



## National Drug List

### Drug list — Three Tier Drug Plan

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

Here are a few things to remember about the list:

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

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



## National Drug List

### What is a drug list?

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

### Is this a complete listing of all covered drugs?

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

### How can I find a drug on the list?

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

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

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

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

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

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

### How will I know how much my drug will cost?

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



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

Here are a few things to think about:

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

### **Who decides what drugs are on the list?**

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

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

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

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

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

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

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

### **Does my plan cover preventive drugs?**

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



### Key terms

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

Brand name drugs are in UPPER CASE, bold type.

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

### Online Pharmacy Resources

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

A note about opioid analgesics: In response to the opioid epidemic, the U.S. Food and Drug Administration (FDA) encouraged the development of painkillers that prevent misuse. You may pay less for these types of opioids in certain states.

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

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National Drug List

Three-Tier

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Three-Tier

CURRENT AS OF 5/1/2023

Drug Name	Tier	Notes
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANT S*</b>		
<b>*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg	1 or 1b*	PA; DO
guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg	1 or 1b*	PA; QL
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	PA; QL
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***</b>		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1 or 1b*	PA; DO
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
<b>*AMPHETAMINE MIXTURES***</b>		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL
<b>MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	2	PA; QL

Drug Name	Tier	Notes
<b>*AMPHETAMINES***</b>		
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 5 mg	1 or 1b*	PA; DO
procentra oral solution	1 or 1b*	PA; QL
<b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG</b>	2	PA; DO
<b>VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG</b>	2	PA; QL
<b>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG</b>	2	PA; DO
<b>VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG</b>	2	PA; QL
zenedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
zenedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
<b>*ANALEPTIC COMBINATIONS***</b>		
energy chews oral tablet chewable	2	
<b>*ANALEPTICS***</b>		
awake maximum strength oral tablet	1 or 1b*	
<b>CAFICIT INTRAVENOUS SOLUTION</b>	3	
caffeine anhydrous powder	3	
caffeine citrate intravenous solution	1 or 1b*	
caffeine citrate oral solution	1 or 1b*	
caffeine citrated powder	3	

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

Drug Name	Tier	Notes
caffeine oral tablet	1 or 1b*	
caffeine powder	3	
cvs caffeine oral tablet	1 or 1b*	
<b>DOPRAM INTRAVENOUS SOLUTION</b>	3	
eq stay awake oral tablet	1 or 1b*	
eql stay awake max st oral tablet	1 or 1b*	
eql stay awake oral tablet	1 or 1b*	
gnp alert aid oral tablet	1 or 1b*	
hm stay awake oral tablet	1 or 1b*	
keep alert oral tablet	1 or 1b*	
qc stay awake oral tablet	1 or 1b*	
sm stay awake oral tablet	1 or 1b*	
stay awake maximum strength oral tablet	1 or 1b*	
stay awake oral tablet	1 or 1b*	
<b>VIVARIN ORAL TABLET</b>	2	
<b>*ANOREXIANTS NON-AMPHETAMINE***</b>		
<b>ADIPEX-P ORAL CAPSULE</b>	3	PA; QL
<b>ADIPEX-P ORAL TABLET</b>	3	PA; QL
benzphetamine hcl oral tablet	1 or 1b*	PA; QL
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
diethylpropion hcl oral tablet	1 or 1b*	PA; QL
<b>LOMAIRA ORAL TABLET</b>	3	PA; QL
<b>PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	PA; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; QL
phentermine hcl oral capsule	1 or 1b*	PA; QL
phentermine hcl oral tablet	1 or 1b*	PA; QL
<b>*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***</b>		
<b>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; QL

Drug Name	Tier	Notes
<b>WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	2	PA; QL
<b>*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***</b>		
<b>SUNOSI ORAL TABLET 150 MG</b>	3	PA; QL
<b>SUNOSI ORAL TABLET 75 MG</b>	3	PA; DO
<b>*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***</b>		
<b>WAKIX ORAL TABLET 17.8 MG</b>	3	PA; SP; QL
<b>WAKIX ORAL TABLET 4.45 MG</b>	3	PA; DO; SP
<b>*LIPASE INHIBITORS***</b>		
<b>ALLI ORAL CAPSULE</b>	2	
orlistat oral capsule	1 or 1b*	PA; QL
<b>*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS***</b>		
<b>IMCIVREE SUBCUTANEOUS SOLUTION</b>	3	PA; QL
<b>*STIMULANTS - MISC.***</b>		
armodafinil oral tablet	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg	1 or 1b*	ST; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	1 or 1b*	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO

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

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Drug Name	Tier	Notes
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (1a) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO
methylphenidate hcl er (1a) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	1 or 1b*	PA; DO
methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg	1 or 1b*	PA; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg	1 or 1b*	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; DO
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA; DO
methylphenidate hcl oral tablet 20 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 10 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 2.5 mg	1 or 1b*	ST; DO
methylphenidate hcl oral tablet chewable 5 mg	1 or 1b*	PA; DO
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr	1 or 1b*	ST; DO
methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr	1 or 1b*	ST; QL
modafinil oral tablet 100 mg	1 or 1b*	PA; DO

Drug Name	Tier	Notes
<b>*ALLERGENIC EXTRACTS/BIOLOGICA LS MISC*</b>		
<b>*ALLERGENIC EXTRACTS***</b>		
ACACIA SUBCUTANEOUS SOLUTION	3	
ALDER SUBCUTANEOUS SOLUTION	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION	3	
ASPERGILLUS FUMIGATUS INJECTION SOLUTION	3	
AUREOBASIDIUM PULLULANS INJECTION SOLUTION	3	
BAHIA SUBCUTANEOUS SOLUTION	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION	3	
BERMUDA GRASS INJECTION SOLUTION	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION	3	
BOTRYTIS CINEREA INJECTION SOLUTION	3	
BROME SUBCUTANEOUS SOLUTION	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION	3	

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

Effective 05012023

Drug Name	Tier	Notes
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
CEDAR ELM SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM CLADOSPORIODES INJECTION SOLUTION	3	
CLADOSPORIUM CLADOSPORIODES INTRADERMAL SOLUTION	3	
COCKLEBUR SUBCUTANEOUS SOLUTION	3	
CORN POLLEN SUBCUTANEOUS SOLUTION	3	
DANDELION SUBCUTANEOUS SOLUTION	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION	3	
DOG FENNEL SUBCUTANEOUS SOLUTION	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION	3	
EPICOCCUM NIGRUM INJECTION SOLUTION	3	
FIRE ANT SUBCUTANEOUS SOLUTION	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION	3	
GOLDENROD SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
HACKBERRY SUBCUTANEOUS SOLUTION	3	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION	3	
KOCHIA SUBCUTANEOUS SOLUTION	3	
LENSCALE SUBCUTANEOUS SOLUTION	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
MELALEUCA SUBCUTANEOUS SOLUTION	3	
MESQUITE SUBCUTANEOUS SOLUTION	3	
MITE (D. FARINAE) INJECTION SOLUTION	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION	3	
MITE (D. PTERONYSSINUS) INJECTION SOLUTION	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION	3	

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

Drug Name	Tier	Notes
MIXED RAGWEED SUBCUTANEOUS SOLUTION	3	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
MUCOR INJECTION SOLUTION	3	
MUCOR INTRADERMAL SOLUTION	3	
MUGWORT SUBCUTANEOUS SOLUTION	3	
OLIVE TREE SUBCUTANEOUS SOLUTION	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
PALFORZIA (12 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (120 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (160 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (20 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (200 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (240 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (3 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	3	PA; SP; QL
PALFORZIA (300 MG TITRATION) ORAL PACKET	3	PA; SP; QL
PALFORZIA (40 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (6 MG DAILY DOSE) ORAL	3	PA; SP; QL

Drug Name	Tier	Notes
PALFORZIA (80 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA INITIAL ESCALATION ORAL	3	PA; SP; QL
PENICILLIUM NOTATUM INJECTION SOLUTION	3	
PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION	3	
PRIVET SUBCUTANEOUS SOLUTION	3	
QUEEN PALM SUBCUTANEOUS SOLUTION	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION	3	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
RED MAPLE SUBCUTANEOUS SOLUTION	3	
RED MULBERRY SUBCUTANEOUS SOLUTION	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION	3	
SACCHAROMYCES CEREVISIAE INJECTION SOLUTION	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION	3	

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

Drug Name	Tier	Notes
SPINY PIGWEED SUBCUTANEOUS SOLUTION	3	
SWEET GUM SUBCUTANEOUS SOLUTION	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION	3	
VENOMIL HONEY BEE VENOM INJECTION KIT 120 MCG	3	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED	3	
VENOMIL WASP VENOM INJECTION KIT	3	
VENOMIL WHITE FACED HORNET INJECTION KIT	3	
VENOMIL YELLOW HORNET VENOM INJECTION KIT	3	
VENOMIL YELLOW JACKET VENOM INJECTION KIT	3	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION	3	
WHITE BIRCH SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
WHITE MULBERRY SUBCUTANEOUS SOLUTION	3	
WHITE OAK SUBCUTANEOUS SOLUTION	3	
WHITE PINE SUBCUTANEOUS SOLUTION	3	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED	3	
YELLOW DOCK SUBCUTANEOUS SOLUTION	3	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	3	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	
<b>*MIXED ALLERGENIC EXTRACTS***</b>		
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION	3	
<b>*ALTERNATIVE MEDICINES*</b>		
<b>*ALTERNATIVE MEDICINE - AC'S***</b>		
acai berry oral capsule	1 or 1b*	
acai 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
<b>*ALTERNATIVE MEDICINE - AD'S***</b>		
mil adrene oral tablet	2	
<b>*ALTERNATIVE MEDICINE - AG'S***</b>		
natussa baby drops oral liquid	2	
<b>*ALTERNATIVE MEDICINE - AL'S***</b>		
alfalfa oral tablet 250 mg, 500 mg, 600 mg	2	
alfalfa oral tablet 650 mg	1 or 1b*	
aloe vera concentrate oral capsule	1 or 1b*	
aloe vera juice oral liquid	1 or 1b*	
aloe vera oral capsule 25 mg	1 or 1b*	
aloe vera oral capsule 500 mg	2	
aloe vera organic juice oral liquid	1 or 1b*	
<b>ALPHA BETIC ORAL CAPSULE</b>	1 or 1b*	
alpha lipoic acid oral capsule	1 or 1b*	
alpha-lipoic acid er oral tablet extended release 24 hour	2	
alpha-lipoic acid oral capsule 100 mg, 200 mg, 600 mg	1 or 1b*	
alpha-lipoic acid oral capsule 300 mg	2	
alpha-lipoic acid oral tablet 100 mg, 300 mg, 600 mg	2	
alpha-lipoic acid oral tablet 200 mg, 50 mg	1 or 1b*	
<b>CYTO RALA ORAL POWDER</b>	2	
lipoic acid oral capsule 150 mg	2	
ra alpha-lipoic acid oral capsule	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - AN'S***</b>		
anamu oral capsule 400 mg	2	
<b>*ALTERNATIVE MEDICINE - AP'S***</b>		
apple cider vinegar oral capsule	2	

Drug Name	Tier	Notes
apple cider vinegar oral tablet 300 mg, 500 mg	2	
apple cider vinegar ultra oral capsule	2	
<b>PREVAGEN EXTRA STRENGTH ORAL CAPSULE</b>	2	
<b>PREVAGEN ORAL CAPSULE</b>	2	
<b>*ALTERNATIVE MEDICINE - AS'S***</b>		
ashwagandha oral capsule 500 mg	2	
ashwagandha-sensoril oral capsule	2	
astaxanthin oral capsule 4 mg	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - BI'S***</b>		
bilberry oral capsule 80 mg	2	
<b>*ALTERNATIVE MEDICINE - BL'S***</b>		
black cohosh hot flash relief oral capsule	1 or 1b*	
black cohosh oral capsule 160 mg, 540 mg	2	
black cohosh oral capsule 40 mg	1 or 1b*	
black cohosh root oral capsule	2	
cvs black cohosh oral capsule 40 mg	1 or 1b*	
ra black cohosh oral capsule	2	
<b>REMIFEMIN MENOPAUSE RELIEF ORAL TABLET</b>	2	
<b>SAMBUCOL BLACK ELDERBERRY ORAL SYRUP</b>	2	
<b>SAMBUCUS ELDERBERRY ORAL SYRUP</b>	2	
sv black cohosh oral tablet	2	
<b>*ALTERNATIVE MEDICINE - BO'S***</b>		
<b>BORAGE 1000 ORAL CAPSULE</b>	1 or 1b*	
borage oil oral capsule 1000 mg	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
<b>*ALTERNATIVE MEDICINE - BR'S***</b>		
broccoli extract oral capsule	2	
broccoli extract oral tablet	2	
<b>*ALTERNATIVE MEDICINE - CA'S***</b>		
calcium d-glucarate oral capsule	2	
cats claw oral capsule	2	
cayenne fruit oral capsule	2	
cayenne oral capsule 450 mg	2	
full spectrum extract oral liquid	2	
full spectrum salve external ointment	2	
full spectrum soft gels oral capsule	2	
<b>PRELIEF ORAL TABLET</b>	2	
<b>RELIEF &amp; RECOVERY ROLL-ON EXTERNAL LIQUID</b>	2	
thc free oral liquid	2	
<b>*ALTERNATIVE MEDICINE - CH'S***</b>		
charcoal oral capsule 200 mg	2	
chia oil oral capsule	2	
chia seed oil extract oral capsule	2	
chitosan oral tablet	2	
chondroitin sulfate oral capsule 150 mg	2	
<b>OPTIFLEX-C ORAL CAPSULE</b>	2	
<b>PRELIEVE PMS ORAL TABLET</b>	2	
<b>*ALTERNATIVE MEDICINE - CI'S***</b>		
<b>BERGACOR ORAL TABLET</b>	2	
<b>CERAXON ORAL SOLUTION</b>	2	
<b>CERAXON ORAL TABLET</b>	2	
cinnamon oral capsule	1 or 1b*	
cinnamon oral tablet	2	
cognitive health oral capsule	2	
eql cinnamon oral capsule	1 or 1b*	

Drug Name	Tier	Notes
gnp cinnamon oral capsule	1 or 1b*	
qc cinnamon oral capsule	1 or 1b*	
sm cinnamon oral capsule	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - CO'S***</b>		
co q 10 oral capsule 10 mg, 100 mg	1 or 1b*	
co q-10 maximum strength oral capsule	1 or 1b*	
co q-10 oral capsule 100 mg, 200 mg, 300 mg, 400 mg, 50 mg	1 or 1b*	
co q10 oral capsule 30 mg	1 or 1b*	
co q-10 oral capsule 75 mg	2	
co q-10 oral tablet chewable	2	
coconut oil oral capsule	1 or 1b*	
co-enzyme q10 oral capsule	1 or 1b*	
coenzyme q10 oral capsule 10 mg, 100 mg, 50 mg	1 or 1b*	
coenzyme q-10 oral capsule 100 mg, 200 mg, 30 mg, 60 mg	1 or 1b*	
co-enzyme q-10 oral capsule 30 mg	1 or 1b*	
coenzyme q10 oral liquid	2	
co-enzyme q-10 oral tablet	2	
coenzyme q10 oral tablet 100 mg, 200 mg, 50 mg	2	
coffee fruit oral capsule	2	
coq-10 fast dissolve oral tablet dispersible	2	
coq10 gummies adult oral tablet chewable	2	
coq10 maximum strength oral capsule	1 or 1b*	
coq10 oral capsule	1 or 1b*	
coq-10 oral capsule 100 mg, 150 mg, 30 mg, 400 mg, 50 mg	1 or 1b*	
cvs coconut oil oral capsule	1 or 1b*	
cvs coenzyme q-10 oral capsule 100 mg	1 or 1b*	
cvs coq-10 oral capsule	1 or 1b*	
eql coconut oil oral capsule	1 or 1b*	
eql coq10 oral capsule 100 mg, 200 mg, 400 mg	1 or 1b*	
gnp co q10 oral capsule	1 or 1b*	

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

Drug Name	Tier	Notes
gnp co q-10 oral capsule	1 or 1b*	
hm coq-10 oral capsule	1 or 1b*	
mega coq10 oral capsule 400 mg	1 or 1b*	
nat-rul coenzyme q-10 oral capsule	1 or 1b*	
<b>NEOQ10 ORAL CAPSULE</b>	3	
<b>PRONUTRIENTS COQ10 ORAL CAPSULE</b>	1 or 1b*	
qc co q-10 oral capsule	1 or 1b*	
<b>Q-SORB CO Q-10 ORAL CAPSULE</b>	1 or 1b*	
ra coenzyme q-10 oral capsule	1 or 1b*	
sm co q-10 oral capsule	1 or 1b*	
sm coenzyme q-10 oral capsule	1 or 1b*	
sm coq-10 oral capsule	1 or 1b*	
<b>VITALINE COQ10 ORAL TABLET 200 MG</b>	2	
<b>VITALINE COQ10 ORAL WAFER 100 MG, 300 MG</b>	2	
yl coenzyme q10 oral capsule	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - CR'S***</b>		
<b>AZO CRANBERRY GUMMIES ORAL TABLET CHEWABLE 250 MG</b>	1 or 1b*	
cramp bark oral liquid	2	
<b>CRANBEREX ORAL CAPSULE</b>	2	
cranberry concentrate oral capsule 500 mg	1 or 1b*	
cranberry extract oral tablet	2	
cranberry fruit concentrate oral capsule	2	
cranberry fruit oral capsule 465 mg	2	
cranberry juice extract oral capsule	2	
cranberry juice powder oral capsule	1 or 1b*	
cranberry oral capsule 200 mg, 250 mg, 500 mg	1 or 1b*	
cranberry oral capsule 400 mg, 450 mg	2	

Drug Name	Tier	Notes
cranberry oral tablet 125 mg, 600 mg	2	
cranberry oral tablet 300 mg, 400 mg, 450 mg, 500 mg	1 or 1b*	
cranberry soft oral tablet chewable	2	
cranberry ultra strength oral tablet	1 or 1b*	
<b>CRAN-MAX ORAL CAPSULE</b>	1 or 1b*	
cvs cranberry oral capsule 500 mg	1 or 1b*	
<b>ELLURA ORAL CAPSULE</b>	1 or 1b*	
gnp cranberry extract oral capsule	1 or 1b*	
hm cranberry oral tablet 500 mg	1 or 1b*	
pac cranberry oral capsule	1 or 1b*	
ra cranberry oral capsule	1 or 1b*	
sm cranberry oral tablet	1 or 1b*	
sm cranberry ultra strength oral tablet	1 or 1b*	
<b>SM CRAN-MAX SUPER STRENGTH ORAL CAPSULE</b>	1 or 1b*	
sv cranberry oral capsule	2	
sv cranberry oral tablet	1 or 1b*	
<b>THERACRAN HP FOR KIDS ORAL TABLET CHEWABLE</b>	2	
<b>THERACRAN HP ORAL CAPSULE</b>	2	
<b>THERACRAN ONE ORAL CAPSULE</b>	2	
<b>*ALTERNATIVE MEDICINE - DA'S***</b>		
damiana (turnera diffusa) oral liquid	2	
dandelion root oral capsule 525 mg	2	
<b>*ALTERNATIVE MEDICINE - DE'S***</b>		
<b>DNZ-2 ORAL CAPSULE 250 MG</b>	2	
<b>*ALTERNATIVE MEDICINE - DM'S**</b>		
<b>AZO D-MANNOSE ORAL CAPSULE</b>	1 or 1b*	

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

Drug Name	Tier	Notes
d-mannose oral capsule	2	
d-mannose oral powder	2	
<b>MANNXTRA ORAL POWDER</b>	2	
sv d-mannose oral capsule	1 or 1b*	
<b>URITRAX ORAL POWDER</b>	2	
<b>*ALTERNATIVE MEDICINE - DO'S***</b>		
dong quai oral capsule 500 mg	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - EC'S***</b>		
echinacea complex oral capsule	2	
echinacea herb oral capsule	1 or 1b*	
echinacea oral capsule 125 mg, 350 mg, 380 mg, 450 mg, 650 mg, 80 mg	2	
echinacea oral capsule 400 mg, 500 mg	1 or 1b*	
echinacea oral tablet 125 mg	1 or 1b*	
gnp echinacea extract oral capsule	2	
sm echinacea oral tablet	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - EL'S***</b>		
elderberry oral capsule	2	
<b>*ALTERNATIVE MEDICINE - FE'S***</b>		
fenugreek oral capsule	1 or 1b*	
feverfew oral capsule 100 mg, 380 mg	2	
<b>*ALTERNATIVE MEDICINE - FL'S***</b>		
cold milled golden flax seed oral powder	1 or 1b*	
cvs flaxseed oil oral capsule	1 or 1b*	
eql flaxseed oil oral capsule	1 or 1b*	
flax oral oil	1 or 1b*	
flax seed oil oral capsule 1000 mg	1 or 1b*	
flax seed oil oral capsule 1300 mg	2	
flax seeds oral powder	1 or 1b*	
flaxseed oil oral capsule 1000 mg, 1200 mg	1 or 1b*	

Drug Name	Tier	Notes
flaxseed oil oral capsule 1400 mg	2	
flaxseed oil oral oil	1 or 1b*	
gnp flaxseed oral capsule	1 or 1b*	
ground flax seeds oral powder	1 or 1b*	
nat-rul flax seed oil oral capsule	1 or 1b*	
ra flax seed oil 1000 oral capsule	1 or 1b*	
sm flax seed oil oral capsule	1 or 1b*	
sm flaxseed oil oral capsule	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - GA'S***</b>		
cvs garlic oral tablet delayed release	1 or 1b*	
garlic oil 1500 oral capsule	1 or 1b*	
garlic oil oral capsule 1000 mg, 3 mg, 500 mg	1 or 1b*	
garlic oil oral capsule 2 mg	2	
garlic oil oral tablet	1 or 1b*	
garlic oral capsule 10 mg, 1200 mg	2	
garlic oral capsule 1000 mg	1 or 1b*	
garlic oral tablet 200 mg	2	
garlic oral tablet 350 mg, 400 mg	1 or 1b*	
garlic oral tablet delayed release 2000 mg	2	
<b>GARLIQUE ORAL TABLET DELAYED RELEASE</b>	2	
<b>GARLIX ORAL CAPSULE</b>	2	
odor free garlic oral tablet	2	
odor free garlic-x oral tablet	1 or 1b*	
odorless garlic oral capsule 1000 mg	1 or 1b*	
odorless garlic oral capsule 300 mg	2	
odorless garlic oral tablet	1 or 1b*	
<b>OPTI-GAR ORAL TABLET</b>	2	
<b>PURE-GAR ORAL TABLET 350 MG</b>	2	
px garlic oral tablet	1 or 1b*	
ra garlic oral capsule	2	

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



Drug Name	Tier	Notes
SM GARLIC ORAL TABLET 150 MG	2	
SM GARLIC ORAL TABLET 500 MG	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - GE'S***</b>		
I-COOL FOR MENOPAUSE ORAL TABLET	1 or 1b*	
STAY COOL ORAL TABLET	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - GI'S***</b>		
BIOGINKGO 24/6 ORAL TABLET	1 or 1b*	
BIOGINKGO 27/7 ORAL TABLET	1 or 1b*	
cvs ginkgo biloba oral capsule 120 mg	1 or 1b*	
DRAMAMINE MOTION SICKNESS ORAL CAPSULE	1 or 1b*	
DRAMAMINE-N ORAL TABLET	2	
ginger extract oral capsule	1 or 1b*	
ginger oral capsule	1 or 1b*	
ginger root oral capsule	1 or 1b*	
ginger-burst oral tablet chewable	2	
ginkgo biloba extract oral capsule 40 mg, 60 mg	1 or 1b*	
ginkgo biloba memory enhancer oral capsule	1 or 1b*	
ginkgo biloba oral capsule 100 mg, 125 mg, 200 mg, 30 mg	2	
ginkgo biloba oral capsule 120 mg, 40 mg, 500 mg, 60 mg	1 or 1b*	
ginkgo biloba oral tablet 120 mg, 40 mg, 60 mg	1 or 1b*	
GINKGO BILOBA PLUS ORAL TABLET	2	
ginkgo oral tablet	1 or 1b*	
GINKGOLD ORAL TABLET	1 or 1b*	
ginkoba oral tablet	1 or 1b*	
gnp ginkgo biloba extract oral capsule	1 or 1b*	

Drug Name	Tier	Notes
sm ginkgo biloba oral tablet	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - GL'S***</b>		
beta glucan oral capsule	2	
cvs glucosamine sulfate oral capsule	1 or 1b*	
genicin oral capsule	1 or 1b*	
glucosamine hcl oral tablet 1000 mg, 500 mg	2	
glucosamine hcl oral tablet 1500 mg	1 or 1b*	
glucosamine oral capsule	1 or 1b*	
glucosamine oral tablet 750 mg	2	
GLUCOSAMINE RELIEF ORAL CAPSULE	1 or 1b*	
GLUCOSAMINE RELIEF ORAL TABLET	1 or 1b*	
glucosamine sulfate oral capsule 1000 mg, 500 mg	1 or 1b*	
glucosamine sulfate oral capsule 750 mg	2	
glucosamine sulfate oral tablet	1 or 1b*	
gnp glucosame maximum strength oral tablet	1 or 1b*	
IMMUNOTIX 250 ORAL CAPSULE	2	
IMMUNOTIX 500 ORAL CAPSULE	2	
ONCOPLEX ES ORAL CAPSULE	2	
ONCOPLEX ORAL CAPSULE	2	
OPTIFLEX-G ORAL TABLET	1 or 1b*	
ra glucosamine sulfate oral tablet	1 or 1b*	
sm glucosamine hcl oral tablet	1 or 1b*	
sm glucosamine sulfate oral tablet	1 or 1b*	
SYNOVACIN ORAL CAPSULE	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - GO'S***</b>		
golden seal extract oral capsule	1 or 1b*	

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

Drug Name	Tier	Notes
golden seal oral capsule	1 or 1b*	
golden seal root oral capsule 535 mg	2	
goldenseal oral capsule	1 or 1b*	
goldenseal root oral capsule 1000 mg	2	
<b>*ALTERNATIVE MEDICINE - GR'S***</b>		
cvs super green tea extract oral capsule	1 or 1b*	
grape seed extract oral capsule	2	
grape seed extract oral tablet	2	
grape seed oral tablet	2	
<b>GREEN TEA 600 ORAL CAPSULE</b>	2	
green tea oral capsule 200 mg, 315 mg	2	
green tea oral capsule 250 mg	1 or 1b*	
hm green tea complex oral tablet	2	
<b>MEGANATURAL BP ORAL TABLET EXTENDED RELEASE</b>	2	
<b>SM GREEN TEA COMPLEX ORAL TABLET</b>	2	
<b>TEGREEN 97 ORAL CAPSULE</b>	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - GU'S***</b>		
guarana oral tablet	2	
<b>*ALTERNATIVE MEDICINE - HA'S***</b>		
hawthorn berries oral capsule	2	
hawthorn oral capsule	2	
hawthorne berry oral capsule 550 mg	2	
<b>*ALTERNATIVE MEDICINE - HO'S***</b>		
horse chestnut oral capsule	2	
south african hoodia oral capsule	2	
<b>VENASTAT ORAL CAPSULE EXTENDED RELEASE</b>	2	

Drug Name	Tier	Notes
<b>*ALTERNATIVE MEDICINE - HY***</b>		
5-htp maximum strength oral capsule	2	
5-htp oral capsule 100 mg, 50 mg	1 or 1b*	
5-htp oral tablet	2	
5-htp oral tablet extended release	2	
cvs 5-htp oral capsule	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - KA'S***</b>		
kava kava oral capsule 200 mg	2	
kava kava oral capsule 425 mg	1 or 1b*	
kava kava root oral capsule 1000 mg	2	
kava kava root oral capsule 425 mg	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - KE'S***</b>		
kelp oral tablet 100 mg	2	
<b>*ALTERNATIVE MEDICINE - KR'S***</b>		
antarctic krill oil oral capsule	1 or 1b*	
cvs omega-3 krill oil oral capsule 350 mg, 500 mg	1 or 1b*	
hm megakrill oral capsule 500 mg	1 or 1b*	
krill oil omega-3 oral capsule 500 mg	1 or 1b*	
krill oil oral capsule 1000 mg	2	
krill oil oral capsule 300 mg, 350 mg, 500 mg	1 or 1b*	
krill oil ultra strength oral capsule	2	
maximum red krill oral capsule	1 or 1b*	
<b>MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE</b>	1 or 1b*	
omega-3 krill oil oral capsule 1000 mg	2	
omega-3 krill oil oral capsule 300 mg, 500 mg	1 or 1b*	
omega-3 oral capsule 500 mg	1 or 1b*	

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

Drug Name	Tier	Notes
SM MEGAKRILL ORAL CAPSULE	1 or 1b*	
superior krill oil oral capsule	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - LA'S**</b>		
lactoferrin oral capsule	2	
LAVELA WS 1265 ORAL CAPSULE	2	
<b>*ALTERNATIVE MEDICINE - LI'S***</b>		
licorice (glycyrrhiza glabra) oral capsule	2	
<b>*ALTERNATIVE MEDICINE - LU'S****</b>		
cvs lutein oral capsule 40 mg, 6 mg	1 or 1b*	
eql lutein oral capsule	1 or 1b*	
gnp lutein oral tablet	1 or 1b*	
kp lutein oral capsule	1 or 1b*	
lutein esters oral capsule	2	
lutein oral capsule 20 mg, 40 mg, 6 mg	1 or 1b*	
lutein oral tablet 10 mg	1 or 1b*	
lutein oral tablet 20 mg, 6 mg	2	
sm lutein oral capsule	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - LY'S***</b>		
lycopene oral capsule	2	
lycopene oral capsule 10 mg	1 or 1b*	
lycopene oral tablet	2	
<b>*ALTERNATIVE MEDICINE - MA'S****</b>		
FEMMENESSENCE MACAHARMONY ORAL CAPSULE	1 or 1b*	
FEMMENESSENCE MACALIFE ORAL CAPSULE	1 or 1b*	
FEMMENESSENCE MACAPAUSE ORAL CAPSULE	1 or 1b*	
maca oral capsule	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - ME'S****</b>		
cvs melatonin extra strength oral liquid	1 or 1b*	
cvs melatonin gummies oral tablet chewable 1 mg, 2.5 mg	1 or 1b*	

Drug Name	Tier	Notes
cvs melatonin gummies oral tablet chewable 5 mg	2	
cvs melatonin oral capsule	1 or 1b*	
cvs melatonin oral liquid	1 or 1b*	
cvs melatonin oral tablet	1 or 1b*	
cvs melatonin oral tablet chewable 5 mg	2	
cvs melatonin oral tablet dispersible	1 or 1b*	
cvs melatonin sublingual tablet sublingual	1 or 1b*	
cvs msm oral capsule	1 or 1b*	
cvs quality sleep oral capsule	1 or 1b*	
gnp melatonin maximum strength oral tablet	1 or 1b*	
gnp melatonin oral tablet	1 or 1b*	
gnp melatonin oral tablet chewable	1 or 1b*	
gnp melatonin oral tablet extended release	1 or 1b*	
gnp melatonin sublingual tablet sublingual	1 or 1b*	
hm melatonin oral tablet 5 mg	1 or 1b*	
hm melatonin oral tablet extended release	1 or 1b*	
hm melatonin quick dissolve oral tablet dispersible	1 or 1b*	
hm melatonin sublingual tablet sublingual	1 or 1b*	
kp melatonin oral tablet	1 or 1b*	
max melatonin oral tablet dispersible	1 or 1b*	
meladox oral tablet extended release	2	
melatonin childrens oral tablet chewable	1 or 1b*	
melatonin cr oral tablet extended release	2	
melatonin er oral tablet extended release 10 mg	1 or 1b*	
melatonin er oral tablet extended release 3 mg, 5 mg	2	
melatonin extra strength oral liquid	1 or 1b*	
melatonin extra strength oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
melatonin extra strength oral tablet chewable	2	
melatonin fast dissolve oral tablet dispersible	1 or 1b*	
melatonin fast meltz oral tablet dispersible	2	
melatonin gummies oral tablet chewable	1 or 1b*	
melatonin kids oral tablet chewable	1 or 1b*	
melatonin maximum strength oral liquid	2	
melatonin maximum strength oral tablet	1 or 1b*	
melatonin oral capsule 1 mg, 3 mg	2	
melatonin oral capsule 10 mg, 5 mg	1 or 1b*	
melatonin oral liquid 1 mg/4ml, 2.5 mg/10ml, 3 mg/0.9ml, 3 mg/4ml, 5 mg/ml	2	
melatonin oral liquid 1 mg/ml	1 or 1b*	
melatonin oral tablet 1 mg, 10 mg, 3 mg, 5 mg	1 or 1b*	
melatonin oral tablet 12 mg, 300 mcg	2	
melatonin oral tablet chewable 2.5 mg	1 or 1b*	
melatonin oral tablet chewable 5 mg	2	
melatonin oral tablet dispersible	1 or 1b*	
melatonin quick dissolve sublingual tablet sublingual	1 or 1b*	
melatonin sublingual lozenge	2	
melatonin sublingual tablet sublingual 10 mg, 5 mg	1 or 1b*	
melatonin sublingual tablet sublingual 3 mg	2	
melatonin tr oral tablet extended release 1 mg	2	
melatonin tr oral tablet extended release 10 mg	1 or 1b*	
mm melatonin oral tablet extended release	1 or 1b*	
msm oral capsule 500 mg	1 or 1b*	
msm oral capsule 900 mg	2	

Drug Name	Tier	Notes
msm oral powder	2	
msm oral tablet 1000 mg	2	
qc melatonin max st oral tablet	1 or 1b*	
qc melatonin quick dissolve oral tablet dispersible	1 or 1b*	
ra melatonin oral tablet 10 mg, 3 mg, 5 mg	1 or 1b*	
ra melatonin sublingual tablet sublingual	2	
ra msm 1000 oral capsule	1 or 1b*	
<b>SLEEP SOUNDLY ORAL LIQUID</b>	2	
sm melatonin oral tablet 3 mg	1 or 1b*	
sm melatonin oral tablet dispersible	1 or 1b*	
sv melatonin oral tablet	1 or 1b*	
sv melatonin oral tablet dispersible	1 or 1b*	
<b>VITAJoy Gummies ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID</b>	1 or 1b*	
<b>ZARBEES SLEEP CHILD/MELATONIN ORAL TABLET CHEWABLE</b>	2	
<b>ZARBEES SLEEP CHILDREN Gummies ORAL TABLET CHEWABLE</b>	2	
<b>*ALTERNATIVE MEDICINE - MI'S***</b>		
eql milk thistle oral capsule	1 or 1b*	
milk thistle extract oral capsule 87.5 mg	2	
milk thistle extract oral tablet	1 or 1b*	
milk thistle oral capsule 1000 mg, 140 mg, 150 mg, 300 mg, 500 mg	2	
milk thistle oral capsule 175 mg, 250 mg	1 or 1b*	
ra milk thistle oral capsule	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - MO'S***</b>		
moringa oral capsule	2	

