule	1 or 1b*	
meloxicam oral suspension	1 or 1b*	QL
meloxicam oral tablet	1 or 1b*	QL

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

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Drug Name	Tier	Notes
MONOVISC INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
nabumetone oral tablet	1 or 1b*	
naproxen oral suspension	1 or 1b*	
naproxen oral tablet	1 or 1b*	
naproxen oral tablet, delayed release (dr/ec)	1 or 1b*	
naproxen sodium oral tablet	1 or 1b*	
naproxen sodium oral tablet, er multiphase 24 hr	1 or 1b*	
ORTHOVISC INTRA-ARTICULAR SYRINGE	3	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	3	PA; QL; SP
RIDAURA ORAL CAPSULE	2	
salsalate oral tablet	2	CTT1
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
SIMPONI SUBCUTANEOUS SYRINGE	3	PA; QL; SP
sulindac oral tablet	1 or 1b*	
SYNVISC INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
SYNVISC-ONE INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
tolmetin oral capsule	2	CTT1
tolmetin oral tablet	2	CTT1
ANTIASTHMATICS		
acetylcysteine solution	2	CTT1
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	2	QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL

Drug Name	Tier	Notes
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	1 or 1b*	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	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
COMBIVENT RESPIMAT INHALATION MIST	2	QL
cromolyn inhalation solution for nebulization	1 or 1b*	
DULERA INHALATION HFA AEROSOL INHALER	2	QL
ELIXOPHYLLIN ORAL ELIXIR	2	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
ipratropium bromide inhalation solution	1 or 1b*	QL

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

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Drug Name	Tier	Notes
ipratropium-albuterol inhalation solution for nebulization	1 or 1b*	
levalbuterol hcl inhalation solution for nebulization	2	CTT1
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
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION	2	QL
PROAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL
QVAR INHALATION AEROSOL	2	QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	2	QL
terbutaline oral tablet	1 or 1b*	
terbutaline subcutaneous solution	1 or 1b*	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
theochron oral tablet extended release 12 hr	1 or 1b*	

Drug Name	Tier	Notes
theophylline in dextrose 5 % intravenous parenteral solution	1 or 1b*	
theophylline oral elixir	1 or 1b*	
theophylline oral solution	1 or 1b*	
theophylline oral tablet extended release 12 hr	1 or 1b*	
theophylline oral tablet extended release 24 hr	1 or 1b*	
zafirlukast oral tablet	1 or 1b*	
ANTIBIOTICS		
amikacin injection solution	2	CTT1
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension for reconstitution	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet,chewable	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	2	CTT1
ampicillin sodium intravenous recon soln	2	CTT1
ampicillin-sulbactam injection recon soln	2	CTT1
ampicillin-sulbactam intravenous recon soln	2	CTT1
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION	2	
avidoxy oral tablet	1 or 1b*	
AZASITE OPHTHALMIC DROPS	2	
azithromycin intravenous recon soln	2	CTT1

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

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Drug Name	Tier	Notes
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension for reconstitution	1 or 1b*	QL
azithromycin oral tablet	1 or 1b*	QL
aztreonam injection recon soln	2	CTT1
azuphen mb oral capsule	1 or 1b*	
baciim intramuscular recon soln	2	CTT1
bacitracin intramuscular recon soln	2	CTT1
bacitracin ophthalmic ointment	1 or 1b*	
bacitracin-polymyxin b ophthalmic ointment	1 or 1a*	
BACTROBAN NASAL NASAL OINTMENT	2	
bp 10-1 topical cleanser	1 or 1b*	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension for reconstitution	1 or 1b*	
cefaclor oral tablet extended release 12 hr	1 or 1b*	
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension for reconstitution	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin in dextrose (iso-os) intravenous piggyback	2	CTT1
cefazolin injection recon soln	2	CTT1
cefazolin intravenous recon soln	2	CTT1
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension for reconstitution	1 or 1b*	
cefditoren pivoxil oral tablet	1 or 1b*	
cefepime in dextrose,iso-osm intravenous piggyback	2	CTT1
cefepime injection recon soln	2	CTT1
cefixime oral suspension for reconstitution	2	CTT1
cefotaxime injection recon soln	2	CTT1
cefotetan injection recon soln	2	CTT1
cefotetan intravenous recon soln	2	CTT1

Drug Name	Tier	Notes
cefoxitin in dextrose, iso-osm intravenous piggyback	2	CTT1
cefoxitin intravenous recon soln	2	CTT1
cefpodoxime oral suspension for reconstitution	2	CTT1
cefpodoxime oral tablet	2	CTT1
cefprozil oral suspension for reconstitution	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
ceftazidime injection recon soln	2	CTT1
ceftibuten oral capsule	2	CTT1
ceftibuten oral suspension for reconstitution	2	CTT1
ceftriaxone in dextrose,iso-os intravenous piggyback	2	CTT1
ceftriaxone injection recon soln	2	CTT1
ceftriaxone intravenous recon soln	2	CTT1
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection recon soln	2	CTT1
cefuroxime sodium intravenous recon soln	2	CTT1
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension for reconstitution	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
chloramphenicol sod succinate intravenous recon soln	2	CTT1
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	2	CTT1
ciprofloxacin lactate intravenous solution	2	CTT1

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

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Drug Name	Tier	Notes
ciprofloxacin oral suspension,microcapsule recon	1 or 1b*	QL
clarithromycin oral suspension for reconstitution	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
clarithromycin oral tablet extended release 24 hr	1 or 1b*	
cleansing wash topical cleanser	1 or 1b*	
cleocin intravenous solution	1 or 1b*	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin in 5 % dextrose intravenous piggyback	1 or 1b*	
clindamycin palmitate hcl oral recon soln	1 or 1b*	
clindamycin pediatric oral recon soln	1 or 1b*	
clindamycin phosphate injection solution	1 or 1b*	
clindamycin phosphate intravenous solution	1 or 1b*	
clindamycin phosphate topical foam	1 or 1b*	
clindamycin phosphate topical gel	1 or 1b*	
clindamycin phosphate topical lotion	1 or 1b*	
clindamycin phosphate topical solution	1 or 1b*	
clindamycin phosphate topical swab	1 or 1b*	
clindamycin phosphate vaginal cream	1 or 1b*	
colistin (colistimethate na) injection recon soln	2	CTT1
dapsone oral tablet	2	CTT1
daptomycin intravenous recon soln	2	CTT1
demeclocycline oral tablet	2	CTT1
dicloxacillin oral capsule	1 or 1b*	
doxy-100 intravenous recon soln	2	CTT1
doxycycline hyclate oral capsule	1 or 1b*	

Drug Name	Tier	Notes
doxycycline hyclate oral tablet	1 or 1b*	
doxycycline hyclate oral tablet,delayed release (dr/ec)	1 or 1b*	ST
doxycycline monohydrate oral capsule	1 or 1b*	
doxycycline monohydrate oral suspension for reconstitution	1 or 1b*	
doxycycline monohydrate oral tablet	1 or 1b*	
e.e.s. 400 oral tablet	1 or 1b*	
ery pads topical swab	1 or 1b*	
erygel topical gel	1 or 1b*	
ery-tab oral tablet,delayed release (dr/ec)	1 or 1b*	
erythrocin (as stearate) oral tablet	1 or 1b*	
erythromycin ethylsuccinate oral suspension for reconstitution	2	CTT1
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*	
erythromycin with ethanol topical solution	1 or 1b*	
erythromycin with ethanol topical swab	1 or 1b*	
erythromycin-benzoyl peroxide topical gel	1 or 1b*	
ethambutol oral tablet	2	CTT1
floxin otic drops	1 or 1b*	
gatifloxacin ophthalmic drops	1 or 1b*	
gentak ophthalmic ointment	1 or 1a*	
gentamicin in nacl (iso-osm) intravenous piggyback	2	CTT1
gentamicin injection solution	2	CTT1
gentamicin ophthalmic drops	1 or 1a*	

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

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Drug Name	Tier	Notes
gentamicin ophthalmic ointment	1 or 1a*	
gentamicin sulfate (ped) (pf) injection solution	2	CTT1
gentamicin sulfate (pf) intravenous solution	2	CTT1
gentamicin topical cream	1 or 1b*	
gentamicin topical ointment	1 or 1b*	
hyolev mb oral tablet	1 or 1b*	
hyophen oral tablet	1 or 1b*	
imipenem-cilastatin intravenous recon soln	2	CTT1
isoniazid injection solution	1 or 1a*	
isoniazid oral solution	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
levofloxacin in d5w intravenous piggyback	2	CTT1
levofloxacin intravenous solution	2	CTT1
levofloxacin ophthalmic drops	1 or 1b*	
levofloxacin oral tablet	1 or 1b*	QL
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*	
meropenem intravenous recon soln	2	CTT1
methenamine hippurate oral tablet	2	CTT1
methenamine mandelate oral tablet	2	CTT1
methen-sod phos-meth blue-hyos oral tablet	1 or 1b*	
metro i.v. intravenous piggyback	1 or 1b*	
metronidazole in nacl (iso-os) intravenous piggyback	1 or 1b*	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
metronidazole vaginal gel	1 or 1b*	
minocycline oral capsule	1 or 1b*	ST

Drug Name	Tier	Notes
minocycline oral tablet	1 or 1b*	ST
minocycline oral tablet extended release 24 hr	1 or 1b*	ST
mondoxyne nl oral capsule	1 or 1b*	
morgidox oral capsule	1 or 1b*	
MOXEZA OPHTHALMIC DROPS, VISCOUS	2	
moxifloxacin oral tablet	2	QL; CTT1
mupirocin calcium topical cream	1 or 1b*	
mupirocin topical ointment	1 or 1b*	
nafcillin in dextrose iso-osm intravenous piggyback	2	CTT1
nafcillin injection recon soln	2	CTT1
nafcillin intravenous recon soln	2	CTT1
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*	
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*	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd/m-cryst oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
ofloxacin ophthalmic drops	1 or 1a*	

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

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Drug Name	Tier	Notes
ofloxacin oral tablet	1 or 1b*	QL
ofloxacin otic drops	1 or 1b*	
OTOVEL OTIC SOLUTION	2	
oxacillin in dextrose(iso-osm) intravenous piggyback	2	CTT1
oxacillin injection recon soln	2	CTT1
oxacillin intravenous recon soln	2	CTT1
penicillin g potassium injection recon soln	2	CTT1
penicillin g procaine intramuscular syringe	2	CTT1
penicillin g sodium injection recon soln	2	CTT1
penicillin v potassium oral recon soln	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen-g injection recon soln	2	CTT1
phosphasal oral tablet	1 or 1b*	
piperacillin-tazobactam intravenous recon soln	2	CTT1
polycin ophthalmic ointment	1 or 1a*	
polymyxin b sulfate injection recon soln	2	CTT1
polymyxin b sulf-trimethoprim ophthalmic drops	1 or 1a*	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	2	CTT1
rifabutin oral capsule	2	CTT1
rifampin intravenous recon soln	2	CTT1
rifampin oral capsule	2	CTT1
RIFATER ORAL TABLET	2	
silver sulfadiazine topical cream	1 or 1a*	
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*	
sulfacetamide sodium ophthalmic drops	1 or 1b*	

Drug Name	Tier	Notes
sulfacetamide sodium ophthalmic ointment	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	1 or 1b*	PA
sulfacetamide sodium-sulfur topical cream	1 or 1b*	
sulfacetamide sodium-sulfur topical foam	1 or 1b*	
sulfacetamide sodium-sulfur topical lotion	1 or 1b*	
sulfacetamide sodium-sulfur topical pads, medicated	1 or 1b*	
sulfacetamide sodium-sulfur topical suspension	1 or 1b*	
sulfacetamide sod-sulfur-urea topical cleanser	1 or 1b*	
sulfacetamide-prednisolone ophthalmic drops	1 or 1b*	
sulfacetamide-sulfur-cleansr23 topical kit	1 or 1b*	
sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream	1 or 1b*	
sulfadiazine oral tablet	2	CTT1
sulfamethoxazole-trimethoprim intravenous solution	2	CTT1
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim oral suspension	1 or 1a*	
tetracycline oral capsule	1 or 1b*	
THALOMID ORAL CAPSULE	3	PA; QL; SP
thermazene topical cream	1 or 1a*	
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin in 0.225 % nacl inhalation solution for nebulization	3	SP
tobramycin in 0.9 % nacl intravenous piggyback	2	CTT1
tobramycin ophthalmic drops	1 or 1a*	