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

Drug Name	Tier	Notes
<b>*ALTERNATIVE MEDICINE - NA'S***</b>		
nattokinase oral capsule	2	
<b>*ALTERNATIVE MEDICINE - NE'S***</b>		
nettle leaf oral capsule	2	
<b>*ALTERNATIVE MEDICINE - NO***</b>		
noni oral capsule	2	
<b>*ALTERNATIVE MEDICINE - OA**</b>		
oat bran soluble oral powder	2	
<b>*ALTERNATIVE MEDICINE - OL***</b>		
olive leaf extract oral capsule 150 mg, 500 mg	2	
<b>*ALTERNATIVE MEDICINE - OR***</b>		
d-limonene oral capsule	2	
oil of oregano oral capsule	2	
<b>*ALTERNATIVE MEDICINE - OS***</b>		
osha oral liquid	2	
<b>*ALTERNATIVE MEDICINE - PA'S***</b>		
pantethine er oral tablet extended release	2	
pau d arco oral capsule 1000 mg	2	
<b>*ALTERNATIVE MEDICINE - PE'S***</b>		
<b>IBGARD ORAL CAPSULE EXTENDED RELEASE</b>	2	
<b>PEPOGEST ORAL CAPSULE DELAYED RELEASE</b>	2	
peppermint oil oral capsule delayed release	2	
<b>*ALTERNATIVE MEDICINE - PH'S***</b>		
amalaki oral tablet	2	
<b>CHOLEST CARE ORAL CAPSULE</b>	2	
phytosterols oral tablet	2	

Drug Name	Tier	Notes
<b>*ALTERNATIVE MEDICINE - PL'S***</b>		
<b>CHOLESTOFF ORAL TABLET</b>	2	
<b>CHOLESTOFF PLUS ORAL CAPSULE</b>	2	
<b>*ALTERNATIVE MEDICINE - PO***</b>		
<b>HELIOCARE ORAL CAPSULE</b>	2	
pepcix oral tablet chewable	2	
<b>PEPZINGI ORAL TABLET CHEWABLE</b>	2	
pomegranate extract oral capsule	1 or 1b*	
pomegranate oral capsule 150 mg	2	
pomegranate oral capsule 250 mg	1 or 1b*	
zyncol oral tablet	2	
<b>*ALTERNATIVE MEDICINE - PR'S***</b>		
<b>DHEA 50 ORAL CAPSULE</b>	1 or 1b*	
dhea micronized oral tablet 10 mg	2	
dhea micronized oral tablet 25 mg	1 or 1b*	
dhea oral capsule 25 mg, 50 mg	1 or 1b*	
dhea oral tablet 10 mg	2	
dhea oral tablet 25 mg, 50 mg	1 or 1b*	
pro hormone dhea antioxidant oral capsule	1 or 1b*	
<b>YL DHEA ORAL TABLET</b>	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - PU'S***</b>		
<b>AZO MEN BLADDER CONTROL ORAL CAPSULE</b>	2	
<b>*ALTERNATIVE MEDICINE - RA'S***</b>		
raspberry ketones oral capsule	2	

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

Drug Name	Tier	Notes
<b>*ALTERNATIVE MEDICINE - RE'S***</b>		
<b>CHOLESTIN ORAL CAPSULE</b>	1 or 1b*	
cvs red yeast rice oral capsule	1 or 1b*	
gnp red yeast rice oral capsule	1 or 1b*	
<b>PROMENSIL ORAL TABLET</b>	2	
red yeast rice extract oral capsule 300 mg	2	
red yeast rice extract oral capsule 600 mg	1 or 1b*	
red yeast rice oral capsule	1 or 1b*	
red yeast rice oral tablet	2	
resveratrol oral capsule 100 mg, 250 mg	2	
<b>TRINOVIN ORAL TABLET</b>	2	
<b>*ALTERNATIVE MEDICINE - RH***</b>		
<b>ESTROVEN COMPLETE ORAL TABLET</b>	2	
<b>ESTROVEN MENOPAUSE RELIEF ORAL TABLET</b>	2	
<b>ESTROVERA ORAL TABLET</b>	2	
rhodiola oral capsule	2	
<b>*ALTERNATIVE MEDICINE - SA'S***</b>		
cla oral capsule 1000 mg	1 or 1b*	
mood plus sam-e double st oral tablet delayed release	1 or 1b*	
mood plus sam-e oral tablet delayed release	1 or 1b*	
ra sam-e oral tablet delayed release 200 mg	1 or 1b*	
ra saw palmetto oral capsule 160 mg	1 or 1b*	
<b>SAM-E COMPLETE ORAL TABLET DELAYED RELEASE</b>	1 or 1b*	
sam-e oral capsule	2	
same oral tablet	1 or 1b*	
sam-e oral tablet 400 mg	1 or 1b*	

Drug Name	Tier	Notes
sam-e oral tablet delayed release	1 or 1b*	
sam-e oral tablet extended release	2	
saw palmetto berries oral capsule	2	
saw palmetto berry oral capsule	1 or 1b*	
saw palmetto extract oral capsule 160 mg	1 or 1b*	
saw palmetto oral capsule 1000 mg	2	
saw palmetto oral capsule 160 mg, 450 mg, 500 mg	1 or 1b*	
saw palmetto oral tablet	2	
sm saw palmetto oral capsule	1 or 1b*	
<b>TONALIN CLA ORAL CAPSULE</b>	1 or 1b*	
<b>TONALIN SAFFLOWER OIL CLA ORAL CAPSULE</b>	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - SC'S***</b>		
schisandra oral capsule	2	
<b>*ALTERNATIVE MEDICINE - SH'S***</b>		
shark cartilage oral capsule 740 mg	2	
shark cartilage oral capsule 750 mg	1 or 1b*	
shepherds purse oral liquid	2	
<b>*ALTERNATIVE MEDICINE - SO'S***</b>		
hyaluronic acid oral capsule 100 mg	2	
<b>ISOREL ORAL CAPSULE</b>	2	
soy isoflavones extract oral capsule	2	
soy isoflavones oral capsule 100 mg, 55 mg	2	
soy isoflavones oral tablet 40 mg	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - SP'S***</b>		
spirulina oral tablet	2	
<b>*ALTERNATIVE MEDICINE - ST'S***</b>		
movana oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
ra st johns wort oral tablet	1 or 1b*	
sm st johns wort oral tablet	1 or 1b*	
st johns wort mood relaxer oral capsule	1 or 1b*	
st johns wort oral capsule 1000 mg, 450 mg	2	
st johns wort oral capsule 150 mg, 300 mg	1 or 1b*	
st johns wort oral tablet 150 mg	2	
st johns wort oral tablet 300 mg	1 or 1b*	
stevia oral packet	2	
<b>*ALTERNATIVE MEDICINE - TA'S***</b>		
tart cherry ultra oral capsule	2	
<b>*ALTERNATIVE MEDICINE - TE***</b>		
australian tea tree external oil	2	
cvs tea tree oil external oil	2	
tea tree external oil	2	
tea tree oil external oil	2	
tea tree oil spray external oil	2	
<b>*ALTERNATIVE MEDICINE - TU***</b>		
<b>CURCUMIN 95 ORAL CAPSULE</b>	1 or 1b*	
<b>CURCUPLEX-95 ORAL CAPSULE</b>	1 or 1b*	
cvs turmeric curcumin oral capsule	1 or 1b*	
gnp turmeric complex oral capsule	1 or 1b*	
qc tumeric complex oral capsule	1 or 1b*	
ra turmeric extra strength oral tablet	2	
ra turmeric oral capsule	1 or 1b*	
turmeric curcumin oral capsule 500 mg	1 or 1b*	
turmeric oral capsule 400 mg	2	
turmeric oral capsule 450 mg, 500 mg	1 or 1b*	
turmeric oral tablet	2	

Drug Name	Tier	Notes
<b>*ALTERNATIVE MEDICINE - UB***</b>		
<b>COQMAX ORAL CAPSULE</b>	2	
<b>CYTO-Q MAX ORAL LIQUID</b>	2	
<b>CYTO-Q ORAL LIQUID</b>	2	
<b>CYTO-Q T/F ORAL LIQUID</b>	2	
<b>QH-ABSORB ORAL CAPSULE</b>	2	
<b>QUNOL COQ10/UBIQUINOL/MEGA ORAL CAPSULE</b>	1 or 1b*	
ubiquinol oral capsule	1 or 1b*	
<b>UBQH ORAL CAPSULE 100 MG</b>	1 or 1b*	
<b>UBQH ORAL CAPSULE 50 MG</b>	2	
ultra coq10 oral capsule	2	
<b>*ALTERNATIVE MEDICINE - VA'S***</b>		
cvs valerian oral capsule	1 or 1b*	
sv valerian root oral capsule	2	
valerian oral capsule 500 mg	1 or 1b*	
valerian root oral capsule 250 mg	2	
valerian root oral capsule 450 mg, 500 mg, 530 mg	1 or 1b*	
<b>*ALTERNATIVE MEDICINE - WA'S***</b>		
wasabi oral capsule	2	
<b>*ALTERNATIVE MEDICINE - WO'S***</b>		
wormwood(artemisia absinthium) oral liquid	2	
<b>*ALTERNATIVE MEDICINE COMBINATIONS - FIVE INGREDIENTS***</b>		
5-htp oral capsule	2	
complete omega oral capsule	2	
cvs glucosamine-chondroitin-d3 oral tablet	2	
cvs glucos-chondroit triple st oral tablet	2	
<b>FLEXI JOINT ORAL TABLET</b>	2	

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

Drug Name	Tier	Notes
glucosamine chond triple/vit d oral tablet	2	
glucosamine chondroitin + d3 oral tablet	2	
glucosamine-chondroitin-msm-c-mn oral capsule	2	
melatonin + l-theanine oral capsule	2	
<b>MELLODYN ORAL CAPSULE</b>	2	
<b>MIDNITE SLEEP AID ORAL TABLET CHEWABLE</b>	2	
<b>MODIFIED CITRUS PECTIN ORAL TABLET</b>	2	
<b>MOMMY'S BLISS GRIPE WATER NGHT ORAL LIQUID</b>	2	
myofibex oral tablet	2	
sleep oral capsule	2	
somnicin oral capsule	2	
<b>*ALTERNATIVE MEDICINE COMBINATIONS - FOUR INGREDIENTS***</b>		
apple cider vinegar plus oral tablet	2	
bilberry extract oral capsule 40 mg	2	
cranberry plus probiotic oral tablet	2	
cranberry/chokeberry oral tablet	2	
cvs glucosamine-chondroitin oral tablet	1 or 1b*	
cvs live better gripe water oral liquid	1 or 1b*	
<b>ESTROVEN MOOD &amp; MEMORY ORAL TABLET</b>	2	
<b>ESTROVEN NIGHTTIME ORAL CAPSULE</b>	2	
<b>EZ FLEX GC ORAL TABLET</b>	1 or 1b*	
<b>GINKGO BILOBA PLUS-GINSENG ORAL TABLET</b>	2	
glucosamine & fish oil oral capsule	2	

Drug Name	Tier	Notes
glucosamine 1500 complex oral capsule	1 or 1b*	
glucosamine chondr 1500 complx oral capsule	1 or 1b*	
<b>GLUCOSAMINE CHONDR 500 COMPLEX ORAL CAPSULE</b>	1 or 1b*	
glucosamine chondroitin-collagen oral capsule	2	
glucosamine chondroitin complx oral capsule	1 or 1b*	
glucosamine chondroitin complx oral tablet	1 or 1b*	
glucosamine chondroitin plus oral capsule	2	
glucosamine-chondroitin max st oral capsule	1 or 1b*	
glucosamine-chondroitin oral capsule	1 or 1b*	
glucosamine-chondroitin oral tablet	1 or 1b*	
glucosamine-chondroitin-msm oral tablet 500-400-422-83 mg	2	
glucosamine-chondroitin-msm-d3 oral tablet	2	
gnp cranberry oral tablet	2	
green tea slim w/ app cid/oran oral tablet	2	
gripe water oral liquid	1 or 1b*	
<b>MILK THISTLE XTRA ORAL CAPSULE</b>	2	
<b>MOVE FREE JOINT HEALTH ADVANCE ORAL TABLET</b>	2	
natussa cough oral syrup	2	
now melatonin oral tablet extended release	2	
<b>OSTERA ORAL TABLET</b>	3	
pomegranate/egcg & grape seed oral capsule	2	
qc glucosamine-chondroitin ds oral tablet	2	
ra glucosamine-chondroitin-msm oral tablet	2	
sm glucosamine/chondroitin oral tablet	1 or 1b*	

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



Drug Name	Tier	Notes
<b>SM NATURAL OMEGA-3 FISH OIL ORAL CAPSULE</b>	2	
stress saver oral capsule	2	
<b>SUPER MILK THISTLE X ORAL CAPSULE</b>	2	
triple flex 50+ oral tablet	2	
triple flex/vitamin d3 oral tablet	2	
<b>UNISOM SIMPLE SLUMBERS ORAL TABLET CHEWABLE</b>	2	
vasoha oral tablet	2	
vitamin c-quercetin-citrus bio oral capsule	2	
<b>VITEYES BLUE LIGHT DEF KIDS ORAL TABLET CHEWABLE</b>	2	
<b>WOMENS WATER BALANCE ORAL TABLET</b>	2	
<b>YEAST FORMULA ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>*ALTERNATIVE MEDICINE COMBINATIONS - SEVEN INGREDIENTS***</b>		
<b>DURAFLEX ORAL TABLET</b>	2	
<b>GLUCOSAMINE-MSM COMPLEX-COLLGN ORAL CAPSULE</b>	2	
<b>SOPORDREN ORAL CAPSULE</b>	2	
<b>*ALTERNATIVE MEDICINE COMBINATIONS - SIX INGREDIENTS***</b>		
<b>AVORIA GC+ ORAL PACKET</b>	2	
eql glucosamine chondroitin/d oral capsule	2	
glucos-chond-msm-bor-d3-hyalur oral tablet	2	
<b>MOVE FREE JOINT HEALTH ADV + D ORAL TABLET</b>	2	
<b>STONEX ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
<b>*ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS***</b>		
advanced eye health oral capsule 250-2.5-0.5 mg	2	
<b>ALAMAX PROTECT ORAL CAPSULE</b>	2	
<b>AZO CRANBERRY ORAL TABLET</b>	2	
bee pollen-propolis-royaljelly oral tablet	2	
berberine complex oral capsule	2	
biotin-keratin-alpha lipoic ac oral capsule	2	
<b>CARDIOTEA ORAL CAPSULE</b>	2	
cartivisc oral tablet	2	
<b>CHONDROITIN SULFATE COMPLEX ORAL CAPSULE</b>	2	
cinnamon alpha lipoic ac cmplx oral capsule	2	
co q-10 plus l-carnitine oral capsule	2	
collagen 1500/c oral capsule	2	
condrolite oral tablet	1 or 1b*	
co-q 10 omega-3 fish oil oral capsule	2	
coq10-acetylcarn-carnosine oral capsule	2	
cranberry oral tablet 250-30 mg	2	
cranberry plus vitamin c oral capsule 4200-20-3 mg-mg-unit, 4200-20-3 mg-unit	1 or 1b*	
cranberry/vitamin c triple st oral capsule 252-20-3 mg-unit	2	
<b>CRANRX ORAL TABLET CHEWABLE</b>	2	
cvs gluco-chondroit plus uc-ii oral tablet	2	
cvs glucosamine-chondroit-msm oral tablet 375-300-250 mg	2	

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

Drug Name	Tier	Notes
cvs glucos-chondroitin-msm ds oral tablet 400-500-166.667 mg	1 or 1b*	
cvs joint health triple action oral tablet	2	
cvs urinary health/cranberry oral tablet	2	
<b>CYSTEX ULTRA PROTECTION ORAL CAPSULE</b>	2	
<b>DIABETES TRIO ORAL TABLET EXTENDED RELEASE</b>	2	
echinacea-zinc-vitamin c mouth/throat lozenge	2	
<b>EMERGEN-ZZZ ORAL PACKET</b>	2	
<b>EMERGEN-ZZZZ ORAL PACKET</b>	2	
<b>ESTROVEN MENOPAUSE &amp; WEIGHT ORAL CAPSULE</b>	2	
<b>ESTROVEN MENOPAUSE RELIEF ORAL CAPSULE</b>	2	
<b>ESTROVEN NIGHTTIME ORAL TABLET 2 MG</b>	2	
<b>ESTROVEN PERIMENOPAUSE-WEIGHT ORAL CAPSULE</b>	2	
fish oil-flax oil-borage oil oral capsule	1 or 1b*	
fish-flax-borage oral capsule	1 or 1b*	
flax + dha oral capsule	2	
flax oil-fish oil-borage oil oral capsule	1 or 1b*	
<b>FORTIFENSE ORAL PACKET</b>	2	
ginseng royal jelly plus oral capsule	2	
glucosamine chondroitin msm ds oral tablet	2	
glucosamine chondroitin msm oral tablet 500-400-167 mg	1 or 1b*	
glucosamine complex - boswellia oral tablet	1 or 1b*	

Drug Name	Tier	Notes
glucosamine complex/vitamin d3 oral tablet	1 or 1b*	
glucosamine daily complex oral tablet	1 or 1b*	
glucosamine-chondroitin-msm oral capsule	2	
glucosamine-chondroitin-msm oral tablet	2	
glucosamine-chondroitin-msm oral tablet 400-333.3-200 mg, 500-400-166 mg, 500-400-167 mg	1 or 1b*	
glucosamine-chondroitin-vit c oral liquid	2	
glucosamine-chondroitin-vit d3 oral packet	2	
glucosamine-vitamin d3 oral tablet	1 or 1b*	
glucos-chond-msm-double str oral tablet	1 or 1b*	
gnp triple omega complex oral capsule delayed release	2	
korean ginseng complex oral capsule	2	
lifes dha kids&teens oral capsule	2	
lutein-zeaxanthin-bilberry oral capsule	2	
mag oxide-vit d3-turmeric oral tablet	2	
magnesium-vitamin d3-turmeric oral tablet	2	
<b>MENOPAUSE TRIO ORAL TABLET EXTENDED RELEASE</b>	2	
<b>MIGRELIEF CHILDRENS ORAL TABLET</b>	2	
<b>MIGRELIEF ORAL TABLET</b>	2	
<b>MOMMY'S BLISS CONSTIP+PREBIOT ORAL LIQUID</b>	2	
<b>MOVE FREE ULTRA JOINT HEALTH ORAL TABLET 40-5-3.3 MG</b>	2	
nat-rul coenzyme q-10 plus oral tablet chewable	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
<b>NEOFLEX GLUCO-CHOND-MSM ORAL TABLET</b>	1 or 1b*	
<b>NEOFLEX JOINT HEALTH ORAL PACKET</b>	2	
<b>NEOFLEX ORAL TABLET</b>	1 or 1b*	
omega 3-6-9 complex oral capsule	2	
omega 3-6-9 oral capsule	2	
omega dha oral tablet chewable	2	
omega-3 fusion oral liquid	2	
omega-3-6-9 oral capsule	2	
<b>OSTEO BI-FLEX ONE PER DAY ORAL TABLET</b>	2	
<b>OSTEO BI-FLEX-GLUCOS/5-LOXIN ORAL TABLET</b>	2	
plant sterol cholesterol cont oral tablet	2	
ra cranberry supplements oral tablet	2	
ra omega 3-6-9 oral capsule	2	
<b>REGENEMAX PLUS ORAL CAPSULE</b>	2	
repozen sleep aid oral capsule	2	
<b>RETAINE FLAX ORAL CAPSULE</b>	2	
<b>RETAINE OM3 ORAL CAPSULE</b>	2	
schiff glucosamine plus vit d3 oral tablet	2	
schiff type ii collagen/ha & b oral tablet	2	
sm advanced eye health oral capsule	2	
<b>SM GLUCOSAMINE/CALCIUM + D ORAL TABLET</b>	2	
sm glucosamine-vitamin d3 oral tablet	1 or 1b*	
sm omega-3 oral capsule	2	
sm omega-3-6-9 fatty acids oral capsule	2	
<b>SUPER OMEGA-3 ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
<b>SYNOVX RECOVERY JOINT SUPPORT ORAL CAPSULE</b>	2	
<b>TRIPLE FLEX ORAL TABLET 500-400-125 MG</b>	2	
<b>TRIPLE FLEX ORAL TABLET 750-400-375 MG</b>	1 or 1b*	
triple omega complex oral capsule delayed release	2	
triple omega-3-6-9 oral capsule	2	
triple omega-3-6-9 oral capsule delayed release	2	
tritical oral capsule	2	
<b>UTI-STAT ORAL LIQUID</b>	2	
<b>VEINERECT ORAL CAPSULE</b>	2	
<b>VITEYES BLUE LIGHT DEFENDER ORAL TABLET CHEWABLE</b>	2	
<b>*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS***</b>		
acetylcarn-alpha lipoic acid oral capsule	2	
<b>ALAMAX CR ORAL TABLET EXTENDED RELEASE</b>	2	
alpha lipoic acid-biotin oral capsule	2	
appetite control oral tablet	2	
ashwagandha-rhodiola oral capsule	2	
<b>AZO BLADDER CONTROL/GO-LESS ORAL CAPSULE</b>	2	
<b>AZO CRANBERRY URINARY TRACT ORAL CAPSULE</b>	1 or 1b*	
bee pollen plus ginseng oral capsule	2	
bilberry plus lutein oral capsule	2	
black elderberry(berry-flower) oral capsule	2	
black pepper-turmeric oral capsule	1 or 1b*	
<b>CARDIOSTEROL ORAL CAPSULE 500-32 MG</b>	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
cayenne plus garlic oral capsule	2	
<b>CHOLESTOFF COMPLETE ORAL CAPSULE</b>	2	
cinnamon plus chromium oral capsule	2	
co q-10 plus oral capsule	2	
coconut oil-flaxseed oil oral capsule	2	
coenzyme q10-levocarnitine oral capsule	2	
collagen plus vitamin c oral capsule	2	
<b>COQ10 ST-100 ORAL CAPSULE</b>	2	
<b>COQMAX OMEGA ORAL CAPSULE 100 MG, 50 MG</b>	2	
<b>COROMEGA OMEGA 3+D SQUEEZE ORAL EMULSION</b>	2	
<b>COSAMIN DS ORAL CAPSULE</b>	1 or 1b*	
<b>COSAMIN DS ORAL TABLET</b>	1 or 1b*	
cranberry concentrate/vitamin c oral capsule	2	
cranberry ultra strength oral capsule	1 or 1b*	
cranberry/vitamin c triple st oral capsule 84-20 mg	1 or 1b*	
cranberry-vitamin c oral capsule 250-60 mg, 84-20 mg	1 or 1b*	
cranberry-vitamin c oral capsule 450-125 mg	2	
cvs cranberry oral capsule 84-20 mg	1 or 1b*	
cvs glucosamine-chondroitin oral capsule 500-400 mg	1 or 1b*	
cvs glucosamine-chondroitin oral tablet 500-400 mg	1 or 1b*	
cvs glucosamine-chondroitin oral tablet chewable	1 or 1b*	
cvs lutein oral capsule 25-5 mg	1 or 1b*	
cvs lutein-zeaxanthin oral capsule	2	

Drug Name	Tier	Notes
cvs melatonin oral tablet extended release	1 or 1b*	
cvs melatonin tr oral tablet extended release	1 or 1b*	
dong quai oral capsule 125-7.5 mg	2	
<b>DRAMAMINE GINGER CHEWS ORAL TABLET CHEWABLE</b>	2	
echinacea-golden seal oral capsule 350-100 mg, 75-75 mg	2	
echinacea-vitamin c oral capsule	2	
<b>ENDUR-FLEX ORAL TABLET EXTENDED RELEASE</b>	2	
<b>ENDUR-THINE ORAL TABLET EXTENDED RELEASE</b>	2	
eql glucosamine chondroitin oral tablet 750-600 mg	1 or 1b*	
eql melatonin/vitamin b-6 oral tablet	1 or 1b*	
evening primrose oil-cranberry oral capsule	2	
finest nutrition melatonin oral tablet extended release	1 or 1b*	
fish oil + d3 oral capsule 1200-1000 mg-unit	1 or 1b*	
fish oil-vitamin d oral capsule 1200-1000 mg-unit	1 or 1b*	
garcinia cambogia-chromium oral tablet	2	
<b>GINKGO VIN ORAL TABLET</b>	2	
<b>GINSENG EDGE ORAL CAPSULE</b>	2	
glucosamine chondroitin complx oral capsule 500-250 mg	2	
glucosamine sulfate-msm oral tablet	2	
glucosamine-chondroitin ds oral capsule	1 or 1b*	
glucosamine-chondroitin ds oral tablet 500-400 mg	1 or 1b*	
glucosamine-chondroitin oral capsule 250-200 mg, 500-400 mg	1 or 1b*	

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

Drug Name	Tier	Notes
glucosamine-chondroitin oral liquid	2	
glucosamine-chondroitin oral tablet 500-400 mg, 750-600 mg	1 or 1b*	
glucosamine-chondroitin oral tablet chewable 500-400 mg	2	
glucosamine-chondroitin oral tablet chewable 750-600 mg	1 or 1b*	
glucosamine-chondroitin pm oral tablet	1 or 1b*	
glucosamine-msm ds oral tablet	2	
glucosamine-msm oral capsule	1 or 1b*	
glucosamine-msm oral liquid	2	
glucosamine-msm oral tablet 500-500 mg	2	
glucosamine-vitamin d oral tablet	2	
gnp collagen plus vitamin c oral tablet	2	
gnp saw palmetto oral capsule 450-15 mg	2	
gowey external tincture	2	
green coffee bean extract oral capsule	2	
green tea-hoodia oral capsule	2	
<b>HEALTHY HEART ORAL EMULSION</b>	2	
<b>HELIOCARE ADVANCED ORAL CAPSULE</b>	2	
<b>HEMP MONOPURE ORAL CAPSULE DELAYED RELEASE</b>	2	
horny goat weed-maca oral capsule	2	
kp glucosamine chondroitin oral tablet	1 or 1b*	
kp saw palmetto oral capsule	2	
<b>LIQ-10 ORAL SYRUP 50-15</b>	2	
<b>LITTLE REMEDIES GRIPE WATER ORAL LIQUID</b>	2	
<b>LIVER &amp; KIDNEY CLEANSER ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
lutein oral capsule 15-0.7 mg	2	
lutein-zeaxanthin oral capsule 20-0.8 mg, 20-1 mg, 45-1.8 mg, 6-0.24 mg	2	
lutein-zeaxanthin oral capsule 25-5 mg	1 or 1b*	
lutein-zeaxanthin oral tablet 6-1 mg	2	
<b>MEGARED ADVANCED 4 IN 1 ORAL CAPSULE</b>	1 or 1b*	
<b>MELATONEX ORAL TABLET EXTENDED RELEASE</b>	2	
melatonin advanced sleep oral tablet extended release 10-10 mg	1 or 1b*	
melatonin oral tablet 3-10 mg	2	
melatonin oral tablet extended release	1 or 1b*	
melatonin plus l-theanine oral tablet	2	
melatonin tr oral tablet extended release 5-10 mg	1 or 1b*	
melatonin tr with vitamin b6 oral tablet extended release	1 or 1b*	
melatonin/vitamin b-6 ex st oral tablet	1 or 1b*	
melatonin-lemon balm oral tablet	2	
melatonin-pyridoxine er oral tablet extended release	1 or 1b*	
melatonin-pyridoxine oral tablet 1-10 mg	2	
melatonin-pyridoxine oral tablet 5-1 mg, 5-10 mg	1 or 1b*	
melatonin-pyridoxine sublingual tablet sublingual	2	
melatonin-theanine oral tablet	2	
<b>MOMMY'S BLISS GRIPE WATER ORAL LIQUID</b>	2	
<b>MULTI GINSENG &amp; SAW PALMETTO ORAL CAPSULE</b>	2	
now melatonin oral lozenge	2	
<b>OCUVITE BLUE LIGHT ORAL CAPSULE</b>	1 or 1b*	
<b>OCUVITE LUTEIN 25 ORAL CAPSULE</b>	1 or 1b*	

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

Drug Name	Tier	Notes
<b>OMEGA MONOPURE CURCUMIN EC ORAL CAPSULE DELAYED RELEASE</b>	2	
omega-3 + d oral capsule	2	
omega-3 + vitamin d3 oral capsule	2	
omega-3 fish oil/vitamin d3 oral capsule	2	
omega-3 fish oil-vitamin d3 oral capsule	1 or 1b*	
omega-3 gummies oral tablet chewable	2	
<b>OPTIFLEX COMPLETE ORAL</b>	2	
passion flower-valerian oral capsule	2	
prostate pq oral tablet	2	
<b>PROSTATE SR ORAL CAPSULE</b>	2	
<b>PROSTATONIN ORAL CAPSULE</b>	2	
px glucosamine-chondroitin ds oral tablet	1 or 1b*	
px glucosamine-chondroitin oral tablet 500-400 mg	1 or 1b*	
<b>QGEL MEGA100 COENZYME Q10 ORAL CAPSULE</b>	2	
<b>QUNOL ULTRA COQ10 ORAL CAPSULE</b>	2	
ra glucosamine-chondroitin oral capsule 166.7-133.3 mg	2	
ra glucosamine-chondroitin oral capsule 250-200 mg	1 or 1b*	
ra glucosamine-chondroitin oral tablet 500-400 mg, 750-600 mg	1 or 1b*	
ra lutein oral capsule	2	
ra melatonin oral tablet 3-2 mg	2	
<b>REGENEMAX ORAL LIQUID</b>	2	
restone oral capsule	1 or 1b*	
resveratrol-grape oral tablet	2	
sam-e & tmg oral packet	2	
saw palmetto oral capsule 160-15 mg, 450-15 mg	2	

Drug Name	Tier	Notes
schiff krill & fish oil blend oral capsule	1 or 1b*	
<b>SENIOR MOMENT ORAL CAPSULE</b>	2	
silymarin oral capsule	2	
<b>SLOWMAG MG CALM/SLEEP ORAL TABLET</b>	2	
sm glucosamine hcl-msm oral tablet	2	
sm melatonin oral tablet 3-500 mg-mcg	2	
sm melatonin-lemon balm oral tablet	2	
<b>SMART Q10 COQ10 ORAL TABLET CHEWABLE</b>	3	
super collagen plus vitamin c oral tablet	2	
super cranberry/vitamin d3 oral capsule	2	
sv melatonin-lemon balm oral tablet	2	
<b>TOXIN CONTROL ORAL TABLET</b>	2	
turmeric & tamarind blend oral tablet	2	
turmeric complex/black pepper oral capsule	1 or 1b*	
turmeric curcumin oral capsule 5-1000 mg	2	
turmeric plus black pepper ext oral capsule	2	
turmeric-ginger oral tablet chewable	2	
turmeric-tart cherry oral capsule	2	
<b>VICECTIN GB ORAL TABLET</b>	2	
<b>VICECTIN ORAL CAPSULE</b>	2	
vitamin c plus echinacea oral tablet	2	
<b>VITEYES ESSENTIALS VISION SUPP ORAL CAPSULE</b>	2	
wrestone oral capsule	1 or 1b*	

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

Drug Name	Tier	Notes
<b>*AMEBICIDES*</b>		
<b>*AMEBICIDES***</b>		
iodoquinol powder	3	
<b>SOLOSEC ORAL PACKET</b>	3	PA; QL
<b>*AMINOGLYCOSIDES*</b>		
<b>*AMINOGLYCOSIDES***</b>		
*		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1 or 1b*	
amikacin sulfate powder	3	
<b>ARIKAYCE INHALATION SUSPENSION</b>	3	PA; QL
<b>BETHKIS INHALATION NEBULIZATION SOLUTION</b>	3	SP; QL
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1 or 1b*	
gentamicin sulfate injection solution	1 or 1b*	
<b>HUMATIN ORAL CAPSULE</b>	3	
neomycin sulfate oral tablet	1 or 1a*	
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
streptomycin sulfate powder	3	
<b>TOBI PODHALER INHALATION CAPSULE</b>	3	LD; SP; QL
tobramycin inhalation nebulization solution	1 or 1b*	SP; QL
tobramycin sulfate injection solution	1 or 1b*	QL
tobramycin sulfate injection solution reconstituted	1 or 1b*	QL
tobramycin sulfate powder	3	
<b>ZEMDRI INTRAVENOUS SOLUTION</b>	3	

Drug Name	Tier	Notes
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***</b>		
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	PA; SP; QL
<b>XELJANZ ORAL SOLUTION</b>	3	PA; SP; QL
<b>XELJANZ ORAL TABLET</b>	3	PA; SP; QL
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	PA; SP; QL
<b>*ANTIRHEUMATIC ANTIMETABOLITES***</b>		
<b>OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML</b>	3	PA; SP; QL
<b>RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML</b>	3	PA; SP; QL
<b>REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; QL
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***</b>		
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</b>	3	PA; SP; QL
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT</b>	3	PA; SP; 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
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; SP; QL
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; SP; QL
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP; QL
HUMIRA PEN-PSOR/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; SP; QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	PA; SP; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***</b>		
celecoxib oral capsule	1 or 1b*	ST; QL
<b>*GOLD COMPOUNDS***</b>		
RIDAURA ORAL CAPSULE	2	QL
<b>*INTERLEUKIN-1 BLOCKERS***</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; SP; QL
<b>*INTERLEUKIN-1BETA BLOCKERS***</b>		
ILARIS SUBCUTANEOUS SOLUTION	3	PA; LD; SP; QL