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

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Drug Name	Tier	Notes
tobramycin sulfate injection recon soln	2	CTT1
tobramycin sulfate injection solution	2	CTT1
tobramycin-dexamethasone ophthalmic drops,suspension	1 or 1b*	
trimethoprim oral tablet	1 or 1a*	
ur n-c oral tablet	1 or 1b*	
uramit mb oral capsule	1 or 1b*	
uretron d-s oral tablet	1 or 1b*	
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*	
utira-c oral tablet	1 or 1b*	
vancomycin intravenous recon soln	2	PA; CTT1
vancomycin oral capsule	2	PA; CTT1
vandazole vaginal gel	1 or 1b*	
VIGAMOX OPTHALMIC DROPS	2	
ZYLET OPTHALMIC DROPS,SUSPENSION	2	
ANTICOAGULANTS		
ELIQUIS ORAL TABLET	2	QL
enoxaparin subcutaneous solution	3	QL; SP
enoxaparin subcutaneous syringe	3	QL; SP
fondaparinux subcutaneous syringe	3	QL; SP
FRAGMIN SUBCUTANEOUS SOLUTION	3	QL; SP
FRAGMIN SUBCUTANEOUS SYRINGE	3	QL; SP
hep flush-10 (pf) intravenous solution	2	CTT1

Drug Name	Tier	Notes
heparin (porcine) in 5 % dex intravenous parenteral solution	2	CTT1
heparin (porcine) in nacl (pf) intravenous parenteral solution	2	CTT1
heparin (porcine) injection cartridge	2	CTT1
heparin (porcine) injection solution	2	CTT1
heparin (porcine) injection syringe	2	CTT1
heparin flush(porcine)-0.9nacl intravenous kit	2	CTT1
heparin lock flush (porcine) intravenous solution	2	CTT1
heparin lock flush (porcine) intravenous syringe	2	CTT1
heparin lock flush intravenous solution	2	CTT1
heparin lock flush intravenous syringe	2	CTT1
heparin lock intravenous solution	2	CTT1
heparin lockflush(porcine)(pf) intravenous syringe	2	CTT1
heparin(porcine) in 0.45% nacl intravenous parenteral solution	2	CTT1
heparin, porcine (pf) injection solution	2	CTT1
heparin, porcine (pf) injection syringe	2	CTT1
heparin, porcine (pf) intravenous solution	2	CTT1
heparin, porcine (pf) intravenous syringe	2	CTT1
jantoven oral tablet	1 or 1a*	
PRADAXA ORAL CAPSULE	3	QL
SAVAYSA ORAL TABLET	3	QL
warfarin oral tablet	1 or 1a*	
XARELTO ORAL TABLET	2	QL
XARELTO ORAL TABLETS,DOSE PACK	2	

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

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Drug Name	Tier	Notes
ANTIDOTES		
naloxone injection solution	2	QL; CTT1
naloxone injection syringe	2	QL; CTT1
naltrexone oral tablet	1 or 1b*	
NARCAN NASAL SPRAY, NON-AEROSOL	2	QL
ANTIFUNGALS		
amphotericin b injection recon soln	2	CTT1
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 solution	1 or 1b*	
clotrimazole-betamethasone topical cream	1 or 1b*	
clotrimazole-betamethasone topical lotion	1 or 1b*	
econazole topical cream	1 or 1b*	
fluconazole in dextrose(iso-o) intravenous piggyback	1 or 1b*	
fluconazole in nacl (iso-osm) intravenous piggyback	1 or 1b*	
fluconazole oral suspension for reconstitution	1 or 1b*	QL
fluconazole oral tablet	1 or 1b*	QL
flucytosine oral capsule	2	CTT1
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
itraconazole oral capsule	2	PA; QL; CTT1
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*	
miconazole-3 vaginal suppository	1 or 1b*	
naftifine topical cream	2	ST; CTT1

Drug Name	Tier	Notes
nyamyc topical powder	1 or 1b*	
nyata topical powder	1 or 1b*	
nystatin oral suspension	1 or 1b*	
nystatin oral tablet	1 or 1b*	
nystatin topical cream	1 or 1b*	
nystatin topical ointment	1 or 1b*	
nystatin topical powder	1 or 1b*	
nystatin-triamcinolone topical cream	1 or 1b*	
nystatin-triamcinolone topical ointment	1 or 1b*	
nystop topical powder	1 or 1b*	
oxiconazole topical cream	1 or 1b*	ST
terbinafine hcl oral tablet	1 or 1b*	QL
terconazole vaginal cream	1 or 1b*	
terconazole vaginal suppository	1 or 1b*	
voriconazole intravenous solution	2	CTT1
voriconazole oral suspension for reconstitution	2	PA; QL; CTT1
voriconazole oral tablet	2	PA; QL; CTT1
ANTI-HISTAMINE AND DECONGESTANT COMBINATION		
centergy oral drops	1 or 1b*	
promethazine vc oral syrup	1 or 1b*	
promethazine-phenylephrine oral syrup	1 or 1b*	
ANTI-HISTAMINES		
arbinoxa oral tablet	1 or 1b*	
azelastine ophthalmic drops	1 or 1b*	QL
carbinoxamine maleate oral liquid	1 or 1b*	
carbinoxamine maleate oral tablet	1 or 1b*	
clemastine oral tablet	1 or 1b*	
cyproheptadine oral tablet	1 or 1b*	
desloratadine oral tablet	3	CTT1
desloratadine oral tablet, disintegrating	3	CTT1
diphenhydramine hcl injection solution	2	CTT1
diphenhydramine hcl injection syringe	2	CTT1

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

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Drug Name	Tier	Notes
diphenhydramine hcl oral capsule	1 or 1b*	
epinastine ophthalmic drops	1 or 1b*	QL
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
olopatadine ophthalmic drops	1 or 1b*	ST; QL
promethazine injection solution	1 or 1a*	
promethazine oral syrup	1 or 1a*	
promethazine oral tablet	1 or 1a*	
ANTIHYPERGLYCEMIC S		
acarbose oral tablet	1 or 1b*	
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	ST; QL
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON	2	ST; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	ST; QL
chlorpropamide oral tablet	1 or 1b*	
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*	
glyburide micronized oral tablet	1 or 1b*	
glyburide oral tablet	1 or 1b*	
glyburide-metformin oral tablet	1 or 1b*	
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN	2	

Drug Name	Tier	Notes
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	
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
JANUVIA ORAL TABLET	2	ST; QL

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

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Drug Name	Tier	Notes
JARDIANCE ORAL TABLET	2	ST; QL
JENTADUETO ORAL TABLET	2	ST; QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
LANTUS SOLOSTAR 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
migliitol oral tablet	1 or 1b*	
nateglinide oral tablet	2	CTT1
pioglitazone oral tablet	1 or 1b*	ST; QL
pioglitazone-glimepiride oral tablet	1 or 1b*	ST; QL
pioglitazone-metformin oral tablet	1 or 1b*	ST; QL
repaglinide oral tablet	2	CTT1
repaglinide-metformin oral tablet	2	CTT1
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	
SYNJARDY ORAL TABLET	2	ST; QL
tolazamide oral tablet	1 or 1b*	
tolbutamide oral tablet	2	CTT1
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TRADJENTA ORAL TABLET	2	ST; DO

Drug Name	Tier	Notes
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
ANTIINFECTIVES/MISCELLANEOUS		
atovaquone oral suspension	2	CTT1
atovaquone-proguanil oral tablet	1 or 1b*	
chloroquine phosphate oral tablet	1 or 1a*	
fem ph vaginal gel	1 or 1b*	
formadon topical solution	1 or 1b*	
formadon topical solution with applicator	1 or 1b*	
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	
hydroxychloroquine oral tablet	1 or 1b*	
ivermectin oral tablet	1 or 1b*	
mefloquine oral tablet	1 or 1b*	
NEBUPENT INHALATION RECON SOLN	2	
paromomycin oral capsule	1 or 1b*	
PENTAM INJECTION RECON SOLN	2	
PRIMAQUINE ORAL TABLET	2	
quinine sulfate oral capsule	1 or 1b*	PA; QL
tinidazole oral tablet	1 or 1b*	
ANTINEOPLASTICS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; LD; SP
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	3	PA; SP
AFINITOR ORAL TABLET	3	PA; SP

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

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Drug Name	Tier	Notes
ALKERAN ORAL TABLET	3	SP
anastrozole oral tablet	2	QL; CTT1
bexarotene oral capsule	3	PA; SP
bicalutamide oral tablet	2	CTT1
BOSULIF ORAL TABLET	3	PA; QL; SP
capecitabine oral tablet	3	PA; SP
CAPRELSA ORAL TABLET	3	PA; QL; SP
CARAC TOPICAL CREAM	2	PA; QL
COMETRIQ ORAL CAPSULE	3	PA; QL; LD; SP
CYCLOPHOSPHAMIDE ORAL CAPSULE	3	SP
diclofenac sodium topical gel	2	PA; QL; CTT1
EMCYT ORAL CAPSULE	3	PA; SP
ERIVEDGE ORAL CAPSULE	3	PA; QL; SP
etoposide oral capsule	3	SP
exemestane oral tablet	2	QL; CTT1
FARESTON ORAL TABLET	3	QL; SP
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
FIRMAGON SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
fluorouracil topical cream	1 or 1b*	PA; QL
fluorouracil topical solution	1 or 1b*	PA; QL
flutamide oral capsule	2	CTT1
GILOTRIF ORAL TABLET	3	PA; QL; LD; SP
HEXALEN ORAL CAPSULE	3	PA; SP
HYCAMTIN ORAL CAPSULE	3	PA; SP
hydroxyurea oral capsule	2	CTT1
ICLUSIG ORAL TABLET	3	PA; QL; SP
imatinib oral tablet	3	PA; QL; SP
INLYTA ORAL TABLET	3	PA; QL; SP
INTRON A INJECTION RECON SOLN	3	PA; SP

Drug Name	Tier	Notes
INTRON A INJECTION SOLUTION	3	PA; SP
IRESSA ORAL TABLET	3	PA; QL; LD; SP
JAKAFI ORAL TABLET	3	PA; QL; LD; SP
letrozole oral tablet	2	QL; CTT1
LEUKERAN ORAL TABLET	2	
leuprolide subcutaneous kit	3	PA; SP
LYSODREN ORAL TABLET	3	QL; SP
MATULANE ORAL CAPSULE	3	LD; SP
megestrol oral tablet	1 or 1b*	
MEKINIST ORAL TABLET	3	PA; QL; SP
mercaptopurine oral tablet	2	CTT1
methotrexate sodium oral tablet	2	CTT1
MYLERAN ORAL TABLET	3	SP
NEXAVAR ORAL TABLET	3	PA; QL; SP
nilutamide oral tablet	3	QL; SP
POMALYST ORAL CAPSULE	3	PA; QL; SP
REVLIMID ORAL CAPSULE	3	PA; QL; SP
SOLTAMOX ORAL SOLUTION	2	
SPRYCEL ORAL TABLET	3	PA; QL; SP
STIVARGA ORAL TABLET	3	PA; QL; SP
SUTENT ORAL CAPSULE	3	PA; QL; SP
TABLOID ORAL TABLET	2	
TAFINLAR ORAL CAPSULE	3	PA; QL; SP
tamoxifen oral tablet	2	CTT1
TARCEVA ORAL TABLET	3	PA; QL; SP
TARGRETIN TOPICAL GEL	3	PA; SP
TASIGNA ORAL CAPSULE	3	PA; QL; SP

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

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Drug Name	Tier	Notes
temozolomide oral capsule	3	PA; QL; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL; SP
TRELSTAR INTRAMUSCULAR SYRINGE	3	PA; QL; SP
tretinoin (chemotherapy) oral capsule	2	CTT1
TREXALL ORAL TABLET	2	
TYKERB ORAL TABLET	3	PA; QL; SP
VOTRIENT ORAL TABLET	3	PA; QL; SP
XALKORI ORAL CAPSULE	3	PA; QL; LD; SP
XTANDI ORAL CAPSULE	3	PA; QL; SP
ZELBORAF ORAL TABLET	3	PA; QL; SP
ZOLINZA ORAL CAPSULE	3	PA; QL; SP
ZYTIGA ORAL TABLET 250 MG	3	QL; SP
ZYTIGA ORAL TABLET 250 MG	3	PA; QL; SP
ANTI-OBESITY DRUGS		
benzphetamine oral tablet	1 or 1b*	
diethylpropion oral tablet	1 or 1b*	
diethylpropion oral tablet extended release	1 or 1b*	
phendimetrazine tartrate oral capsule, extended release	1 or 1b*	
phendimetrazine tartrate oral tablet	1 or 1b*	
phentermine oral capsule	1 or 1b*	
phentermine oral tablet	1 or 1b*	
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
benztropine injection solution	1 or 1a*	
benztropine oral tablet	1 or 1a*	