Drug Name	Tier	Notes
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***</b>		
ADVIL DUAL ACTION ORAL TABLET	2	
diclofenac-misoprostol oral tablet delayed release	1 or 1b*	ST; QL
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***</b>		
ADVIL JUNIOR STRENGTH ORAL TABLET	1 or 1a*	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE	1 or 1a*	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE	1 or 1a*	
ADVIL MIGRAINE ORAL CAPSULE	2	
ADVIL ORAL CAPSULE	2	
ADVIL ORAL TABLET	2	
ALEVE ORAL CAPSULE	2	
ALEVE ORAL TABLET	2	
all day pain relief oral tablet	1 or 1b*	
all day relief oral tablet	1 or 1b*	
ANAPROX DS ORAL TABLET	3	QL
ANJESO INTRAVENOUS INJECTABLE	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
CHILDRENS ADVIL ORAL SUSPENSION 100 MG/5ML	2	
childrens ibuprofen 100 oral suspension	1 or 1a*	
childrens ibuprofen oral suspension 100 mg/5ml	1 or 1a*	
CHILDRENS MEDI-PROFEN ORAL SUSPENSION	1 or 1a*	
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	2	
cvs all day pain relief 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
cvs childrens ibuprofen oral suspension	1 or 1a*	
cvs ibuprofen childrens oral suspension 100 mg/5ml	1 or 1a*	
cvs ibuprofen infants oral suspension	1 or 1a*	
cvs ibuprofen junior strength oral tablet chewable	1 or 1a*	
cvs ibuprofen oral capsule	1 or 1a*	
cvs ibuprofen oral tablet	1 or 1a*	
cvs naproxen sodium oral capsule	1 or 1b*	
cvs naproxen sodium oral tablet	1 or 1b*	
<b>DAYPRO ORAL TABLET</b>	3	QL
diclofenac potassium oral tablet 50 mg	1 or 1b*	QL
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL
diclofenac sodium oral tablet delayed release	1 or 1b*	QL
ec-naproxen oral tablet delayed release	1 or 1b*	
eq all day pain relief oral tablet	1 or 1b*	
eq ibuprofen childrens oral suspension	1 or 1a*	
eq ibuprofen junior oral tablet chewable	1 or 1a*	
eq ibuprofen oral capsule	1 or 1a*	
eq ibuprofen oral tablet	1 or 1a*	
eq naproxen sodium oral capsule	1 or 1b*	
eq naproxen sodium oral tablet	1 or 1b*	
eql childrens ibuprofen oral suspension	1 or 1a*	
eql ibuprofen infants oral suspension	1 or 1a*	
eql ibuprofen oral capsule	1 or 1a*	
eql ibuprofen oral tablet	1 or 1a*	
eql naproxen sodium oral tablet	1 or 1b*	
etodolac er oral tablet extended release 24 hour	1 or 1b*	QL
etodolac oral capsule	1 or 1b*	QL
etodolac oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
<b>FELDENE ORAL CAPSULE</b>	3	QL
fenoprofen calcium powder	3	
flurbiprofen oral tablet	1 or 1b*	QL
flurbiprofen powder	3	
gnp childrens ibuprofen oral suspension	1 or 1a*	
gnp ibuprofen childrens oral tablet chewable	1 or 1a*	
gnp ibuprofen infants oral suspension	1 or 1a*	
gnp ibuprofen oral capsule	1 or 1a*	
gnp ibuprofen oral tablet	1 or 1a*	
gnp naproxen sodium oral capsule	1 or 1b*	
gnp naproxen sodium oral tablet	1 or 1b*	
goodsense ibuprofen childrens oral suspension	1 or 1a*	
goodsense ibuprofen infants oral suspension	1 or 1a*	
goodsense ibuprofen oral capsule	1 or 1a*	
goodsense ibuprofen oral tablet	1 or 1a*	
goodsense naproxen sodium oral tablet	1 or 1b*	
hm ibuprofen childrens oral suspension	1 or 1a*	
hm ibuprofen oral capsule	1 or 1a*	
hm ibuprofen oral tablet	1 or 1a*	
hm naproxen sodium oral capsule	1 or 1b*	
hy-vee all day relief oral tablet	1 or 1b*	
<b>HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION</b>	1 or 1a*	
ibu oral tablet	1 or 1a*	QL
ibu-200 oral tablet	1 or 1a*	
ibuprofen 100 junior strength oral tablet chewable	1 or 1a*	
ibuprofen childrens oral suspension	1 or 1a*	
ibuprofen infants oral suspension	1 or 1a*	
ibuprofen junior strength oral tablet chewable	1 or 1a*	

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

Drug Name	Tier	Notes
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral capsule	1 or 1a*	
ibuprofen oral suspension	1 or 1a*	QL
ibuprofen oral tablet 200 mg	1 or 1a*	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL
ibuprofen powder	3	
indomethacin er oral capsule extended release	1 or 1b*	QL
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	QL
indomethacin powder	3	
indomethacin sodium intravenous solution reconstituted	1 or 1b*	
<b>INFANTS ADVIL ORAL SUSPENSION</b>	2	
infants ibuprofen oral suspension	1 or 1a*	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL
ketorolac tromethamine injection solution 15 mg/ml	1 or 1b*	QL
<b>KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML</b>	1 or 1b*	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
kls ibuprofen ib oral tablet	1 or 1a*	
kls ibuprofen oral tablet	1 or 1a*	
<b>LODINE ORAL TABLET</b>	3	QL
meclofenamate sodium oral capsule	1 or 1b*	QL
meclofenamate sodium powder	3	
<b>MEDI-PROFEN ORAL CAPSULE</b>	1 or 1a*	
<b>MEDI-PROFEN ORAL SUSPENSION</b>	1 or 1a*	
<b>MEDI-PROFEN ORAL TABLET</b>	1 or 1a*	
<b>MEDIPROXEN ORAL TABLET</b>	1 or 1b*	

Drug Name	Tier	Notes
mefenamic acid oral capsule	1 or 1b*	QL
mefenamic acid powder	3	
meijer ibuprofen oral tablet	1 or 1a*	
meloxicam oral tablet	1 or 1b*	QL
mm ibuprofen oral tablet	1 or 1a*	
<b>MOTRIN CHILDRENS ORAL TABLET CHEWABLE</b>	2	
<b>MOTRIN IB ORAL CAPSULE</b>	1 or 1a*	
<b>MOTRIN IB ORAL TABLET</b>	1 or 1a*	
<b>MOTRIN INFANTS DROPS ORAL SUSPENSION</b>	2	
nabumetone oral tablet	1 or 1b*	QL
naproxen oral tablet	1 or 1b*	QL
naproxen oral tablet delayed release	1 or 1b*	
naproxen powder	3	
naproxen sodium oral capsule	1 or 1b*	
naproxen sodium oral tablet 220 mg	1 or 1b*	
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	QL
naproxen sodium powder	3	
<b>NEOPROFEN INTRAVENOUS SOLUTION</b>	3	
oxaprozin oral tablet	1 or 1b*	QL
<b>PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET</b>	1 or 1b*	
piroxicam oral capsule	1 or 1b*	QL
piroxicam powder	3	
px all day relief oral tablet	1 or 1b*	
px childrens profen ib oral suspension	1 or 1a*	
px ibuprofen junior strength oral tablet chewable	1 or 1a*	
px ibuprofen oral tablet	1 or 1a*	
px infants profen ib oral suspension	1 or 1a*	
qc childrens ibuprofen oral suspension	1 or 1a*	
qc ibuprofen ib oral tablet	1 or 1a*	

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

Drug Name	Tier	Notes
qc ibuprofen oral capsule	1 or 1a*	
qc ibuprofen oral tablet	1 or 1a*	
qc naproxen sodium oral capsule	1 or 1b*	
qc naproxen sodium oral tablet	1 or 1b*	
ra ibuprofen childrens oral suspension	1 or 1a*	
ra ibuprofen infants oral suspension	1 or 1a*	
ra ibuprofen junior strength oral tablet chewable	1 or 1a*	
ra ibuprofen oral capsule	1 or 1a*	
ra ibuprofen oral tablet	1 or 1a*	
ra naproxen sodium oral tablet	1 or 1b*	
ra pain relief ibuprofen oral tablet	1 or 1a*	
sb ibuprofen oral tablet	1 or 1a*	
sb infants ibuprofen oral suspension	1 or 1a*	
sb naproxen sodium oral tablet	1 or 1b*	
sm childrens ibuprofen oral suspension	1 or 1a*	
sm ibuprofen ib childrens oral tablet chewable	1 or 1a*	
sm ibuprofen ib oral tablet	1 or 1a*	
sm ibuprofen jr oral tablet	1 or 1a*	
sm ibuprofen oral capsule	1 or 1a*	
sm ibuprofen oral tablet	1 or 1a*	
sm infants ibuprofen oral suspension	1 or 1a*	
sm naproxen sodium oral tablet	1 or 1b*	
sulindac oral tablet	1 or 1b*	QL
sulindac powder	3	
<b>WAL-PROFEN ORAL CAPSULE</b>	1 or 1a*	
<b>WAL-PROFEN ORAL TABLET</b>	1 or 1a*	
<b>*NSAID-PYRIMIDINE SYNTHESIS INHIBITORS COMBINATIONS***</b>		
<b>LEFLUNICLO COMBINATION KIT</b>	3	

Drug Name	Tier	Notes
<b>*PHENYLBUTAZONES**</b>		
*		
phenylbutazone powder	3	
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
<b>OTEZLA ORAL TABLET</b>	3	PA; SP; QL
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	3	PA; SP; QL
<b>*PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
<b>ARAVA ORAL TABLET</b>	3	QL
leflunomide oral tablet	1 or 1b*	QL
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***</b>		
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	PA; SP; QL
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	3	PA; SP; QL
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; SP; QL
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*ANALGESIC COMBINATIONS***</b>		
added strength headache relief oral tablet	1 or 1b*	
<b>ANACIN ORAL TABLET</b>	2	
back & body extra strength oral tablet	1 or 1b*	
back pain-off oral tablet	2	
<b>BACKAID MAX ORAL TABLET</b>	1 or 1b*	
<b>BAYER BACK &amp; BODY ORAL TABLET</b>	2	
<b>BAYER BACK &amp; BODY PAIN EX ST ORAL TABLET</b>	2	
<b>BAYER MIGRAINE ORAL TABLET</b>	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
<b>BC FAST PAIN RELIEF ARTHRITIS ORAL PACKET 1000-65 MG</b>	2	
<b>BC FAST PAIN RELIEF MAX STR ORAL PACKET</b>	2	
<b>BC FAST PAIN RELIEF ORAL PACKET 845-65 MG</b>	2	
cramp tabs oral tablet	2	
cvs back & body extra strength oral tablet	1 or 1b*	
cvs headache relief oral tablet	1 or 1b*	
cvs menstrual relief oral tablet	1 or 1b*	
cvs migraine relief oral tablet	1 or 1b*	
<b>DOANS PM EXTRA STRENGTH ORAL TABLET</b>	2	
eq headache relief oral tablet	1 or 1b*	
eql menstrual relief max st oral tablet	1 or 1b*	
eql migraine formula oral tablet	1 or 1b*	
<b>EXCEDRIN EXTRA STRENGTH ORAL TABLET</b>	2	
<b>EXCEDRIN MIGRAINE ORAL TABLET</b>	2	
<b>EXCEDRIN TENSION HEADACHE ORAL TABLET</b>	2	
extraprin oral tablet	1 or 1b*	
gnp headache relief extra str oral tablet	1 or 1b*	
gnp migraine relief oral tablet	1 or 1b*	
goodsense headache relief oral tablet	1 or 1b*	
goodsense migraine formula oral tablet	1 or 1b*	
<b>GOODYS BACK &amp; BODY PAIN ORAL PACKET</b>	2	
<b>GOODYS EXTRA STRENGTH ORAL PACKET</b>	2	
<b>GOODYS HANGOVER FAST PAIN RELF ORAL PACKET</b>	2	

Drug Name	Tier	Notes
headache formula oral tablet	1 or 1b*	
headache relief oral tablet	1 or 1b*	
hm migraine relief oral tablet	1 or 1b*	
kls migraine headache relief oral tablet	1 or 1b*	
<b>MAPAP HEADACHE PLUS ORAL TABLET</b>	2	
meijer migraine formula oral tablet	1 or 1b*	
menstrual relief max strength oral tablet	1 or 1b*	
<b>MIDOL CAFFEINE FREE ORAL TABLET</b>	1 or 1b*	
<b>MIDOL COMPLETE ORAL TABLET</b>	2	
<b>MIDOL MAX ST MENSTRUAL ORAL TABLET</b>	2	
migraine formula oral tablet	1 or 1b*	
migraine relief oral tablet	1 or 1b*	
pain relief oral tablet	2	
pain reliever extra strength oral tablet 250-250-65 mg	1 or 1b*	
pain reliever plus oral tablet	1 or 1b*	
pain-off oral tablet	1 or 1b*	
<b>PAMPRIN MAX ORAL TABLET</b>	1 or 1b*	
<b>PANADOL EXTRA ORAL TABLET</b>	1 or 1b*	
px headache relief added st oral tablet	1 or 1b*	
px migraine relief oral tablet	1 or 1b*	
qc headache relief oral tablet	1 or 1b*	
qc menstrual complete max st oral tablet	1 or 1b*	
qc pain relief oral packet	1 or 1b*	
ra back & body pain relief oral tablet	1 or 1b*	
ra headache formula oral tablet	1 or 1b*	
ra menstrual relief oral tablet	1 or 1b*	
ra migraine relief oral tablet	1 or 1b*	
ra pain reliever ex st oral tablet	1 or 1b*	
ra tension headache oral tablet	1 or 1b*	
sb pain relief x-str 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
sm migraine relief oral tablet	1 or 1b*	
tension headache oral tablet	1 or 1b*	
<b>VANQUISH ORAL TABLET</b>	2	
womens menstrual relief oral tablet	1 or 1b*	
<b>*ANALGESICS OTHER***</b>		
8 hour arthritis pain oral tablet extended release	1 or 1b*	
8 hour arthritis pain reliever oral tablet extended release	1 or 1b*	
8 hour pain reliever oral tablet extended release	1 or 1b*	
8 hr arthritis pain relief oral tablet extended release	1 or 1b*	
acetaminophen 8 hour oral tablet extended release	1 or 1b*	
acetaminophen childrens oral solution	1 or 1b*	
acetaminophen childrens oral suspension 160 mg/5ml	1 or 1b*	
acetaminophen childrens oral tablet chewable 160 mg	1 or 1b*	
acetaminophen er oral tablet extended release	1 or 1b*	
acetaminophen extra strength oral tablet	1 or 1b*	
acetaminophen infants oral suspension	1 or 1b*	
acetaminophen intravenous solution	1 or 1b*	
acetaminophen junior strength oral tablet dispersible	1 or 1b*	
acetaminophen oral liquid	1 or 1b*	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	1 or 1b*	
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml	1 or 1b*	
acetaminophen oral tablet	1 or 1b*	
acetaminophen oral tablet chewable 160 mg	1 or 1b*	
acetaminophen rapid tabs child oral tablet dispersible	1 or 1b*	
acetaminophen rectal suppository 120 mg, 650 mg	1 or 1b*	

Drug Name	Tier	Notes
<b>APHEN ORAL TABLET</b>	1 or 1b*	
apra oral elixir	1 or 1b*	
arthritis pain relief oral tablet extended release	1 or 1b*	
arthritis pain reliever oral tablet extended release	1 or 1b*	
betatemp childrens oral suspension	1 or 1b*	
childrens acetaminophen oral suspension 160 mg/5ml	1 or 1b*	
childrens apap oral tablet chewable	1 or 1b*	
childrens aspirin free oral elixir	1 or 1b*	
<b>CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE</b>	1 or 1b*	
childrens non-aspirin oral suspension	1 or 1b*	
childrens non-aspirin oral tablet chewable	1 or 1b*	
childrens pain reliever oral tablet chewable	1 or 1b*	
childrens silapap oral liquid	1 or 1b*	
clonidine hcl (analgesia) epidural solution	1 or 1b*	
clonidine hcl (bulk) solution	3	
cvs 8hr arthritis pain relief oral tablet extended release	1 or 1b*	
cvs 8hr muscle aches & pain oral tablet extended release	1 or 1b*	
cvs acetaminophen ex st oral liquid	1 or 1b*	
cvs acetaminophen ex st oral tablet	1 or 1b*	
cvs acetaminophen oral capsule	1 or 1b*	
cvs acetaminophen oral tablet	1 or 1b*	
cvs arthritis pain relief oral tablet extended release	1 or 1b*	
cvs childs non-aspirin oral tablet chewable	1 or 1b*	
cvs fever reducing childrens rectal suppository	1 or 1b*	
cvs infants pain relief drops oral suspension 160 mg/5ml	1 or 1b*	
cvs non-aspirin childrens oral tablet chewable	1 or 1b*	

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

Drug Name	Tier	Notes
cvs non-aspirin extra strength oral tablet	1 or 1b*	
cvs pain & fever childrens oral suspension	1 or 1b*	
cvs pain & fever infants oral suspension	1 or 1b*	
cvs pain relief childrens oral tablet chewable	1 or 1b*	
cvs pain relief extra strength oral tablet	1 or 1b*	
cvs pain relief oral tablet	1 or 1b*	
cvs pain relief oral tablet extended release	1 or 1b*	
cvs pain relief regular st oral tablet	1 or 1b*	
<b>DURACLON EPIDURAL SOLUTION 100 MCG/ML</b>	3	
ed-apap oral liquid	1 or 1b*	
<b>ELIXSURE FEVER/PAIN ORAL GEL</b>	2	
eq 8hr arthritis pain relief oral tablet extended release	1 or 1b*	
eq acetaminophen oral tablet	1 or 1b*	
eq arthritis pain oral tablet extended release	1 or 1b*	
eq pain & fever childrens oral suspension	1 or 1b*	
eq pain & fever childrens oral tablet chewable	1 or 1b*	
eq pain & fever infants oral suspension	1 or 1b*	
eq pain relief/rapid burst oral liquid	1 or 1b*	
eq pain reliever ex st oral tablet	1 or 1b*	
eq pain reliever oral tablet	1 or 1b*	
eq acetaminophen childrens oral suspension	1 or 1b*	
eq acetaminophen ex st oral tablet	1 or 1b*	
eq acetaminophen oral tablet	1 or 1b*	
<b>FEVERALL ADULTS RECTAL SUPPOSITORY</b>	1 or 1b*	
<b>FEVERALL CHILDRENS RECTAL SUPPOSITORY</b>	1 or 1b*	
<b>FEVERALL INFANTS RECTAL SUPPOSITORY</b>	2	

Drug Name	Tier	Notes
<b>FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY</b>	3	
gnp 8 hour arthritis relief oral tablet extended release	1 or 1b*	
gnp 8 hour pain relief oral tablet extended release	1 or 1b*	
gnp 8 hour pain reliever oral tablet extended release	1 or 1b*	
gnp acetaminophen oral tablet	1 or 1b*	
gnp acetaminophen oral tablet chewable	1 or 1b*	
gnp children's pain & fever oral suspension	1 or 1b*	
gnp infants pain/fever oral suspension	1 or 1b*	
gnp pain & fever childrens oral suspension 160 mg/5ml	1 or 1b*	
gnp pain & fever infants oral suspension	1 or 1b*	
gnp pain relief extra strength oral tablet	1 or 1b*	
gnp pain relief oral tablet	1 or 1b*	
goodsense arthritis pain oral tablet extended release	1 or 1b*	
goodsense pain & fever child oral suspension	1 or 1b*	
goodsense pain & fever infants oral suspension	1 or 1b*	
goodsense pain relief extra st oral tablet	1 or 1b*	
goodsense pain relief oral tablet	1 or 1b*	
<b>HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET</b>	1 or 1b*	
hm acetaminophen childrens oral tablet chewable	1 or 1b*	
hm arthritis pain relief oral tablet extended release	1 or 1b*	
hm pain & fever childrens oral suspension	1 or 1b*	
hm pain relief oral tablet extended release	1 or 1b*	
hm pain reliever oral tablet	1 or 1b*	
infants pain & fever oral suspension	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
cls acetaminophen ex st oral tablet	1 or 1b*	
liquid acetaminophen oral liquid	1 or 1b*	
liquid pain relief oral liquid	1 or 1b*	
<b>LITTLE REMEDIES FOR FEVER ORAL LIQUID</b>	1 or 1b*	
<b>MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID</b>	1 or 1b*	
mapap arthritis pain oral tablet extended release	1 or 1b*	
<b>MAPAP CHILDRENS ORAL TABLET CHEWABLE</b>	1 or 1b*	
mapap oral capsule	1 or 1b*	
<b>MEDI-TABS CHILDRENS ORAL ELIXIR</b>	1 or 1b*	
<b>MEDI-TABS EXTRA STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE</b>	1 or 1b*	
meijer aspirin free oral tablet	1 or 1b*	
meijer jr st aspirin free oral tablet chewable	1 or 1b*	
<b>MIDOL ORAL TABLET EXTENDED RELEASE</b>	1 or 1b*	
<b>MM ACETAMINOPHEN EX STR ORAL TABLET</b>	1 or 1b*	
mm arthritis pain oral tablet extended release	1 or 1b*	
m-pap oral liquid	1 or 1b*	
non-aspirin extra strength oral tablet	1 or 1b*	
non-aspirin jr strength oral tablet chewable	1 or 1b*	
non-aspirin oral tablet	1 or 1b*	
non-aspirin pain relief oral tablet	1 or 1b*	
pain & fever childrens oral suspension	1 or 1b*	
pain & fever childrens oral tablet chewable 160 mg	1 or 1b*	
pain & fever dissolve packs oral packet	1 or 1b*	

Drug Name	Tier	Notes
pain & fever infants oral suspension	1 or 1b*	
pain & fever kids oral suspension	1 or 1b*	
pain relief childrens oral elixir 160 mg/5ml	1 or 1b*	
pain relief childrens oral suspension	1 or 1b*	
pain relief extra strength oral capsule 500 mg	1 or 1b*	
pain relief extra strength oral tablet 500 mg	1 or 1b*	
pain relief oral liquid	1 or 1b*	
pain relief regular strength oral tablet	1 or 1b*	
pain reliever extra strength oral tablet 500 mg	1 or 1b*	
pain reliever for adults oral tablet	1 or 1b*	
pain reliever oral liquid	1 or 1b*	
pain reliever oral tablet 325 mg	1 or 1b*	
pain reliever/fever reducer rectal suppository	1 or 1b*	
<b>PANADOL CHILDRENS ORAL SUSPENSION</b>	1 or 1b*	
<b>PANADOL EXTRA STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>PANADOL INFANTS ORAL SUSPENSION</b>	1 or 1b*	
<b>PEDIACARE CHILDREN ORAL SUSPENSION</b>	1 or 1b*	
<b>PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION</b>	1 or 1b*	
<b>PEDIACARE INFANTS ORAL SUSPENSION</b>	1 or 1b*	
<b>PHARBETOL EXTRA STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>PHARBETOL ORAL TABLET 325 MG</b>	1 or 1b*	
px arthritis pain relief oral tablet extended release	1 or 1b*	
px childrens pain relief oral suspension	1 or 1b*	
px pain relief extra strength 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
qc 8 hour pain relief oral tablet extended release	1 or 1b*	
qc acetaminophen 8 hours oral tablet extended release	1 or 1b*	
qc acetaminophen 8hr arth pain oral tablet extended release	1 or 1b*	
qc acetaminophen 8hr muscle ache oral tablet extended release	1 or 1b*	
qc acetaminophen infants oral suspension	1 or 1b*	
qc arthritis pain relief oral tablet extended release	1 or 1b*	
qc non-aspirin 8 hour oral tablet extended release	1 or 1b*	
qc non-aspirin childrens oral suspension	1 or 1b*	
qc non-aspirin childrens oral tablet chewable	1 or 1b*	
qc non-aspirin extra strength oral tablet	1 or 1b*	
qc pain relief childrens oral suspension	1 or 1b*	
qc pain relief extra strength oral liquid	1 or 1b*	
qc pain relief extra strength oral tablet 500 mg	1 or 1b*	
qc pain relief oral tablet	1 or 1b*	
ra 8 hour pain relief oral tablet extended release	1 or 1b*	
ra acetaminophen childrens oral tablet chewable	1 or 1b*	
ra acetaminophen ex st oral tablet	1 or 1b*	
ra acetaminophen oral tablet	1 or 1b*	
ra arthritis pain relief oral tablet extended release	1 or 1b*	
ra childrens fever/pain oral suspension	1 or 1b*	
ra fever reducer/pain reliever oral suspension	1 or 1b*	
ra pain relief acetaminophen oral tablet	1 or 1b*	
ra pain reliever ex st oral liquid	1 or 1b*	
sb arthritis pain relief oral tablet extended release	1 or 1b*	

Drug Name	Tier	Notes
sb childrens non-aspirin oral tablet dispersible	1 or 1b*	
sb non-aspirin extra strength oral tablet	1 or 1b*	
sb non-aspirin jr strength oral tablet dispersible	1 or 1b*	
sb non-aspirin oral tablet	1 or 1b*	
sb non-aspirin oral tablet chewable	1 or 1b*	
sb pain reliever childrens oral suspension	1 or 1b*	
sb pain reliever ex st oral tablet	1 or 1b*	
sm 8 hour pain relief oral tablet extended release	1 or 1b*	
sm arthritis pain relief oral tablet extended release	1 or 1b*	
sm arthritis pain reliever oral tablet extended release	1 or 1b*	
sm pain & fever childrens oral suspension	1 or 1b*	
sm pain & fever infants oral suspension	1 or 1b*	
sm pain relief extra strength oral tablet	1 or 1b*	
sm pain relief oral tablet	1 or 1b*	
sm pain reliever childrens oral suspension	1 or 1b*	
sm pain reliever ex st oral tablet	1 or 1b*	
sm pain reliever oral tablet 325 mg	1 or 1b*	
sm rapid melts junior oral tablet dispersible	1 or 1b*	
<b>TRIAMINIC FEVER REDUCER ORAL SYRUP</b>	2	
<b>TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE</b>	2	
<b>TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE</b>	2	
<b>TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE</b>	2	
<b>TYLENOL CHILDRENS ORAL SUSPENSION</b>	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
TYLENOL CHILDRENS ORAL THERAPY PACK	2	
TYLENOL CHILDRENS PAIN + FEVER ORAL PACKET	2	
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	2	
TYLENOL DISSOLVE PACKS ORAL PACKET	2	
TYLENOL EXTRA STRENGTH ORAL TABLET	2	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION	2	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION	2	
TYLENOL ORAL CAPSULE	2	
TYLENOL ORAL TABLET	2	
<b>*ANALGESICS-SEDATIVES***</b>		
bac oral tablet	1 or 1b*	QL
butalbital-acetaminophen oral capsule	1 or 1b*	QL
butalbital-acetaminophen oral tablet 50-325 mg	1 or 1b*	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1 or 1b*	QL
butalbital-apap-caffeine oral tablet 50-325-40 mg	1 or 1b*	QL
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL
dolorex oral tablet 25-325 mg	2	
menstrual pain relief oral tablet	1 or 1b*	
PAMPRIN MAX PAIN FORMULA ORAL TABLET	2	
PAMPRIN MULTI-SYMPATOM ORAL TABLET	2	
PREMSYN PMS ORAL TABLET	1 or 1b*	
qc menstrual pain relief oral tablet	1 or 1b*	

Drug Name	Tier	Notes
ra menstrual pain relief oral tablet	1 or 1b*	
relagesic oral tablet 29-500 mg	2	
tencon oral tablet 50-325 mg	1 or 1b*	QL
<b>*SALICYLATE COMBINATIONS***</b>		
ALKA-SELTZER EXTRA STRENGTH ORAL TABLET EFFERVESCENT	2	
ALKA-SELTZER ORAL TABLET EFFERVESCENT	2	
ALKA-SELTZER ORIGINAL ORAL TABLET EFFERVESCENT	2	
ASCRIPITIN ORAL TABLET 325 MG	2	
BAYER PLUS ORAL TABLET	2	
BUFFERIN EXTRA STRENGTH ORAL TABLET	2	
BUFFERIN ORAL TABLET	2	
cvs antacid & pain reliever oral tablet effervescent	1 or 1b*	
effervescent antacid/pain rel oral tablet effervescent 500 mg	1 or 1b*	
effervescent pain relief oral tablet effervescent 325-1000-1916 mg	1 or 1b*	
eq antacid & pain relief oral tablet effervescent	1 or 1b*	
eql antacid/pain relief oral tablet effervescent	1 or 1b*	
goodsense antacid/pain relief oral tablet effervescent	1 or 1b*	
medi-seltzer oral tablet effervescent 325 mg	1 or 1b*	
px effervescent oral tablet effervescent	1 or 1b*	
qc antacid & pain relief oral tablet effervescent	1 or 1b*	
qc effervescent antacid/pain oral tablet effervescent	1 or 1b*	

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

Drug Name	Tier	Notes
sb effervescent pain relief oral tablet effervescent	1 or 1b*	
sm aspirin tri-buffered oral tablet	1 or 1b*	\$0
sm effervescent pain relief oral tablet effervescent	1 or 1b*	
tri-buffered aspirin oral tablet 325 mg	1 or 1b*	\$0
<b>*SALICYLATES***</b>		
acetyl salicylic acid powder	3	
adult aspirin regimen oral tablet delayed release	1 or 1a*	\$0
aspirin 81 oral tablet chewable	1 or 1a*	\$0
aspirin 81 oral tablet delayed release	1 or 1a*	\$0
aspirin adult low dose oral tablet delayed release	1 or 1a*	\$0
aspirin adult low strength oral tablet delayed release	1 or 1a*	\$0
aspirin childrens oral tablet chewable	1 or 1a*	\$0
aspirin ec low dose oral tablet delayed release	1 or 1a*	\$0
aspirin ec low strength oral tablet delayed release	1 or 1a*	\$0
aspirin low dose oral tablet chewable	1 or 1a*	\$0
aspirin low dose oral tablet delayed release	1 or 1a*	\$0
aspirin oral tablet 325 mg	1 or 1a*	\$0
aspirin oral tablet chewable	1 or 1a*	\$0
aspirin oral tablet delayed release 325 mg, 81 mg	1 or 1a*	\$0
aspirin powder	3	
aspirin rectal suppository 300 mg	2	
aspirin regimen oral tablet delayed release	1 or 1a*	\$0
<b>BAYER ADVANCED ASPIRIN EX ST ORAL TABLET</b>	1 or 1a*	
bayer advanced aspirin reg st oral tablet	1 or 1a*	\$0
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*	\$0
bayer aspirin oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
bayer low dose oral tablet chewable	1 or 1a*	\$0
bayer low dose oral tablet delayed release	1 or 1a*	\$0
childrens aspirin oral tablet chewable	1 or 1a*	\$0
cvs aspirin adult low dose oral tablet chewable	1 or 1a*	\$0
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*	\$0
cvs aspirin ec oral tablet delayed release 81 mg	1 or 1a*	\$0
cvs aspirin low dose oral tablet delayed release	1 or 1a*	\$0
cvs aspirin low strength oral tablet delayed release	1 or 1a*	\$0
cvs aspirin oral tablet 325 mg	1 or 1a*	\$0
cvs backache relief oral tablet	1 or 1b*	
cvs genuine aspirin oral tablet	1 or 1a*	\$0
diflunisal oral tablet	1 or 1b*	
diflunisal powder	3	
<b>DOANS EXTRA STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>DOANS PILLS ORAL TABLET</b>	2	
ecotrin low strength oral tablet delayed release	1 or 1a*	\$0
<b>ECOTRIN ORAL TABLET DELAYED RELEASE</b>	2	
eq aspirin adult low dose oral tablet delayed release	1 or 1a*	\$0
eq aspirin low dose oral tablet chewable	1 or 1a*	\$0
eq aspirin oral tablet	1 or 1a*	\$0
eql aspirin ec oral tablet delayed release 325 mg	1 or 1a*	\$0
eql aspirin low dose oral tablet chewable	1 or 1a*	\$0
eql aspirin low dose oral tablet delayed release	1 or 1a*	\$0
genuine aspirin oral tablet	1 or 1a*	\$0
gnp adult aspirin low strength oral tablet chewable	1 or 1a*	\$0
gnp aspirin low dose oral tablet delayed release	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
gnp aspirin oral tablet 325 mg	1 or 1a*	\$0
gnp aspirin oral tablet delayed release	1 or 1a*	\$0
goodsense aspirin adults oral tablet	1 or 1a*	\$0
goodsense aspirin low dose oral tablet delayed release	1 or 1a*	\$0
goodsense aspirin oral tablet	1 or 1a*	\$0
goodsense aspirin oral tablet chewable	1 or 1a*	\$0
goodsense aspirin oral tablet delayed release	1 or 1a*	\$0
h-e-b aspirin oral tablet delayed release	1 or 1a*	\$0
hm adult aspirin oral tablet	1 or 1a*	\$0
hm aspirin ec low dose oral tablet delayed release	1 or 1a*	\$0
hm aspirin ec oral tablet delayed release	1 or 1a*	\$0
hm aspirin oral tablet delayed release	1 or 1a*	\$0
kl's aspirin low dose oral tablet delayed release	1 or 1a*	\$0
kp aspirin oral tablet delayed release	1 or 1a*	\$0
meijer aspirin ec oral tablet delayed release	1 or 1a*	\$0
mm aspirin oral tablet delayed release	1 or 1a*	\$0
<b>PERCOGESIC BACKACHE RELIEF ORAL TABLET</b>	2	
px aspirin oral tablet	1 or 1a*	\$0
px aspirin oral tablet chewable	1 or 1a*	\$0
px enteric aspirin oral tablet delayed release	1 or 1a*	\$0
qc aspirin low dose oral tablet chewable	1 or 1a*	\$0
qc aspirin low dose oral tablet delayed release	1 or 1a*	\$0
qc aspirin oral tablet	1 or 1a*	\$0
qc aspirin oral tablet delayed release	1 or 1a*	\$0
qc childrens aspirin oral tablet chewable	1 or 1a*	\$0
qc enteric aspirin oral tablet delayed release	1 or 1a*	\$0

Drug Name	Tier	Notes
ra aspirin adult low dose oral tablet chewable	1 or 1a*	\$0
ra aspirin adult low strength oral tablet chewable	1 or 1a*	\$0
ra aspirin childrens oral tablet chewable	1 or 1a*	\$0
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*	\$0
ra aspirin ec oral tablet delayed release	1 or 1a*	\$0
ra aspirin oral tablet 325 mg	1 or 1a*	\$0
ra pain relief aspirin oral tablet	1 or 1a*	\$0
sb aspirin ec oral tablet delayed release	1 or 1a*	\$0
sb aspirin oral tablet	1 or 1a*	\$0
sb backache extra strength oral tablet	1 or 1b*	
sb childrens aspirin oral tablet chewable	1 or 1a*	\$0
sb low dose asa ec oral tablet delayed release	1 or 1a*	\$0
sm aspirin adult low strength oral tablet delayed release	1 or 1a*	\$0
sm aspirin ec low strength oral tablet delayed release	1 or 1a*	\$0
sm aspirin ec oral tablet delayed release	1 or 1a*	\$0
sm aspirin low dose oral tablet chewable	1 or 1a*	\$0
sm aspirin low dose oral tablet delayed release	1 or 1a*	\$0
sm aspirin oral tablet	1 or 1a*	\$0
sm childrens aspirin oral tablet chewable	1 or 1a*	\$0
sodium salicylate crystals	3	
sodium salicylate powder	3	
st joseph aspirin oral tablet delayed release	1 or 1a*	\$0
st joseph low dose oral tablet chewable	1 or 1a*	\$0
st joseph low dose oral tablet delayed release	1 or 1a*	\$0
<b>VAZALORE ORAL CAPSULE</b>	2	