Drug Name	Tier	Notes
bromocriptine oral capsule	1 or 1b*	
bromocriptine oral tablet	1 or 1b*	
carbidopa oral tablet	2	CTT1
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet extended release	2	CTT1
carbidopa-levodopa oral tablet, disintegrating	2	CTT1
carbidopa-levodopa-entacapone oral tablet	2	CTT1
entacapone oral tablet	2	QL; CTT1
pramipexole oral tablet	1 or 1b*	QL
pramipexole oral tablet extended release 24 hr	1 or 1b*	QL
rasagiline oral tablet	2	CTT1
ropinirole oral tablet	1 or 1b*	
ropinirole oral tablet extended release 24 hr	1 or 1b*	
selegiline hcl oral capsule	2	CTT1
selegiline hcl oral tablet	2	CTT1
tolcapone oral tablet	2	PA; QL; CTT1
trihexyphenidyl oral elixir	1 or 1a*	
trihexyphenidyl oral tablet	1 or 1a*	
ANTIPLATELET DRUGS		
anagrelide oral capsule	1 or 1b*	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1 or 1b*	QL
BRILINTA ORAL TABLET	2	QL
cilostazol oral tablet	2	CTT1
clopidogrel oral tablet 300 mg	1 or 1b*	
clopidogrel oral tablet 75 mg	1 or 1b*	QL
dipyridamole oral tablet	2	CTT1
EFFIENT ORAL TABLET 10 MG	2	QL
EFFIENT ORAL TABLET 5 MG	2	DO
eptifibatide intravenous solution	2	CTT1
ticlopidine oral tablet	1 or 1b*	
ANTIVIRALS		
abacavir oral tablet	3	SP

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

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Drug Name	Tier	Notes
abacavir-lamivudine oral tablet	3	SP
abacavir-lamivudine-zidovudine oral tablet	3	SP
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	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	3	SP
APTIVUS ORAL CAPSULE	3	SP
APTIVUS ORAL SOLUTION	3	SP
ATRIPLA ORAL TABLET	3	SP
BARACLUDE ORAL SOLUTION	3	SP
CRIXIVAN ORAL CAPSULE	3	SP
DAKLINZA ORAL TABLET	3	PA; QL; SP
DESCOVY ORAL TABLET	3	SP
didanosine oral capsule, delayed release(dr/ec)	3	SP
EDURANT ORAL TABLET	3	SP
EMTRIVA ORAL CAPSULE	3	SP
EMTRIVA ORAL SOLUTION	3	SP
entecavir oral tablet	3	SP
EPCLUSA ORAL TABLET	3	PA; QL; SP
EPIVIR HBV ORAL SOLUTION	3	SP
famciclovir oral tablet	1 or 1b*	
FUZEON SUBCUTANEOUS RECON SOLN	3	SP
GENVOYA ORAL TABLET	3	SP

Drug Name	Tier	Notes
HARVONI ORAL TABLET	3	PA; QL; SP
INTELENCE ORAL TABLET	3	SP
INVIRASE ORAL CAPSULE	3	SP
INVIRASE ORAL TABLET	3	SP
ISENTRESS ORAL TABLET	3	SP
ISENTRESS ORAL TABLET,CHEWABLE	3	SP
KALETRA ORAL TABLET	3	SP
lamivudine oral tablet	3	SP
lamivudine-zidovudine oral tablet	3	SP
LEXIVA ORAL SUSPENSION	3	SP
LEXIVA ORAL TABLET	3	SP
lopinavir-ritonavir oral solution	3	SP
moderiba dose pack oral tablets,dose pack	3	SP
moderiba oral tablet	3	SP
nevirapine oral suspension	3	SP
nevirapine oral tablet	3	SP
nevirapine oral tablet extended release 24 hr	3	SP
NORVIR ORAL CAPSULE	3	SP
NORVIR ORAL SOLUTION	3	SP
NORVIR ORAL TABLET	3	SP
oseltamivir oral capsule	1 or 1b*	QL
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
PEGASYS SUBCUTANEOUS SOLUTION	3	PA; QL; SP
PEGASYS SUBCUTANEOUS SYRINGE	3	PA; QL; SP
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; SP

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

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Drug Name	Tier	Notes
PEGINTRON SUBCUTANEOUS KIT	3	PA; SP
PREZISTA ORAL SUSPENSION	3	SP
PREZISTA ORAL TABLET	3	SP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	QL
RESCRIPTOR ORAL TABLET	3	SP
RESCRIPTOR ORAL TABLET, DISPERSIBLE	3	SP
REYATAZ ORAL CAPSULE	3	SP
REYATAZ ORAL POWDER IN PACKET	3	SP
ribasphere oral capsule	3	SP
ribasphere oral tablet	3	SP
ribasphere ribapak oral tablets,dose pack	3	SP
ribavirin inhalation recon soln	2	CTT1
ribavirin oral capsule	3	SP
ribavirin oral tablet	3	SP
rimantadine oral tablet	1 or 1b*	
SELZENTRY ORAL TABLET	3	SP
SOVALDI ORAL TABLET	3	PA; QL; SP
stavudine oral capsule	3	SP
stavudine oral recon soln	3	SP
STRIBILD ORAL TABLET	3	SP
SUSTIVA ORAL CAPSULE	3	SP
SUSTIVA ORAL TABLET	3	SP
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	QL
TIVICAY ORAL TABLET	3	SP
trifluridine ophthalmic drops	1 or 1b*	
TRIUMEQ ORAL TABLET	3	SP
TRUVADA ORAL TABLET	3	SP

Drug Name	Tier	Notes
valacyclovir oral tablet	1 or 1b*	
valganciclovir oral recon soln	3	SP
valganciclovir oral tablet	3	SP
VIRACEPT ORAL TABLET	3	SP
VIREAD ORAL TABLET	3	SP
zidovudine oral capsule	3	SP
zidovudine oral syrup	3	SP
zidovudine oral tablet	3	SP
AUTONOMIC DRUGS		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	1 or 1b*	PA
adrenalin injection solution	1 or 1b*	
atracurium intravenous solution	1 or 1b*	
bethanechol chloride oral tablet	2	CTT1
cevimeline oral capsule	2	CTT1
cisatracurium intravenous solution	1 or 1b*	
dexedrine oral tablet	1 or 1b*	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 tablet	1 or 1b*	PA
donepezil oral tablet	1 or 1b*	
donepezil oral tablet,disintegrating	1 or 1b*	
dopamine in 5 % dextrose intravenous solution	1 or 1b*	
dopamine intravenous solution	1 or 1b*	
enlon injection solution	1 or 1b*	
epinephrine injection auto-injector	1 or 1b*	PA; QL; (Only generic EpiPen by Mylan)
epinephrine injection solution	1 or 1b*	
epinephrine injection syringe	1 or 1b*	

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

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Drug Name	Tier	Notes
galantamine oral capsule,ext rel. pellets 24 hr	2	CTT1
galantamine oral solution	2	CTT1
galantamine oral tablet	2	CTT1
guanidine oral tablet	1 or 1b*	
MESTINON ORAL SYRUP	2	
methamphetamine oral tablet	1 or 1b*	
midodrine oral tablet	2	CTT1
neostigmine methylsulfate intravenous solution	1 or 1b*	
norepinephrine bitartrate intravenous solution	1 or 1b*	
norepinephrine bitartrate-nacl intravenous solution	1 or 1b*	
pancuronium intravenous solution	1 or 1b*	
phenoxybenzamine oral capsule	2	CTT1
phentolamine injection recon soln	1 or 1b*	
physostigmine salicylate injection solution	1 or 1b*	
pilocarpine hcl oral tablet	2	CTT1
procentra oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	2	CTT1
pyridostigmine bromide oral tablet extended release	2	CTT1
regonol injection solution	1 or 1b*	
rivastigmine tartrate oral capsule	2	CTT1
rivastigmine transdermal patch 24 hour	2	CTT1
rocuronium intravenous solution	1 or 1b*	
vecuronium bromide intravenous recon soln	1 or 1b*	
zenzedi oral tablet	1 or 1b*	PA
BIOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	

Drug Name	Tier	Notes
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	2	
AFLURIA 2016-2017 (PF) INTRAMUSCULAR SYRINGE	2	QL
AFLURIA 2016-2017 INTRAMUSCULAR SUSPENSION	2	QL
AFLURIA QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE	2	QL
ANASCORP INTRAVENOUS RECON SOLN	2	
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN	2	
ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
BEXSERO INTRAMUSCULAR SYRINGE	2	
BIOTHRAX INTRAMUSCULAR SUSPENSION	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	2	
candin intradermal allergen	1 or 1b*	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	2	
CROFAB INJECTION RECON SOLN	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	

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

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Drug Name	Tier	Notes
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	2	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	
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
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
GAMUNEX-C INJECTION SOLUTION	3	PA; SP
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	

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

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Drug Name	Tier	Notes
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	
IPOL INJECTION SUSPENSION	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN	2	
MENOMUNE - A/C/Y/W- 135 (PF) SUBCUTANEOUS RECON SOLN	2	
MENOMUNE - A/C/Y/W- 135 SUBCUTANEOUS RECON SOLN	2	
MENVEO A-C-Y-W-135- DIP (PF) INTRAMUSCULAR KIT	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	2	
OCTAGAM INTRAVENOUS SOLUTION	3	PA; SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	
PENTACEL (PF) INTRAMUSCULAR KIT	2	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	2	

Drug Name	Tier	Notes
PNEUMOVAX 23 INJECTION SOLUTION	2	
PNEUMOVAX 23 INJECTION SYRINGE	2	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	2	
ROTATEQ VACCINE ORAL SUSPENSION	2	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	2	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	2	
TRUMENBA INTRAMUSCULAR SYRINGE	2	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	

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

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Drug Name	Tier	Notes
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	2	
VIVOTIF BERNA VACCINE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
BLOOD		
albumin, human 25 % intravenous parenteral solution	1 or 1b*	
albuminar 25 % intravenous parenteral solution	1 or 1b*	
albuminar 5 % intravenous parenteral solution	1 or 1b*	
alburx (human) 25 % intravenous parenteral solution	1 or 1b*	
alburx (human) 5 % intravenous parenteral solution	1 or 1b*	

Drug Name	Tier	Notes
albutein 25 % intravenous parenteral solution	1 or 1b*	
albutein 5 % intravenous parenteral solution	1 or 1b*	
aminocaproic acid intravenous solution	1 or 1b*	
buminate 25 % intravenous parenteral solution	1 or 1b*	
buminate 5 % intravenous parenteral solution	1 or 1b*	
DROXIA ORAL CAPSULE	2	
hetastarch 6 % in 0.9 % nacl intravenous solution	1 or 1b*	
lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution	1 or 1b*	
lmd 10 % in 5 % dextrose intravenous parenteral solution	1 or 1b*	
pentoxifylline oral tablet extended release	1 or 1b*	
plasbumin 25 % intravenous parenteral solution	1 or 1b*	
plasbumin 5 % intravenous parenteral solution	1 or 1b*	
plasmanate intravenous parenteral solution	1 or 1b*	
protamine intravenous solution	1 or 1b*	
tranexamic acid intravenous solution	2	CTT1
tranexamic acid oral tablet	1 or 1b*	
CARDIAC DRUGS		
adenosine intravenous solution	1 or 1b*	
adenosine intravenous syringe	1 or 1b*	
afeditab cr oral tablet extended release 30 mg	2	DO; CTT1
afeditab cr oral tablet extended release 60 mg	2	QL; CTT1
amiodarone intravenous solution	1 or 1b*	
amiodarone intravenous syringe	1 or 1b*	
amiodarone oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
amlodipine oral tablet 10 mg	1 or 1b*	QL
amlodipine oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg	1 or 1b*	DO
cartia xt oral capsule,extended release 24hr 240 mg, 300 mg	1 or 1b*	QL
CORLANOR ORAL TABLET	2	PA; QL
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	1 or 1b*	
digoxin oral tablet	1 or 1b*	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE	2	
diltiazem hcl intravenous recon soln	1 or 1b*	
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl oral capsule, 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
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

Drug Name	Tier	Notes
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	2	CTT1
dobutamine in d5w intravenous parenteral solution	1 or 1b*	
dobutamine intravenous solution	1 or 1b*	
dofetilide oral capsule	3	SP
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	2	CTT1
ibutilide fumarate intravenous solution	1 or 1b*	
ISORDIL ORAL TABLET	2	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide dinitrate oral tablet extended release	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
isosorbide mononitrate oral tablet extended release 24 hr	1 or 1b*	
isradipine oral capsule	1 or 1b*	QL
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	1 or 1b*	

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

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Drug Name	Tier	Notes
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	2	CTT1
milrinone in 5 % dextrose intravenous piggyback	1 or 1b*	
milrinone intravenous solution	1 or 1b*	
nicardipine intravenous solution	1 or 1b*	
nicardipine oral capsule	1 or 1b*	QL
nifedipine oral capsule	2	QL; CTT1
nifedipine oral tablet extended release 24hr 30 mg	2	DO; CTT1
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	2	QL; CTT1
nifedipine oral tablet extended release 30 mg	2	DO; CTT1
nifedipine oral tablet extended release 60 mg, 90 mg	2	QL; CTT1
nimodipine oral capsule	2	QL; CTT1
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	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*	

Drug Name	Tier	Notes
nitroglycerin translingual aerosol,spray	2	CTT1
nitroglycerin translingual spray,non-aerosol	2	CTT1
nitro-time oral capsule, extended release	1 or 1b*	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	2	
pacerone oral tablet	1 or 1b*	
procainamide injection solution	2	CTT1
propafenone oral capsule,extended release 12 hr	2	CTT1
propafenone oral tablet	2	CTT1
quinidine gluconate injection solution	2	CTT1
quinidine gluconate oral tablet extended release	2	CTT1
quinidine sulfate oral tablet	1 or 1a*	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	2	
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
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

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

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Drug Name	Tier	Notes
CARDIOVASCULAR		
acebutolol oral capsule	1 or 1b*	
ADCIRCA ORAL TABLET	3	PA; QL; SP
alprostadil injection solution	1 or 1b*	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	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
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*	ST; DO
atorvastatin oral tablet 80 mg	1 or 1b*	ST; QL
benazepril oral tablet	1 or 1a*	
benazepril-hydrochlorothiazide oral tablet	1 or 1b*	
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*	
BYSTOLIC ORAL TABLET	3	
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*	
carvedilol oral tablet	1 or 1b*	
cholestyramine (with sugar) oral powder	2	CTT1
cholestyramine (with sugar) oral powder in packet	2	CTT1
cholestyramine light oral powder	2	QL; CTT1
cholestyramine light oral powder in packet	2	CTT1
clonidine hcl oral tablet	1 or 1a*	
clonidine transdermal patch weekly	2	CTT1
clorpres oral tablet	1 or 1b*	
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	
doxazosin oral tablet	1 or 1b*	
enalapril maleate oral tablet	1 or 1b*	
enalaprilat intravenous solution	1 or 1b*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	
ENTRESTO ORAL TABLET	3	PA; QL
ephedrine sulfate injection solution	1 or 1b*	
eprosartan oral tablet	1 or 1b*	QL
ergoloid oral tablet	2	CTT1

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

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Drug Name	Tier	Notes
esmolol intravenous solution	1 or 1b*	
ezetimibe oral tablet	2	ST; QL; CTT1
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 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
fluvastatin oral capsule	1 or 1b*	ST; DO
fluvastatin oral tablet extended release 24 hr	1 or 1b*	ST
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	2	CTT1
hydralazine oral tablet	1 or 1b*	
indomethacin sodium intravenous recon soln	2	CTT1
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*	
labetalol intravenous solution	1 or 1b*	
labetalol intravenous syringe	1 or 1b*	
labetalol oral tablet	1 or 1b*	

Drug Name	Tier	Notes
LETAIRIS ORAL TABLET	3	PA; QL; LD; SP
lisinopril oral tablet	1 or 1a*	
lisinopril-hydrochlorothiazide oral tablet	1 or 1b*	
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
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	ST; DO
lovastatin oral tablet 40 mg	1 or 1b*	ST; QL
methyl dopa oral tablet	1 or 1b*	
methyl dopa-hydrochlorothiazide oral tablet	1 or 1b*	
methyldopate intravenous solution	2	CTT1
metoprolol succinate oral tablet extended release 24 hr	1 or 1b*	
metoprolol ta-hydrochlorothiaz oral tablet	1 or 1b*	
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate intravenous syringe	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
minoxidil oral tablet	1 or 1b*	
moexipril oral tablet	1 or 1b*	
moexipril-hydrochlorothiazide oral tablet	1 or 1b*	
nadolol oral tablet	2	CTT1
nadolol-bendroflumethiazide oral tablet	1 or 1b*	
niacin oral tablet extended release 24 hr	1 or 1b*	PA; QL
olmesartan oral tablet 20 mg	1 or 1b*	DO
olmesartan oral tablet 40 mg, 5 mg	1 or 1b*	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.

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Drug Name	Tier	Notes
olmesartan-amlodipin-hcthiazyd 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
papaverine injection solution	1 or 1b*	
perindopril erbumine oral tablet	1 or 1b*	
phenylephrine hcl injection solution	1 or 1b*	
pindolol oral tablet	2	CTT1
pravastatin oral tablet 10 mg, 20 mg	1 or 1b*	ST; DO
pravastatin oral tablet 40 mg	1 or 1b*	ST
pravastatin oral tablet 80 mg	1 or 1b*	ST; QL
prazosin oral capsule	1 or 1b*	
prevalite oral powder	2	CTT1
prevalite oral powder in packet	2	CTT1
propranolol intravenous solution	1 or 1b*	
propranolol oral capsule, extended release 24 hr	1 or 1b*	
propranolol oral solution	1 or 1b*	
propranolol oral tablet	1 or 1b*	
propranolol-hydrochlorothiazid oral tablet	1 or 1b*	
quinapril oral tablet	1 or 1b*	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
ramipril oral capsule	1 or 1b*	
REMODULIN INJECTION SOLUTION	3	PA; LD; SP
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL; SP
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP

Drug Name	Tier	Notes
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL; SP
reserpine oral tablet	1 or 1b*	
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg	2	DO; CTT1
rosuvastatin oral tablet 40 mg	2	QL; CTT1
sildenafil oral tablet	3	PA; QL; SP
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO
simvastatin oral tablet 40 mg	1 or 1b*	DO; QL
simvastatin oral tablet 80 mg	1 or 1b*	ST; QL
sorine oral tablet	2	CTT1
sotalol af oral tablet	2	CTT1
sotalol oral tablet	2	CTT1
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
terazosin oral capsule	1 or 1b*	
timolol maleate oral tablet	1 or 1b*	
TRACLEER ORAL TABLET	3	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
valsartan oral tablet	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
WELCHOL ORAL POWDER IN PACKET	2	
WELCHOL ORAL TABLET	2	
CNS DRUGS		
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	3	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	3	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT	3	PA; SP
BETASERON SUBCUTANEOUS KIT	3	PA; SP
caffeine citrate intravenous solution	2	CTT1
caffeine citrate oral solution	2	CTT1
caffeine-sodium benzoate injection solution	1 or 1b*	
carbamazepine oral capsule, er multiphase 12 hr	1 or 1b*	
carbamazepine oral suspension	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*	
clonazepam oral tablet	1 or 1b*	
clonazepam oral tablet, disintegrating	1 or 1b*	
COPAXONE SUBCUTANEOUS SYRINGE	3	PA; SP
DIASTAT RECTAL KIT	2	QL
diazepam rectal kit	1 or 1b*	QL
DILANTIN ORAL CAPSULE	2	

Drug Name	Tier	Notes
divalproex oral capsule, sprinkle	1 or 1b*	
divalproex oral tablet extended release 24 hr	1 or 1b*	
divalproex oral tablet, delayed release (dr/ec)	1 or 1b*	
doxapram intravenous solution	1 or 1b*	
epitol oral tablet	1 or 1b*	
ethanol (ethyl alcohol) injection solution	1 or 1b*	
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
felbamate oral suspension	2	CTT1
felbamate oral tablet	2	CTT1
fosphenytoin injection solution	2	CTT1
gabapentin oral capsule	2	CTT1
gabapentin oral solution	2	CTT1
gabapentin oral tablet	2	CTT1
GABITRIL ORAL TABLET	2	
glatopa subcutaneous syringe	3	PA; SP
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	
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*	
levetiracetam intravenous solution	2	CTT1
levetiracetam oral solution	2	CTT1
levetiracetam oral tablet	2	CTT1

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

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Drug Name	Tier	Notes
levetiracetam oral tablet extended release 24 hr	2	CTT1
memantine oral solution	2	CTT1
memantine oral tablet	2	CTT1
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	
oxcarbazepine oral suspension	1 or 1b*	
oxcarbazepine oral tablet	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet,chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium intravenous solution	1 or 1b*	
phenytoin sodium intravenous syringe	1 or 1b*	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	3	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE	3	PA; SP
primidone oral tablet	1 or 1b*	
riluzole oral tablet	3	SP
roweepra oral tablet	2	CTT1
tetrabenazine oral tablet	3	PA; LD; SP
tiagabine oral tablet	2	CTT1
topiramate oral capsule, sprinkle	1 or 1b*	
topiramate oral tablet	1 or 1b*	
valproate sodium intravenous solution	1 or 1b*	
valproic acid (as sodium salt) oral solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	
zonisamide oral capsule	2	CTT1

Drug Name	Tier	Notes
COLONY STIMULATING FACTORS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	3	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	3	PA; QL; SP
NEUPOGEN INJECTION SOLUTION	3	PA; SP
NEUPOGEN INJECTION SYRINGE	3	PA; SP
PROCRIT INJECTION SOLUTION	3	PA; SP
PROMACTA ORAL TABLET	3	PA; SP
CONTRACEPTIVES		
altavera (28) oral tablet	1 or 1a*	
alyacen 1/35 (28) oral tablet	1 or 1a*	
alyacen 7/7/7 (28) oral tablet	1 or 1a*	
amethia lo oral tablets,dose pack,3 month	1 or 1b*	
amethia oral tablets,dose pack,3 month	1 or 1b*	
amethyst oral tablet	1 or 1b*	
apri oral tablet	1 or 1a*	
aranelle (28) oral tablet	1 or 1a*	
ashlyna oral tablets,dose pack,3 month	1 or 1b*	
aubra oral tablet	1 or 1a*	
aviane oral tablet	1 or 1a*	
azurette (28) oral tablet	1 or 1b*	
balziva (28) oral tablet	1 or 1a*	
bekyree (28) oral tablet	1 or 1b*	
blisovi 24 fe oral tablet	1 or 1a*	
blisovi fe 1.5/30 (28) oral tablet	1 or 1a*	
blisovi fe 1/20 (28) oral tablet	1 or 1a*	

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

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

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

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

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Drug Name	Tier	Notes
levora-28 oral tablet	1 or 1a*	
LO LOESTRIN FE ORAL TABLET	2	
lomedica 24 fe oral tablet	1 or 1a*	
loryna (28) oral tablet	1 or 1b*	
low-ogestrel (28) oral tablet	1 or 1a*	
lutera (28) oral tablet	1 or 1a*	
lyza oral tablet	1 or 1b*	
marlissa oral tablet	1 or 1a*	
medroxyprogesterone intramuscular suspension	1 or 1b*	
medroxyprogesterone intramuscular syringe	1 or 1b*	
microgestin 1.5/30 (21) oral tablet	1 or 1a*	
microgestin 1/20 (21) oral tablet	1 or 1a*	
microgestin fe 1.5/30 (28) oral tablet	1 or 1a*	
microgestin fe 1/20 (28) oral tablet	1 or 1a*	
MINASTRIN 24 FE ORAL TABLET,CHEWABLE	2	
mono-linyah oral tablet	1 or 1a*	
mononessa (28) oral tablet	1 or 1a*	
my way oral tablet	1 or 1b*	QL
myzilra oral tablet	1 or 1a*	
NATAZIA ORAL TABLET	2	
necon 0.5/35 (28) oral tablet	1 or 1a*	
necon 1/50 (28) oral tablet	1 or 1a*	
necon 10/11 (28) oral tablet	1 or 1a*	
necon 7/7/7 (28) oral tablet	1 or 1a*	
next choice one dose oral tablet	1 or 1b*	QL
nikki (28) oral tablet	1 or 1b*	
nora-be oral tablet	1 or 1b*	
noreth-ethinyl estradiol-iron oral tablet,chewable	1 or 1b*	
norethindrone (contraceptive) oral tablet	1 or 1b*	
norethindrone ac-eth estradiol oral tablet	1 or 1a*	
norethindrone-e.estradiol-iron oral tablet	1 or 1a*	

Drug Name	Tier	Notes
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	1 or 1b*	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	
norlyroc oral tablet	1 or 1b*	
nortrel 0.5/35 (28) oral tablet	1 or 1a*	
nortrel 1/35 (21) oral tablet	1 or 1a*	
nortrel 1/35 (28) oral tablet	1 or 1a*	
nortrel 7/7/7 (28) oral tablet	1 or 1a*	
NUVARING VAGINAL RING	2	
ocella oral tablet	1 or 1b*	
ogestrel (28) oral tablet	1 or 1a*	
orsythia oral tablet	1 or 1a*	
philith oral tablet	1 or 1a*	
pimtrea (28) oral tablet	1 or 1b*	
pirmella oral tablet	1 or 1a*	
portia oral tablet	1 or 1a*	
previfem oral tablet	1 or 1a*	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	2	
quasense oral tablets,dose pack,3 month	1 or 1b*	
rajani oral tablet	1 or 1b*	
reclipsen (28) oral tablet	1 or 1a*	
SAFYRAL ORAL TABLET	2	
setlakin oral tablets,dose pack,3 month	1 or 1b*	
sharobel oral tablet	1 or 1b*	
sprintec (28) oral tablet	1 or 1a*	
sronyx oral tablet	1 or 1a*	
syeda oral tablet	1 or 1b*	
tarina fe 1/20 (28) oral tablet	1 or 1a*	
TAYTULLA ORAL CAPSULE	2	
tilia fe oral tablet	1 or 1b*	
tri-estarylla oral tablet	1 or 1b*	
tri-legest fe oral tablet	1 or 1b*	
tri-linyah oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
tri-lo-estarylla oral tablet	1 or 1b*	
tri-lo-marzia oral tablet	1 or 1b*	
tri-lo-sprintec oral tablet	1 or 1b*	
trinessa (28) oral tablet	1 or 1b*	
trinessa lo oral tablet	1 or 1b*	
tri-previfem (28) oral tablet	1 or 1b*	
tri-sprintec (28) oral tablet	1 or 1b*	
trivora (28) oral tablet	1 or 1a*	
velivet triphasic regimen (28) oral tablet	1 or 1a*	
vestura (28) oral tablet	1 or 1b*	
vienva oral tablet	1 or 1a*	
viorele (28) oral tablet	1 or 1b*	
vyfemla (28) oral tablet	1 or 1a*	
wera (28) oral tablet	1 or 1a*	
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*	
zarah oral tablet	1 or 1b*	
zenchent (28) oral tablet	1 or 1a*	
zenchent fe oral tablet,chewable	1 or 1b*	