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

Drug Name	Tier	Notes
<b>*SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS***</b>		
<b>PRIALT INTRATHECAL SOLUTION</b>	3	PA
<b>*ANALGESICS - OPIOID*</b>		
<b>*CODEINE COMBINATIONS***</b>		
acetaminophen-codeine oral solution	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ascomp-codeine oral capsule	1 or 1b*	QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	QL
<b>*DIHYDROCODEINE COMBINATIONS***</b>		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
trezix oral capsule 320.5-30-16 mg	1 or 1b*	QL
<b>*HYDROCODONE COMBINATIONS***</b>		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
<b>*OPIOID AGONISTS***</b>		
codeine phosphate powder	3	
<b>CODEINE SULFATE ORAL TABLET 15 MG, 60 MG</b>	3	QL
codeine sulfate oral tablet 30 mg	1 or 1b*	QL
<b>CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	PA; QL

Drug Name	Tier	Notes
<b>DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML</b>	3	QL
<b>DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML</b>	3	QL
<b>DILAUDID ORAL LIQUID</b>	3	QL
<b>DILAUDID ORAL TABLET</b>	3	QL
<b>DSUVIA SUBLINGUAL TABLET SUBLINGUAL</b>	3	
duramorph injection solution	1 or 1b*	QL
fentanyl citrate (bulk) solution	3	
<b>FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML, 50 MCG/ML</b>	3	
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
fentanyl citrate (pf) injection solution cartridge	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL
fentanyl citrate buccal tablet	1 or 1b*	PA; QL
<b>FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE</b>	3	
fentanyl citrate powder	3	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	3	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL
hydromorphone hcl (bulk) solution	3	
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
hydromorphone hcl injection solution 4 mg/ml	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
hydromorphone hcl oral liquid	1 or 1b*	QL
hydromorphone hcl oral tablet	1 or 1b*	QL
<b>HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML</b>	3	QL
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	QL
hydromorphone hcl powder	3	
<b>INFUMORPH 200 INJECTION SOLUTION</b>	3	QL
<b>INFUMORPH 500 INJECTION SOLUTION</b>	3	QL
levorphanol tartrate oral tablet	1 or 1b*	PA; QL
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine hcl oral solution	1 or 1b*	QL
meperidine hcl oral tablet 50 mg	1 or 1b*	QL
meperidine hcl powder	3	
<b>METHADONE HCL INJECTION SOLUTION</b>	3	PA; QL
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL
methadone hcl oral concentrate	1 or 1b*	PA; QL
methadone hcl oral solution	1 or 1b*	PA; QL
methadone hcl oral tablet	1 or 1b*	PA; QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL
methadone hcl powder	3	
<b>METHADOSE ORAL CONCENTRATE 10 MG/ML</b>	3	PA; QL
methadose oral tablet soluble	1 or 1b*	PA; QL
<b>METHADOSE SUGAR-FREE ORAL CONCENTRATE</b>	3	PA; QL
mitigo injection solution	1 or 1b*	QL
morphine sulfate (bulk) solution	3	

Drug Name	Tier	Notes
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1 or 1b*	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL
<b>MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML</b>	3	QL
<b>MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML</b>	3	
<b>MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML</b>	3	QL
morphine sulfate er beads oral capsule extended release 24 hour	1 or 1b*	PA; QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
morphine sulfate er oral tablet extended release	1 or 1b*	PA; QL
<b>MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML</b>	3	QL
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	1 or 1b*	QL
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
morphine sulfate powder	3	
<b>NUCYN TA ORAL TABLET</b>	3	QL
<b>OLINVYK INTRAVENOUS SOLUTION</b>	3	
<b>OXAYDO ORAL TABLET</b>	3	QL
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	3	PA; QL
oxycodone hcl oral capsule	1 or 1b*	QL
oxycodone hcl oral concentrate 100 mg/5ml	1 or 1b*	QL

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

Drug Name	Tier	Notes
oxycodone hcl oral solution	1 or 1b*	QL
oxycodone hcl oral tablet	1 or 1b*	QL
oxycodone hcl powder	3	
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	3	PA; QL
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
oxymorphone hcl oral tablet	1 or 1b*	QL
<b>QDOLO ORAL SOLUTION</b>	3	QL
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
<b>ROXICODONE ORAL TABLET 15 MG, 30 MG</b>	3	QL
<b>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG</b>	3	
<b>ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG</b>	3	QL
sufentanil citrate (bulk) solution	3	
<b>SUFENTANIL CITRATE INTRAVENOUS SOLUTION</b>	3	
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	1 or 1b*	PA; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1 or 1b*	PA; QL
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
<b>TRAMADOL HCL ORAL SOLUTION</b>	3	QL
tramadol hcl oral tablet	1 or 1b*	QL
<b>ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*OPIOID COMBINATIONS***</b>		
<b>APADAZ ORAL TABLET</b>	3	QL
<b>BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET</b>	3	QL

Drug Name	Tier	Notes
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
<b>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML</b>	1 or 1b*	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
<b>*OPIOID PARTIAL AGONISTS***</b>		
<b>BELBUCA BUCCAL FILM</b>	3	PA; QL
<b>BUPRENEX INJECTION SOLUTION</b>	3	QL
buprenorphine hcl injection solution 0.3 mg/ml	1 or 1b*	QL
buprenorphine hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual film	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine transdermal patch weekly	1 or 1b*	PA; QL
butorphanol tartrate injection solution	1 or 1b*	QL
butorphanol tartrate nasal solution	1 or 1b*	QL
<b>BUTRANS TRANSDERMAL PATCH WEEKLY</b>	3	PA; QL
nalbuphine hcl injection solution	1 or 1b*	QL
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
<b>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	QL
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL</b>	3	QL
<b>*TRAMADOL COMBINATIONS***</b>		
tramadol-acetaminophen 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
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*ANABOLIC STEROIDS***</b>		
oxandrolone oral tablet	1 or 1b*	PA; QL
<b>*ANDROGENS***</b>		
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR</b>	3	PA; QL
danazol oral capsule	1 or 1b*	QL
danazol powder	3	
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION</b>	3	PA
<b>JATENZO ORAL CAPSULE</b>	3	PA; QL
methyltestosterone powder	3	
<b>NATESTO NASAL GEL</b>	3	PA; QL
<b>TESTOPEL IMPLANT PELLET</b>	3	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 20.25 mg/act (1.62%), 25 mg/act (1.62%), 40.5 mg/2.5gm (1%), 50 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL
testosterone transdermal solution	1 or 1b*	PA; QL
<b>XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*INTRARECTAL STEROIDS***</b>		
<b>CORTENEMA RECTAL ENEMA</b>	3	
<b>CORTIFOAM EXTERNAL FOAM</b>	3	QL
hydrocortisone rectal enema	1 or 1b*	
<b>UCERIS RECTAL FOAM</b>	3	QL

Drug Name	Tier	Notes
<b>*NITRATE VASODILATING AGENTS***</b>		
<b>RECTIV RECTAL OINTMENT</b>	3	QL
<b>*RECTAL ANESTHETIC COMBINATIONS***</b>		
<b>AVEDANA HEMORRHOID PAIN RELIEF EXTERNAL CREAM</b>	1 or 1b*	
cvs hemorrhoidal external cream	1 or 1b*	
eql hemorrhoidal external cream	1 or 1b*	
hemorrhoidal external cream	1 or 1b*	
hemorrhoidal max st/aloe external cream	1 or 1b*	
<b>PREPARATION H EXTERNAL CREAM 1-0.25-14.4-15 %</b>	2	
<b>PREPARATION H RAPID RELIEF EXTERNAL CREAM</b>	2	
<b>PREPARATION H TOTABLES RECTAL</b>	2	
px hemorrhoidal external cream	1 or 1b*	
qc hemorrhoidal max external cream	1 or 1b*	
qc hemorrhoidal with aloe external cream	1 or 1b*	
ra hemorrhoidal external cream	1 or 1b*	
<b>RECTICARE ADVANCED EXTERNAL CREAM</b>	2	
<b>RECTICARE EXTERNAL PAD</b>	2	
<b>*RECTAL ANESTHETIC/STEROIDS ***</b>		
<b>ANALPRAM-HC EXTERNAL CREAM</b>	3	
<b>ANALPRAM-HC EXTERNAL LOTION</b>	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1 or 1b*	

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

Drug Name	Tier	Notes
<b>PROCTOFOAM HC EXTERNAL FOAM</b>	3	
<b>*RECTAL COMBINATIONS - MISC.***</b>		
<b>AVEDANA HEMORRHOID PAIN RELIEF RECTAL OINTMENT</b>	1 or 1b*	
<b>AVEDANA HEMORRHOIDAL RECTAL SUPPOSITORY</b>	1 or 1b*	
<b>AVEDANA HEMORRHOIDAL COOLING EXTERNAL GEL</b>	1 or 1b*	
cvs hemorrhoidal rectal suppository 0.25-88.44 %	1 or 1b*	
eq hemorrhoidal rectal suppository	1 or 1b*	
eql hemorrhoidal rectal ointment 0.25-14-74.9 %	1 or 1b*	
eql hemorrhoidal rectal suppository 0.25-88.44 %	1 or 1b*	
gnp hemorrhoidal rectal ointment 0.25-14-74.9 %	1 or 1b*	
goodsense hemorrhoidal rectal ointment	1 or 1b*	
goodsense hemorrhoidal rectal suppository	1 or 1b*	
hemorrhoidal cooling external gel	1 or 1b*	
hemorrhoidal rectal ointment 0.25-14-74.9 %	1 or 1b*	
hemorrhoidal rectal suppository 0.25-3-85.5 %, 0.25-85.39 %, 0.25-88.44 %, 88.7-0.25 %	1 or 1b*	
hm hemorrhoidal rectal ointment	1 or 1b*	
<b>PREPARATION H EXTERNAL GEL</b>	2	
<b>PREPARATION H RECTAL OINTMENT</b>	2	
<b>PREPARATION H RECTAL SUPPOSITORY 0.25-88.44 %</b>	1 or 1b*	
px hemorrhoidal rectal ointment	1 or 1b*	
px hemorrhoidal rectal suppository	1 or 1b*	

Drug Name	Tier	Notes
qc hemorrhoidal rectal ointment	1 or 1b*	
qc hemorrhoidal rectal suppository	1 or 1b*	
ra hemorrhoidal rectal ointment	1 or 1b*	
ra hemorrhoidal rectal suppository	1 or 1b*	
sb hemorrhoid rectal ointment	1 or 1b*	
sm hemorrhoidal cooling external gel	1 or 1b*	
sm hemorrhoidal rectal ointment 0.25-14-74.9 %	1 or 1b*	
sm hemorrhoidal rectal suppository 0.25 %	1 or 1b*	
<b>*RECTAL LOCAL ANESTHETICS***</b>		
<b>AMERICAINE RECTAL OINTMENT</b>	2	
<b>ANECREAM5 EXTERNAL CREAM</b>	1 or 1b*	
dibucaine (perianal) external ointment	1 or 1b*	
gnp anorectal external cream	1 or 1b*	
lidocaine (anorectal) external cream	1 or 1b*	
<b>LIPOCAINE 5 EXTERNAL CREAM</b>	1 or 1b*	
<b>LMX 5 EXTERNAL CREAM</b>	2	
<b>LUBRICAINE EXTERNAL GEL 5 %</b>	2	
<b>NUPERCALIN EXTERNAL OINTMENT</b>	2	
pramoxine hcl (perianal) external foam	1 or 1b*	
<b>PROCTOFOAM EXTERNAL FOAM</b>	2	
qc dibucaine (perianal) external ointment	1 or 1b*	
ra anorectal external cream	1 or 1b*	
<b>RECTASMOOTH EXTERNAL CREAM</b>	1 or 1b*	
<b>RECTICARE EXTERNAL CREAM</b>	2	
<b>TOPICAINE 5 EXTERNAL GEL</b>	2	

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



Drug Name	Tier	Notes
<b>*RECTAL PROTECTANTS-EMOLLIENTS***</b>		
<b>CALMOL-4 RECTAL SUPPOSITORY</b>	2	
<b>*RECTAL STEROIDS***</b>		
<b>ANUSOL-HC EXTERNAL CREAM</b>	3	
hydrocortisone (perianal) external cream	1 or 1b*	
<b>PROCTOCORT EXTERNAL CREAM</b>	3	
procto-med hc external cream	1 or 1b*	
procto-pak external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	
proctozone-hc external cream	1 or 1b*	
<b>*ANTACIDS*</b>		
<b>*ANTACID &amp; SIMETHICONE***</b>		
<b>ALKA-SELTZER HEARTBURN + GAS ORAL TABLET CHEWABLE</b>	2	
<b>ALMACONE DOUBLE STRENGTH ORAL SUSPENSION</b>	1 or 1b*	
antacid & antigas oral suspension 200-200-20 mg/5ml	1 or 1b*	
antacid advanced oral suspension	1 or 1b*	
antacid anti-gas max strength oral suspension	1 or 1b*	
antacid anti-gas oral suspension 200-200-20 mg/5ml	1 or 1b*	
antacid extra strength oral suspension	1 or 1b*	
antacid fast relief oral suspension	1 or 1b*	
antacid i oral suspension	1 or 1b*	
antacid iii oral suspension	1 or 1b*	
antacid liquid oral suspension	1 or 1b*	
antacid m oral suspension	1 or 1b*	
antacid maximum strength oral suspension	1 or 1b*	

Drug Name	Tier	Notes
antacid multi-symptom oral tablet chewable	1 or 1b*	
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml	1 or 1b*	
antacid regular strength oral suspension	1 or 1b*	
antacid/antigas oral suspension	1 or 1b*	
antacid/simethicone ds oral suspension	1 or 1b*	
comfort gel antacid & anti-gas oral suspension	1 or 1b*	
comfort gel antacid anti-gas oral suspension	1 or 1b*	
comfort gel oral suspension	1 or 1b*	
cvs antacid & anti-gas oral tablet chewable	1 or 1b*	
cvs antacid plus antigas oral suspension	1 or 1b*	
cvs antacid/anti-gas oral suspension	1 or 1b*	
<b>DI-GEL ORAL SUSPENSION</b>	2	
<b>DI-GEL ORAL TABLET CHEWABLE</b>	2	
eq antacid antigas multi-sympt oral tablet chewable	1 or 1b*	
eq antacid maximum strength oral suspension	1 or 1b*	
eql antacid/anti-gas oral suspension	1 or 1b*	
<b>E-Z-GAS II ORAL PACKET</b>	2	
<b>GAS-X WITH MAALOX EX ST ORAL TABLET CHEWABLE</b>	2	
<b>GELUSIL ORAL TABLET CHEWABLE</b>	2	
geri-lanta maximum strength oral suspension	1 or 1b*	
geri-lanta oral suspension	1 or 1b*	
geri-mox oral suspension	1 or 1b*	
gnp antacid & anti-gas oral suspension	1 or 1b*	
gnp antacid & anti-gas oral tablet chewable	1 or 1b*	
gnp antacid regular strength oral suspension	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
goodsense advanced antacid oral suspension	1 or 1b*	
goodsense antacid & gas relief oral suspension	1 or 1b*	
hm antacid anti-gas ex st oral suspension	1 or 1b*	
hm antacid oral suspension	1 or 1b*	
<b>HYVEE ADVANCED ANTACID ORAL SUSPENSION</b>	2	
<b>MAALOX ADVANCED MAX ST ORAL TABLET CHEWABLE</b>	2	
<b>MAALOX JUNIOR PLUS ANTIGAS ORAL TABLET CHEWABLE</b>	2	
<b>MAALOX MAX ORAL SUSPENSION</b>	1 or 1b*	
<b>MAALOX MAX ORAL TABLET CHEWABLE</b>	2	
<b>MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION</b>	1 or 1b*	
mag-al plus oral liquid	1 or 1b*	
mag-al plus xs oral liquid	1 or 1b*	
meijer antacid anti-gas oral suspension	1 or 1b*	
meijer antacid oral suspension 400-400-40 mg/5ml	1 or 1b*	
mintox maximum strength oral suspension	1 or 1b*	
<b>MINTOX PLUS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>MYLANTA COAT &amp; COOL ORAL SUSPENSION</b>	2	
<b>MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION</b>	1 or 1b*	
<b>MYLANTA TONIGHT ORAL SUSPENSION</b>	2	
<b>MYLICON CHILDRENS ORAL TABLET CHEWABLE</b>	2	
<b>PHAZYME GAS &amp; ACID MAX ST ORAL TABLET CHEWABLE</b>	2	
px antacid maximum strength oral suspension	1 or 1b*	

Drug Name	Tier	Notes
px antacid regular strength oral suspension	1 or 1b*	
qc antacid multi-symptom oral tablet chewable	1 or 1b*	
qc antacid oral suspension	1 or 1b*	
qc antacid/anti-gas oral suspension	1 or 1b*	
ra antacid/anti-gas max st oral suspension	1 or 1b*	
ra antacid/anti-gas oral suspension	1 or 1b*	
ra antacid/gas relief max st oral suspension	1 or 1b*	
<b>ROLAIDS ADVANCED ORAL TABLET CHEWABLE</b>	2	
sb antacid anti-gas oral suspension	1 or 1b*	
sm antacid advanced max st oral suspension	1 or 1b*	
sm antacid advanced oral suspension	1 or 1b*	
sm antacid anti-gas oral suspension	1 or 1b*	
sm antacid maximum strength oral suspension	1 or 1b*	
sm antacid oral suspension	1 or 1b*	
<b>TUMS GAS RELIEF CHEWY BITES ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>*ANTACID COMBINATIONS***</b>		
<b>ACID GONE ORAL SUSPENSION</b>	1 or 1b*	
<b>ACID GONE ORAL TABLET CHEWABLE 160-105 MG</b>	1 or 1b*	
antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg	1 or 1b*	
antacid oral tablet chewable 550-110 mg	2	
antacid ultra strength oral tablet chewable 1000-200 mg	1 or 1b*	
cidatrine-tm oral tablet	2	
cvs antacid supreme oral suspension	1 or 1b*	
cvs heartburn relief ex st oral suspension	1 or 1b*	

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

Drug Name	Tier	Notes
cvs heartburn relief oral tablet chewable	1 or 1b*	
<b>DEWEES CARMINATIVE ORAL LIQUID</b>	2	
<b>GAVISCON EXTRA RELIEF FORMULA ORAL SUSPENSION</b>	2	
<b>GAVISCON EXTRA STRENGTH ORAL SUSPENSION</b>	2	
<b>GAVISCON EXTRA STRENGTH ORAL TABLET CHEWABLE</b>	2	
<b>GAVISCON ORAL SUSPENSION</b>	2	
geri-lanta supreme oral suspension	1 or 1b*	
gnp antacid extra strength oral tablet chewable 160-105 mg	1 or 1b*	
heartburn antacid ex st oral tablet chewable	1 or 1b*	
heartburn relief ex st oral suspension	1 or 1b*	
mag-al oral liquid	2	
qc heartburn antacid oral tablet chewable	1 or 1b*	
<b>ROLAIDS ANTACID ULTRA STRENGTH ORAL SUSPENSION</b>	2	
<b>ROLAIDS EXTRA STRENGTH ORAL TABLET CHEWABLE 675-135 MG</b>	2	
<b>ROLAIDS ULTRA STRENGTH ORAL TABLET CHEWABLE</b>	1 or 1b*	
sm foaming antacid oral tablet chewable	2	
<b>*ANTACIDS - ALUMINUM SALTS***</b>		
aluminum hydroxide gel oral suspension 320 mg/5ml	2	
<b>*ANTACIDS - BICARBONATE COMBINATIONS***</b>		
<b>ALKA-SELTZER GOLD ORAL TABLET EFFERVESCENT 1050- 344-1000 MG</b>	2	

Drug Name	Tier	Notes
<b>*ANTACIDS - BICARBONATE***</b>		
<b>SODIUM BICARBONATE ORAL POWDER</b>	2	
sodium bicarbonate oral tablet 325 mg, 650 mg	1 or 1b*	
<b>*ANTACIDS - CALCIUM SALTS***</b>		
<b>ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE</b>	1 or 1b*	
antacid calcium oral tablet chewable	1 or 1b*	
antacid calcium rich oral tablet chewable	1 or 1b*	
antacid extra strength oral tablet chewable 750 mg	1 or 1b*	
<b>ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE</b>	1 or 1b*	
antacid maximum oral tablet chewable	1 or 1b*	
antacid oral tablet chewable 1177 mg	2	
antacid oral tablet chewable 500 mg, 750 mg	1 or 1b*	
antacid regular strength oral tablet chewable	1 or 1b*	
antacid soft chews oral tablet chewable	2	
antacid ultra strength oral tablet chewable 1000 mg	1 or 1b*	
calcium antacid extra strength oral tablet chewable	1 or 1b*	
calcium antacid oral tablet chewable	1 or 1b*	
calcium carbonate antacid oral suspension	1 or 1b*	
calcium carbonate antacid oral tablet 648 mg	2	
calcium carbonate antacid oral tablet chewable 500 mg	1 or 1b*	
<b>CAL-GEST ANTACID ORAL TABLET CHEWABLE</b>	1 or 1b*	
childrens pepto oral tablet chewable	1 or 1b*	
<b>CHILDRENS SOOTHE ORAL TABLET CHEWABLE</b>	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
cvs antacid childrens oral liquid	2	
cvs antacid extra strength oral tablet chewable 750 mg	1 or 1b*	
cvs antacid kids oral tablet chewable	1 or 1b*	
cvs antacid maximum strength oral tablet chewable	1 or 1b*	
cvs antacid soft chews ultr st oral tablet chewable	2	
cvs antacid ultra strength oral tablet chewable	1 or 1b*	
<b>CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE</b>	1 or 1b*	
cvs smooth antacid extra st oral tablet chewable	1 or 1b*	
eq antacid extra strength oral tablet chewable 750 mg	1 or 1b*	
eq antacid oral tablet chewable	1 or 1b*	
eq antacid ultra strength oral tablet chewable	1 or 1b*	
eql antacid oral tablet chewable	1 or 1b*	
eql antacid ultra strength oral tablet chewable	1 or 1b*	
gnp antacid extra strength oral tablet chewable 750 mg	1 or 1b*	
gnp antacid oral tablet chewable 500 mg	1 or 1b*	
gnp antacid ultra strength oral tablet chewable	1 or 1b*	
goodsense antacid oral tablet chewable	1 or 1b*	
<b>HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE</b>	1 or 1b*	
hm antacid extra strength oral tablet chewable	1 or 1b*	
hm antacid oral tablet chewable	1 or 1b*	
long lasting antacid oral tablet chewable	1 or 1b*	
<b>MAALOX CHILDRENS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>MAALOX ORAL TABLET CHEWABLE</b>	2	

Drug Name	Tier	Notes
px antacid extra strength oral tablet chewable	1 or 1b*	
px antacid maximum strength oral tablet chewable	1 or 1b*	
px calcium antacid oral tablet chewable	1 or 1b*	
qc antacid extra strength oral tablet chewable	1 or 1b*	
qc antacid oral tablet chewable	1 or 1b*	
qc antacid ultra strength oral tablet chewable	1 or 1b*	
ra antacid oral tablet chewable	1 or 1b*	
ra antacid ultra strength oral tablet chewable	1 or 1b*	
sb antacid extra strength oral tablet chewable	1 or 1b*	
sb antacid oral tablet chewable	1 or 1b*	
sm antacid oral tablet chewable	1 or 1b*	
sm calcium antacid ex st oral tablet chewable	1 or 1b*	
sm calcium antacid oral tablet chewable	1 or 1b*	
sm smooth antacid ex st oral tablet chewable	1 or 1b*	
smooth antacid extra strength oral tablet chewable	1 or 1b*	
tc max oral powder	2	
<b>TITRALAC ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>TUMS CHEWY BITES ORAL TABLET CHEWABLE</b>	2	
<b>TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE</b>	2	
<b>TUMS E-X 750 ORAL TABLET CHEWABLE</b>	2	
<b>TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE</b>	2	
<b>TUMS LASTING EFFECTS ORAL TABLET CHEWABLE</b>	2	
<b>TUMS ORAL TABLET CHEWABLE</b>	2	

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

Drug Name	Tier	Notes
<b>TUMS SMOOTHIES ORAL TABLET CHEWABLE</b>	2	
<b>TUMS ULTRA 1000 ORAL TABLET CHEWABLE</b>	2	
<b>*ANTACIDS - MAGNESIUM SALTS***</b>		
gnp magnesium oxide oral tablet	1 or 1b*	
magnesium carbonate granules	2	
magnesium oxide (antacid) oral capsule	2	
magnesium oxide (antacid) oral tablet	1 or 1b*	
magnesium oxide oral tablet 250 mg, 400 mg, 420 mg	1 or 1b*	
magnesium oxide powder	2	
magnesium trisilicate powder	3	
<b>MAOX ORAL TABLET</b>	1 or 1b*	
qc magnesium oral tablet	1 or 1b*	
<b>URO-MAG ORAL CAPSULE</b>	2	
<b>*ANTACIDS - SODIUM CITRATE***</b>		
<b>EMETROL ORAL TABLET CHEWABLE</b>	2	
<b>*ANTHELMINTICS*</b>		
<b>*ANTHELMINTICS***</b>		
albendazole oral tablet	1 or 1b*	PA; QL
<b>BENZNIDAZOLE ORAL TABLET</b>	3	
<b>BILTRICIDE ORAL TABLET</b>	3	
cvs pinworm treatment oral suspension	1 or 1b*	
<b>EMVERM ORAL TABLET CHEWABLE</b>	3	
ivermectin oral tablet	1 or 1b*	PA; QL
mebendazole powder	3	
pin-away oral suspension	1 or 1b*	
pinworm medicine oral suspension	1 or 1b*	
piperazine citrate powder	3	
praziquantel oral tablet	1 or 1b*	
reeses pinworm medicine oral suspension	1 or 1b*	

Drug Name	Tier	Notes
<b>STROMEKTOL ORAL TABLET</b>	3	PA; QL
thiabendazole powder	3	
<b>*ANTIANGINAL AGENTS*</b>		
<b>*ANTIANGINALS- OTHER***</b>		
<b>ASPRUZYO SPRINKLE ORAL PACKET</b>	3	PA; QL
ranolazine er oral tablet extended release 12 hour 500 mg	1 or 1b*	QL
<b>*NITRATES***</b>		
<b>GONITRO SUBLINGUAL PACKET</b>	3	
<b>ISORDIL TITRADOSE ORAL TABLET</b>	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
<b>NITRO-BID TRANSDERMAL OINTMENT</b>	3	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</b>	3	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	
<b>NITROGLYCERIN INTRAVENOUS SOLUTION</b>	3	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	1 or 1b*	
<b>NITROLINGUAL TRANSLINGUAL SOLUTION</b>	3	

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

Drug Name	Tier	Notes
<b>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL</b>	3	
<b>*ANTIANSXIETY AGENTS*</b>		
<b>*ANTIANSXIETY AGENTS - MISC.***</b>		
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	DO
buspirone hcl oral tablet 30 mg	1 or 1b*	QL
droperidol injection solution	1 or 1b*	
droperidol powder	3	
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral syrup	1 or 1b*	QL
hydroxyzine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
hydroxyzine hcl oral tablet 50 mg	1 or 1b*	QL
hydroxyzine pamoate oral capsule 100 mg	1 or 1a*	QL
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1 or 1a*	DO
hydroxyzine pamoate powder	3	
meprobamate oral tablet 200 mg	3	DO
meprobamate oral tablet 400 mg	3	QL
<b>VISTARIL ORAL CAPSULE</b>	3	DO
<b>*BENZODIAZEPINES***</b>		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE</b>	3	QL
alprazolam oral tablet	1 or 1b*	QL
alprazolam oral tablet dispersible	1 or 1b*	QL
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO

Drug Name	Tier	Notes
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL
chlordiazepoxide hcl oral capsule	1 or 1b*	QL
clorazepate dipotassium oral tablet	1 or 1b*	QL
diazepam intensol oral concentrate	1 or 1a*	QL
<b>DIAZEPAM INTRAMUSCULAR SOLUTION AUTO- INJECTOR</b>	3	
diazepam oral concentrate	1 or 1a*	QL
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL
lorazepam oral tablet	1 or 1b*	QL
oxazepam oral capsule	1 or 1b*	QL
<b>*ANTIARRHYTHMICS*</b>		
<b>*ANTIARRHYTHMICS - MISC.***</b>		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	
<b>*ANTIARRHYTHMICS TYPE I-A***</b>		
disopyramide phosphate oral capsule	1 or 1b*	
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	2	
<b>NORPACE ORAL CAPSULE</b>	3	
procainamide hcl injection solution	1 or 1b*	
procainamide hcl powder	3	
quinidine gluconate er oral tablet extended release	1 or 1b*	
quinidine sulfate 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
<b>*ANTIARRHYTHMICS TYPE I-B***</b>		
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1 or 1b*	
<b>LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION</b>	3	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1 or 1b*	
mexiletine hcl oral capsule	1 or 1b*	
<b>*ANTIARRHYTHMICS TYPE I-C***</b>		
flecainide acetate oral tablet	1 or 1b*	QL
propafenone hcl er oral capsule extended release 12 hour	1 or 1b*	
propafenone hcl oral tablet	1 or 1b*	
<b>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	3	
<b>*ANTIARRHYTHMICS TYPE III***</b>		
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL
<b>CORVERT INTRAVENOUS SOLUTION</b>	3	
dofetilide oral capsule	1 or 1b*	
ibutilide fumarate intravenous solution	1 or 1b*	
<b>MULTAQ ORAL TABLET</b>	3	QL
<b>NEXTERONE INTRAVENOUS SOLUTION</b>	3	
pacerone oral tablet 100 mg, 400 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL

Drug Name	Tier	Notes
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*ADRENERGIC COMBINATIONS***</b>		
<b>ADVAIR HFA INHALATION AEROSOL</b>	2	QL
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</b>	2	QL
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT</b>	2	QL
<b>BREZTRI AEROSPHERE INHALATION AEROSOL</b>	2	QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</b>	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55- 14 mcg/act	1 or 1b*	QL
ipratropium-albuterol inhalation solution	1 or 1b*	QL
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	2	QL
<b>SYMBICORT INHALATION AEROSOL</b>	2	QL
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>	2	QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	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
<b>*ANTI-IGE MONOCLONAL ANTIBODIES***</b>		
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTI-INFLAMMATORY AGENTS***</b>		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
cromolyn sodium powder	3	
<b>*BETA ADRENERGICS***</b>		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1 or 1b*	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1 or 1b*	QL
<b>ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%</b>	1 or 1b*	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
albuterol sulfate powder	3	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL
<b>BROVANA INHALATION NEBULIZATION SOLUTION</b>	3	QL
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL
isoproterenol hcl injection solution	1 or 1b*	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1 or 1b*	QL

Drug Name	Tier	Notes
levalbuterol tartrate inhalation aerosol	1 or 1b*	ST; QL
metaproterenol sulfate powder	3	
<b>PERFORMIST INHALATION NEBULIZATION SOLUTION</b>	3	QL
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	2	QL
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	2	QL
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</b>	3	QL
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
terbutaline sulfate powder	3	
<b>*BRONCHODILATORS - ANTICHOLINERGICS***</b>		
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	2	QL
ipratropium bromide inhalation solution	1 or 1b*	QL
ipratropium bromide powder	3	
<b>LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION</b>	3	ST; QL
<b>LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION</b>	3	ST; QL
<b>SPIRIVA HANDIHALER INHALATION CAPSULE</b>	2	QL
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</b>	2	QL
<b>YUPELRI INHALATION SOLUTION</b>	3	ST; QL

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



Drug Name	Tier	Notes
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***</b>		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; QL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***</b>		
CINQAIR INTRAVENOUS SOLUTION	3	PA; SP
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS***</b>		
ACCOLATE ORAL TABLET	3	QL
montelukast sodium oral packet	1 or 1b*	QL
montelukast sodium oral tablet	1 or 1b*	QL
montelukast sodium oral tablet chewable	1 or 1b*	QL
zafirlukast oral tablet	1 or 1b*	QL
<b>*MIXED ADRENERGICS***</b>		
asthma relief oral tablet	2	
ASTHMANEFRIN REFILL INHALATION NEBULIZATION SOLUTION	1 or 1b*	

Drug Name	Tier	Notes
BRONKAID MAX ORAL TABLET	2	
ephedrine hcl powder	3	
ephedrine sulfate powder	3	
PRIMATENE MIST INHALATION AEROSOL	2	
PRIMATENE ORAL TABLET	2	
S2 (RACEPINEPHRINE) INHALATION NEBULIZATION SOLUTION	2	
<b>*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
DALIRESP ORAL TABLET	3	PA; QL
roflumilast oral tablet	1 or 1b*	PA; QL
<b>*STEROID INHALANTS***</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
budesonide inhalation suspension	1 or 1b*	QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	QL
FLOVENT HFA INHALATION AEROSOL	2	QL
flunisolide powder	3	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	2	QL
<b>*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS***</b>		
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
<b>*XANTHINES***</b>		
aminophylline anhydrous powder	3	
aminophylline intravenous solution	1 or 1b*	

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

Drug Name	Tier	Notes
<b>ELIXOPHYLLIN ORAL ELIXIR</b>	1 or 1b*	QL
<b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	2	QL
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1 or 1b*	QL
theophylline er oral tablet extended release 24 hour	1 or 1b*	QL
theophylline oral elixir	1 or 1b*	QL
theophylline oral solution	1 or 1b*	QL
theophylline-ethylenediamine powder	3	
<b>*ANTICOAGULANTS*</b>		
<b>*COUMARIN ANTICOAGULANTS***</b>		
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
warfarin sodium powder	3	
<b>*DIRECT FACTOR XA INHIBITORS***</b>		
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</b>	2	QL
<b>ELIQUIS ORAL TABLET</b>	2	QL
<b>XARELTO ORAL SUSPENSION RECONSTITUTED</b>	2	QL
<b>XARELTO ORAL TABLET</b>	2	QL
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</b>	2	QL
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS***</b>		
bd heparin posiflush intravenous solution	1 or 1b*	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/1-%	1 or 1b*	
<b>HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%</b>	3	