Drug Name	Tier	Notes
zovia 1/35e (28) oral tablet	1 or 1a*	
zovia 1/50e (28) oral tablet	1 or 1a*	
COUGH/COLD PREPARATIONS		
benzonatate oral capsule	1 or 1b*	
brompheniramine-pseudoeph-dm oral syrup	1 or 1b*	
centergy dm oral drops	1 or 1b*	
cheratussin ac oral liquid	1 or 1a*	
g tussin ac oral liquid	1 or 1a*	
guaiatussin ac oral liquid	1 or 1a*	
guaifenesin ac oral liquid	1 or 1a*	
guaifenesin dac oral syrup	1 or 1b*	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr	1 or 1b*	
hydrocodone-cpm-pseudoephed oral solution	1 or 1b*	
hydrocodone-homatropine oral syrup	1 or 1b*	
hydrocodone-homatropine oral tablet	1 or 1b*	
hydromet oral syrup	1 or 1b*	
lortuss ex oral syrup	1 or 1b*	
m-clear wc oral liquid	1 or 1a*	
phenylhistine dh oral liquid	1 or 1b*	
POLY-TUSSIN AC ORAL LIQUID	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*	
relcof c oral liquid	1 or 1a*	
rydex oral liquid	1 or 1b*	
tusnel c oral syrup	1 or 1b*	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR	2	
tussigon oral tablet	1 or 1b*	
virtussin ac oral liquid	1 or 1a*	
virtussin dac oral syrup	1 or 1b*	

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

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Drug Name	Tier	Notes
ZODRYL AC 40 ORAL SUSPENSION	2	
ZODRYL DEC 30 ORAL SUSPENSION	2	
Z-TUSS AC ORAL LIQUID	2	
DIAGNOSTIC		
ACCU-CHEK AVIVA PLUS TEST STRIP	2	QL
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL
ACCU-CHEK COMPACT TEST STRIP	2	QL
ACCU-CHEK GUIDE STRIP	2	QL
ACCU-CHEK SMARTVIEW TEST 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*	
amiloride oral tablet	2	CTT1
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	1 or 1a*	
eplerenone oral tablet	2	CTT1
ethacrynic acid oral tablet	2	CTT1
furosemide injection solution	1 or 1a*	
furosemide injection syringe	1 or 1a*	
furosemide oral solution	1 or 1a*	
furosemide oral tablet	1 or 1a*	

Drug Name	Tier	Notes
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
mannitol 10 % intravenous parenteral solution	1 or 1b*	
mannitol 20 % intravenous parenteral solution	1 or 1b*	
mannitol 25 % intravenous solution	1 or 1b*	
mannitol 5 % intravenous parenteral solution	1 or 1b*	
methazolamide oral tablet	2	CTT1
methyclothiazide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
osmitrol 15 % intravenous parenteral solution	1 or 1b*	
osmitrol 20 % intravenous parenteral solution	1 or 1b*	
spironolactone oral tablet	1 or 1a*	
spironolacton-hydrochlorothiaz oral tablet	1 or 1b*	
toremide oral tablet	1 or 1b*	
triamterene-hydrochlorothiazid oral capsule	1 or 1a*	
triamterene-hydrochlorothiazid oral tablet	1 or 1a*	
EENT PREPS		
acetazol hc otic drops	1 or 1b*	
acetic acid otic solution	1 or 1b*	
acetic acid-aluminum acetate otic drops	1 or 1b*	
acucyn topical spray,non-aerosol	1 or 1b*	
ALPHAGAN P OPHTHALMIC DROPS	2	
altacaine ophthalmic drops	1 or 1b*	
altafluor ophthalmic drops	1 or 1b*	
apraclonidine ophthalmic drops	1 or 1b*	
atropine ophthalmic drops	1 or 1b*	
atropine ophthalmic ointment	1 or 1b*	
azelastine nasal aerosol,spray	1 or 1b*	QL

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

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Drug Name	Tier	Notes
azelastine nasal spray,non-aerosol	1 or 1b*	QL
AZOPT OPHTHALMIC DROPS,SUSPENSION	2	
balanced salt intraocular solution	1 or 1b*	
betaxolol ophthalmic drops	1 or 1b*	
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION	2	
bimatoprost ophthalmic drops	2	CTT1
brimonidine ophthalmic drops	1 or 1b*	
bromfenac ophthalmic drops	2	CTT1
bss intraocular solution	1 or 1b*	
carteolol ophthalmic drops	1 or 1a*	
COMBIGAN OPHTHALMIC DROPS	2	
cromolyn ophthalmic drops	1 or 1a*	QL
cyclopentolate ophthalmic drops	1 or 1b*	
CYSTARAN OPHTHALMIC DROPS	3	LD; SP
dexamethasone sodium phosphate ophthalmic drops	1 or 1b*	
diclofenac sodium ophthalmic drops	1 or 1b*	
dorzolamide ophthalmic drops	1 or 1b*	
dorzolamide-timolol ophthalmic drops	1 or 1b*	
DUREZOL OPHTHALMIC DROPS	2	QL
DYMISTA NASAL SPRAY,NON-AEROSOL	2	QL
flucaïne ophthalmic drops	1 or 1b*	
fluocinolone acetonide oil otic drops	1 or 1b*	
fluorescein-benoxinate ophthalmic 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*	

Drug Name	Tier	Notes
flurox ophthalmic drops	1 or 1b*	
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	
ipratropium bromide nasal spray,non-aerosol	1 or 1b*	QL
ketorolac ophthalmic drops	1 or 1b*	
latanoprost ophthalmic drops	1 or 1b*	
levobunolol ophthalmic drops	1 or 1b*	
LOTEMAX OPHTHALMIC DROPS,GEL	2	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LUMIGAN OPHTHALMIC DROPS	2	
metipranolol ophthalmic drops	1 or 1b*	
miostat intraocular solution	1 or 1b*	
mometasone nasal spray,non-aerosol	3	ST; QL; CTT1
ocucoat intraocular syringe	1 or 1b*	
olopatadine nasal spray,non-aerosol	1 or 1b*	QL
phenylephrine hcl ophthalmic drops	1 or 1b*	
pilocarpine hcl ophthalmic drops	1 or 1b*	
prednisolone acetate ophthalmic drops,suspension	1 or 1b*	
prednisolone sodium phosphate ophthalmic drops	1 or 1b*	
proparacaine ophthalmic drops	1 or 1b*	
RESTASIS OPHTHALMIC DROPPERETTE	3	PA

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

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Drug Name	Tier	Notes
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION	2	
tetacaine ophthalmic drops	1 or 1b*	
tetracaine hcl ophthalmic drops	1 or 1b*	
timolol maleate ophthalmic drops	1 or 1b*	
timolol maleate ophthalmic gel forming solution	1 or 1b*	
TRAVATAN Z OPHTHALMIC DROPS	2	
tropicamide ophthalmic drops	1 or 1b*	
ELECT/CALORIC/H2O		
amino acids 15 % intravenous parenteral solution	1 or 1b*	
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	2	
bd posiflush normal saline injection syringe	2	CTT1
bd pre-filled normal saline injection syringe	2	CTT1
bd pre-filled saline blunt can injection syringe	2	CTT1
calcium acetate oral capsule	2	CTT1
calcium acetate oral tablet	2	CTT1
calcium chloride intravenous solution	1 or 1b*	
calcium chloride intravenous syringe	1 or 1b*	
calcium gluconate intravenous solution	1 or 1b*	
calcium-folic acid-vitamin d oral wafer	1 or 1b*	
centratex oral capsule	1 or 1b*	

Drug Name	Tier	Notes
chromium chloride intravenous solution	1 or 1b*	
copper chloride intravenous solution	1 or 1b*	
corvita 150 oral tablet	1 or 1b*	
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*	
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.

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Drug Name	Tier	Notes
dextrose 40 % in water (d40w) intravenous parenteral solution	1 or 1b*	
dextrose 5 % in ringers 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*	
effer-k oral tablet, effervescent	1 or 1b*	
electrolyte-48 in d5w intravenous parenteral solution	1 or 1b*	
eliphos oral tablet	2	CTT1
fe c plus oral tablet	1 or 1b*	
ferocon oral capsule	1 or 1b*	
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*	
ferrocite plus oral tablet	1 or 1b*	
ferrogels forte oral capsule	1 or 1b*	
fluor-a-day (with xylitol) oral tablet,chewable	1 or 1b*	
fluoridex daily defense dental gel	1 or 1a*	
fluoritab oral tablet,chewable	1 or 1a*	

Drug Name	Tier	Notes
focalgin dss oral tablet	1 or 1b*	
folivane-f oral capsule	1 or 1b*	
folivane-plus oral capsule	1 or 1b*	
freamine iii 10 % intravenous parenteral solution	1 or 1b*	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT	2	
hematinic plus vit/minerals oral tablet	1 or 1b*	
hematinic/folic acid oral tablet	1 or 1b*	
hematogen fa oral capsule	1 or 1b*	
hematogen forte oral capsule	1 or 1b*	
hematogen oral capsule	1 or 1b*	
hemetab oral tablet	1 or 1b*	
iferex 150 forte oral capsule	1 or 1b*	
infed injection solution	1 or 1b*	
k-effervescent oral tablet, effervescent	1 or 1b*	
kionex (with sorbitol) oral suspension	2	CTT1
kionex oral powder	2	CTT1
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/ef oral tablet, effervescent	1 or 1b*	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	
k-phos-neutral oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
k-tab oral tablet extended release	1 or 1b*	
lactated ringers intravenous parenteral solution	1 or 1b*	
ludent fluoride oral tablet, chewable	1 or 1a*	
lugols oral solution	1 or 1b*	
magnesium chloride injection solution	1 or 1b*	
magnesium sulfate in water intravenous parenteral solution	2	CTT1
magnesium sulfate in water intravenous piggyback	2	CTT1
magnesium sulfate injection solution	2	CTT1
magnesium sulfate injection syringe	2	CTT1
manganese chloride intravenous solution	1 or 1b*	
manganese sulfate intravenous solution	1 or 1b*	
monoject 0.9% sodium chloride injection syringe	2	CTT1
monoject prefill advanced ns injection syringe	2	CTT1
monoject prefill saline flush injection syringe	2	CTT1
multigen folic oral tablet	1 or 1b*	
multigen plus oral tablet	1 or 1b*	
multitrace-4 pediatric intravenous solution	1 or 1b*	
myferon 150 forte oral capsule	1 or 1b*	
normal saline flush injection syringe	2	CTT1
nutrilyte intravenous solution	1 or 1b*	
phospha 250 neutral oral tablet	1 or 1b*	
poly-iron 150 forte oral capsule	1 or 1b*	
pot,sodium citrate-citric acid oral solution	1 or 1b*	
potassium acetate intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
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	1 or 1b*	
potassium chloride in 5 % dex intravenous parenteral solution	1 or 1b*	
potassium chloride in 1r-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*	
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	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*	