Drug Name	Tier	Notes
heparin na (pork) lock flush pf intravenous solution	1 or 1b*	
<b>HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%</b>	3	
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1 or 1b*	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1 or 1b*	
<b>HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE</b>	3	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1 or 1b*	
<b>HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML</b>	3	
<b>*IN VITRO/LOCK ANTICOAGULANTS***</b>		
acd formula a in vitro solution	3	
<b>ACD-A NOCLOT-50 IN VITRO SOLUTION</b>	3	
anticoagulant sodium citrate in vitro solution	3	
<b>TRICITRASOL IN VITRO CONCENTRATE</b>	3	
<b>*LOW MOLECULAR WEIGHT HEPARINS***</b>		
enoxaparin sodium injection solution	1 or 1b*	QL
enoxaparin sodium injection solution prefilled syringe	1 or 1b*	QL
<b>ENOXILUV KIT INJECTION PREFILLED SYRINGE KIT</b>	3	

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

Drug Name	Tier	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	3	QL
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS***</b>		
ARIXTRA SUBCUTANEOUS SOLUTION	3	QL
fondaparinux sodium subcutaneous solution	1 or 1b*	QL
<b>*THROMBIN INHIBITORS - HIRUDIN TYPE***</b>		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
BIVALIRUDIN RTU INTRAVENOUS SOLUTION	3	
bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
<b>*THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE***</b>		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-%	3	
ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML	3	
<b>*ANTICONVULSANTS*</b>		
<b>*AMPA GLUTAMATE RECEPTOR ANTAGONISTS***</b>		
FYCOMPA ORAL SUSPENSION	3	QL
FYCOMPA ORAL TABLET	3	QL

Drug Name	Tier	Notes
<b>*ANTICONVULSANTS - BENZODIAZEPINES***</b>		
clobazam oral suspension	1 or 1b*	QL
clobazam oral tablet	1 or 1b*	QL
clonazepam oral tablet	1 or 1b*	QL
clonazepam oral tablet dispersible	1 or 1b*	QL
DIASTAT ACUDIAL RECTAL GEL	3	ST; QL
DIASTAT PEDIATRIC RECTAL GEL	3	ST; QL
diazepam rectal gel	1 or 1b*	ST; QL
NAYZILAM NASAL SOLUTION	3	PA; QL
SYMPAZAN ORAL FILM	3	QL
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL
<b>*ANTICONVULSANTS - MISC.***</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG	3	QL
BANZEL ORAL SUSPENSION	3	QL
BANZEL ORAL TABLET 200 MG	3	DO
BANZEL ORAL TABLET 400 MG	3	QL
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	QL
BRIVIACT ORAL TABLET	3	QL
carbamazepine er oral capsule extended release 12 hour	1 or 1b*	QL
carbamazepine er oral tablet extended release 12 hour	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
carbamazepine oral suspension	1 or 1b*	QL
carbamazepine oral tablet	1 or 1b*	QL
carbamazepine oral tablet chewable	1 or 1b*	QL
carbamazepine powder	3	
<b>DIACOMIT ORAL CAPSULE 250 MG</b>	3	PA; DO
<b>DIACOMIT ORAL CAPSULE 500 MG</b>	3	PA; QL
<b>DIACOMIT ORAL PACKET 250 MG</b>	3	PA; DO
<b>DIACOMIT ORAL PACKET 500 MG</b>	3	PA; QL
<b>ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>EPIDIOLEX ORAL SOLUTION</b>	3	PA; SP
epitol oral tablet	1 or 1b*	QL
<b>FINTEPLA ORAL SOLUTION</b>	3	PA; QL
gabapentin oral capsule	1 or 1b*	DO
gabapentin oral solution	1 or 1b*	QL
gabapentin oral tablet 600 mg, 800 mg	1 or 1b*	QL
lacosamide intravenous solution	1 or 1b*	
lacosamide oral solution	1 or 1b*	QL
lacosamide oral tablet	1 or 1b*	QL
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1 or 1b*	DO
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	1 or 1b*	QL
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1 or 1b*	QL
lamotrigine oral tablet	1 or 1b*	DO
lamotrigine oral tablet chewable	1 or 1b*	QL
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg	1 or 1b*	QL
lamotrigine oral tablet dispersible 50 mg	1 or 1b*	DO

Drug Name	Tier	Notes
lamotrigine starter kit-blue oral kit	1 or 1b*	QL
lamotrigine starter kit-green oral kit	1 or 1b*	QL
lamotrigine starter kit-orange oral kit	1 or 1b*	QL
levetiracetam er oral tablet extended release 24 hour	1 or 1b*	QL
<b>LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML</b>	3	
levetiracetam in nacl intravenous solution 250 mg/50ml	3	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL
levetiracetam oral tablet 1000 mg	1 or 1b*	QL
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	DO
oxcarbazepine oral suspension	1 or 1b*	QL
oxcarbazepine oral tablet	1 or 1b*	QL
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</b>	3	DO
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG</b>	3	QL
pregabalin oral capsule	1 or 1b*	QL
pregabalin oral solution	1 or 1b*	QL
primidone oral tablet 250 mg, 50 mg	1 or 1b*	QL
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 50 MG</b>	3	ST; QL
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG</b>	3	ST; DO
roweepra oral tablet 500 mg	1 or 1b*	DO
rufinamide oral suspension	1 or 1b*	QL
rufinamide oral tablet 200 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
rufinamide oral tablet 400 mg	1 or 1b*	QL
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE</b>	3	QL
subvenite oral tablet	1 or 1b*	DO
subvenite starter kit-blue oral kit	1 or 1b*	QL
subvenite starter kit-green oral kit	1 or 1b*	QL
subvenite starter kit-orange oral kit	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle 25 mg	1 or 1b*	DO
topiramate er oral capsule extended release 24 hour 100 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule extended release 24 hour 25 mg	1 or 1b*	DO
topiramate oral capsule sprinkle	1 or 1b*	QL
topiramate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
topiramate oral tablet 200 mg	1 or 1b*	QL
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 50 MG</b>	2	QL
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG</b>	2	DO
zonisamide oral capsule	1 or 1b*	QL
<b>ZTALMY ORAL SUSPENSION</b>	3	QL
<b>*CARBAMATES***</b>		
felbamate oral suspension	1 or 1b*	QL
felbamate oral tablet	1 or 1b*	QL
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 &amp; 150 MG</b>	3	QL
<b>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	3	QL

Drug Name	Tier	Notes
<b>XCOPRI ORAL TABLET</b>	3	QL
<b>XCOPRI ORAL TABLET THERAPY PACK</b>	3	QL
<b>*GABA MODULATORS***</b>		
tiagabine hcl oral tablet	1 or 1b*	QL
vigabatrin oral packet	1 or 1b*	LD; SP; QL
vigabatrin oral tablet	1 or 1b*	LD; SP; QL
vigadrone oral packet	1 or 1b*	LD; SP; QL
<b>*HYDANTOINS***</b>		
<b>CEREBYX INJECTION SOLUTION</b>	3	
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE</b>	3	
<b>DILANTIN ORAL CAPSULE 100 MG</b>	3	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	2	
<b>DILANTIN ORAL SUSPENSION</b>	3	
fosphenytoin sodium injection solution	1 or 1b*	
<b>PHENYTEK ORAL CAPSULE</b>	3	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
phenytoin sodium powder	3	
<b>*SUCCINIMIDES***</b>		
<b>CELONTIN ORAL CAPSULE</b>	3	QL
ethosuximide oral capsule	1 or 1b*	QL
ethosuximide oral solution	1 or 1b*	QL
<b>*VALPROIC ACID***</b>		
divalproex sodium er oral tablet extended release 24 hour	1 or 1b*	QL
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	QL

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

Drug Name	Tier	Notes
divalproex sodium oral tablet delayed release	1 or 1b*	QL
valproate sodium intravenous solution 100 mg/ml	1 or 1b*	
valproic acid oral capsule	1 or 1b*	QL
valproic acid oral solution	1 or 1b*	
<b>*ANTIDEPRESSANTS*</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***</b>		
mirtazapine oral tablet 15 mg, 7.5 mg	1 or 1b*	DO
mirtazapine oral tablet 30 mg, 45 mg	1 or 1b*	QL
mirtazapine oral tablet dispersible 15 mg	1 or 1b*	DO
mirtazapine oral tablet dispersible 30 mg, 45 mg	1 or 1b*	QL
<b>REMERON ORAL TABLET 15 MG</b>	3	DO
<b>REMERON ORAL TABLET 30 MG</b>	3	QL
<b>REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG</b>	3	DO
<b>REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG, 45 MG</b>	3	QL
<b>*ANTIDEPRESSANTS - MISC.***</b>		
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG</b>	3	ST; DO
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG</b>	3	ST; QL
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1 or 1b*	DO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1 or 1b*	QL

Drug Name	Tier	Notes
bupropion hcl oral tablet 100 mg	1 or 1b*	QL
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
<b>*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***</b>		
<b>ZULRESSO INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MONOAMINE OXIDASE INHIBITORS (MAOIS)***</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR</b>	3	QL
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR</b>	3	DO
<b>MARPLAN ORAL TABLET</b>	3	QL
<b>NARDIL ORAL TABLET</b>	3	QL
<b>PARNATE ORAL TABLET</b>	3	QL
phenelzine sulfate oral tablet	1 or 1b*	QL
tranylcypromine sulfate oral tablet	1 or 1b*	QL
<b>*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***</b>		
<b>SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK</b>	3	PA; QL
<b>SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK</b>	3	PA; QL
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***</b>		
citalopram hydrobromide oral solution	1 or 1b*	QL
citalopram hydrobromide oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram hydrobromide oral tablet 40 mg	1 or 1b*	QL

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

Drug Name	Tier	Notes
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
fluoxetine hcl oral capsule 10 mg	1 or 1b*	DO
fluoxetine hcl oral capsule 20 mg, 40 mg	1 or 1b*	QL
fluoxetine hcl oral capsule delayed release	1 or 1b*	QL
fluoxetine hcl oral solution	1 or 1b*	QL
fluoxetine hcl oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl oral tablet 20 mg	1 or 1b*	QL
<b>FLUOXETINE HCL ORAL TABLET 60 MG</b>	3	QL
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	QL
fluvoxamine maleate oral tablet 100 mg	1 or 1b*	QL
fluvoxamine maleate oral tablet 25 mg, 50 mg	1 or 1b*	DO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1 or 1b*	DO
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1 or 1b*	QL
paroxetine hcl oral suspension	1 or 1b*	ST; QL
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	QL
<b>PAXIL ORAL SUSPENSION</b>	3	ST; QL
<b>PEXEVA ORAL TABLET 10 MG, 20 MG</b>	3	ST; DO
<b>PEXEVA ORAL TABLET 30 MG</b>	3	ST; QL
sertraline hcl oral concentrate	1 or 1b*	QL
sertraline hcl oral tablet 100 mg	1 or 1b*	QL
sertraline hcl oral tablet 25 mg, 50 mg	1 or 1b*	DO

Drug Name	Tier	Notes
<b>*SEROTONIN MODULATORS***</b>		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO
nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg	1 or 1b*	QL
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1 or 1a*	DO
trazodone hcl oral tablet 300 mg	1 or 1a*	QL
trazodone hcl powder	3	
<b>TRINTELLIX ORAL TABLET 10 MG, 5 MG</b>	2	DO
<b>TRINTELLIX ORAL TABLET 20 MG</b>	2	QL
vilazodone hcl oral tablet 10 mg, 20 mg	1 or 1b*	ST; DO
vilazodone hcl oral tablet 40 mg	1 or 1b*	ST; QL
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***</b>		
<b>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG</b>	3	ST; QL
<b>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG</b>	3	ST
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
duloxetine hcl oral capsule delayed release particles	1 or 1b*	QL
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK</b>	3	ST; QL
venlafaxine hcl er oral capsule extended release 24 hour	1 or 1b*	QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	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
venlafaxine hcl oral tablet	1 or 1b*	QL
<b>*TRICYCLIC AGENTS***</b>		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1a*	DO
amitriptyline hcl oral tablet 100 mg, 150 mg	1 or 1a*	QL
amoxapine oral tablet 100 mg, 150 mg	1 or 1b*	QL
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clomipramine hcl oral capsule 25 mg	1 or 1b*	DO
clomipramine hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
desipramine hcl oral tablet 100 mg, 150 mg	1 or 1b*	QL
desipramine hcl powder	3	
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral concentrate	1 or 1b*	QL
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
imipramine hcl oral tablet 50 mg	1 or 1b*	QL
imipramine hcl powder	3	
imipramine pamoate oral capsule 100 mg, 75 mg	1 or 1b*	DO
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	3	DO
nortriptyline hcl oral capsule 10 mg, 25 mg	1 or 1b*	DO
nortriptyline hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
nortriptyline hcl oral solution	1 or 1b*	QL
nortriptyline hcl powder	3	
<b>PAMELOR ORAL CAPSULE 10 MG, 25 MG</b>	3	DO
<b>PAMELOR ORAL CAPSULE 50 MG, 75 MG</b>	3	QL
protriptyline hcl oral tablet 10 mg	1 or 1b*	QL

Drug Name	Tier	Notes
protriptyline hcl oral tablet 5 mg	1 or 1b*	DO
trimipramine maleate oral capsule	1 or 1b*	QL
trimipramine maleate powder	3	
<b>*ANTIDIABETICS*</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS***</b>		
acarbose oral tablet	1 or 1b*	QL
miglitol oral tablet	1 or 1b*	QL
<b>*ANTIDIABETIC - AMYLIN ANALOGS***</b>		
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	QL
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	QL
<b>*BIGUANIDES***</b>		
metformin hcl er oral tablet extended release 24 hour 500 mg	1 or 1b*	
metformin hcl er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL
metformin hcl oral solution	3	PA; QL
metformin hcl oral tablet 1000 mg, 500 mg	1 or 1b*	QL
metformin hcl oral tablet 850 mg	1 or 1b*	\$0; QL
<b>RIOMET ORAL SOLUTION</b>	3	PA; QL
<b>*DIABETIC OTHER - COMBINATIONS***</b>		
cvs glucose oral tablet chewable 4-6 gm-mg	2	
<b>DEX4 GLUCOSE ORAL TABLET CHEWABLE</b>	2	
<b>DEX4 NATURALS ORAL TABLET CHEWABLE</b>	2	
<b>DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG</b>	2	
<b>DEX4 POUCH PACK ORAL TABLET CHEWABLE</b>	2	
glucose instant energy oral tablet chewable	2	

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



Drug Name	Tier	Notes
glucose oral tablet chewable 4-6 gm-mg	2	
gnp glucose oral tablet chewable 4-6 gm-mg	2	
goodsense glucose oral tablet chewable 4-6 gm-mg	2	
hy-vee glucose oral tablet chewable	2	
kroger glucose oral tablet chewable	2	
leader glucose oral tablet chewable	2	
longs glucose oral tablet chewable 4-6 gm-mg	2	
meijer glucose oral tablet chewable 4-6 gm-mg	2	
preferred plus glucose oral tablet chewable	2	
px glucose oral tablet chewable	2	
ra glucose oral tablet chewable	2	
<b>RELION GLUCOSE ORAL TABLET CHEWABLE</b>	2	
sm glucose oral tablet chewable 4-6 gm-mg	2	
<b>SMART SENSE GLUCOSE ORAL TABLET CHEWABLE</b>	2	
tgt glucose oral tablet chewable 4-6 gm-mg	2	
up & up glucose oral tablet chewable	2	
value plus glucose oral tablet chewable	2	
walgreens glucose oral tablet chewable 4-6 gm-mg	2	
<b>*DIABETIC OTHER***</b>		
<b>BAQSIMI ONE PACK NASAL POWDER</b>	3	QL
<b>BAQSIMI TWO PACK NASAL POWDER</b>	3	QL
<b>BD GLUCOSE ORAL TABLET CHEWABLE</b>	2	
cvs glucose bits oral tablet chewable	2	
cvs glucose oral gel	1 or 1b*	

Drug Name	Tier	Notes
cvs glucose oral tablet chewable 4 gm	2	
cvs glucose shot oral liquid 15 gm/59ml	1 or 1b*	
cvs soft glucose oral tablet chewable	2	
<b>DEX4 GLUCOSE GO-POUCH ORAL GEL</b>	2	
<b>DEX4 GLUCOSE ORAL LIQUID</b>	2	
<b>DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE</b>	2	
diazoxide oral suspension	1 or 1b*	
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>	3	QL
<b>GLUCAGON EMERGENCY INJECTION KIT</b>	3	QL
<b>GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED</b>	3	QL
glucose oral gel 15 gm/33gm	2	
glucose oral gel 40 %	1 or 1b*	
glucose oral liquid 15 gm/59ml	1 or 1b*	
glucose oral liquid 15 gm/60ml	2	
glucose oral tablet chewable 4 gm	2	
<b>GLUCOSE SOS ORAL PACKET</b>	2	
<b>GLUTOSE 15 ORAL GEL</b>	1 or 1b*	
<b>GLUTOSE 45 ORAL GEL</b>	1 or 1b*	
<b>GLUTOSE 5 ORAL GEL</b>	1 or 1b*	
gnp glucose gummies oral tablet chewable	2	
gnp glucose oral tablet chewable 4 gm	2	
gnp quick dissolve glucose oral tablet chewable	2	
<b>GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	QL

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

Drug Name	Tier	Notes
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE KIT SUBCUTANEOUS SOLUTION	3	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
INSTA-GLUCOSE ORAL GEL 77.4 %	2	
leader quick dissolve glucose oral tablet chewable	2	
PROGLYCEM ORAL SUSPENSION	3	
RA TRUEPLUS GLUCOSE ORAL GEL	2	
RELION GLUCOSE ORAL GEL	1 or 1b*	
sm glucose oral tablet chewable 4 gm	2	
SWEET CHEEKS ORAL GEL	1 or 1b*	
TRUEPLUS GLUCOSE ON THE GO ORAL TABLET CHEWABLE 4 GM	2	
TRUEPLUS GLUCOSE ORAL GEL 15 GM/32ML	2	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	2	
value plus glucose oral gel	1 or 1b*	
walgreens glucose oral tablet chewable 4 gm	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***</b>		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL

Drug Name	Tier	Notes
JANUVIA ORAL TABLET	2	ST; QL
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***</b>		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
<b>*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES***</b>		
CYCLOSET ORAL TABLET	3	QL
<b>*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***</b>		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	1 or 1b*	ST; QL
<b>*HUMAN INSULIN***</b>		
HUMALOG INJECTION SOLUTION	2	QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL

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

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

Drug Name	Tier	Notes
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
LANTUS SUBCUTANEOUS SOLUTION	2	QL
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
LEVEMIR SUBCUTANEOUS SOLUTION	2	QL
LYUMJEV INJECTION SOLUTION	2	QL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
MYXREDLIN INTRAVENOUS SOLUTION	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
TRESIBA SUBCUTANEOUS SOLUTION	2	QL
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML	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
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	2	ST; QL
<b>OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	ST; QL
<b>RYBELSUS ORAL TABLET</b>	2	ST; QL
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	ST; QL
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	ST; QL
<b>*INSULIN-INCRETIN MIMETIC COMBINATIONS***</b>		
<b>SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	ST; QL
<b>XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	ST; QL
<b>*MEGLITINIDE ANALOGUES***</b>		
nateglinide oral tablet	1 or 1b*	QL
repaglinide oral tablet	1 or 1b*	QL
<b>*PROGESTERONE RECEPTOR ANTAGONISTS***</b>		
<b>KORLYM ORAL TABLET</b>	3	PA; QL
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***</b>		
<b>GLYXAMBI ORAL TABLET</b>	2	ST; QL
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***</b>		
<b>FARXIGA ORAL TABLET</b>	2	ST; QL
<b>JARDIANCE ORAL TABLET</b>	2	ST; QL

Drug Name	Tier	Notes
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
<b>SYNJARDY ORAL TABLET</b>	2	ST; QL
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	2	ST; QL
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	2	ST; QL
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS***</b>		
glipizide-metformin hcl oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
<b>*SULFONYLUREAS***</b>		
glimepiride oral tablet	1 or 1b*	ST; QL
glipizide er oral tablet extended release 24 hour	1 or 1a*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide powder	3	
glipizide xl oral tablet extended release 24 hour	1 or 1a*	ST; QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
glyburide powder	3	
<b>GLYNASE ORAL TABLET</b>	3	ST; QL
<b>*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS***</b>		
<b>DUETACT ORAL TABLET</b>	3	ST; QL
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL
<b>*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS***</b>		
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL
<b>*THIAZOLIDINEDIONES ***</b>		
pioglitazone hcl oral tablet	1 or 1b*	ST; QL

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

Drug Name	Tier	Notes
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS***</b>		
<b>MYTESI ORAL TABLET DELAYED RELEASE</b>	3	PA; QL
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***</b>		
4x probiotic oral tablet	2	
<b>ABATINEX ORAL CAPSULE</b>	1 or 1b*	
acidophilus extra strength oral capsule	1 or 1b*	
<b>ACIDOPHILUS HIGH-POTENCY ORAL CAPSULE</b>	2	
acidophilus lactobacillus oral capsule	1 or 1b*	
acidophilus oral capsule , 100 mg	1 or 1b*	
acidophilus oral tablet	1 or 1b*	
acidophilus oral tablet chewable	1 or 1b*	
acidophilus oral wafer	2	
<b>ACIDOPHILUS PEARLS ORAL CAPSULE</b>	2	
acidophilus probiotic blend oral capsule	2	
acidophilus probiotic blend oral tablet	2	
acidophilus probiotic formula oral tablet	1 or 1b*	
acidophilus probiotic oral capsule	1 or 1b*	
acidophilus probiotic oral tablet	1 or 1b*	
acidophilus super probiotic oral capsule	2	
acidophilus/bifidus oral tablet chewable	1 or 1b*	
acidophilus/bifidus probiotic oral wafer	2	
acidophilus/goat milk oral capsule	2	
acidophilus/l-sporogenes oral tablet	1 or 1b*	

Drug Name	Tier	Notes
acidophilus/pectin oral capsule 100 mg	1 or 1b*	
<b>ACTIPHLOA ORAL CAPSULE</b>	2	
advanced probiotic oral capsule	2	
advanced probiotic-14 oral capsule	2	
<b>ALIGN EXTRA STRENGTH ORAL CAPSULE</b>	2	
<b>ALIGN JR FOR KIDS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>ALIGN ORAL CAPSULE</b>	2	
<b>ALIGN ORAL TABLET CHEWABLE</b>	1 or 1b*	
aloe 10000 & probiotics oral capsule	2	
<b>AZO COMPLETE FEMININE BALANCE ORAL CAPSULE</b>	1 or 1b*	
<b>AZO DUAL PROTECTION ORAL CAPSULE</b>	2	
bacicap oral capsule	2	
<b>BACID ORAL CAPSULE</b>	2	
<b>BACID ORAL TABLET</b>	2	
<b>BANATROL PLUS ORAL PACKET</b>	2	
bilac oral capsule	3	
<b>BIOGAIA GASTRUS ORAL TABLET CHEWABLE</b>	2	
<b>BIOGAIA ORAL TABLET CHEWABLE</b>	2	
<b>BIOGAIA PROBIOTIC ORAL</b>	2	
<b>BIOGAIA PROBIOTIC ORAL LIQUID</b>	2	
<b>BIOGAIA PRODENTIS BABY ORAL LIQUID</b>	2	
<b>BIOGAIA PRODENTIS GUM/TEETH ORAL LOZENGE</b>	2	
<b>BIOGAIA PRODENTIS KIDS ORAL LOZENGE</b>	2	
<b>BIOGAIA PROTECTIS BABY ORAL LIQUID</b>	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
<b>BIOGAIA PROTECTIS MUM ORAL CAPSULE</b>	2	
biohm probiotic childrens oral tablet chewable	1 or 1b*	
biohm probiotic supplement oral capsule	2	
biohm probiotic/super greens oral powder	2	
biohm probiotic/vitamin c oral capsule	2	
<b>BIO-K PLUS STRONG ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>BIO-KULT INFANTIS ORAL PACKET</b>	2	
<b>BIO-KULT ORAL CAPSULE</b>	2	
biomepro oral capsule	2	
biomepro oral capsule delayed release	2	
biomepro oral liquid	2	
biotinex oral capsule	1 or 1b*	
bismatrol oral tablet chewable	1 or 1b*	
bismuth oral tablet chewable	1 or 1b*	
bismuth subgallate powder	3	
bismuth subsalicylate oral tablet chewable 262 mg	1 or 1b*	
childrens probiotic oral tablet chewable	1 or 1b*	
<b>CULTRELLE KIDS IMMUNE DEFENSE ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CULTURELLE ADVANCED REGULARITY ORAL CAPSULE</b>	2	
<b>CULTURELLE BABY HEALTHY DEV ORAL PACKET</b>	2	
<b>CULTURELLE BABY IMMUNE+DIGEST ORAL LIQUID</b>	2	
<b>CULTURELLE BABY STRONG BEGIN ORAL LIQUID</b>	2	
<b>CULTURELLE DIGESTIVE WOMENS ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
<b>CULTURELLE HEALTH &amp; WELLNESS ORAL CAPSULE</b>	1 or 1b*	
<b>CULTURELLE IMMUNE DEFENSE ORAL CAPSULE</b>	2	
<b>CULTURELLE IMMUNE DEFENSE ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CULTURELLE IMMUNITY SUPPORT ORAL CAPSULE</b>	2	
<b>CULTURELLE KID PROBIOTIC+FIBER ORAL PACKET</b>	2	
<b>CULTURELLE KID PROBIOTIC+FIBER ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CULTURELLE KIDS GROW THRIVE ORAL PACKET</b>	2	
<b>CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CULTURELLE KIDS ORAL PACKET</b>	2	
<b>CULTURELLE KIDS ORAL TABLET CHEWABLE</b>	2	
<b>CULTURELLE KIDS PURELY ORAL PACKET</b>	2	
<b>CULTURELLE KIDS PURELY ORAL TABLET CHEWABLE</b>	2	
<b>CULTURELLE METABOLISM-WEIGHT ORAL CAPSULE</b>	2	
<b>CULTURELLE ORAL CAPSULE</b>	2	
<b>CULTURELLE PRENATAL WELLNESS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CULTURELLE PRO &amp; PREBIOTIC ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CULTURELLE PROBIOTICS KIDS ORAL PACKET</b>	2	

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

Drug Name	Tier	Notes
<b>CULTURELLE PROBIOTICS KIDS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CULTURELLE PROBIOTICS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CULTURELLE PRO-WELL HEALTH ORAL CAPSULE</b>	2	
<b>CULTURELLE PRO-WELL ORAL CAPSULE</b>	2	
<b>CULTURELLE TOTAL BALANCE ORAL CAPSULE</b>	1 or 1b*	
<b>CULTURELLE WOMEN'S WELLNESS ORAL TABLET CHEWABLE</b>	1 or 1b*	
cvs acidophilus probiotic oral tablet	1 or 1b*	
cvs adult 50+ probiotic oral capsule	2	
cvs adult probiotic oral capsule	2	
cvs adv probiotic gummies oral tablet chewable	1 or 1b*	
cvs anti-diarrheal oral suspension	1 or 1b*	
cvs digestive probiotic oral capsule	2	
cvs digestive probiotic oral capsule 250 mg	1 or 1b*	
cvs everyday care probiotic oral capsule	2	
cvs mood support probiotic oral capsule	2	
cvs probiotic (lactobacillus) oral capsule	1 or 1b*	
cvs probiotic adult 50+ oral capsule	2	
cvs probiotic childrens oral tablet chewable	1 or 1b*	
cvs probiotic maximum strength oral capsule	2	
cvs probiotic oral capsule	2	
cvs probiotic oral tablet chewable	1 or 1b*	
cvs probiotic pearls ex st oral capsule	2	

Drug Name	Tier	Notes
cvs resistance formula oral capsule	2	
cvs senior probiotic oral capsule	2	
cvs stomach relief max st oral suspension	1 or 1b*	
cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	1 or 1b*	
cvs stomach relief oral tablet	1 or 1b*	
cvs stomach relief oral tablet chewable	1 or 1b*	
daily digestive probiotic oral capsule	2	
daily probiotic oral capsule	2	
daily probiotic supplement oral capsule	1 or 1b*	
<b>DEVROM ORAL CAPSULE</b>	2	
<b>DIALYVITE PROBIOTIC ORAL TABLET CHEWABLE</b>	1 or 1b*	
diarrhea oral suspension	1 or 1b*	
<b>DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL CAPSULE</b>	2	
<b>DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>DIGESTIVE ADV KID DIGST/IMMUNE ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>DIGESTIVE ADV LACTOSE SUPPORT ORAL CAPSULE</b>	2	
<b>DIGESTIVE ADV MULTI-STRAIN ORAL CAPSULE</b>	2	
<b>DIGESTIVE ADV MULTI-STRAIN ULT ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>DIGESTIVE ADV PREBIOT+PROBIOT ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>DIGESTIVE ADV+BOWEL SUPPORT ORAL CAPSULE</b>	2	

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

Drug Name	Tier	Notes
<b>DIGESTIVE ADV+GAS DEFENSE ORAL CAPSULE</b>	2	
<b>DIGESTIVE ADV+LACTOSE SUPPORT ORAL CAPSULE</b>	2	
<b>DIGESTIVE ADVANTAGE GUMMIES ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>DIGESTIVE ADVANTAGE KIDS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>DIGESTIVE ADVANTAGE ORAL CAPSULE</b>	2	
digestive health probiotic oral capsule	1 or 1b*	
digestive probiotic oral capsule	1 or 1b*	
diotame instydose oral suspension	1 or 1b*	
<b>ELACTIA BREASTFEEDING PROBIOTI ORAL CAPSULE</b>	2	
<b>ENVIVE ORAL CAPSULE</b>	2	
eq pink-bismuth oral tablet chewable	1 or 1b*	
eq probiotic oral capsule	2	
eq probiotic oral capsule delayed release	2	
eq probiotic-lactobacillus oral capsule	1 or 1b*	
eq stomach relief oral suspension	1 or 1b*	
eq 2 in 1 probiotic oral tablet	2	
eq 4x probiotic oral tablet	2	
eq daily probiotic oral capsule	2	
eq digestive probiotic oral capsule	1 or 1b*	
eq probiotic colon support oral capsule	2	
eq stomach relief oral suspension 262 mg/15ml	1 or 1b*	

Drug Name	Tier	Notes
eq stomach relief oral tablet chewable	1 or 1b*	
<b>EVIVO ORAL PACKET</b>	2	
<b>EVIVO REFILL ORAL PACKET</b>	2	
<b>EVIVO STARTER PACK ORAL PACKET</b>	2	
<b>FEM-DOPHILUS WOMENS ORAL CAPSULE</b>	2	
<b>FLORAJEN ACIDOPHILUS ORAL CAPSULE</b>	2	
<b>FLORAJEN DIGESTION ORAL CAPSULE</b>	2	
<b>FLORAJEN WOMEN ORAL CAPSULE</b>	2	
<b>FLORAJEN3 ORAL CAPSULE</b>	2	
<b>FLORAJEN4KIDS ORAL CAPSULE</b>	2	
<b>FLORANEX ORAL PACKET</b>	1 or 1b*	
<b>FLORANEX ORAL TABLET</b>	1 or 1b*	
florasave oral capsule delayed release	2	
<b>FLORASTOR BABY ORAL PACKET</b>	2	
<b>FLORASTOR KIDS ORAL PACKET</b>	2	
<b>FLORASTOR ORAL CAPSULE</b>	2	
<b>FLORASTOR SELECT GUT BOOST ORAL CAPSULE</b>	2	
<b>FLORASTOR SELECT IMMUNITY BOOS ORAL CAPSULE</b>	2	
<b>FLORATUMMYS KIDS ORAL PACKET</b>	2	
<b>FLORATUMMYS PROBIOTIC ORAL TABLET SOLUBLE</b>	2	
<b>FORTIFY 30 BILLION PROBIOT 50+ ORAL CAPSULE DELAYED RELEASE</b>	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
<b>FORTIFY 50 BILLION PROBIOT 50+ ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>FORTIFY DAILY PROBIOTIC EX ST ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>FORTIFY DAILY PROBIOTIC ORAL CAPSULE</b>	2	
<b>FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>FORTIFY PROBIOTIC WOMENS EX ST ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>FORTIFY PROBIOTIC WOMENS ORAL CAPSULE DELAYED RELEASE</b>	2	
freeze dried acidophilus oral capsule	1 or 1b*	
<b>GERBER GENTLE PROBIOTIC ORAL LIQUID</b>	2	
<b>GERBER SOOTHE COLIC ORAL LIQUID</b>	2	
<b>GERBER SOOTHE PROBIOTIC COLIC ORAL LIQUID</b>	2	
gnp acidophilus high potency oral capsule	2	
gnp pink bismuth oral tablet	1 or 1b*	
gnp pink bismuth oral tablet chewable	1 or 1b*	
gnp probiotic colon support oral capsule	2	
gnp stomach relief oral suspension 525 mg/30ml	1 or 1b*	
<b>GOOD START KIDS PROBIOTIC ORAL TABLET CHEWABLE</b>	2	
<b>GOOD START TODDLER PROBIOTIC ORAL PACKET</b>	2	
<b>GOODSENSE 4X PROBIOTIC ORAL TABLET DELAYED RELEASE</b>	2	

Drug Name	Tier	Notes
goodsense stomach relief oral suspension	1 or 1b*	
high potency probiotic oral capsule	2	
hm probiotic digestive health oral capsule	1 or 1b*	
hm stomach relief oral suspension 525 mg/30ml	1 or 1b*	
hm stomach relief ultra oral suspension	1 or 1b*	
ideal bowel support oral capsule	2	
<b>JARRO-DOPHILUS BABY PRO+PRE ORAL POWDER</b>	2	
<b>JARRO-DOPHILUS EPS ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>JARRO-DOPHILUS EPS PROBIOTIC ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>JARRO-DOPHILUS HYPOALLERGENIC ORAL CAPSULE</b>	2	
<b>JARRO-DOPHILUS PROBIOT+PRE+FOS ORAL CAPSULE</b>	2	
<b>JARRO-DOPHILUS VAGINAL PROBIOT ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION</b>	1 or 1b*	
<b>KAOPECTATE ORAL SUSPENSION</b>	1 or 1b*	
<b>KAOPECTATE ORAL TABLET</b>	1 or 1b*	
<b>KIJIMEA IBS ORAL CAPSULE</b>	2	
<b>LACTINEX ORAL PACKET</b>	2	
lactobacillus extra strength oral capsule	1 or 1b*	
lactobacillus oral packet	1 or 1b*	
lactobacillus oral tablet , 0.05-0.05 mg	1 or 1b*	
lactobacillus probiotic oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
lacto-pectin oral capsule	2	
medi-bismuth oral tablet chewable	1 or 1b*	
mega probiotic oral capsule	2	
<b>META BIOTIC/BIO-ACTIVE 12 ORAL CAPSULE</b>	2	
<b>MOMMY'S BLISS PROBIOTIC 15 DAY ORAL LIQUID</b>	2	
<b>MOMMY'S BLISS PROBIOTIC DROPS ORAL LIQUID</b>	2	
<b>MOMMY'S BLISS PROBIOTIC ORAL PACKET</b>	2	
more-dophilus acidophilus oral powder	2	
<b>MVW COMPLETE PROBIOTIC ORAL CAPSULE DELAYED RELEASE</b>	2	
natrul probiotic oral capsule	2	
newflora probiotic oral capsule	2	
<b>NEXABIOTIC ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>OMNI-BIOTIC AB 10 DISCHARGE ORAL KIT</b>	2	
<b>OMNI-BIOTIC AB 10 ORAL PACKET</b>	2	
<b>OMNI-BIOTIC HETOX ORAL PACKET</b>	2	
<b>OMNI-BIOTIC PANDA ORAL PACKET</b>	2	
<b>PEARLS IC ORAL CAPSULE</b>	2	
<b>PEDIA-LAX PROBIOTIC YUMS ORAL TABLET CHEWABLE</b>	2	
<b>PEPTO-BISMOL MAX STRENGTH ORAL SUSPENSION</b>	2	
<b>PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML</b>	2	
<b>PEPTO-BISMOL ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>PEPTO-BISMOL ORAL TABLET CHEWABLE</b>	2	
<b>PEPTO-BISMOL TO-GO ORAL TABLET CHEWABLE</b>	2	
<b>PHILLIPS COLON HEALTH ORAL CAPSULE</b>	2	
pink bismuth maximum strength oral suspension	1 or 1b*	
pink bismuth oral suspension 262 mg/15ml	1 or 1b*	
preorbic oral capsule	2	
<b>PRIMADOPHILUS BIFIDUS ORAL CAPSULE DELAYED RELEASE</b>	2	
primadophilus oral capsule	1 or 1b*	
<b>PRIMIDAR ORAL CAPSULE</b>	2	
<b>PRO NUTRIENTS PROBIOTIC ORAL PACKET</b>	2	
<b>PROBIATA ORAL TABLET</b>	1 or 1b*	
<b>PROBIO DEFENSE ORAL CAPSULE</b>	2	
<b>PROBIOMAX 350 DF ORAL PACKET</b>	2	
<b>PROBIOMAX COMPLETE DF ORAL CAPSULE</b>	2	
probiomax daily df oral capsule	2	
<b>PROBIOMAX IG 26 DF ORAL CAPSULE</b>	2	
<b>PROBIOMAX LEAN DF ORAL CAPSULE</b>	2	
<b>PROBIOMAX PLUS DF ORAL PACKET</b>	2	
<b>PROBIOMAX SB DF ORAL CAPSULE</b>	2	
probiotic & acidophilus ex st oral capsule	2	
probiotic (lactobacillus) oral capsule	1 or 1b*	
probiotic + omega-3 oral capsule	2	
probiotic + turmeric extract oral capsule	2	

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

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Drug Name	Tier	Notes
probiotic acidophilus oral capsule	1 or 1b*	
probiotic acidophilus oral tablet chewable	1 or 1b*	
probiotic blend oral capsule	2	
probiotic childrens oral packet	1 or 1b*	
probiotic childrens oral tablet chewable	1 or 1b*	
probiotic chocolate bears oral tablet chewable	1 or 1b*	
probiotic colic oral liquid	2	
probiotic colon support oral capsule	2	
probiotic daily oral capsule	2	
probiotic digestive sup-inulin oral capsule	2	
probiotic digestive supp oral capsule	2	
probiotic gold extra strength oral capsule	1 or 1b*	
probiotic gummies oral tablet chewable	1 or 1b*	
probiotic mature adult oral capsule	2	
probiotic multi-enzyme oral tablet	2	
probiotic oral capsule 250 mg	1 or 1b*	
probiotic oral packet	2	
probiotic oral tablet chewable	1 or 1b*	
probiotic oral tablet delayed release	2	
<b>PROBIOTIC PEARLS ADVANTAGE ORAL CAPSULE</b>	2	
<b>PROBIOTIC PEARLS MAX POTENCY ORAL CAPSULE</b>	2	
<b>PROBIOTIC PEARLS ORAL CAPSULE</b>	2	
<b>PROBIOTIC PEARLS WOMENS ORAL CAPSULE</b>	2	
probiotic product oral capsule	2	
probiotic product oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
probiotic/prebiotic/cranberry oral capsule	2	
<b>PROBIOTIC-10 ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>PROBIOTIC-10 ULTIMATE ORAL CAPSULE</b>	2	
<b>PROBITROL ORAL CAPSULE</b>	2	
probizen oral capsule	2	
<b>PRO-FLORA IMMUNE ORAL CAPSULE</b>	2	
<b>PROMEROL ORAL CAPSULE</b>	2	
<b>PROVELLA ORAL TABLET</b>	2	
px stomach relief max st oral suspension	1 or 1b*	
px stomach relief oral suspension	1 or 1b*	
px stomach relief oral tablet chewable	1 or 1b*	
qc diarrhea relief oral suspension	1 or 1b*	
qc pink bismuth oral suspension	1 or 1b*	
qc pink bismuth oral tablet	1 or 1b*	
qc stomach relief oral suspension	1 or 1b*	
qc stomach relief oral tablet	1 or 1b*	
qc stomach relief oral tablet chewable	1 or 1b*	
qc stomach relief ultra oral suspension	1 or 1b*	
quad-probiotic oral capsule	2	
ra digestive health oral capsule	1 or 1b*	
ra probiotic acidophilus oral capsule	1 or 1b*	
ra probiotic colon care oral capsule	2	
ra probiotic complex oral capsule	2	
ra probiotic digestive support oral capsule	2	
ra probiotic gummies oral tablet chewable	1 or 1b*	
ra probiotic max strength oral capsule	2	

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

Drug Name	Tier	Notes
ra stomach relief oral suspension	1 or 1b*	
<b>RE:IIMMUNE ORAL PACKET</b>	2	
rejuvaflor oral capsule	2	
<b>REPHRESH PRO-B ORAL CAPSULE</b>	2	
<b>RESTORA ORAL CAPSULE</b>	2	
restore oral packet	2	
<b>RISA-BID PROBIOTIC ORAL TABLET</b>	2	
<b>RISAQUAD ORAL CAPSULE</b>	2	
<b>RISAQUAD-2 ORAL CAPSULE</b>	2	
s. boulardii pro + prebiotic oral capsule delayed release	2	
saccharomyces boulardii oral capsule	1 or 1b*	
<b>SACCHAROMYCIN DF ORAL CAPSULE</b>	1 or 1b*	
sb bismuth oral tablet	1 or 1b*	
sd probiotic-10 complex ultra oral capsule	2	
<b>SIMILAC PROBIOTIC TRI-BLEND ORAL PACKET</b>	2	
sm 4x probiotic oral tablet	2	
sm acidophilus oral capsule	2	
sm acidophilus oral capsule 10 mg	1 or 1b*	
sm advanced probiotic oral capsule	2	
sm probiotic oral capsule	1 or 1b*	
sm stomach relief oral suspension 262 mg/15ml, 525 mg/30ml	1 or 1b*	
sm stomach relief oral tablet	1 or 1b*	
sm stomach relief oral tablet chewable	1 or 1b*	
<b>SMARTY PANTS KIDS PROBIOTIC ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION</b>	1 or 1b*	
<b>SOOTHE ORAL SUSPENSION</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>SOOTHE ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>STABLEGI ORAL CAPSULE</b>	1 or 1b*	
stomach relief extra strength oral suspension	1 or 1b*	
stomach relief oral suspension 525 mg/15ml, 525 mg/30ml, 527 mg/30ml	1 or 1b*	
stomach relief oral tablet	1 or 1b*	
stomach relief oral tablet chewable	1 or 1b*	
stomach relief plus oral suspension	1 or 1b*	
stomach relief ultra oral suspension	1 or 1b*	
super probiotic digestive oral capsule	2	
super probiotic oral capsule	2	
superior probiotic oral capsule	2	
triple probiotic oral tablet	2	
<b>TRUBIOTICS BABY ORAL LIQUID</b>	2	
<b>TRUBIOTICS DIGEST + IMM HEALTH ORAL CAPSULE</b>	2	
<b>TRUBIOTICS DIGEST + IMM HEALTH ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>TRUBIOTICS KIDS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>TRUBIOTICS ORAL CAPSULE</b>	2	
<b>ULTRAFLOA IMMUNE HEALTH ORAL CAPSULE</b>	2	
<b>UP4 PROBIOTICS ADULT ORAL CAPSULE</b>	2	
<b>UP4 PROBIOTICS KIDS CUBES ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>UP4 PROBIOTICS KIDS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>UP4 PROBIOTICS MENS ORAL CAPSULE</b>	2	

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

Drug Name	Tier	Notes
UP4 PROBIOTICS MIND & BODY ORAL TABLET CHEWABLE	1 or 1b*	
UP4 PROBIOTICS ORAL TABLET CHEWABLE	1 or 1b*	
UP4 PROBIOTICS ULTRA ORAL CAPSULE	2	
UP4 PROBIOTICS WOMENS ORAL CAPSULE	2	
UPSPRING DUAL PRENATAL IMMUN ORAL CAPSULE	1 or 1b*	
VH ESSENTIALS OPTIBALANCE ORAL CAPSULE	2	
VISBIOME HIGH POTENCY ORAL CAPSULE	2	
VISBIOME HIGH POTENCY ORAL PACKET	2	
VSL#3 JUNIOR ORAL PACKET	2	
VSL#3 ORAL CAPSULE	2	
VSL#3 ORAL PACKET	2	
YUM-YUM DOPHILUS PROBIOTIC ORAL TABLET CHEWABLE	1 or 1b*	
<b>*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS***</b>		
acidophilus/citrus pectin oral tablet	2	
acidophilus/pectin oral capsule	1 or 1b*	
ALIGN PREBIOTIC-PROBIOTIC ORAL TABLET CHEWABLE	2	
BENEFIBER PREBIOTIC+PROBIOTIC ORAL TABLET CHEWABLE	2	
BIOGAIA IMMUNE ACTIVE BABY ORAL LIQUID	2	
BIOGAIA OSFORTIS ORAL CAPSULE	2	
BIOGAIA PROTECTIS BABY/VIT D ORAL LIQUID	2	

Drug Name	Tier	Notes
BIOGAIA PROTECTIS IMMUNE ACTIV ORAL CAPSULE	2	
BIOGAIA PROTECTIS IMMUNE ACTIV ORAL TABLET CHEWABLE	2	
CULTURELLE ADULT ULT BALANCE ORAL CAPSULE	2	
CULTURELLE BABY CALM COMFORT ORAL LIQUID	2	
CULTURELLE DIGESTIVE DAILY ORAL CAPSULE	2	
CULTURELLE DIGESTIVE DAILY PRO ORAL CAPSULE	2	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE	2	
CULTURELLE DIGESTIVE HEALTH ORAL TABLET CHEWABLE	2	
CULTURELLE HEALTH (INULIN) ORAL CAPSULE	2	
CULTURELLE ULTIMATE STRENGTH ORAL CAPSULE	2	
eql probiotic acidophilus oral capsule	1 or 1b*	
EVIVO ORAL LIQUID	2	
GERBER SOOTHE VIT D PROBIOTIC ORAL LIQUID	2	
KALA ORAL TABLET	2	
MOMMY'S BLISS PROBIOTIC DROP+D ORAL LIQUID	2	
prebiotic inulin-fos oral powder	2	
probiotic digestive support oral capsule	2	
probiotic formula oral capsule 1-250 billion-mg	1 or 1b*	
probiotic oral capsule 1-250 billion-mg	1 or 1b*	
probiotic-prebiotic 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
<b>VIACTIV DIGESTIVE HEALTH ORAL TABLET CHEWABLE</b>	2	
<b>*ANTIPERISTALTIC AGENTS***</b>		
anti-diarrheal oral capsule	1 or 1b*	
anti-diarrheal oral liquid 1 mg/7.5ml	1 or 1b*	
anti-diarrheal oral tablet	1 or 1b*	
cvs anti-diarrheal oral capsule	1 or 1b*	
cvs anti-diarrheal oral tablet	1 or 1b*	
diamode oral tablet	1 or 1b*	
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1 or 1b*	
eq anti-diarrheal oral capsule	1 or 1b*	
eq anti-diarrheal oral tablet	1 or 1b*	
eql anti-diarrheal oral tablet	1 or 1b*	
gnp anti-diarrheal oral capsule	1 or 1b*	
gnp anti-diarrheal oral tablet	1 or 1b*	
gnp loperamide hcl oral liquid	1 or 1b*	
goodsense anti-diarrheal oral liquid	1 or 1b*	
hm anti-diarrheal oral liquid	1 or 1b*	
<b>IMODIUM A-D ORAL CAPSULE</b>	2	
<b>IMODIUM A-D ORAL LIQUID</b>	2	
<b>IMODIUM A-D ORAL TABLET</b>	2	
<b>LOMOTIL ORAL TABLET</b>	3	
loperamide hcl oral capsule	1 or 1b*	QL
loperamide hcl oral liquid 1 mg/7.5ml	1 or 1b*	
loperamide hcl oral solution 1 mg/7.5ml	1 or 1b*	
loperamide hcl oral suspension	1 or 1b*	
loperamide hcl oral tablet	1 or 1b*	
loperamide hcl powder	3	
meijer anti-diarrheal oral tablet	1 or 1b*	

Drug Name	Tier	Notes
<b>MOTOFEN ORAL TABLET</b>	3	
px anti-diarrheal oral tablet	1 or 1b*	
qc anti-diarrheal oral capsule	1 or 1b*	
qc anti-diarrheal oral tablet	1 or 1b*	
ra anti-diarrheal oral tablet	1 or 1b*	
sb anti-diarrhea oral tablet	1 or 1b*	
sm anti-diarrheal oral capsule	1 or 1b*	
sm anti-diarrheal oral liquid 1 mg/7.5ml	1 or 1b*	
sm anti-diarrheal oral tablet	1 or 1b*	
<b>*DIARRHEA COMBINATIONS - OPIATES***</b>		
gnp anti-diarrheal/anti-gas oral tablet	1 or 1b*	
goodsense anti-diarr/ant-gas oral tablet	1 or 1b*	
hm anti-diarrheal anti-gas oral tablet	1 or 1b*	
<b>IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET</b>	2	
loperamide-simethicone oral tablet	1 or 1b*	
<b>*GASTROINTESTINAL ADSORBENTS***</b>		
kaolin powder	3	
pectin powder	3	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*ANTIDOTE COMBINATIONS***</b>		
<b>DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR</b>	3	
<b>NITHIODOLE INTRAVENOUS KIT 300MG/10ML&amp;12.5 GM/50ML</b>	3	
<b>*ANTIDOTES - CHELATING AGENTS***</b>		
<b>CHEMET ORAL CAPSULE</b>	3	
deferasirox granules oral packet	1 or 1b*	PA; SP

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

Drug Name	Tier	Notes
deferasirox oral packet	1 or 1b*	PA; SP
deferasirox oral tablet	1 or 1b*	PA; SP
deferasirox oral tablet soluble	1 or 1b*	PA; SP
deferiprone oral tablet	1 or 1b*	PA
<b>FERRIPROX ORAL SOLUTION</b>	3	PA
<b>FERRIPROX TWICE-A-DAY ORAL TABLET</b>	3	PA
<b>PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION</b>	3	
<b>PENTETATE ZINC TRISODIUM COMBINATION SOLUTION</b>	3	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS***</b>		
<b>ACETADOTE INTRAVENOUS SOLUTION</b>	3	
acetylcysteine intravenous solution	1 or 1b*	
<b>ACTIDOSE WITH SORBITOL ORAL SUSPENSION</b>	1 or 1b*	
<b>ACTIDOSE-AQUA ORAL LIQUID</b>	1 or 1b*	
activated vegetable charcoal oral capsule	1 or 1b*	
<b>ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG</b>	3	
<b>BRIDION INTRAVENOUS SOLUTION</b>	3	
charcoal activated oral capsule 260 mg	1 or 1b*	
charcoal activated oral capsule 280 mg	2	
charcoal activated oral suspension reconstituted	2	
charcoal activated powder	2	
charcoal powder	2	
<b>CHARCOCAPS ORAL CAPSULE</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>CHAR-FLO WITH SORBITOL ORAL SUSPENSION</b>	1 or 1b*	
<b>CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM</b>	3	
deferoxamine mesylate injection solution reconstituted	1 or 1b*	SP
<b>DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG</b>	3	SP
<b>DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
edetate calcium disodium powder	3	
<b>EZ CHAR ORAL SUSPENSION RECONSTITUTED 25 GM</b>	2	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
<b>IOSAT ORAL TABLET</b>	2	
<b>KERR INSTA-CHAR IN SORBITOL ORAL SUSPENSION</b>	1 or 1b*	
<b>KERR INSTA-CHAR ORAL LIQUID</b>	1 or 1b*	
methylene blue intravenous solution	1 or 1b*	
potassium iodide (antidote) oral solution	2	
<b>PRAXBIND INTRAVENOUS SOLUTION</b>	3	
<b>PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>PROVAYBLUE INTRAVENOUS SOLUTION</b>	3	
<b>RADIOGARDASE ORAL CAPSULE</b>	3	
<b>REQUA ACTIVATED CHARCOAL ORAL CAPSULE</b>	1 or 1b*	
sm ipecac syrup oral syrup	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
<b>SODIUM NITRITE INTRAVENOUS SOLUTION</b>	3	
<b>SODIUM THIOSULFATE INTRAVENOUS SOLUTION 250 MG/ML</b>	1 or 1b*	
<b>VISTOGARD ORAL PACKET</b>	3	PA; QL
<b>*BENZODIAZEPINE ANTAGONISTS***</b>		
flumazenil intravenous solution	1 or 1b*	
<b>*OPIOID ANTAGONISTS***</b>		
<b>KLOXXADO NASAL LIQUID</b>	2	QL
nalmefene hcl injection solution	3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	QL
naloxone hcl injection solution cartridge	1 or 1b*	QL
naloxone hcl injection solution prefilled syringe	1 or 1b*	QL
naloxone hcl nasal liquid	1 or 1b*	QL
naltrexone hcl oral tablet	1 or 1b*	
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	SP; QL
<b>ZIMHI INJECTION SOLUTION PREFILLED SYRINGE</b>	2	QL
<b>*TOPICAL ANTIDOTES***</b>		
<b>CALGONATE EXTERNAL GEL</b>	2	
<b>*ANTIEMETICS*</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS***</b>		
<b>ANZEMET ORAL TABLET 50 MG</b>	3	QL
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1 or 1b*	
granisetron hcl oral tablet	1 or 1b*	QL
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	1 or 1b*	

Drug Name	Tier	Notes
ondansetron hcl injection solution prefilled syringe	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL
ondansetron hcl oral tablet	1 or 1b*	QL
ondansetron oral tablet dispersible	1 or 1b*	QL
<b>PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML</b>	3	PA
palonosetron hcl intravenous solution 0.25 mg/5ml	1 or 1b*	PA
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	PA
<b>SANCUSO TRANSDERMAL PATCH</b>	3	QL
<b>SUSTOL SUBCUTANEOUS PREFILLED SYRINGE</b>	3	
<b>*ANTIEMETIC COMBINATIONS***</b>		
<b>AKYNZEO INTRAVENOUS SOLUTION</b>	3	PA; QL
<b>AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; QL
<b>AKYNZEO ORAL CAPSULE</b>	3	QL
anti-nausea oral solution	1 or 1b*	
<b>BONJESTA ORAL TABLET EXTENDED RELEASE</b>	3	PA; QL
cvs nausea relief oral solution	1 or 1b*	
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
<b>EMETROL ORAL SOLUTION</b>	2	
eql anti-nausea oral solution	1 or 1b*	
gnp nausea relief oral solution	1 or 1b*	
goodsense nausea relief oral solution	1 or 1b*	
nausea control oral solution	1 or 1b*	
nausea relief oral solution	1 or 1b*	
ra anti-nausea oral solution	1 or 1b*	
sb anti-nausea 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
<b>*ANTIEMETICS - ANTICHOLINERGIC***</b>		
<b>ANTIVERT ORAL TABLET 50 MG</b>	3	
<b>ANTIVERT ORAL TABLET CHEWABLE</b>	3	
<b>BONINE ORAL TABLET CHEWABLE</b>	1 or 1a*	
cvs motion sickness ii oral tablet	1 or 1a*	
cvs motion sickness less drows oral tablet	1 or 1a*	
cvs motion sickness oral tablet	1 or 1b*	
cvs motion sickness relief oral tablet chewable	1 or 1a*	
<b>DIMENHYDRINATE INJECTION SOLUTION</b>	3	
<b>DRAMAMINE LESS DROWSY ORAL TABLET</b>	1 or 1a*	
<b>DRAMAMINE MOTION SICKNESS KIDS ORAL TABLET CHEWABLE</b>	2	
<b>DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE</b>	1 or 1a*	
<b>DRAMAMINE ORAL TABLET 25 MG</b>	1 or 1a*	
<b>DRAMAMINE ORAL TABLET 50 MG</b>	2	
<b>DRAMAMINE ORAL TABLET CHEWABLE</b>	2	
<b>DRIMINATE ORAL TABLET</b>	1 or 1b*	
eq motion sickness relief oral tablet 50 mg	1 or 1b*	
eq1 motion sickness relief oral tablet	1 or 1a*	
gnp motion sickness relief oral tablet 25 mg	1 or 1a*	
gnp motion sickness relief oral tablet 50 mg	1 or 1b*	
hm motion sickness oral tablet	1 or 1b*	
meclizine hcl oral tablet 12.5 mg, 25 mg	1 or 1a*	
meclizine hcl oral tablet chewable	1 or 1a*	

Drug Name	Tier	Notes
meclizine hcl powder	3	
motion sickness relief oral tablet 25 mg	1 or 1a*	
motion sickness relief oral tablet 50 mg	1 or 1b*	
motion sickness relief oral tablet chewable	1 or 1a*	
motion-time oral tablet chewable	1 or 1a*	
qc motion sickness relief oral tablet	1 or 1b*	
qc travel ease oral tablet chewable	1 or 1a*	
ra motion sickness relief oral tablet 50 mg	1 or 1b*	
ra motion sickness relief oral tablet chewable	1 or 1a*	
sb motion sickness oral tablet	1 or 1b*	
scopolamine transdermal patch 72 hour	1 or 1b*	
sm motion sickness oral tablet 25 mg	1 or 1a*	
sm motion sickness oral tablet 50 mg	1 or 1b*	
<b>TIGAN INTRAMUSCULAR SOLUTION</b>	3	
travel-ease oral tablet 25 mg	1 or 1a*	
trav-tabs oral tablet	1 or 1b*	
trimethobenzamide hcl oral capsule	1 or 1b*	
<b>WAL-DRAM ORAL TABLET</b>	1 or 1b*	
<b>*ANTIEMETICS - ANTIDOPAMINERGIC**</b>		
*		
<b>BARHEMSYS INTRAVENOUS SOLUTION</b>	3	
<b>*ANTIEMETICS - MISCELLANEOUS***</b>		
dronabinol oral capsule	1 or 1b*	QL
<b>MARINOL ORAL CAPSULE 2.5 MG</b>	3	QL
<b>SYNDROS ORAL SOLUTION</b>	3	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
<b>*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***</b>		
aprepitant oral	1 or 1b*	QL
aprepitant oral capsule	1 or 1b*	QL
<b>CINVANTI INTRAVENOUS EMULSION</b>	3	PA; QL
<b>EMEND ORAL SUSPENSION RECONSTITUTED</b>	3	QL
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	PA; QL
<b>VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK</b>	3	QL
<b>*ANTIFUNGALS*</b>		
<b>*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)***</b>		
<b>CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	QL
<b>CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	QL
<b>ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	3	
<b>*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)***</b>		
<b>BREXAFEMME ORAL TABLET</b>	3	PA; QL

Drug Name	Tier	Notes
<b>*ANTIFUNGALS***</b>		
<b>ABELCET INTRAVENOUS SUSPENSION</b>	3	
<b>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED</b>	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
amphotericin b liposome intravenous suspension reconstituted	1 or 1b*	
<b>ANCOBON ORAL CAPSULE</b>	3	PA
flucytosine oral capsule	1 or 1b*	PA
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	QL
<b>*IMIDAZOLES***</b>		
ketoconazole oral tablet	1 or 1b*	QL
miconazole powder	3	
<b>*TETRAZOLES***</b>		
<b>VIVJOA ORAL CAPSULE THERAPY PACK</b>	3	PA; QL
<b>*TRIAZOLES***</b>		
<b>CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; QL
<b>CRESEMBA ORAL CAPSULE</b>	3	PA; QL
<b>DIFLUCAN ORAL SUSPENSION RECONSTITUTED</b>	3	QL
<b>DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG</b>	3	QL
<b>FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%</b>	3	

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

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Drug Name	Tier	Notes
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*	
fluconazole oral suspension reconstituted	1 or 1b*	QL
fluconazole oral tablet	1 or 1b*	QL
itraconazole oral capsule	1 or 1b*	PA; QL
itraconazole oral solution	1 or 1b*	PA; QL
<b>NOXAFIL INTRAVENOUS SOLUTION</b>	3	
<b>NOXAFIL ORAL PACKET</b>	3	PA; QL
<b>NOXAFIL ORAL SUSPENSION</b>	3	PA; QL
posaconazole oral tablet delayed release	1 or 1b*	PA; QL
<b>SPORANOX ORAL CAPSULE</b>	3	PA; QL
<b>SPORANOX ORAL SOLUTION</b>	3	PA; QL
<b>TOLSURA ORAL CAPSULE</b>	3	PA; QL
<b>VFEND ORAL SUSPENSION RECONSTITUTED</b>	3	PA; QL
<b>VFEND ORAL TABLET</b>	3	PA; QL
voriconazole intravenous solution reconstituted	1 or 1b*	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
<b>*ANTIHISTAMINES*</b>		
<b>*ANTIHISTAMINES - ALKYLAMINES***</b>		
<b>ALA-HIST IR ORAL TABLET</b>	2	
aller-chlor oral tablet	1 or 1b*	
allergy oral tablet 4 mg	1 or 1b*	
allergy relief oral tablet 4 mg	1 or 1b*	
brompheniramine maleate powder	3	
chlorhist oral tablet	1 or 1b*	
chlorpheniramine maleate er oral tablet extended release	1 or 1b*	
chlorpheniramine maleate oral tablet	1 or 1b*	

Drug Name	Tier	Notes
chlorpheniramine maleate powder	3	
<b>CHLOR-TRIMETON ALLERGY ORAL TABLET EXTENDED RELEASE</b>	2	
<b>CHLOR-TRIMETON ORAL SYRUP</b>	2	
<b>CHLOR-TRIMETON ORAL TABLET</b>	2	
cvs allergy relief oral tablet extended release	1 or 1b*	
<b>DIABETIC TUSSIN ALLERGY ORAL SYRUP</b>	1 or 1b*	
ed chlorped jr oral syrup	1 or 1b*	
eq chlortabs oral tablet	1 or 1b*	
eql allergy oral tablet 4 mg	1 or 1b*	
gnp allergy relief oral tablet 4 mg	1 or 1b*	
<b>HISTEX ORAL SYRUP</b>	2	
<b>HISTEX PD ORAL LIQUID</b>	2	
<b>HISTEX PDX ORAL LIQUID</b>	2	
hm allergy relief oral tablet 4 mg	1 or 1b*	
<b>PEDIACLEAR PD CHILDRENS ORAL LIQUID</b>	2	
<b>PEDIAVENT ORAL SYRUP</b>	2	
pharbechlor oral tablet	1 or 1b*	
qc allergy relief oral tablet 4 mg	1 or 1b*	
qc chlor-pheniramine oral tablet	1 or 1b*	
ra allergy relief oral tablet 4 mg	1 or 1b*	
ra chlorpheniramine maleate oral tablet	1 or 1b*	
ryclora oral solution	1 or 1b*	
sb chlorpheniramine oral tablet	1 or 1b*	
sm allergy 4 hour oral tablet	1 or 1b*	
triprolidine hcl oral liquid 0.938 mg/ml	1 or 1b*	
<b>WAL-FINATE ORAL TABLET</b>	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
<b>*ANTIHISTAMINES - ETHANOLAMINES***</b>		
aler-cap oral capsule	1 or 1a*	
alertab oral tablet	1 or 1a*	
<b>ALKA-SELTZER PLUS ALLERGY ORAL TABLET</b>	1 or 1a*	
allergy childrens oral liquid	1 or 1a*	
allergy relief childrens oral liquid	1 or 1a*	
allergy relief childrens oral tablet dispersible 12.5 mg	1 or 1a*	
allergy relief oral capsule 25 mg	1 or 1a*	
allergy relief oral liquid	1 or 1a*	
allergy relief oral tablet 25 mg	1 or 1a*	
allergy relief oral tablet chewable	1 or 1b*	
anti-hist allergy oral tablet	1 or 1a*	
<b>BANOPHEN ORAL CAPSULE</b>	1 or 1a*	
<b>BANOPHEN ORAL TABLET</b>	1 or 1a*	
<b>BENADRYL ALLERGY CHILDRENS ORAL LIQUID</b>	2	
<b>BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE</b>	2	
<b>BENADRYL ALLERGY EXTRA STR ORAL TABLET</b>	2	
<b>BENADRYL ALLERGY ORAL CAPSULE</b>	2	
<b>BENADRYL ALLERGY ORAL TABLET</b>	2	
<b>BENADRYL ALLERGY ULTRATABS ORAL TABLET</b>	2	
carbinoxamine maleate oral solution	1 or 1b*	
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	
<b>CLEMASTINE FUMARATE ORAL SYRUP</b>	3	QL
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	QL

Drug Name	Tier	Notes
clemastine fumarate powder	3	
complete allergy medicine oral capsule	1 or 1a*	
complete allergy medicine oral tablet	1 or 1a*	
complete allergy relief oral tablet	1 or 1a*	
cvs allergy oral capsule	1 or 1a*	
cvs allergy relief adult oral liquid	1 or 1a*	
cvs allergy relief childrens oral liquid	1 or 1a*	
cvs allergy relief childrens oral tablet chewable 12.5 mg	1 or 1a*	
cvs allergy relief childrens oral tablet dispersible	1 or 1a*	
cvs allergy relief oral capsule 25 mg	1 or 1a*	
cvs allergy relief oral liquid	1 or 1a*	
cvs allergy relief oral tablet 25 mg	1 or 1a*	
cvs allergy relief oral tablet chewable	1 or 1b*	
cvs childrens allergy oral liquid	1 or 1a*	
<b>DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET</b>	1 or 1b*	
diphen oral tablet	1 or 1a*	
diphenhydramine hcl childrens oral liquid	1 or 1a*	
diphenhydramine hcl injection solution	1 or 1b*	
diphenhydramine hcl oral capsule	1 or 1a*	
diphenhydramine hcl oral elixir	1 or 1a*	QL
diphenhydramine hcl oral liquid 12.5 mg/5ml	1 or 1a*	
diphenhydramine hcl oral tablet 25 mg	1 or 1a*	
diphenhydramine hcl oral tablet chewable	1 or 1a*	
diphenhydramine hcl powder	3	
doxylamine succinate powder	3	
eq allergy relief childrens oral liquid	1 or 1a*	

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

Drug Name	Tier	Notes
eq allergy relief oral capsule	1 or 1a*	
eq allergy relief oral tablet 25 mg	1 or 1a*	
eql allergy oral tablet 25 mg	1 or 1a*	
eql allergy relief childrens oral tablet dispersible	1 or 1a*	
eql allergy relief oral tablet 25 mg	1 or 1a*	
eql childrens allergy oral liquid	1 or 1a*	
geri-dryl oral liquid	1 or 1a*	
geri-dryl oral tablet	1 or 1a*	
gnp allergy oral capsule	1 or 1a*	
gnp allergy oral tablet 25 mg	1 or 1a*	
gnp allergy relief max st oral liquid	1 or 1a*	
gnp allergy relief oral capsule	1 or 1a*	
gnp allergy relief oral tablet 25 mg	1 or 1a*	
gnp allergy relief oral tablet chewable	1 or 1a*	
gnp childrens allergy oral liquid	1 or 1a*	
h-e-b childrens allergy oral liquid	1 or 1a*	
hm allergy relief oral capsule	1 or 1a*	
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE</b>	3	QL
kp diphenhydramine hcl oral capsule	1 or 1a*	
liquid allergy relief oral liquid	1 or 1a*	
m-dryl oral liquid	1 or 1a*	
<b>MEDI-PHEDRYL ORAL CAPSULE</b>	1 or 1a*	
meijer antihistamine allergy oral capsule	1 or 1a*	
<b>MM ALLER-BEN ORAL TABLET</b>	1 or 1a*	
<b>NARAMIN ORAL LIQUID</b>	1 or 1a*	
<b>PEDIACARE CHILDRENS ALLERGY ORAL LIQUID</b>	1 or 1a*	
pharbedryl oral capsule	1 or 1a*	
px allergy oral capsule	1 or 1a*	

Drug Name	Tier	Notes
px allergy oral liquid	1 or 1a*	
px allergy oral tablet	1 or 1a*	
<b>PX DAYHIST ALLERGY ORAL TABLET</b>	1 or 1b*	
qc allergy childrens oral liquid	1 or 1a*	
qc allergy relief oral capsule 25 mg	1 or 1a*	
qc allergy relief oral tablet 25 mg	1 or 1a*	
qc complete allergy medicine oral tablet	1 or 1a*	
ra allergy medication oral capsule	1 or 1a*	
ra allergy medication oral liquid	1 or 1a*	
ra allergy medication oral tablet	1 or 1a*	
ra allergy oral liquid	1 or 1a*	
ra allergy oral tablet	1 or 1a*	
ra allergy relief childrens oral liquid	1 or 1a*	
ra allergy relief childrens oral tablet dispersible	1 or 1a*	
ra allergy relief oral capsule 25 mg	1 or 1a*	
ra complete allergy oral tablet	1 or 1a*	
<b>RA DIPHEDRYL ALLERGY ORAL LIQUID</b>	1 or 1a*	
sb allergy medicine oral liquid	1 or 1a*	
sb allergy medicine oral tablet	1 or 1a*	
sb allergy oral capsule	1 or 1a*	
siladryl allergy oral liquid	1 or 1a*	
sm allergy relief childrens oral liquid	1 or 1a*	
sm allergy relief oral tablet 25 mg	1 or 1a*	
sm allergy relief oral tablet chewable	1 or 1b*	
<b>TOTAL ALLERGY MEDICINE ORAL LIQUID</b>	1 or 1a*	
total allergy oral tablet	1 or 1a*	