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

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Drug Name	Tier	Notes
potassium phosphate m-/d-basic intravenous solution	1 or 1b*	
premasol 10 % intravenous parenteral solution	1 or 1b*	
purevit dualfe plus oral capsule	1 or 1b*	
RENVELA ORAL POWDER IN PACKET	2	
RENVELA ORAL TABLET	2	
ringers intravenous parenteral solution	1 or 1b*	
selenium intravenous solution	1 or 1b*	
se-tan plus oral capsule	1 or 1b*	
sf dental gel	1 or 1a*	
sodium acetate intravenous solution	1 or 1b*	
sodium bicarbonate intravenous solution	2	CTT1
sodium bicarbonate intravenous syringe	2	CTT1
sodium chloride 0.45 % intravenous parenteral solution	2	CTT1
sodium chloride 0.45 % intravenous piggyback	2	CTT1
sodium chloride 0.9 % injection solution	2	CTT1
sodium chloride 0.9 % injection syringe	2	CTT1
sodium chloride 0.9 % intravenous parenteral solution	2	CTT1
sodium chloride 0.9 % intravenous piggyback	2	CTT1
sodium chloride 3 % intravenous parenteral solution	2	CTT1
sodium chloride 5 % intravenous parenteral solution	2	CTT1
sodium chloride intravenous parenteral solution	2	CTT1
sodium citrate-citric acid oral solution	1 or 1b*	
sodium ferric gluconat-sucrose intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
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 intravenous solution	1 or 1b*	
sodium polystyrene (sorb free) oral suspension	2	CTT1
sodium polystyrene sulfonate oral powder	2	CTT1
sodium polystyrene sulfonate oral suspension	2	CTT1
sodium polystyrene sulfonate rectal enema	2	CTT1
sps (with sorbitol) oral suspension	2	CTT1
sps (with sorbitol) rectal enema	2	CTT1
strong iodine oral solution	1 or 1b*	
syrex sodium chloride 0.9% injection syringe	2	CTT1
taron forte oral capsule	1 or 1b*	
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*	
travasol 10 % intravenous parenteral solution	1 or 1b*	
tricitrates oral solution	1 or 1b*	
tricon oral capsule	1 or 1b*	
trigels-f forte oral capsule	1 or 1b*	
virt-phos 250 neutral oral tablet	1 or 1b*	
virtrate-2 oral solution	1 or 1b*	
virtrate-3 oral solution	1 or 1b*	
virtrate-k oral solution	1 or 1b*	
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	
zinc sulfate oral capsule	1 or 1b*	

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

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Drug Name	Tier	Notes
GASTROINTESTINAL		
alosetron oral tablet	2	PA; QL; CTT1
AMITIZA ORAL CAPSULE	2	
anaspaz oral tablet, disintegrating	2	CTT1
anucort-hc rectal suppository	1 or 1b*	
aprepitant oral capsule	2	QL; CTT1
aprepitant oral capsule, dose pack	2	QL; CTT1
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR	2	ST; QL
atropine injection solution	2	CTT1
atropine injection syringe	2	CTT1
balsalazide oral capsule	1 or 1b*	QL
CANASA RECTAL SUPPOSITORY	2	QL
CARAFATE ORAL SUSPENSION	2	
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet	1 or 1b*	
compro rectal suppository	1 or 1b*	
constulose oral solution	1 or 1b*	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)	2	
dicyclomine intramuscular solution	2	CTT1
dicyclomine oral capsule	1 or 1a*	
dicyclomine oral solution	1 or 1a*	
dicyclomine oral tablet	1 or 1a*	
dimenhydrinate injection solution	1 or 1b*	
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
dronabinol oral capsule	2	CTT1
ed-spaz oral tablet, disintegrating	1 or 1b*	
enulose oral solution	1 or 1b*	

Drug Name	Tier	Notes
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	1 or 1b*	
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*	
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral tablet	1 or 1b*	
granisetron (pf) intravenous solution	2	CTT1
granisetron hcl intravenous solution	2	CTT1
granisetron hcl oral tablet	2	QL; CTT1
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*	
hyoscyamine sulfate oral elixir	1 or 1b*	
hyoscyamine sulfate oral tablet	1 or 1b*	
hyoscyamine sulfate oral tablet extended release 12 hr	1 or 1b*	
hyoscyamine sulfate oral tablet, disintegrating	1 or 1b*	
hyoscyamine sulfate sublingual tablet	1 or 1b*	
hyosyne oral drops	1 or 1b*	
hyosyne oral elixir	1 or 1b*	
intralipid intravenous emulsion	1 or 1b*	
lactulose oral solution	1 or 1b*	

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

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Drug Name	Tier	Notes
LEVSIN INJECTION SOLUTION	2	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC)	2	QL
LINZESS ORAL CAPSULE	2	
loperamide oral capsule	1 or 1b*	
meclizine oral tablet	1 or 1a*	
mesalamine rectal enema	2	QL; CTT1
mesalamine with cleansing wipe rectal enema kit	2	QL; CTT1
methscopolamine oral tablet	1 or 1b*	
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl injection syringe	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	
metoclopramide hcl oral tablet	1 or 1a*	
metoclopramide hcl oral tablet, disintegrating	1 or 1a*	
misoprostol oral tablet	1 or 1a*	
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	
NUTRIPORT BALLOON KIT	2	
omeprazole oral capsule, delayed release (dr/ec)	1 or 1b*	ST; QL
ondansetron hcl (pf) injection solution	2	CTT1
ondansetron hcl (pf) injection syringe	2	CTT1
ondansetron hcl intravenous solution	2	CTT1
ondansetron hcl oral solution	2	QL; CTT1
ondansetron hcl oral tablet	2	QL; CTT1
ondansetron oral tablet, disintegrating	2	QL; CTT1
opium tincture oral tincture	2	CTT1
oscimin oral tablet	1 or 1b*	
oscimin oral tablet, disintegrating	1 or 1b*	
oscimin sl sublingual tablet	1 or 1b*	

Drug Name	Tier	Notes
oscimin sr oral tablet extended release 12 hr	1 or 1b*	
paregoric oral liquid	2	CTT1
peg 3350-electrolytes oral recon soln	1 or 1a*	
peg-3350 with flavor packs 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
phenadoz rectal suppository	2	CTT1
phenergan rectal suppository	2	CTT1
phenoxytro 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*	
prochlorperazine edisylate injection solution	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
promethazine rectal suppository	2	CTT1
promethegan rectal suppository	2	CTT1
propantheline oral tablet	1 or 1b*	
ranitidine hcl injection solution	1 or 1b*	
ranitidine hcl oral capsule	1 or 1b*	
ranitidine hcl oral syrup	1 or 1b*	
ranitidine hcl oral tablet	1 or 1b*	
REMICADE INTRAVENOUS RECON SOLN 100 MG	3	SP
REMICADE INTRAVENOUS RECON SOLN 100 MG	3	PA; SP
sodium phenylbutyrate oral powder	3	SP
sucralfate oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
sulfasalazine oral tablet	1 or 1b*	QL
sulfasalazine oral tablet,delayed release (dr/ec)	1 or 1b*	QL
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*	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	2	
trilyte with flavor packets oral recon soln	1 or 1a*	
trimethobenzamide oral capsule	1 or 1b*	
ursodiol oral capsule	2	CTT1
ursodiol oral tablet	2	CTT1
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
HORMONES		
a-hydrocort injection recon soln	1 or 1b*	
amabelz oral tablet	1 or 1b*	
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET	2	PA; QL
androxy oral tablet	2	CTT1
betamethasone acet,sod phos injection suspension	1 or 1b*	
budesonide oral capsule,delayed,extend.release	2	QL; CTT1
cabergoline oral tablet	1 or 1b*	
calcitonin (salmon) nasal spray,non-aerosol	2	QL; CTT1
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	QL
clomiphene citrate oral tablet	1 or 1b*	PA
colocort rectal enema	2	CTT1
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	QL

Drug Name	Tier	Notes
cortisone oral tablet	1 or 1b*	
cosyntropin injection recon soln	2	CTT1
covaryx h.s. oral tablet	1 or 1b*	
covaryx oral tablet	1 or 1b*	
danazol oral capsule	2	CTT1
deltasone oral tablet	1 or 1a*	
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*	
DIVIGEL TRANSDERMAL GEL IN PACKET	2	QL
eeemt hs oral tablet	1 or 1b*	
eeemt oral tablet	1 or 1b*	
ENDOMETRIN VAGINAL INSERT	2	PA
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	1 or 1b*	
estradiol-norethindrone acet oral tablet	1 or 1b*	
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.

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Drug Name	Tier	Notes
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	2	QL
fludrocortisone oral tablet	1 or 1b*	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	3	PA; SP
fyavolv oral tablet	1 or 1b*	
HUMATROPE INJECTION CARTRIDGE	3	PA; SP
HUMATROPE INJECTION RECON SOLN	3	PA; SP
hydrocortisone oral tablet	1 or 1b*	
hydrocortisone rectal enema	1 or 1b*	
jevantage lo oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
lopreeza oral tablet	1 or 1b*	
MEDROL ORAL TABLET	2	
medroxyprogesterone oral tablet	1 or 1a*	QL
MENEST ORAL TABLET	2	
methergine oral tablet	1 or 1b*	
methylprednisolone acetate injection suspension	1 or 1b*	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablets, dose pack	1 or 1a*	
methylprednisolone sodium succ injection recon soln	1 or 1b*	
methylprednisolone sodium succ intravenous recon soln	1 or 1b*	
methyltestosterone oral capsule	2	CTT1
millipred dp oral tablets, dose pack	1 or 1a*	
millipred oral tablet	1 or 1a*	
mimvey lo oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	2	QL
norethindrone acetate oral tablet	1 or 1b*	

Drug Name	Tier	Notes
norethindrone ac-eth estradiol oral tablet	1 or 1b*	
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	3	PA; SP
oxandrolone oral tablet	2	CTT1
oxytocin injection solution	1 or 1b*	
prednisolone oral solution	1 or 1a*	
prednisolone sodium phosphate oral solution	1 or 1a*	
prednisolone sodium phosphate oral tablet, disintegrating	1 or 1a*	
prednisone intensol oral concentrate	1 or 1a*	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablets, dose pack	1 or 1a*	
PREMARIN INJECTION RECON SOLN	2	
PREMARIN ORAL TABLET	2	QL
PREMARIN VAGINAL CREAM	2	QL
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
progesterone in oil intramuscular oil	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized oral capsule	1 or 1b*	QL
serophene oral tablet	1 or 1b*	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	3	PA; QL; SP
SYNAREL NASAL SPRAY, NON-AEROSOL	3	PA; QL; SP
testosterone cypionate intramuscular oil	1 or 1b*	PA
testosterone enanthate intramuscular oil	1 or 1b*	PA
testosterone transdermal gel in packet	2	PA; QL; CTT1

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

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Drug Name	Tier	Notes
triamcinolone acetonide injection suspension	1 or 1b*	
vasopressin injection solution	1 or 1b*	
veripred 20 oral solution	1 or 1a*	
yuvafem vaginal tablet	1 or 1b*	QL
IMMUNOSUPPRESSANT		
AZASAN ORAL TABLET	2	
azathioprine oral tablet	1 or 1b*	
azathioprine sodium injection recon soln	1 or 1b*	
cyclosporine modified oral capsule	3	SP
cyclosporine modified oral solution	3	SP
cyclosporine oral capsule	3	SP
ELIDEL TOPICAL CREAM	2	ST
gengraf oral capsule	3	SP
gengraf oral solution	3	SP
mycophenolate mofetil oral capsule	3	SP
mycophenolate mofetil oral suspension for reconstitution	3	SP
mycophenolate mofetil oral tablet	3	SP
mycophenolate sodium oral tablet,delayed release (dr/ec)	3	SP
RAPAMUNE ORAL SOLUTION	3	SP
sirolimus oral tablet	3	SP
STELARA INTRAVENOUS SOLUTION	3	PA; QL; SP
STELARA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
tacrolimus oral capsule	3	SP
tacrolimus topical ointment	1 or 1b*	ST
ZORTRESS ORAL TABLET	3	SP
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG		
1ST TIER UNIFINE PENTIPS NEEDLE	2	

Drug Name	Tier	Notes
1ST TIER UNIFINE PENTIPS PLUS NEEDLE	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	
ADVOCATE PEN NEEDLE NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE	2	
BD INSULIN PEN NEEDLE UF MINI NEEDLE	2	
BD INSULIN PEN NEEDLE UF ORIG NEEDLE	2	
BD INSULIN PEN NEEDLE UF SHORT NEEDLE	2	
BD ULTRA-FINE NANO PEN NEEDLES NEEDLE	2	
CAREFINE PEN NEEDLE NEEDLE	2	
CARETOUCH PEN NEEDLE NEEDLE	2	
CLICKFINE NEEDLE	2	
COMFORT EZ PEN NEEDLES NEEDLE	2	
DROPLET PEN NEEDLE NEEDLE	2	
EASY COMFORT PEN NEEDLES NEEDLE	2	
EASY TOUCH NEEDLE	2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE	2	

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

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Drug Name	Tier	Notes
INCONTROL PEN NEEDLE NEEDLE	2	
INSUPEN NEEDLE	2	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE	2	
MINI ULTRA-THIN II NEEDLE	2	
NOVOFINE 30 NEEDLE	2	
NOVOFINE 32 NEEDLE	2	
NOVOFINE AUTOCOVER NEEDLE	2	
NOVOFINE PLUS NEEDLE	2	
NOVOTWIST NEEDLE	2	
ONETOUCH DELICA LANC DEVICE KIT	2	
ONETOUCH DELICA LANCETS	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRASOFT LANCETS	2	
PEN NEEDLE NEEDLE	2	
PEN NEEDLE, DIABETIC NEEDLE	2	
PENTIPS NEEDLE	2	
PRO COMFORT PEN NEEDLE NEEDLE	2	
RELION NEEDLES NEEDLE	2	
RELION PEN NEEDLES NEEDLE	2	
SURE COMFORT PEN NEEDLE NEEDLE	2	
SURE-FINE PEN NEEDLES NEEDLE	2	
TECHLITE PEN NEEDLE NEEDLE	2	
TOPCARE CLICKFINE NEEDLE	2	
TRUEPLUS PEN NEEDLE NEEDLE	2	
ULTICARE PEN NEEDLE NEEDLE	2	
ULTILET PEN NEEDLE NEEDLE	2	