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

Drug Name	Tier	Notes
<b>WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID</b>	1 or 1a*	
<b>WAL-DRYL ALLERGY ORAL CAPSULE</b>	1 or 1a*	
<b>WAL-DRYL ALLERGY ORAL LIQUID</b>	1 or 1a*	
<b>WAL-DRYL ALLERGY ORAL TABLET</b>	1 or 1a*	
<b>WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE</b>	1 or 1a*	
<b>*ANTIHISTAMINES - ETHYLENEDIAMINES**</b>		
*		
<b>PEDIACLEAR 8 CHILDRENS ORAL LIQUID</b>	2	
pyrilamine maleate crystals	3	
pyrilamine maleate powder	3	
tripelennamine hcl powder	3	
<b>*ANTIHISTAMINES - NON-SEDATING***</b>		
12hr allergy relief oral tablet	1 or 1b*	
24hr allergy relief oral tablet	1 or 1b*	
<b>ALAVERT ORAL TABLET DISPERSIBLE</b>	1 or 1b*	
all day allergy childrens oral solution 5 mg/5ml	1 or 1b*	
all day allergy oral tablet	1 or 1b*	
all-day allergy childrens oral solution	1 or 1b*	
<b>ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION</b>	2	
<b>ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE</b>	2	
<b>ALLEGRA ALLERGY ORAL TABLET</b>	2	
allergy (cetirizine) oral tablet	1 or 1b*	
allergy 24hour indoor/outdoor oral tablet	1 or 1b*	
allergy 24-hr oral tablet	1 or 1b*	
allergy childrens oral solution	1 or 1b*	
allergy childrens oral suspension	1 or 1b*	

Drug Name	Tier	Notes
allergy rel child (loratadine) oral solution	1 or 1b*	
allergy relief (cetirizine) oral tablet	1 or 1b*	
allergy relief (loratadine) oral tablet	1 or 1b*	
allergy relief 24-hr oral tablet	1 or 1b*	
allergy relief cetirizine oral tablet	1 or 1b*	
allergy relief childrens 24-hr oral solution	1 or 1b*	
allergy relief childrens oral solution	1 or 1b*	
allergy relief oral capsule 10 mg	1 or 1b*	
allergy relief oral tablet 10 mg, 180 mg, 5 mg, 60 mg	1 or 1b*	
allergy relief/indoor/outdoor oral tablet	1 or 1b*	
cetirizine hcl allergy child oral solution	1 or 1b*	
cetirizine hcl childrens alrgy oral solution	1 or 1b*	
cetirizine hcl oral solution 1 mg/ml	1 or 1b*	QL
cetirizine hcl oral tablet	1 or 1b*	
cetirizine hcl oral tablet chewable	1 or 1b*	
childrens 24 hour allergy oral solution	1 or 1b*	
childrens loratadine oral solution	1 or 1b*	
<b>CLARINEX ORAL TABLET</b>	3	ST; QL
<b>CLARITIN ALLERGY CHILDRENS ORAL SOLUTION</b>	2	
<b>CLARITIN CHILDRENS ORAL TABLET CHEWABLE</b>	2	
<b>CLARITIN ORAL CAPSULE</b>	2	
<b>CLARITIN ORAL SOLUTION</b>	2	
<b>CLARITIN ORAL TABLET</b>	2	
<b>CLARITIN ORAL TABLET CHEWABLE</b>	2	

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

Drug Name	Tier	Notes
<b>CLARITIN REDITABS ORAL TABLET DISPERSIBLE</b>	2	
cvs allerg rel child (lorat) oral solution	1 or 1b*	
cvs allergy childrens oral solution	1 or 1b*	
cvs allergy relief childrens oral solution	1 or 1b*	
cvs allergy relief childrens oral suspension	1 or 1b*	
cvs allergy relief childrens oral tablet chewable 5 mg	1 or 1b*	
cvs allergy relief oral tablet 10 mg, 180 mg, 5 mg, 60 mg	1 or 1b*	
cvs allergy relief oral tablet dispersible 10 mg	1 or 1b*	
cvs allergy relief(cetirizine) oral tablet	1 or 1b*	
cvs indoor/outdoor allergy rlf oral tablet	1 or 1b*	
desloratadine oral tablet	1 or 1b*	QL
desloratadine oral tablet dispersible	1 or 1b*	QL
eq allerg relief child (cetir) oral solution	1 or 1b*	
eq allerg relief child (lorat) oral solution	1 or 1b*	
eq allergy childrens oral solution	1 or 1b*	
eq allergy relief (cetirizine) oral solution	1 or 1b*	
eq allergy relief (cetirizine) oral tablet	1 or 1b*	
eq allergy relief oral tablet 10 mg, 180 mg	1 or 1b*	
eq cetirizine hcl oral tablet chewable	1 or 1b*	
eq loratadine childrens oral tablet chewable	1 or 1b*	
eq loratadine oral tablet	1 or 1b*	
eq loratadine oral tablet dispersible	1 or 1b*	
eql all day allergy childrens oral solution	1 or 1b*	
eql all day allergy oral tablet	1 or 1b*	
eql aller-ease oral tablet	1 or 1b*	
eql allergy relief oral tablet 10 mg, 180 mg	1 or 1b*	

Drug Name	Tier	Notes
fexofenadine hcl oral tablet 180 mg, 60 mg	1 or 1b*	
gnp all day allergy childrens oral solution	1 or 1b*	
gnp all day allergy oral tablet	1 or 1b*	
gnp all day allergy relief oral capsule	1 or 1b*	
gnp allergy relief 24 hr oral tablet	1 or 1b*	
gnp allergy relief oral tablet 180 mg	1 or 1b*	
gnp loratadine childrens oral solution	1 or 1b*	
gnp loratadine oral solution	1 or 1b*	
gnp loratadine oral tablet	1 or 1b*	
gnp loratadine oral tablet dispersible	1 or 1b*	
goodsense all day allergy oral solution	1 or 1b*	
goodsense all day allergy oral tablet	1 or 1b*	
goodsense aller-ease oral tablet	1 or 1b*	
goodsense allergy relief oral capsule 10 mg	1 or 1b*	
goodsense allergy relief oral tablet 10 mg	1 or 1b*	
hm all day allergy childrens oral solution	1 or 1b*	
hm all day allergy oral tablet	1 or 1b*	
hm allergy relief (cetirizine) oral tablet	1 or 1b*	
hm allergy relief oral tablet 180 mg, 60 mg	1 or 1b*	
hm cetirizine hcl oral tablet	1 or 1b*	
hm fexofenadine hcl oral tablet	1 or 1b*	
hm loratadine childrens oral solution	1 or 1b*	
hm loratadine oral tablet	1 or 1b*	
<b>KLS ALLERCLEAR ORAL TABLET</b>	1 or 1b*	
<b>KLS ALLER-FEX ORAL TABLET</b>	1 or 1b*	
<b>KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML</b>	1 or 1b*	

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

Drug Name	Tier	Notes
<b>KLS ALLER-TEC ORAL TABLET</b>	1 or 1b*	
kp fexofenadine hcl oral tablet 60 mg	1 or 1b*	
levocetirizine dihydrochloride oral solution	1 or 1b*	QL
levocetirizine dihydrochloride oral tablet	1 or 1b*	QL
loradamed oral tablet	1 or 1b*	
loratadine childrens oral tablet chewable	1 or 1b*	
loratadine oral capsule	1 or 1b*	
loratadine oral solution	1 or 1b*	
loratadine oral tablet	1 or 1b*	
loratadine oral tablet dispersible 10 mg	1 or 1b*	
meijer allergy relief oral tablet	1 or 1b*	
meijer allergy relief oral tablet dispersible	1 or 1b*	
meijer loratadine oral solution	1 or 1b*	
mm fexofenadine hcl oral tablet	1 or 1b*	
px allergy relief cetirizine oral tablet	1 or 1b*	
px allergy relief loratadine oral tablet	1 or 1b*	
px allergy relief oral tablet	1 or 1b*	
px allergy relief oral tablet dispersible	1 or 1b*	
px childrens allergy oral solution	1 or 1b*	
qc all day allergy oral tablet	1 or 1b*	
qc all day allergy relief oral capsule	1 or 1b*	
qc allergy relief childrens oral solution	1 or 1b*	
qc allergy relief childrens oral syrup 1 mg/ml	1 or 1b*	
qc allergy relief oral capsule 10 mg	1 or 1b*	
qc allergy relief oral tablet 60 mg	1 or 1b*	
qc allergy relief oral tablet dispersible	1 or 1b*	
qc cetirizine allergy relief oral tablet	1 or 1b*	

Drug Name	Tier	Notes
qc childrens allergy oral solution	1 or 1b*	
qc loratadine allergy relief oral tablet	1 or 1b*	
<b>QUZYTIR INTRAVENOUS SOLUTION</b>	3	
ra allergy relief (cetirizine) oral tablet	1 or 1b*	
ra allergy relief (loratadine) oral tablet	1 or 1b*	
ra allergy relief childrens oral solution	1 or 1b*	
ra allergy relief childrens oral syrup	1 or 1b*	
ra allergy relief childrens oral tablet chewable	1 or 1b*	
ra allergy relief oral capsule 10 mg	1 or 1b*	
ra allergy relief oral tablet 180 mg	1 or 1b*	
ra loratadine oral solution	1 or 1b*	
ra loratadine oral tablet	1 or 1b*	
sb allergy oral tablet	1 or 1b*	
sb allergy relief oral tablet dispersible	1 or 1b*	
sb cetirizine hcl childrens oral solution	1 or 1b*	
sb loratadine allergy relief oral tablet	1 or 1b*	
sb loratadine oral solution	1 or 1b*	
sb loratadine oral tablet	1 or 1b*	
sm all day allergy childrens oral solution	1 or 1b*	
sm all day allergy oral tablet	1 or 1b*	
sm all day allergy relief oral tablet	1 or 1b*	
sm allergy childrens oral solution	1 or 1b*	
sm allergy relief oral tablet 60 mg	1 or 1b*	
sm allergy relief oral tablet dispersible	1 or 1b*	
sm childrens loratadine oral solution	1 or 1b*	
sm fexofenadine hcl oral tablet	1 or 1b*	

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



Drug Name	Tier	Notes
sm loratadine allergy relief oral tablet dispersible	1 or 1b*	
sm loratadine oral solution	1 or 1b*	
sm loratadine oral tablet	1 or 1b*	
<b>TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE</b>	1 or 1b*	
<b>WAL-FEX ALLERGY ORAL TABLET</b>	1 or 1b*	
<b>WAL-FEX ORAL TABLET</b>	1 or 1b*	
<b>WAL-ITIN ALLERGY CHILDRENS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE</b>	1 or 1b*	
<b>WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE</b>	1 or 1b*	
<b>WAL-ITIN CHILDRENS ORAL SOLUTION</b>	1 or 1b*	
<b>WAL-ITIN ORAL SOLUTION</b>	1 or 1b*	
<b>WAL-ITIN ORAL TABLET</b>	1 or 1b*	
<b>WAL-ITIN ORAL TABLET DISPERSIBLE</b>	1 or 1b*	
<b>WAL-VERT ORAL TABLET DISPERSIBLE</b>	1 or 1b*	
<b>WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION</b>	1 or 1b*	
<b>WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION</b>	1 or 1b*	
<b>WAL-ZYR CHILDRENS ORAL SOLUTION</b>	1 or 1b*	
<b>WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>WAL-ZYR ORAL CAPSULE</b>	1 or 1b*	
<b>WAL-ZYR ORAL SOLUTION</b>	1 or 1b*	
<b>WAL-ZYR ORAL TABLET</b>	1 or 1b*	
<b>XYZAL ALLERGY 24HR ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE</b>	2	
<b>ZYRTEC ALLERGY ORAL CAPSULE</b>	2	
<b>ZYRTEC ALLERGY ORAL TABLET</b>	2	
<b>ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION</b>	2	
<b>ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG</b>	1 or 1b*	
<b>ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 2.5 MG</b>	2	
<b>ZYRTEC ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>*ANTIHISTAMINES - PHENOTHIAZINES***</b>		
<b>PHENERGAN INJECTION SOLUTION</b>	3	
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	QL
promethazine hcl oral syrup	1 or 1a*	QL
promethazine hcl oral tablet	1 or 1a*	QL
promethazine hcl rectal suppository 12.5 mg, 25 mg	1 or 1b*	QL
promethegan rectal suppository	1 or 1b*	QL
<b>*ANTIHISTAMINES - PIPERAZINES***</b>		
<b>AHIST ORAL TABLET 25 MG</b>	2	
<b>*ANTIHISTAMINES - PIPERIDINES***</b>		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
<b>*ANTHYPERLIPIDEMI CS*</b>		
<b>*ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***</b>		
NEXLIZET ORAL TABLET	3	PA; QL
<b>*ADENOSINE TRIPHOSPHATE- CITRATE LYASE (ACL) INHIBITORS***</b>		
NEXLETOL ORAL TABLET	3	PA; QL
<b>*ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS***</b>		
EVKEEZA INTRAVENOUS SOLUTION	3	PA
<b>*ANTHYPERLIPIDEMI CS - MISC.***</b>		
icosapent ethyl oral capsule	1 or 1b*	PA; QL
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
VASCEPA ORAL CAPSULE	2	PA; QL
<b>*BILE ACID SEQUESTRANTS***</b>		
cholestyramine light oral packet	1 or 1b*	QL
cholestyramine light oral powder	1 or 1b*	QL
cholestyramine oral packet	1 or 1b*	QL
cholestyramine oral powder	1 or 1b*	QL
colesevelam hcl oral packet	3	QL
colesevelam hcl oral tablet	1 or 1b*	QL
COLESTID FLAVORED ORAL GRANULES	3	QL
COLESTID FLAVORED ORAL PACKET	3	QL
COLESTID ORAL GRANULES	3	QL
COLESTID ORAL PACKET	3	QL
COLESTID ORAL TABLET	3	QL
colestipol hcl oral granules	1 or 1b*	QL

Drug Name	Tier	Notes
colestipol hcl oral packet	1 or 1b*	QL
colestipol hcl oral tablet	1 or 1b*	QL
prevalite oral packet	1 or 1b*	QL
prevalite oral powder	1 or 1b*	QL
QUESTRAN LIGHT ORAL POWDER	3	QL
QUESTRAN ORAL PACKET	3	QL
QUESTRAN ORAL POWDER	3	QL
<b>*FIBRIC ACID DERIVATIVES***</b>		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1 or 1b*	QL
fenofibrate oral capsule	1 or 1b*	QL
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL
fenofibric acid oral capsule delayed release	1 or 1b*	QL
fenofibric acid oral tablet	1 or 1b*	QL
FENOGLIDE ORAL TABLET	3	ST; QL
FIBRICOR ORAL TABLET	3	ST; QL
gemfibrozil oral tablet	1 or 1b*	QL
gemfibrozil powder	3	
LIPOFEN ORAL CAPSULE	3	ST; QL
LOPID ORAL TABLET	3	ST; QL
TRICOR ORAL TABLET	3	ST; QL
<b>*HMG COA REDUCTASE INHIBITORS***</b>		
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL
fluvastatin sodium oral capsule	1 or 1b*	DO; \$0
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0; QL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; \$0

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

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Drug Name	Tier	Notes
pravastatin sodium oral tablet 80 mg	1 or 1b*	\$0; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*	DO; \$0
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	QL
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 40 mg	1 or 1b*	\$0; QL
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
<b>*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***</b>		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
<b>*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***</b>		
ezetimibe oral tablet	1 or 1b*	ST; QL
<b>*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS***</b>		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; DO; LD
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; LD; QL
<b>*NICOTINIC ACID DERIVATIVES***</b>		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL
niacin er (antihyperlipidemic) oral tablet extended release	1 or 1b*	ST; QL
niacor oral tablet	1 or 1b*	ST; QL
<b>*PCSK9 INHIBITORS***</b>		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL

Drug Name	Tier	Notes
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
<b>*SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS***</b>		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
<b>*ANTIHYPERTENSIVES</b>		
<b>*ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS***</b>		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1 or 1b*	DO
PRESTALIA ORAL TABLET 14-10 MG	3	QL
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG	3	DO
trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
ACCURETIC ORAL TABLET 10-12.5 MG	3	DO
ACCURETIC ORAL TABLET 20-12.5 MG	3	QL
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	1 or 1b*	DO
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1 or 1b*	QL
enalapril-hydrochlorothiazide oral tablet 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
fosinopril sodium-hctz oral tablet 10-12.5 mg	1 or 1b*	DO
fosinopril sodium-hctz oral tablet 20-12.5 mg	1 or 1b*	QL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
<b>LOTENSIN HCT ORAL TABLET 10-12.5 MG</b>	3	DO
<b>LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG</b>	3	QL
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
<b>VASERETIC ORAL TABLET</b>	3	QL
<b>ZESTORETIC ORAL TABLET 10-12.5 MG</b>	3	DO
<b>ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG</b>	3	QL
<b>*ACE INHIBITORS***</b>		
benazepril hcl oral tablet 10 mg, 20 mg, 5 mg	1 or 1a*	DO
benazepril hcl oral tablet 40 mg	1 or 1a*	QL
captopril oral tablet 100 mg	1 or 1b*	QL
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1 or 1b*	DO
enalapril maleate oral solution	1 or 1b*	QL
enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg	1 or 1b*	DO
enalapril maleate oral tablet 20 mg	1 or 1b*	QL
enalaprilat intravenous injectable	1 or 1b*	
<b>EPANED ORAL SOLUTION</b>	3	QL
fosinopril sodium oral tablet 10 mg, 20 mg	1 or 1b*	DO
fosinopril sodium oral tablet 40 mg	1 or 1b*	QL
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1 or 1a*	DO

Drug Name	Tier	Notes
lisinopril oral tablet 30 mg, 40 mg	1 or 1a*	QL
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG</b>	3	DO
<b>LOTENSIN ORAL TABLET 40 MG</b>	3	QL
moexipril hcl oral tablet 15 mg	1 or 1b*	QL
moexipril hcl oral tablet 7.5 mg	1 or 1b*	DO
perindopril erbumine oral tablet 2 mg, 4 mg	1 or 1b*	DO
perindopril erbumine oral tablet 8 mg	1 or 1b*	QL
<b>QBRELIS ORAL SOLUTION</b>	3	QL
quinapril hcl oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO
quinapril hcl oral tablet 40 mg	1 or 1b*	QL
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg	1 or 1b*	DO
ramipril oral capsule 10 mg	1 or 1b*	QL
trandolapril oral tablet 1 mg, 2 mg	1 or 1b*	DO
trandolapril oral tablet 4 mg	1 or 1b*	QL
<b>*AGENTS FOR PHEOCHROMOCYTOMA***</b>		
<b>DEMSEER ORAL CAPSULE</b>	3	PA; QL
<b>DIBENZYLINE ORAL CAPSULE</b>	3	PA; QL
metyrosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB***</b>		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	QL
amlodipine besylate-valsartan oral tablet 5-160 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
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
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
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
candesartan cilexetil-hctz oral tablet	1 or 1b*	QL
<b>EDARBYCLOR ORAL TABLET</b>	3	QL
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	QL
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	QL
telmisartan-hctz oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS***</b>		
candesartan cilexetil oral tablet 16 mg, 32 mg	1 or 1b*	QL
candesartan cilexetil oral tablet 4 mg, 8 mg	1 or 1b*	DO

Drug Name	Tier	Notes
<b>EDARBI ORAL TABLET 40 MG</b>	3	DO
<b>EDARBI ORAL TABLET 80 MG</b>	3	QL
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL
losartan potassium oral tablet 100 mg, 50 mg	1 or 1b*	QL
losartan potassium oral tablet 25 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 20 mg, 5 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL
valsartan oral solution	3	PA; QL
valsartan oral tablet 160 mg, 320 mg	1 or 1b*	QL
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	DO
<b>*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES***</b>		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	QL
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	DO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	DO
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL
<b>*ANTIADRENERGICS - CENTRALLY ACTING***</b>		
<b>CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY</b>	3	QL
<b>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY</b>	3	QL

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Drug Name	Tier	Notes
<b>CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY</b>	3	QL
clonidine hcl oral tablet 0.1 mg, 0.2 mg	1 or 1a*	DO
clonidine hcl oral tablet 0.3 mg	1 or 1a*	QL
clonidine hcl powder	3	
clonidine transdermal patch weekly	1 or 1b*	QL
guanfacine hcl oral tablet 1 mg	1 or 1b*	DO
guanfacine hcl oral tablet 2 mg	1 or 1b*	QL
methyldopa oral tablet 250 mg	1 or 1b*	DO
methyldopa oral tablet 500 mg	1 or 1b*	QL
<b>*ANTIADRENERGICS - PERIPHERALLY ACTING***</b>		
<b>CARDURA ORAL TABLET</b>	3	QL
doxazosin mesylate oral tablet	1 or 1b*	QL
<b>MINIPRESS ORAL CAPSULE</b>	3	
prazosin hcl oral capsule	1 or 1b*	
prazosin hcl powder	3	
terazosin hcl oral capsule	1 or 1b*	QL
<b>*ANTIHYPERTENSIVES - MISC.***</b>		
<b>VECAMYL ORAL TABLET</b>	3	
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS***</b>		
atenolol-chlorthalidone oral tablet	1 or 1b*	QL
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
metoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
<b>TENORETIC 100 ORAL TABLET</b>	3	QL
<b>TENORETIC 50 ORAL TABLET</b>	3	QL

Drug Name	Tier	Notes
<b>ZIAC ORAL TABLET</b>	3	QL
<b>*DIRECT RENIN INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE COMB***</b>		
<b>TEKTRUNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG</b>	3	QL
<b>*DIRECT RENIN INHIBITORS***</b>		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL
<b>*DOPAMINE D1 RECEPTOR AGONISTS***</b>		
<b>CORLOPAM INTRAVENOUS SOLUTION</b>	3	
<b>*RESERPINE***</b>		
reserpine powder	3	
<b>*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)***</b>		
eplerenone oral tablet	1 or 1b*	
<b>INSPIRA ORAL TABLET</b>	3	
<b>*VASODILATORS***</b>		
hydralazine hcl injection solution	1 or 1b*	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
<b>NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%</b>	3	
nitroprusside sodium intravenous solution	1 or 1b*	
sodium nitroprusside intravenous solution	1 or 1b*	
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.***</b>		
<b>AEMCOLO ORAL TABLET DELAYED RELEASE</b>	3	PA; QL

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

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Drug Name	Tier	Notes
bacitracin intramuscular solution reconstituted	1 or 1b*	
<b>FLAGYL ORAL CAPSULE</b>	3	
<b>IMPAVIDO ORAL CAPSULE</b>	3	PA; QL
<b>METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML</b>	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
<b>NEBUPENT INHALATION SOLUTION RECONSTITUTED</b>	3	
<b>PENTAM INJECTION SOLUTION RECONSTITUTED</b>	3	
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	
pentamidine isethionate injection solution reconstituted	1 or 1b*	
tinidazole oral tablet	1 or 1b*	QL
<b>TRIMETHOPRIM ORAL TABLET</b>	1 or 1a*	
trimethoprim powder	3	
<b>XIFAXAN ORAL TABLET</b>	3	PA; QL
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS***</b>		
<b>BACTRIM DS ORAL TABLET</b>	3	
<b>BACTRIM ORAL TABLET</b>	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	

Drug Name	Tier	Notes
<b>*ANTIPROTOZOAL AGENTS***</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	3	QL
atovaquone oral suspension	1 or 1b*	
<b>LAMPIT ORAL TABLET</b>	3	
<b>MEPRON ORAL SUSPENSION</b>	3	
nitazoxanide oral tablet	1 or 1b*	QL
<b>*CARBAPENEM COMBINATIONS***</b>		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	
<b>PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG</b>	3	
<b>RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*CARBAPENEMS***</b>		
ertapenem sodium injection solution reconstituted	1 or 1b*	
<b>INVANZ INJECTION SOLUTION RECONSTITUTED</b>	3	
meropenem intravenous solution reconstituted	1 or 1b*	
<b>MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML</b>	3	
<b>*CHLORAMPHENICALS ***</b>		
chloramphenicol sodium succinate intravenous solution reconstituted	1 or 1b*	

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Drug Name	Tier	Notes
<b>*CYCLIC LIPOPEPTIDES***</b>		
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	3	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*GLYCOPEPTIDES***</b>		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; QL
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOGIN ORAL CAPSULE	3	PA; QL
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	3	QL
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%	3	QL
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	3	QL
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	1 or 1b*	QL

Drug Name	Tier	Notes
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG	3	QL
vancomycin hcl oral capsule	1 or 1b*	PA; QL
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	3	PA; QL
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	
<b>*LEPROSTATICS***</b>		
dapsone oral tablet	1 or 1b*	
<b>*LINCOSAMIDES***</b>		
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution	1 or 1b*	
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1 or 1b*	
<b>*METHENAMINE COMBOS***</b>		
AZO URINARY TRACT DEFENSE ORAL TABLET	1 or 1b*	
CYSTEX URINARY PAIN RELIEF ORAL TABLET	1 or 1b*	
gnp antibacterial urinary pain oral tablet	1 or 1b*	

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Drug Name	Tier	Notes
qc urinary pain relief oral tablet 162-162.5 mg	1 or 1b*	
<b>*MONOBACTAMS***</b>		
<b>AZACTAM INJECTION SOLUTION RECONSTITUTED</b>	3	
aztreonam injection solution reconstituted	1 or 1b*	
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>	3	SP; QL
<b>*OXAZOLIDINONES***</b>		
linezolid in sodium chloride intravenous solution	1 or 1b*	
linezolid intravenous solution 600 mg/300ml	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
<b>SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>SIVEXTRO ORAL TABLET</b>	3	PA; QL
<b>ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML</b>	3	
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED</b>	3	PA; QL
<b>ZYVOX ORAL TABLET</b>	3	PA; QL
<b>*PLEUROMUTILINS***</b>		
<b>XENLETA INTRAVENOUS SOLUTION</b>	3	
<b>XENLETA ORAL TABLET</b>	3	PA; QL
<b>*POLYMYXINS***</b>		
colistimethate sodium (cba) injection solution reconstituted	1 or 1b*	
<b>COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED</b>	3	
polymyxin b sulfate injection solution reconstituted	1 or 1b*	
polymyxin b sulfate powder	3	

Drug Name	Tier	Notes
<b>*URINARY ANTI-INFECTIVES***</b>		
fosfomycin tromethamine oral packet	1 or 1b*	
<b>HIPREX ORAL TABLET</b>	3	
<b>MACROBID ORAL CAPSULE</b>	3	
<b>MACRODANTIN ORAL CAPSULE</b>	3	
methenamine hippurate oral tablet	1 or 1b*	
<b>MONUROL ORAL PACKET</b>	3	
nalidixic acid powder	3	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohydrate macro oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
<b>*URINARY ANTISEPTIC-ANTISPASMODIC &amp;/OR ANALGESICS***</b>		
uro-sp oral capsule	1 or 1b*	
<b>*ANTIMALARIALS*</b>		
<b>*ANTIMALARIAL COMBINATIONS***</b>		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
<b>COARTEM ORAL TABLET</b>	3	
<b>MALARONE ORAL TABLET</b>	3	
<b>*ANTIMALARIALS***</b>		
<b>ARAKODA ORAL TABLET</b>	3	QL
<b>ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
chloroquine phosphate oral tablet	1 or 1a*	
chloroquine phosphate powder	3	
<b>DARAPRIM ORAL TABLET</b>	3	PA; QL

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Drug Name	Tier	Notes
<b>HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG, 400 MG</b>	1 or 1b*	QL
hydroxychloroquine sulfate oral tablet 200 mg	1 or 1b*	QL
<b>KRINTAFEL ORAL TABLET</b>	3	QL
mefloquine hcl oral tablet	1 or 1b*	QL
<b>PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG</b>	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL
<b>QUALAQUIN ORAL CAPSULE</b>	3	PA; QL
quinacrine hcl powder	3	
quinine sulfate dihydrate powder	3	
quinine sulfate oral capsule	1 or 1b*	PA; QL
quinine sulfate powder	3	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS***</b>		
<b>BLOXIVERZ INTRAVENOUS SOLUTION</b>	3	
<b>FIRDAPSE ORAL TABLET</b>	3	PA; QL
<b>MESTINON ORAL SOLUTION</b>	3	
<b>MESTINON ORAL TABLET</b>	3	
<b>MESTINON ORAL TABLET EXTENDED RELEASE</b>	3	
<b>NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML</b>	3	
pyridostigmine bromide er oral tablet extended release	1 or 1b*	
pyridostigmine bromide oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	

Drug Name	Tier	Notes
<b>REGONOL INTRAVENOUS SOLUTION</b>	3	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*ANTIMYCOBACTERIAL AGENTS***</b>		
aminosalicylic acid-4 powder	3	
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	
ethambutol hcl powder	3	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
isoniazid powder	3	
<b>MYAMBUTOL ORAL TABLET 400 MG</b>	3	
<b>MYCOBUTIN ORAL CAPSULE</b>	3	
<b>PRETOMANID ORAL TABLET</b>	3	
<b>PRIFTIN ORAL TABLET</b>	2	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
<b>RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
<b>SIRTURO ORAL TABLET</b>	3	
<b>TRECTOR ORAL TABLET</b>	3	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*ALKYLATING AGENTS***</b>		
<b>BELRAPZO INTRAVENOUS SOLUTION</b>	3	PA; SP
bendamustine hcl intravenous solution	3	PA
bendamustine hcl intravenous solution reconstituted	1 or 1b*	PA

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Drug Name	Tier	Notes
<b>BENDEKA INTRAVENOUS SOLUTION</b>	3	PA; SP
busulfan intravenous solution	1 or 1b*	SP
<b>BUSULFEX INTRAVENOUS SOLUTION</b>	3	SP
carboplatin intravenous solution	1 or 1b*	SP
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	1 or 1b*	SP
<b>CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP
oxaliplatin intravenous solution	1 or 1b*	SP
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
paraplatin intravenous solution 1000 mg/100ml, 450 mg/45ml, 600 mg/60ml	1 or 1b*	SP
<b>TEPADINA INJECTION SOLUTION RECONSTITUTED</b>	3	SP
thiotepa injection solution reconstituted	1 or 1b*	SP
<b>TREANDA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
vivimusta intravenous solution	3	PA
<b>ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS***</b>		
abiraterone acetate oral tablet	1 or 1b*	PA; SP; QL
<b>*ANTIADRENALS***</b>		
<b>LYSODREN ORAL TABLET</b>	2	QL
<b>*ANTIANDROGENS***</b>		
<b>ERLEADA ORAL TABLET 240 MG</b>	2	PA; QL
<b>ERLEADA ORAL TABLET 60 MG</b>	2	PA; SP; QL

Drug Name	Tier	Notes
<b>EULEXIN ORAL CAPSULE</b>	3	
<b>NUBEQA ORAL TABLET</b>	2	PA; SP; QL
<b>XTANDI ORAL CAPSULE</b>	2	PA; SP; QL
<b>XTANDI ORAL TABLET</b>	2	PA; SP; QL
<b>*ANTIESTROGENS***</b>		
<b>SOLTAMOX ORAL SOLUTION</b>	2	\$0
tamoxifen citrate oral tablet	1 or 1b*	\$0
<b>*ANTIMETABOLITES***</b>		
<b>ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>ARRANON INTRAVENOUS SOLUTION</b>	3	SP
azacitidine injection suspension reconstituted	1 or 1b*	PA; SP
capecitabine oral tablet	1 or 1b*	PA; SP
cladribine intravenous solution 10 mg/10ml	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	
<b>CLOLAR INTRAVENOUS SOLUTION</b>	3	
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
decitabine intravenous solution reconstituted	1 or 1b*	SP
fludarabine phosphate intravenous solution 25 mg/ml	1 or 1b*	
fludarabine phosphate intravenous solution 50 mg/2ml	1 or 1b*	SP
fludarabine phosphate intravenous solution reconstituted	1 or 1b*	SP
fluorouracil intravenous solution	1 or 1b*	SP
<b>FOLOTYN INTRAVENOUS SOLUTION</b>	3	SP
<b>GEMCITABINE HCL INTRAVENOUS SOLUTION</b>	3	SP

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Drug Name	Tier	Notes
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	SP
<b>INFUGEM INTRAVENOUS SOLUTION</b>	3	SP
mercaptopurine oral tablet	1 or 1b*	
methotrexate oral tablet	1 or 1b*	
methotrexate powder	3	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	
methotrexate sodium injection solution reconstituted	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*	
nelarabine intravenous solution	1 or 1b*	SP
<b>ONUREG ORAL TABLET</b>	3	PA; SP; QL
pemetrexed disodium intravenous solution	3	PA
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg	1 or 1b*	PA; SP
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	1 or 1b*	PA
pemetrexed ditromethamine intravenous solution reconstituted	3	PA
pemetrexed intravenous solution	3	PA
<b>PEMFEXY INTRAVENOUS SOLUTION</b>	3	PA
pralatrexate intravenous solution	1 or 1b*	
<b>PURIXAN ORAL SUSPENSION</b>	3	PA
<b>TABLOID ORAL TABLET</b>	2	
<b>TREXALL ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>VIDAZA INJECTION SUSPENSION RECONSTITUTED</b>	3	PA; SP
<b>XATMEP ORAL SOLUTION</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ALK INHIBITORS***</b>		
<b>ALECENSA ORAL CAPSULE</b>	2	PA; SP; QL
<b>ALUNBRIG ORAL TABLET</b>	2	PA; LD; QL
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	2	PA; LD; QL
<b>LORBRENA ORAL TABLET</b>	3	PA; SP; QL
<b>XALKORI ORAL CAPSULE</b>	3	PA; SP; QL
<b>*ANTINEOPLASTIC - ANTI-BCMA ANTIBODY-DRUG COMPLEX***</b>		
<b>BLENREP INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*ANTINEOPLASTIC - ANTIBODY COMBINATIONS***</b>		
<b>OPDUALAG INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES***</b>		
<b>POTELIGEO INTRAVENOUS SOLUTION</b>	3	SP
<b>*ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES***</b>		
<b>MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>*ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX***</b>		
<b>ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD

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Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES***</b>		
<b>ARZERRA INTRAVENOUS CONCENTRATE</b>	3	PA; SP
<b>GAZYVA INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>RIABNI INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>RITUXAN INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>RUXIENCE INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>TRUXIMA INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD22 ANTIBODIES***</b>		
<b>LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX***</b>		
<b>BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX***</b>		
<b>ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX***</b>		
<b>MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG</b>	3	PA; SP