Drug Name	Tier	Notes
ULTRA-THIN II (SHORT) PEN NDL NEEDLE	2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE	2	
UNIFINE PENTIPS NEEDLE	2	
UNIFINE PENTIPS PLUS NEEDLE	2	
MUSCLE RELAXANTS		
baclofen oral tablet	1 or 1b*	
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*	
dantrolene oral capsule	2	CTT1
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*	
revonto intravenous recon soln	1 or 1b*	
tizanidine oral capsule	1 or 1b*	
tizanidine oral tablet	1 or 1b*	
PRE-NATAL VITAMINS		
ATABEX EC ORAL TABLET, DELAYED RELEASE (DR/EC)	2	
calcium pnv oral capsule	1 or 1b*	
c-nate dha oral capsule	1 or 1b*	
completenate oral tablet, chewable	1 or 1a*	
dothelle dha oral capsule	1 or 1b*	
elite-ob 400 oral capsule	1 or 1b*	
elite-ob oral capsule	1 or 1b*	
EXTRA-VIRT PLUS DHA ORAL CAPSULE	2	
folbecal oral tablet, er multiphase 24 hr	1 or 1b*	
folivane-ob oral capsule	1 or 1b*	

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

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Drug Name	Tier	Notes
hemenatal ob oral tablet	1 or 1b*	
macnatal cn dha oral capsule	1 or 1b*	
mynatal advance oral tablet	1 or 1b*	
mynatal oral capsule	1 or 1b*	
mynatal oral tablet	1 or 1b*	
mynatal plus oral tablet	1 or 1a*	
mynatal-z oral tablet	1 or 1a*	
mynate 90 plus oral tablet extended release	1 or 1a*	
newgen oral tablet	1 or 1b*	
pnv 29-1 oral tablet	1 or 1a*	
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*	
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*	
prenatabs fa oral tablet	1 or 1a*	
prenatabs rx oral tablet	1 or 1a*	
prenatal low iron oral tablet	1 or 1a*	
prenatal plus (calcium carb) oral tablet	1 or 1a*	
prenatal plus oral tablet	1 or 1a*	
prenatal vitamin plus low iron oral tablet	1 or 1a*	
prenatal-u oral capsule	1 or 1a*	
preplus oral tablet	1 or 1a*	
pretab oral tablet	1 or 1a*	

Drug Name	Tier	Notes
relnate dha oral capsule	1 or 1b*	
rulavite dha oral capsule	1 or 1b*	
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-19 oral tablet	1 or 1a*	
tl-select oral capsule	1 or 1b*	
triadvance oral tablet	1 or 1b*	
trinatal gt oral tablet	1 or 1b*	
trinatal rx 1 oral tablet	1 or 1a*	
trinate oral tablet	1 or 1a*	
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 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*	
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*	
virt-select oral capsule	1 or 1b*	
virt-vite gt oral tablet	1 or 1b*	
VITAFOL-OB ORAL TABLET	2	
vol-nate oral tablet	1 or 1a*	

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

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Drug Name	Tier	Notes
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*	
zatean-ch oral capsule	1 or 1b*	
zatean-pn dha oral capsule	1 or 1b*	
zatean-pn plus oral capsule	1 or 1b*	
zingiber oral tablet	1 or 1a*	
PSYCHOTHERAPEUTIC DRUGS		
alprazolam intensol oral concentrate	1 or 1b*	
alprazolam oral tablet	1 or 1b*	
alprazolam oral tablet extended release 24 hr	1 or 1b*	
alprazolam oral tablet, disintegrating	1 or 1b*	
amitriptyline oral tablet	1 or 1a*	
amitriptyline-chlordiazepoxide oral tablet	1 or 1b*	
amoxapine oral tablet	1 or 1b*	
aripiprazole oral solution	2	CTT1
aripiprazole oral tablet	2	CTT1
aripiprazole oral tablet, disintegrating	2	CTT1
armodafinil oral tablet 150 mg, 250 mg, 50 mg	2	PA; QL; CTT1
armodafinil oral tablet 200 mg	2	PA; CTT1
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 100 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 150 mg, 200 mg	1 or 1b*	
bupropion hcl oral tablet extended release 24 hr 150 mg	1 or 1b*	DO

Drug Name	Tier	Notes
bupropion hcl oral tablet extended release 24 hr 300 mg	1 or 1b*	QL
buspirone oral tablet	1 or 1b*	
chlordiazepoxide hcl oral capsule	1 or 1b*	
chlorpromazine injection solution	1 or 1b*	
chlorpromazine oral tablet	1 or 1b*	
citalopram oral solution	1 or 1b*	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	2	CTT1
clozapine oral tablet, disintegrating	2	CTT1
desipramine oral tablet	2	CTT1
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*	
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, 40 mg, 60 mg	2	PA; QL; CTT1

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

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Drug Name	Tier	Notes
duloxetine oral capsule, delayed release(dr/ec) 30 mg	2	PA; DO; CTT1
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
FAZACLO ORAL TABLET, DISINTEGRATING	2	
fluoxetine oral capsule 10 mg, 20 mg	1 or 1b*	DO
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*	
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
GEODON INTRAMUSCULAR RECON SOLN	2	ST
guanfacine oral tablet extended release 24 hr	1 or 1b*	
haloperidol decanoate intramuscular solution	1 or 1b*	
haloperidol lactate injection solution	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	

Drug Name	Tier	Notes
haloperidol oral tablet	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	
lithium carbonate oral tablet extended release	1 or 1a*	
lithium citrate oral solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	
lorazepam oral concentrate	1 or 1b*	
lorazepam oral tablet	1 or 1b*	
loxapine succinate oral capsule	1 or 1b*	
maprotiline oral tablet	1 or 1b*	
meprobamate oral tablet	1 or 1b*	
metadate er oral tablet extended release	1 or 1b*	PA
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	2	PA; DO; CTT1
modafinil oral tablet 200 mg	2	PA; QL; CTT1
molindone oral tablet	2	CTT1
nefazodone oral tablet	1 or 1b*	
nortriptyline oral capsule	1 or 1b*	
nortriptyline oral solution	1 or 1b*	
olanzapine intramuscular recon soln	2	ST; CTT1
olanzapine oral tablet	2	CTT1

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

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Drug Name	Tier	Notes
olanzapine oral tablet,disintegrating	2	CTT1
olanzapine-fluoxetine oral capsule	1 or 1b*	
oxazepam oral capsule	2	CTT1
paliperidone oral tablet extended release 24hr	2	CTT1
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
perphenazine oral tablet	1 or 1b*	
perphenazine-amitriptyline oral tablet	1 or 1b*	
phenelzine oral tablet	1 or 1b*	
pimozide oral tablet	1 or 1b*	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	DO
protriptyline oral tablet	2	CTT1
quetiapine oral tablet	2	CTT1
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE	2	ST
risperidone oral solution	1 or 1b*	
risperidone oral tablet	1 or 1b*	
risperidone oral tablet,disintegrating	2	CTT1
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	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	2	
thioridazine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
thiothixene oral capsule	1 or 1b*	
tranlycypromine oral tablet	1 or 1b*	
trazodone oral tablet	1 or 1a*	
trifluoperazine oral tablet	1 or 1b*	
trimipramine oral capsule	1 or 1b*	
venlafaxine oral capsule,extended release 24hr 150 mg	1 or 1b*	QL
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine oral tablet	1 or 1b*	QL
VYVANSE ORAL CAPSULE	2	PA
ziprasidone hcl oral capsule	2	ST; CTT1
SEDATIVE/HYPNOTICS		
estazolam oral tablet	1 or 1b*	
eszopiclone oral tablet	1 or 1b*	QL
flurazepam oral capsule	1 or 1b*	
lorazepam injection solution	1 or 1b*	
lorazepam injection syringe	1 or 1b*	
midazolam oral syrup	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution	1 or 1b*	
quazepam oral tablet	1 or 1b*	
seconal sodium oral capsule	1 or 1b*	
temazepam oral capsule	1 or 1b*	
triazolam oral tablet	1 or 1b*	
zaleplon oral capsule	1 or 1b*	ST; QL
zolpidem oral tablet	1 or 1b*	QL
zolpidem sublingual tablet	2	ST; QL; CTT1
SKIN PREPS		
ACANYA TOPICAL GEL WITH PUMP	2	
acetic acid irrigation solution	1 or 1b*	
acitretin oral capsule	2	CTT1
adapalene topical cream	1 or 1b*	
adapalene topical gel	1 or 1b*	
adapalene topical gel with pump	1 or 1b*	
ala-cort topical cream	1 or 1a*	

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

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Drug Name	Tier	Notes
alclometasone topical cream	1 or 1b*	
alclometasone topical ointment	1 or 1b*	
alphaquin hp topical cream	1 or 1b*	
ALTABAX TOPICAL OINTMENT	2	
amcinonide topical cream	1 or 1b*	
amcinonide topical lotion	1 or 1b*	
amcinonide topical ointment	1 or 1b*	
ammonium lactate topical cream	1 or 1b*	
ammonium lactate topical lotion	1 or 1b*	
apexicon e topical cream	1 or 1b*	
avita topical cream	1 or 1b*	PA
avo cream topical emulsion	1 or 1b*	
benzepro topical towelette	1 or 1b*	
benzoyl peroxide topical cleanser	1 or 1b*	
benzoyl peroxide topical foam	1 or 1b*	
betamethasone dipropionate topical cream	1 or 1b*	
betamethasone dipropionate topical lotion	1 or 1b*	
betamethasone dipropionate topical ointment	1 or 1b*	
betamethasone valerate topical cream	1 or 1b*	
betamethasone valerate topical foam	1 or 1b*	
betamethasone valerate topical lotion	1 or 1b*	
betamethasone valerate topical ointment	1 or 1b*	
betamethasone, augmented topical cream	1 or 1b*	
betamethasone, augmented topical gel	1 or 1b*	
betamethasone, augmented topical lotion	1 or 1b*	
betamethasone, augmented topical ointment	1 or 1b*	
blanche topical cream	1 or 1b*	
bp-50% urea topical emulsion	1 or 1b*	

Drug Name	Tier	Notes
bpo topical gel	1 or 1b*	
bpo topical towelette	1 or 1b*	
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*	
cem-urea topical gel	1 or 1b*	
claravis oral capsule	2	PA; CTT1
clindamycin-benzoyl peroxide topical gel	1 or 1b*	
clindamycin-benzoyl peroxide topical gel with pump	1 or 1b*	
clindamycin-tretinoin topical gel	1 or 1b*	
clobetasol scalp solution	1 or 1b*	
clobetasol topical cream	1 or 1b*	
clobetasol topical foam	1 or 1b*	
clobetasol topical gel	1 or 1b*	
clobetasol topical lotion	1 or 1b*	
clobetasol topical ointment	1 or 1b*	
clobetasol topical shampoo	1 or 1b*	
clobetasol topical spray,non-aerosol	1 or 1b*	
clobetasol-emollient topical cream	1 or 1b*	
clobetasol-emollient topical foam	1 or 1b*	
clodan topical shampoo	1 or 1b*	
cormax scalp solution	1 or 1b*	
dermazene topical cream	1 or 1b*	
desonide topical cream	1 or 1b*	
desonide topical lotion	1 or 1b*	
desonide topical ointment	1 or 1b*	
desoximetasone topical cream	1 or 1b*	
desoximetasone topical gel	1 or 1b*	
desoximetasone topical ointment	1 or 1b*	
diclofenac sodium topical gel	2	QL; CTT1

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

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Drug Name	Tier	Notes
diflorasone topical cream	1 or 1b*	
diflorasone topical ointment	1 or 1b*	
doxepin topical cream	2	CTT1
drithocrema hp topical cream	1 or 1b*	
elestone topical cream	1 or 1b*	
emulsion sb topical emulsion	1 or 1b*	
FINACEA TOPICAL FOAM	2	
FINACEA TOPICAL GEL	2	
fluocinolone and shower cap scalp oil	1 or 1b*	
fluocinolone topical cream	1 or 1b*	
fluocinolone topical oil	1 or 1b*	
fluocinolone topical ointment	1 or 1b*	
fluocinolone topical solution	1 or 1b*	
fluocinonide topical cream	1 or 1b*	
fluocinonide topical gel	1 or 1b*	
fluocinonide topical ointment	1 or 1b*	
fluocinonide topical solution	1 or 1b*	
fluocinonide-e topical cream	1 or 1b*	
flurandrenolide topical cream	1 or 1b*	
flurandrenolide topical lotion	1 or 1b*	
flurandrenolide topical ointment	1 or 1b*	
fluticasone topical cream	1 or 1b*	
fluticasone topical lotion	1 or 1b*	
fluticasone topical ointment	1 or 1b*	
halobetasol propionate topical cream	1 or 1b*	
halobetasol propionate topical ointment	1 or 1b*	
hpr plus hydrogel topical kit,cream and gel	1 or 1b*	
hpr plus topical cream	1 or 1b*	
hpr plus topical foam	1 or 1b*	
hpr topical foam	1 or 1b*	
hydrocortisone butyrate topical cream	1 or 1b*	
hydrocortisone butyrate topical ointment	1 or 1b*	
hydrocortisone butyrate topical solution	1 or 1b*	
hydrocortisone butyr-emollient topical cream	1 or 1b*	

Drug Name	Tier	Notes
hydrocortisone topical cream	1 or 1a*	
hydrocortisone topical lotion	1 or 1a*	
hydrocortisone topical ointment	1 or 1a*	
hydrocortisone valerate topical cream	1 or 1b*	
hydrocortisone valerate topical ointment	1 or 1b*	
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*	
imiquimod topical cream in packet	1 or 1b*	PA; QL
iodoquinol-hc topical cream	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	
lactic acid e topical cream	1 or 1b*	
lactic acid topical lotion	1 or 1b*	
latrix topical suspension	1 or 1b*	
lindane topical shampoo	1 or 1b*	
luxamend topical cream	1 or 1b*	
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	3	SP
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*	
mometasone topical cream	1 or 1b*	
mometasone topical ointment	1 or 1b*	
mometasone topical solution	1 or 1b*	
myorisan oral capsule	2	PA; CTT1
neomycin-polymyxin b gu irrigation solution	2	CTT1
neuac topical gel	1 or 1b*	

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

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Drug Name	Tier	Notes
nivatopic plus topical cream	1 or 1b*	
ONEXTON TOPICAL GEL WITH PUMP	2	
permethrin topical cream	1 or 1b*	
podofilox topical solution	1 or 1b*	
pr cream topical cream	1 or 1b*	
PRAMOSONE TOPICAL CREAM	2	
PRAMOSONE TOPICAL LOTION	2	
PRAMOSONE TOPICAL OINTMENT	2	
prednicarbate topical cream	1 or 1b*	
prednicarbate topical ointment	1 or 1b*	
procto-med hc topical cream with perineal applicator	1 or 1b*	
procto-pak topical cream with perineal applicator	1 or 1b*	
proctosol hc topical cream with perineal applicator	1 or 1b*	
proctozone-hc topical cream with perineal applicator	1 or 1b*	
pruclair topical cream	1 or 1b*	
prudoxin topical cream	2	CTT1
prumyx topical cream	1 or 1b*	
prutect topical emulsion	1 or 1b*	
rea lo 39 topical cream	1 or 1b*	
rea lo 40 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
remeven topical cream	1 or 1b*	
ringers irrigation solution	1 or 1b*	
rosadan topical cream	1 or 1b*	
rosadan topical gel	1 or 1b*	
salacyn topical cream	1 or 1b*	
salacyn topical lotion	1 or 1b*	
salicylic acid topical cream	1 or 1b*	
salicylic acid topical cream,extended release	1 or 1b*	
salicylic acid topical foam	1 or 1b*	
salicylic acid topical gel	1 or 1b*	
salicylic acid topical lotion	1 or 1b*	

Drug Name	Tier	Notes
salicylic acid topical lotion,extended release	1 or 1b*	
salicylic acid topical shampoo	1 or 1b*	
salvax topical foam	1 or 1b*	
scalacort topical lotion	1 or 1a*	
seb-prev topical cleanser	1 or 1b*	
selenium sulfide topical lotion	1 or 1a*	
selenium sulfide topical shampoo	1 or 1a*	
silver nitrate applicators topical stick	1 or 1b*	
silver nitrate topical ointment	1 or 1b*	
silver nitrate topical solution	1 or 1b*	
sodium chloride irrigation solution	2	CTT1
sonafine topical emulsion	1 or 1b*	
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 shampoo	1 or 1b*	
TAZORAC TOPICAL CREAM	2	PA
TAZORAC TOPICAL GEL	2	PA
tis-u-sol pentalyte irrigation solution	1 or 1b*	
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
triamcinolone acetonide topical aerosol	1 or 1a*	
triamcinolone acetonide topical cream 0.025 %	1 or 1a*	

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

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Drug Name	Tier	Notes
triamcinolone acetoneide topical cream 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetoneide topical lotion	1 or 1a*	
triamcinolone acetoneide topical ointment 0.025 %, 0.1 %	1 or 1a*	
triamcinolone acetoneide topical ointment 0.5 %	1 or 1a*	QL
trianex topical ointment	1 or 1a*	
tri-chlor topical solution	1 or 1b*	
triderm topical cream	1 or 1a*	
umecta topical foam	1 or 1b*	
urea nail stick topical solution	1 or 1b*	
urea topical cream	1 or 1b*	
urea topical foam	1 or 1b*	
urea topical gel	1 or 1b*	
ure-k topical cream	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
zenatane oral capsule	2	PA; CTT1
SMOKING DETERRENENTS		
bupropion hcl (smoking deter) oral tablet extended release	1 or 1b*	PA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	2	PA; QL
CHANTIX ORAL TABLET	2	PA; QL
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	2	PA; QL
THYROID PREPS		
ARMOUR THYROID ORAL TABLET	2	
levothyroxine intravenous recon soln	1 or 1a*	
levothyroxine oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine intravenous solution	1 or 1b*	
liothyronine oral tablet	1 or 1b*	
methimazole oral tablet	1 or 1a*	

Drug Name	Tier	Notes
nature-throid oral tablet	1 or 1b*	
np thyroid oral tablet	1 or 1b*	
propylthiouracil oral tablet	1 or 1b*	
unithroid oral tablet	1 or 1a*	
westhroid oral tablet	1 or 1b*	
UNCLASSIFIED DRUG PRODUCTS		
acamprosate oral tablet,delayed release (dr/ec)	2	QL; CTT1
acetylcysteine intravenous solution	2	CTT1
alendronate oral solution	1 or 1b*	
alendronate oral tablet	1 or 1b*	QL
alfuzosin oral tablet extended release 24 hr	1 or 1b*	
bacteriostatic water(parabens) injection solution	1 or 1b*	
buprenorphine hcl sublingual tablet	1 or 1b*	QL
buprenorphine-naloxone sublingual tablet	1 or 1b*	QL
chlorhexidine gluconate mucous membrane mouthwash	1 or 1a*	
CIALIS ORAL TABLET 10 MG, 20 MG	2	PA
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL
CYSTADANE ORAL POWDER	3	LD; SP
darifenacin oral tablet extended release 24 hr	2	ST; CTT1
disulfiram oral tablet	1 or 1b*	
doxercalciferol intravenous solution	2	CTT1
doxercalciferol oral capsule	2	CTT1
doxycycline hyclate oral tablet	1 or 1b*	
dutasteride oral capsule	1 or 1b*	PA
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1 or 1b*	PA
etidronate disodium oral tablet	2	CTT1
EXJADE ORAL TABLET, DISPERSIBLE	3	PA; SP

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

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Drug Name	Tier	Notes
finasteride oral tablet 1 mg	1 or 1b*	
finasteride oral tablet 5 mg	1 or 1b*	PA
flavoxate oral tablet	1 or 1b*	
flumazenil intravenous solution	1 or 1b*	
fomepizole intravenous solution	1 or 1b*	
FORTEO SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT	2	QL
FOSAMAX PLUS D ORAL TABLET 70 MG-5,600 UNIT	2	
ibandronate oral tablet	1 or 1b*	ST; QL
KUVAN ORAL TABLET,SOLUBLE	3	PA; LD; SP
leucovorin calcium injection recon soln	1 or 1b*	
leucovorin calcium oral tablet	2	CTT1
levocarnitine (with sugar) oral solution	2	CTT1
levocarnitine intravenous solution	1 or 1b*	
levocarnitine oral tablet	2	CTT1
megestrol oral suspension	1 or 1b*	
mesna intravenous solution	1 or 1b*	
methylene blue (antidote) intravenous solution	1 or 1b*	
MURI-LUBE OIL	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION	2	
niacin-aze ac-turmer-fa-b6-zn oral tablet	1 or 1b*	
oralone dental paste	1 or 1b*	
ORFADIN ORAL CAPSULE	3	LD; SP
oxybutynin chloride oral syrup	1 or 1b*	

Drug Name	Tier	Notes
oxybutynin chloride oral tablet	1 or 1b*	
oxybutynin chloride oral tablet extended release 24hr	1 or 1b*	
paricalcitol oral capsule	2	CTT1
pareox oral rinse mucous membrane mouthwash	1 or 1a*	
periogard mucous membrane mouthwash	1 or 1a*	
PROLIA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
pulmosal inhalation solution for nebulization	1 or 1b*	
PULMOZYME INHALATION SOLUTION	3	SP
raloxifene oral tablet	1 or 1b*	
risedronate oral tablet	1 or 1b*	QL
risedronate oral tablet, delayed release (dr/ec)	1 or 1b*	QL
SAVELLA ORAL TABLET	2	QL
SAVELLA ORAL TABLETS,DOSE PACK	2	QL
SENSIPAR ORAL TABLET	3	SP
sodium chlor 0.9% bacteriostat injection solution	2	CTT1
sodium chloride inhalation solution for nebulization	2	CTT1
sodium thiosulfate intravenous solution	1 or 1b*	
SOMAVERT SUBCUTANEOUS RECON SOLN	3	PA; QL; LD; SP
sterile water for injection injection solution	1 or 1b*	
SUBOXONE SUBLINGUAL FILM	2	QL
SYPRINE ORAL CAPSULE	3	PA; SP
tamsulosin oral capsule,extended release 24hr	1 or 1b*	
tolterodine oral capsule,extended release 24hr	1 or 1b*	

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

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Drug Name	Tier	Notes
tolterodine oral tablet	1 or 1b*	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
triamcinolone acetone dental paste	1 or 1b*	
tropium oral capsule,extended release 24hr	2	CTT1
tropium oral tablet	2	CTT1
TYBOST ORAL TABLET	3	SP
VESICARE ORAL TABLET	3	
VIAGRA ORAL TABLET	2	PA
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*	
ZAVESCA ORAL CAPSULE	3	PA; LD; SP
VITAMINS		
ascorbic acid (vitamin c) injection solution	1 or 1b*	
b complex 100 injection solution	1 or 1b*	
calcitriol intravenous solution	1 or 1b*	
calcitriol oral capsule	1 or 1b*	
calcitriol oral solution	2	CTT1
corvita oral tablet	1 or 1b*	
cyanocobalamin (vitamin b-12) injection solution	1 or 1a*	
dialyvite oral tablet	1 or 1b*	
ergocalciferol (vitamin d2) oral capsule	1 or 1a*	
fabb oral tablet	1 or 1b*	
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*	
folic acid injection solution	1 or 1a*	

Drug Name	Tier	Notes
folic acid oral tablet	1 or 1a*	
folic acid-vit b6-vit b12 oral tablet	1 or 1b*	
folplex 2.2 oral tablet	1 or 1b*	
hydroxocobalamin intramuscular solution	1 or 1b*	
m.v.i. adult intravenous solution	1 or 1b*	
MEPHYTON ORAL TABLET	2	
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*	
nephplex rx oral tablet	1 or 1b*	
nephro-vite rx oral tablet	1 or 1b*	
POLY-VI-FLOR FS ORAL FILM	2	
pyridoxine (vitamin b6) injection solution	1 or 1b*	
renal caps oral capsule	1 or 1b*	
rena-vite rx oral tablet	1 or 1b*	
reno caps oral capsule	1 or 1b*	
thiamine hcl (vitamin b1) injection solution	1 or 1b*	
tl gard rx oral tablet	1 or 1b*	
triphrocaps oral capsule	1 or 1b*	
triple vitamin with fluoride oral drops	1 or 1b*	
tri-vit with fluoride and iron oral drops	1 or 1b*	
tri-vitamin with fluoride oral drops	1 or 1b*	
v-c forte oral capsule	1 or 1b*	
vic-forte oral capsule	1 or 1b*	
virt-gard oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
virt-vite forte oral tablet	1 or 1b*	
virt-vite oral tablet	1 or 1b*	
vit 3 oral capsule	1 or 1b*	
vitamin d2 oral capsule	1 or 1a*	
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*	
vol-care rx oral tablet	1 or 1b*	
vp-vite rx oral tablet	1 or 1b*	

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

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KEY

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

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

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 or call:

CO - 866-297-1011
CT - 866-281-2966
GA - 866-281-4654
IN - 866-216-4207
ME - 866-217-2328
KY - 866-216-4540

MO - 866-216-4766
NH - 866-217-2657
NV - 866-297-1012
OH - 866-216-5449
VA - 866-281-4279
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**For more information, please visit
anthem.com/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/pharmacyinformation.



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