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES***</b>		
<b>DARZALEX INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>SARCLISA INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX***</b>		
<b>POLIVY INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES***</b>		
<b>IMJUDO INTRAVENOUS SOLUTION</b>	3	PA
<b>YERVOY INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES***</b>		
<b>DANYELZA INTRAVENOUS SOLUTION</b>	3	PA
<b>UNITUXIN INTRAVENOUS SOLUTION</b>	3	
<b>*ANTINEOPLASTIC - ANTI-HER2 AGENTS***</b>		
<b>HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG</b>	3	LD; SP
<b>HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	ST; SP
<b>KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP
<b>MARGENZA INTRAVENOUS SOLUTION</b>	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
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
PERJETA INTRAVENOUS SOLUTION	3	PA; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
TUKYSA ORAL TABLET	3	PA; QL
*ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX***		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
*ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES***		
JEMPERLI INTRAVENOUS SOLUTION	3	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; SP
LIBTAYO INTRAVENOUS SOLUTION	3	PA
OPDIVO INTRAVENOUS SOLUTION	3	PA; SP
*ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES***		
BAVENCIO INTRAVENOUS SOLUTION	3	PA
IMFINZI INTRAVENOUS SOLUTION	3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; SP

Drug Name	Tier	Notes
*ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES***		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
*ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX***		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA ORAL TABLET	3	PA; QL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; QL
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***		
imatinib mesylate oral tablet	1 or 1b*	PA; SP; QL
SPRYCEL ORAL TABLET	2	PA; SP; QL
TASIGNA ORAL CAPSULE	2	PA; SP; QL
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS***		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
KIMMTRAK INTRAVENOUS SOLUTION	3	PA
TECVAYLI SUBCUTANEOUS SOLUTION	3	PA
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS***		
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; LD; SP; QL
TAFINLAR ORAL CAPSULE	3	PA; SP; QL
ZELBORAF ORAL TABLET	2	PA; LD; SP; QL

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Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - BTK INHIBITORS***</b>		
BRUKINSA ORAL CAPSULE	3	PA; QL
CALQUENCE ORAL TABLET	3	PA; QL
IMBRUVICA ORAL CAPSULE	2	PA; QL
IMBRUVICA ORAL SUSPENSION	2	PA; QL
IMBRUVICA ORAL TABLET	2	PA; QL
<b>*ANTINEOPLASTIC - EGFR INHIBITORS***</b>		
ERBITUX INTRAVENOUS SOLUTION	3	PA; SP
erlotinib hcl oral tablet	1 or 1b*	PA; LD; SP; QL
EXKIVITY ORAL CAPSULE	3	PA; QL
GILOTRIF ORAL TABLET	3	PA; QL
PORTRAZZA INTRAVENOUS SOLUTION	3	SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; SP
VIZIMPRO ORAL TABLET	3	PA; SP; QL
<b>*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***</b>		
lytgobi (12 mg daily dose) oral tablet therapy pack	3	PA; QL
lytgobi (16 mg daily dose) oral tablet therapy pack	3	PA; QL
lytgobi (20 mg daily dose) oral tablet therapy pack	3	PA; QL
PEMAZYRE ORAL TABLET	3	PA; QL
<b>*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***</b>		
ERIVEDGE ORAL CAPSULE	2	PA; SP; QL
ODOMZO ORAL CAPSULE	3	PA; LD; SP; QL

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS***</b>		
WELIREG ORAL TABLET	3	PA; QL
<b>*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS***</b>		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; SP
romidepsin intravenous solution reconstituted	1 or 1b*	PA; SP
<b>*ANTINEOPLASTIC - IMMUNOMODULATORS ***</b>		
levamisole hcl powder	3	
POMALYST ORAL CAPSULE	3	PA; SP; QL
<b>*ANTINEOPLASTIC - KRAS INHIBITORS***</b>		
LUMAKRAS ORAL TABLET 120 MG	3	PA; SP; QL
<b>*ANTINEOPLASTIC - MEK INHIBITORS***</b>		
COTELLIC ORAL TABLET	3	PA; SP; QL
KOSELUGO ORAL CAPSULE	3	PA; QL
MEKINIST ORAL TABLET 0.5 MG	3	PA; QL
MEKINIST ORAL TABLET 2 MG	3	PA; SP; QL
MEKTOVI ORAL TABLET	3	PA; SP; QL
<b>*ANTINEOPLASTIC - MET INHIBITORS***</b>		
TABRECTA ORAL TABLET	3	PA; SP; QL
TEPMETKO ORAL TABLET	3	PA; QL

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Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - MTOR KINASE INHIBITORS***</b>		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	PA; SP
everolimus oral tablet soluble	1 or 1b*	PA; SP
<b>FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED</b>	3	PA
temsirolimus intravenous solution	1 or 1b*	PA; SP
<b>TORISEL INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***</b>		
<b>CABOMETYX ORAL TABLET</b>	2	PA; SP; QL
<b>CAPRELSA ORAL TABLET</b>	2	PA; LD; QL
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	3	PA; SP; QL
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	3	PA; SP; QL
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</b>	3	PA; SP; QL
<b>FOTIVDA ORAL CAPSULE</b>	3	PA; QL
lapatinib ditosylate oral tablet	1 or 1b*	PA; SP; QL
<b>NEXAVAR ORAL TABLET</b>	3	PA; SP; QL
<b>QINLOCK ORAL TABLET</b>	3	PA; QL
<b>RYDAPT ORAL CAPSULE</b>	3	PA; SP; QL
sorafenib tosylate oral tablet	1 or 1b*	PA; QL
<b>STIVARGA ORAL TABLET</b>	2	PA; SP; QL
sunitinib malate oral capsule	1 or 1b*	PA; SP; QL
<b>SUTENT ORAL CAPSULE</b>	3	PA; SP; QL
<b>TURALIO ORAL CAPSULE 125 MG</b>	3	PA; QL
<b>VOTRIENT ORAL TABLET</b>	3	PA; SP; QL

Drug Name	Tier	Notes
<b>XOSPATA ORAL TABLET</b>	3	PA; QL
<b>*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES***</b>		
<b>RYBREVA NT INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS***</b>		
<b>AYVAKIT ORAL TABLET</b>	3	PA; QL
<b>*ANTINEOPLASTIC - PROTEASOME INHIBITORS***</b>		
bortezomib injection solution reconstituted 1 mg, 2.5 mg	3	PA
bortezomib injection solution reconstituted 3.5 mg	1 or 1b*	PA; SP
bortezomib intravenous solution	3	PA
<b>BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>NINLARO ORAL CAPSULE</b>	3	PA; LD; SP; QL
<b>VELCADE INJECTION SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC - RET INHIBITORS***</b>		
<b>GAVRETO ORAL CAPSULE</b>	3	PA; SP; QL
<b>RETEVMO ORAL CAPSULE</b>	3	PA; SP; QL
<b>*ANTINEOPLASTIC - XPO1 INHIBITORS***</b>		
<b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG</b>	3	PA; QL
<b>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	3	PA; QL

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

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Drug Name	Tier	Notes
<b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	3	PA; QL
<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG</b>	3	PA; QL
<b>XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	3	PA; QL
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	3	PA; QL
<b>XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	3	PA; QL
<b>*ANTINEOPLASTIC ANTIBIOTICS***</b>		
adriamycin intravenous solution reconstituted 50 mg	1 or 1b*	SP
bleomycin sulfate injection solution reconstituted	1 or 1b*	SP
<b>COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP
dactinomycin intravenous solution reconstituted	1 or 1b*	SP
<b>DAUNORUBICIN HCL INTRAVENOUS SOLUTION</b>	3	SP
<b>DOXIL INTRAVENOUS INJECTABLE</b>	3	PA; SP
doxorubicin hcl intravenous solution	1 or 1b*	SP
doxorubicin hcl intravenous solution reconstituted	1 or 1b*	SP
doxorubicin hcl liposomal intravenous injectable	1 or 1b*	PA; SP
<b>ELLENC E INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>IDAMYCIN PFS INTRAVENOUS SOLUTION</b>	3	SP
idarubicin hcl intravenous solution	1 or 1b*	SP

Drug Name	Tier	Notes
<b>JELMYTO SOLUTION RECONSTITUTED</b>	3	PA
mitomycin intravenous solution reconstituted	1 or 1b*	SP
mitoxantrone hcl intravenous concentrate	1 or 1b*	SP
mutamycin intravenous solution reconstituted	1 or 1b*	SP
valrubicin intravesical solution	1 or 1b*	SP
<b>VALSTAR INTRAVESICAL SOLUTION</b>	3	SP
<b>*ANTINEOPLASTIC - ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY***</b>		
<b>ZEVALIN Y-90 INTRAVENOUS KIT</b>	3	PA
<b>*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES***</b>		
<b>ELAHERE INTRAVENOUS SOLUTION</b>	3	PA
<b>ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC COMBINATIONS***</b>		
<b>DARZALEX FASPRO SUBCUTANEOUS SOLUTION</b>	3	PA; SP
<b>HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION</b>	3	LD; SP
<b>INQOVI ORAL TABLET</b>	3	PA; SP; QL
<b>KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK</b>	2	PA; SP; QL
<b>KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK</b>	2	PA; SP; 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
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
LONSURF ORAL TABLET	3	PA; SP
PHESGO SUBCUTANEOUS SOLUTION	3	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	SP
<b>*ANTINEOPLASTIC ENZYMES***</b>		
ASPARLAS INTRAVENOUS SOLUTION	3	PA; SP
ONCASPAR INJECTION SOLUTION	3	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION	3	PA
<b>*ANTINEOPLASTIC RADIOPHARMACEUTIC ALS***</b>		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION	3	PA
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION	3	PA
LUTATHERA INTRAVENOUS SOLUTION	3	PA
PLUVICTO INTRAVENOUS SOLUTION	3	PA
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	3	PA
<b>*ANTINEOPLASTICS - INTERLEUKINS***</b>		
ELZONRIS INTRAVENOUS SOLUTION	3	PA

Drug Name	Tier	Notes
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS***</b>		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
UVADEX EXTRACORPOREAL SOLUTION	3	
<b>*ANTINEOPLASTICS MISC.***</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; LD; SP
ALFERON N INJECTION SOLUTION	3	SP
arsenic trioxide intravenous solution	1 or 1b*	SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
dacarbazine intravenous solution reconstituted	1 or 1b*	SP
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1 or 1b*	
MATULANE ORAL CAPSULE	2	LD
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3	SP
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	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
<b>*CARBOXYPEPTIDASE ENZYME AGENTS***</b>		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*CARDIAC PROTECTIVE AGENTS***</b>		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	SP
dexrazoxane intravenous solution reconstituted 250 mg	1 or 1b*	
<b>*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS***</b>		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS***</b>		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***</b>		
IBRANCE ORAL CAPSULE	2	PA; SP; QL
IBRANCE ORAL TABLET	2	PA; SP; QL
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
VERZENIO ORAL TABLET	3	PA; SP; QL

Drug Name	Tier	Notes
<b>*ESTROGEN RECEPTOR ANTAGONIST***</b>		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; SP
fulvestrant intramuscular solution prefilled syringe	1 or 1b*	PA; SP
<b>*ESTROGENS-ANTINEOPLASTIC***</b>		
EMCYT ORAL CAPSULE	2	PA
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS***</b>		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
leucovorin calcium injection solution	1 or 1b*	
leucovorin calcium injection solution reconstituted	1 or 1b*	
leucovorin calcium oral tablet	1 or 1b*	
levoleucovorin calcium intravenous solution reconstituted 50 mg	1 or 1b*	PA
levoleucovorin calcium pf intravenous solution	1 or 1b*	
<b>*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS***</b>		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA; SP; QL
ORGOVYX ORAL TABLET	3	PA; QL
<b>*IMIDAZOTETRAZINES ***</b>		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; SP
temozolomide oral capsule	1 or 1b*	PA; SP; QL

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Drug Name	Tier	Notes
<b>*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***</b>		
IDHIFA ORAL TABLET	3	PA; SP; QL
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS***</b>		
JAKAFI ORAL TABLET	2	PA; SP; QL
VONJO ORAL CAPSULE	3	PA; QL
<b>*LHRH ANALOGS***</b>		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	3	PA; QL
ELIGARD SUBCUTANEOUS KIT	3	PA; SP; QL
leuprolide acetate injection kit	1 or 1b*	PA; SP
leuprolide acetate intramuscular injectable	3	PA; QL
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; SP; QL
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; SP; QL
<b>*MITOTIC INHIBITORS***</b>		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; SP
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML	3	PA; SP

Drug Name	Tier	Notes
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML	3	PA; SP
DOCETAXEL INTRAVENOUS SOLUTION 80 MG/8ML	3	SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
etoposide oral capsule	1 or 1b*	SP
HALAVEN INTRAVENOUS SOLUTION	3	PA; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION	3	PA; SP
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1 or 1b*	SP
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; SP
toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
vinblastine sulfate intravenous solution	1 or 1b*	SP
vincasar pfs intravenous solution	1 or 1b*	SP
vincristine sulfate intravenous solution	1 or 1b*	SP
vinorelbine tartrate intravenous solution 10 mg/ml	1 or 1b*	
vinorelbine tartrate intravenous solution 50 mg/5ml	1 or 1b*	SP

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

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Drug Name	Tier	Notes
<b>*MYELOPROTECTIVE AGENTS***</b>		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES***</b>		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ALKERAN ORAL TABLET	3	SP
cyclophosphamide injection solution reconstituted	1 or 1b*	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	3	
cyclophosphamide oral capsule	1 or 1b*	SP
CYCLOPHOSPHAMIDE ORAL TABLET	3	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ifosfamide intravenous solution	1 or 1b*	SP
ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	SP
LEUKERAN ORAL TABLET	2	
melphalan hcl intravenous solution reconstituted	1 or 1b*	SP
melphalan oral tablet	1 or 1b*	SP
<b>*NITROSOUREAS***</b>		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	3	SP

Drug Name	Tier	Notes
carmustine intravenous solution reconstituted 100 mg	1 or 1b*	SP
carmustine intravenous solution reconstituted 300 mg, 50 mg	3	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA
GLIADEL WAFER IMPLANT WAFER	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
<b>*OTOPROTECTIVE AGENTS***</b>		
PEDMARK INTRAVENOUS SOLUTION	3	PA
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***</b>		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
COPIKTRA ORAL CAPSULE	3	PA; QL
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
ZYDELIG ORAL TABLET	3	PA; SP; QL
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***</b>		
LYNPARZA ORAL TABLET	3	PA; LD; SP; QL
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	3	PA; SP; QL
ZEJULA ORAL CAPSULE	3	PA; LD; SP; 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
<b>*PROGESTINS-ANTINEOPLASTIC***</b>		
hydroxyprogesterone caproate intramuscular solution	1 or 1b*	PA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1 or 1b*	
megestrol acetate oral tablet	1 or 1b*	
megestrol acetate powder	3	
<b>*RETINOIDS***</b>		
tretinoin oral capsule	1 or 1b*	
<b>*TETRAHYDROISOQUINOLINES***</b>		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
<b>*TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX***</b>		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
<b>*TOPOISOMERASE I INHIBITORS***</b>		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML	3	SP
CAMPTOSAR INTRAVENOUS SOLUTION 40 MG/2ML	3	
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
HYCAMTIN ORAL CAPSULE	2	PA; SP
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 500 mg/25ml	1 or 1b*	SP
irinotecan hcl intravenous solution 40 mg/2ml	1 or 1b*	
ONIVYDE INTRAVENOUS INJECTABLE	3	

Drug Name	Tier	Notes
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	SP
topotecan hcl intravenous solution reconstituted	1 or 1b*	SP
<b>*URINARY TRACT PROTECTIVE AGENTS***</b>		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
mesna intravenous solution	1 or 1b*	PA
MESNEX INTRAVENOUS SOLUTION	3	PA
MESNEX ORAL TABLET	2	PA
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***</b>		
AVASTIN INTRAVENOUS SOLUTION	3	PA; SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; SP
INLYTA ORAL TABLET	2	PA; SP; QL
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; 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
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
MVASI INTRAVENOUS SOLUTION	3	PA; SP
ZALTRAP INTRAVENOUS SOLUTION	3	PA; SP
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<b>*ANTIPARKINSON ANTICHOLINERGICS***</b>		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	
<b>*ANTIPARKINSON DOPAMINERGICS***</b>		
amantadine hcl oral capsule	1 or 1b*	QL
amantadine hcl oral solution	1 or 1b*	QL
amantadine hcl oral tablet	1 or 1b*	QL
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	
bromocriptine mesylate powder	3	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	3	PA; QL
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	3	PA; DO
INBRIJA INHALATION CAPSULE	3	PA; QL
levodopa powder	3	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; DO

Drug Name	Tier	Notes
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG	3	PA; QL
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
<b>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***</b>		
AZILECT ORAL TABLET	3	QL
rasagiline mesylate oral tablet	1 or 1b*	QL
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
selegiline hcl powder	3	
XADAGO ORAL TABLET	3	PA; QL
ZELAPAR ORAL TABLET DISPERSIBLE	3	PA; QL
<b>*CENTRAL/PERIPHERAL COMT INHIBITORS***</b>		
TASMAR ORAL TABLET 100 MG	3	PA; QL
tolcapone oral tablet	1 or 1b*	PA; QL
<b>*DECARBOXYLASE INHIBITORS***</b>		
carbidopa oral tablet	1 or 1b*	
LODOSYN ORAL TABLET	3	
<b>*LEVODOPA COMBINATIONS***</b>		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1 or 1b*	
DHIVY ORAL TABLET 25-100 MG	3	

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

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Drug Name	Tier	Notes
DUOPA ENTERAL SUSPENSION	3	PA; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	QL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; SP; QL
apomorphine hcl subcutaneous solution cartridge	1 or 1b*	PA; SP; QL
KYNMOBI SUBLINGUAL FILM	3	PA; LD; SP; QL
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	QL
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	QL
pramipexole dihydrochloride oral tablet	1 or 1b*	QL
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet	1 or 1b*	
<b>*PERIPHERAL COMT INHIBITORS***</b>		
COMTAN ORAL TABLET	3	QL
entacapone oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*ANTIMANIC AGENTS***</b>		
lithium carbonate er oral tablet extended release	1 or 1a*	QL
lithium carbonate oral capsule 150 mg, 300 mg	1 or 1a*	DO
lithium carbonate oral capsule 600 mg	1 or 1a*	QL
lithium carbonate oral tablet	1 or 1a*	DO
lithium carbonate powder	3	
<b>*ANTIPSYCHOTICS - MISC.***</b>		
CAPLYTA ORAL CAPSULE	3	ST; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	PA; QL
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	QL
LATUDA ORAL TABLET 120 MG, 80 MG	3	QL
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	3	DO
lurasidone hcl oral tablet 120 mg	1 or 1b*	
lurasidone hcl oral tablet 20 mg, 40 mg	1 or 1b*	DO
lurasidone hcl oral tablet 60 mg, 80 mg	1 or 1b*	QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	3	ST; QL
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	QL
ziprasidone mesylate intramuscular solution reconstituted	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
<b>*BENZISOXAZOLES***</b>		
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	ST; DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG	3	ST; QL
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	1 or 1b*	QL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	QL
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	QL
risperidone oral tablet dispersible 0.25 mg	1 or 1b*	PA; DO
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	QL

Drug Name	Tier	Notes
<b>*BUTYROPHENONES***</b>		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	QL
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	QL
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	QL
<b>*DIBENZODIAZEPINES* **</b>		
clozapine oral tablet 100 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO
VERSACLOZ ORAL SUSPENSION	3	QL
<b>*DIBENZO-OXEPINO PYRROLES***</b>		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
<b>*DIBENZOTHIAZEPINE S***</b>		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	QL
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
quetiapine fumarate oral tablet 150 mg, 200 mg, 300 mg, 400 mg	1 or 1b*	QL
<b>*DIBENZOXAZEPINES**</b>		
<b>ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO
loxapine succinate oral capsule 50 mg	1 or 1b*	QL
<b>*DIHYDROINDOLONES**</b>		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO
molindone hcl oral tablet 25 mg	1 or 1b*	QL
<b>*PHENOTHIAZINES***</b>		
chlorpromazine hcl injection solution	1 or 1b*	
<b>CHLORPROMAZINE HCL ORAL CONCENTRATE</b>	3	QL
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	QL
compro rectal suppository	1 or 1b*	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	QL
fluphenazine hcl oral elixir	1 or 1b*	QL
fluphenazine hcl oral tablet 1 mg, 2.5 mg	1 or 1b*	DO
fluphenazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
perphenazine oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	QL
perphenazine oral tablet 2 mg	1 or 1b*	DO
prochlorperazine edisylate injection solution 10 mg/2ml	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine maleate powder	3	

Drug Name	Tier	Notes
prochlorperazine rectal suppository	1 or 1b*	
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
thioridazine hcl oral tablet 100 mg	1 or 1b*	QL
trifluoperazine hcl oral tablet 1 mg, 2 mg	1 or 1b*	DO
trifluoperazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
<b>*QUINOLINONE DERIVATIVES***</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</b>	3	QL
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	3	QL
<b>ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG</b>	3	ST; DO
<b>ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG</b>	3	ST; QL
<b>ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG</b>	3	ST; DO
<b>ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG</b>	3	ST; QL
aripiprazole oral solution	1 or 1b*	QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	QL
aripiprazole oral tablet dispersible	1 or 1b*	QL
<b>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE</b>	3	PA; QL
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE</b>	3	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
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</b>	3	ST; DO
<b>REXULTI ORAL TABLET 3 MG, 4 MG</b>	3	ST; QL
<b>*THIENBENZODIAZEPI NES***</b>		
olanzapine intramuscular solution reconstituted	1 or 1b*	PA; QL
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	DO
olanzapine oral tablet 15 mg, 20 mg	1 or 1b*	QL
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO
olanzapine oral tablet dispersible 15 mg, 20 mg	1 or 1b*	QL
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	QL
<b>*THIOXANTHENES***</b>		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	PA; DO
thiothixene oral capsule 10 mg	1 or 1b*	PA; QL
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<b>*ANTISEPTIC COMBINATIONS***</b>		
iv prep wipes external pad 70 %	2	
<b>MICROCLENS WIPES EXTERNAL PAD</b>	2	
<b>UNI-SOLVE EXTERNAL PAD</b>	2	
<b>*ANTISEPTICS &amp; DISINFECTANTS***</b>		
<b>CETYLCIDE-G CONCENTRATE</b>	3	
cvs hydrogen peroxide external solution	1 or 1b*	
eq hydrogen peroxide external solution	1 or 1b*	
eql hydrogen peroxide external solution	1 or 1b*	
formaldehyde external solution 10 %	1 or 1b*	

Drug Name	Tier	Notes
<b>FORMALDEHYDE EXTERNAL SOLUTION 37 %</b>	3	
gnp hydrogen peroxide external solution	1 or 1b*	
goodsense hydrogen peroxide external solution	1 or 1b*	
hm hydrogen peroxide external solution	1 or 1b*	
hydrogen peroxide external solution	1 or 1b*	
hydrogen peroxide solution 30 %	1 or 1b*	
<b>HYLAMEND FIRST AID ANTISEPTIC EXTERNAL GEL</b>	3	
<b>KERR TRIPLE DYE SWABS EXTERNAL SWAB</b>	3	
<b>MEDI-FIRST HYDROGEN PEROXIDE EXTERNAL SOLUTION</b>	1 or 1b*	
meijer hydrogen peroxide external solution	1 or 1b*	
phenol crystals	3	
phenol external liquid	3	
<b>PHENOL EZ SWABS EXTERNAL SWAB</b>	2	
phenol liquid	3	
px hydrogen peroxide external solution	1 or 1b*	
ra hydrogen peroxide external solution	1 or 1b*	
sm hydrogen peroxide external solution	1 or 1b*	
<b>*CHLORINE ANTISEPTIC COMBINATIONS***</b>		
<b>GOLD BOND FIRST AID QUICK EXTERNAL LIQUID</b>	2	
<b>MERTHIOLATE (NEW FORMULA) EXTERNAL TINCTURE 0.13-50 %</b>	2	
<b>OXYZAL WET DRESSING EXTERNAL SOLUTION</b>	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
<b>*CHLORINE ANTISEPTICS***</b>		
<b>AMERIWASH EXTERNAL LOTION</b>	2	
<b>ANASEPT ANTIMICROBIAL EXTERNAL GEL</b>	2	
<b>ANASEPT EXTERNAL LIQUID</b>	2	
antibacterial hand soap external liquid	1 or 1b*	
antibacterial liquid soap external liquid	1 or 1b*	
antiseptic skin cleanser external solution 4 %	1 or 1b*	
antiseptic spray external liquid	1 or 1b*	
antiseptic wound/skin cleanser external liquid	2	
<b>BACTINE MAX WOUND WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>BAND-AID ANTISEPTIC KIDS EXTERNAL FOAM</b>	2	
benzalkonium chloride external concentrate	3	
<b>BENZALKONIUM CHLORIDE EXTERNAL SOLUTION</b>	3	
<b>BENZALKONIUM CHLORIDE EXTERNAL SOLUTION 50 %</b>	2	
<b>BETASEPT SURGICAL SCRUB EXTERNAL LIQUID</b>	1 or 1b*	
<b>BIOPATCH EXTERNAL</b>	2	
<b>BIOPATCH PROTECTIVE DISK/CHG EXTERNAL</b>	2	
bzk antiseptic towelettes external	1 or 1b*	
<b>CA-REZZ EXTERNAL CREAM</b>	2	
<b>CA-REZZ EXTERNAL LIQUID</b>	2	
ca-rezz gentle external liquid	2	
<b>CA-REZZ MOISTURE BARRIER EXTERNAL CREAM</b>	2	
ca-rezz norisc external cream	2	

Drug Name	Tier	Notes
ca-rezz norisc external liquid 0.3 %	2	
<b>CAVILON SKIN CLEANSER EXTERNAL LIQUID</b>	2	
chlorhexidine gluconate cloth external pad	2	
chlorhexidine gluconate external solution	1 or 1b*	
chlorhexidine gluconate solution 20 %	3	
<b>CLORPACTIN POWDER</b>	2	
<b>CURECHROME EXTERNAL SOLUTION</b>	2	
cvs antiseptic skin cleanser external solution	1 or 1b*	
cvs hand wash advanced antibac external solution	1 or 1b*	
cvs merthiolate external liquid	1 or 1b*	
dakins (1/2 strength) external solution	2	
dakins (1/4 strength) external solution	2	
dakins (full strength) external solution	2	
<b>DIABETIC BASICS HEALTHY FOOT EXTERNAL LOTION</b>	2	
diabet-x daily prevention external cream	2	
<b>DIAL GOLD EXTERNAL BAR</b>	2	
<b>DI-DAK-SOL EXTERNAL SOLUTION</b>	2	
<b>DYNA-HEX 2 EXTERNAL SOLUTION</b>	1 or 1b*	
<b>DYNA-HEX 4 EXTERNAL SOLUTION</b>	1 or 1b*	
<b>DYNAWOUND EXTERNAL LIQUID</b>	2	
eq antibacterial hands & face external	1 or 1b*	
eql antibac deodorant soap external bar	2	
eql antibac foaming hand wash external liquid	2	
eql antibacterial hand soap external liquid	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
eql hand soap external liquid	1 or 1b*	
gnp antibacterial hand soap external solution	1 or 1b*	
gnp antiseptic skin cleanser external solution	1 or 1b*	
<b>GOLD BOND ULTIM SANITIZR/MOIST EXTERNAL LIQUID</b>	2	
<b>GOLD BOND ULTIM SANITIZR/SHEER EXTERNAL LIQUID</b>	2	
hand wipes external	1 or 1b*	
<b>HANDCLENS 2 IN 1 EXTERNAL LIQUID</b>	1 or 1b*	
<b>H-CHLOR 12 EXTERNAL SOLUTION</b>	1 or 1b*	
<b>H-CHLOR 6 EXTERNAL SOLUTION</b>	2	
<b>H-CHLOR WOUND EXTERNAL GEL</b>	2	
<b>HIBICLENS EXTERNAL LIQUID</b>	2	
hm antiseptic skin cleanser external solution	1 or 1b*	
<b>HYSEPT EXTERNAL SOLUTION</b>	1 or 1b*	
merthiolate external liquid	1 or 1b*	
<b>NEW SKIN EXTERNAL AEROSOL 0.2 %</b>	2	
<b>NEW SKIN EXTERNAL LIQUID 0.2 %</b>	2	
qc antiseptic skin cleanser external solution	1 or 1b*	
qc merthiolate external liquid	1 or 1b*	
ra antiseptic skin cleanser external solution	1 or 1b*	
sm antibacterial liquid soap external liquid	1 or 1b*	
sm antiseptic skin cleanser external solution	1 or 1b*	
<b>TEGADERM CHG DRESSING EXTERNAL</b>	2	
waltz free hand sanitizer external lotion	2	
<b>*DISINFECTANTS***</b>		
<b>CETYLCIDE II CONCENTRATE</b>	2	
<b>CREOLIN LIQUID</b>	2	

Drug Name	Tier	Notes
<b>*IODINE ANTISEPTICS***</b>		
<b>BETADINE ANTISEPTIC DRY POWDER EXTERNAL AEROSOL POWDER</b>	2	
<b>BETADINE ANTISEPTIC EXTERNAL CREAM</b>	2	
<b>BETADINE EXTERNAL SOLUTION</b>	2	
<b>BETADINE SURGICAL SCRUB EXTERNAL SOLUTION</b>	2	
<b>BETADINE SWABSTICKS EXTERNAL SWAB</b>	2	
cvs iodine tincture external tincture	2	
cvs povidone-iodine external solution	1 or 1b*	
decolorized iodine external tincture	2	
eq first aid antiseptic external solution	1 or 1b*	
eq povidone-iodine external solution	1 or 1b*	
first aid antiseptic external ointment	2	
gnp iodides external tincture	2	
gnp iodine external tincture	2	
gnp povidone-iodine external solution	1 or 1b*	
goodsense iodine external tincture	2	
hm iodides external tincture	2	
hm iodine external tincture	2	
iodine external tincture , strong, 2 %	2	
iodine strong external tincture 6.9-5 %	2	
iodine tincture external tincture	2	
<b>IODINE TINCTURE EXTERNAL TINCTURE 2 %</b>	2	
<b>IODOFLEX EXTERNAL PAD</b>	3	

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

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Drug Name	Tier	Notes
<b>KENDALL SKIN SCRUB PAK/SPONGES EXTERNAL KIT</b>	2	
<b>KENDALL SPONGE STICK/PVP EXTERNAL</b>	2	
<b>KENDALL VAGINAL PREP PACK EXTERNAL KIT</b>	2	
<b>KENDALL VAGINAL PREP TRAY EXTERNAL KIT</b>	2	
<b>KENDALL WET SKIN SCRUB PACK EXTERNAL KIT</b>	2	
<b>LUGOLS STRONG IODINE EXTERNAL SOLUTION</b>	3	
povidone-iodine external pad	2	
povidone-iodine external solution 10 %	1 or 1b*	
povidone-iodine external swab 10 %	1 or 1b*	
povidone-iodine prep external pad	2	
qc iodides external tincture	2	
qc iodine tincture external tincture	2	
qc povidone iodine external solution	1 or 1b*	
ra antiseptic external solution	1 or 1b*	
ra first aid iodine external tincture	2	
sb povidone-iodine external solution	1 or 1b*	
<b>SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION</b>	1 or 1b*	
sm iodides external tincture	2	
sm iodine tincture external tincture	2	
sm povidone-iodine external solution	1 or 1b*	
<b>*MERCURY ANTISEPTICS***</b>		
thimerosal powder	3	
<b>*SILVER ANTISEPTICS***</b>		
silver protein mild powder	3	

Drug Name	Tier	Notes
<b>*ANTIVIRALS*</b>		
<b>*ANTIRETROVIRAL COMBINATIONS***</b>		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	QL
<b>BIKTARVY ORAL TABLET</b>	2	QL
<b>CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE</b>	3	PA; QL
<b>CIMDUO ORAL TABLET</b>	3	QL
<b>COMBIVIR ORAL TABLET</b>	3	QL
<b>DELSTRIGO ORAL TABLET</b>	3	QL
<b>DESCOVY ORAL TABLET 120-15 MG</b>	2	ST; QL
<b>DESCOVY ORAL TABLET 200-25 MG</b>	2	ST; \$0; QL
<b>DOVATO ORAL TABLET</b>	2	QL
efavirenz-emtricitab-tenofovir df oral tablet	1 or 1b*	QL
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*	\$0; QL
<b>EPZICOM ORAL TABLET</b>	3	QL
<b>EVOTAZ ORAL TABLET</b>	3	QL
<b>GENVOYA ORAL TABLET</b>	2	QL
<b>JULUCA ORAL TABLET</b>	3	PA; QL
<b>KALETRA ORAL SOLUTION</b>	3	QL
<b>KALETRA ORAL TABLET</b>	3	QL
lamivudine-zidovudine oral tablet	1 or 1b*	QL
lopinavir-ritonavir oral solution	1 or 1b*	QL
lopinavir-ritonavir oral tablet	1 or 1b*	QL
<b>ODEFSEY ORAL TABLET</b>	2	QL
<b>STRIBILD ORAL TABLET</b>	2	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
SYMTUZA ORAL TABLET	2	QL
TRIUMEQ ORAL TABLET	2	QL
TRIUMEQ PD ORAL TABLET SOLUBLE	2	QL
TRIZIVIR ORAL TABLET	3	QL
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***</b>		
maraviroc oral tablet	1 or 1b*	QL
SELZENTRY ORAL SOLUTION	3	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	QL
<b>*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR***</b>		
TROGARZO INTRAVENOUS SOLUTION	3	PA; QL
<b>*ANTIRETROVIRALS - FUSION INHIBITORS***</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS***</b>		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	QL
ISENTRESS HD ORAL TABLET	3	QL
ISENTRESS ORAL PACKET	3	QL
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET CHEWABLE	2	QL
TIVICAY ORAL TABLET	3	QL
TIVICAY PD ORAL TABLET SOLUBLE	3	QL

Drug Name	Tier	Notes
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS***</b>		
APTIVUS ORAL CAPSULE	2	PA; QL
atazanavir sulfate oral capsule	1 or 1b*	QL
fosamprenavir calcium oral tablet	1 or 1b*	QL
LEXIVA ORAL SUSPENSION	2	QL
LEXIVA ORAL TABLET	3	QL
NORVIR ORAL PACKET	3	QL
NORVIR ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	2	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	QL
REYATAZ ORAL PACKET	2	QL
ritonavir oral tablet	1 or 1b*	QL
VIRACEPT ORAL TABLET	2	QL
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***</b>		
EDURANT ORAL TABLET	2	PA; QL
efavirenz oral capsule	1 or 1b*	QL
efavirenz oral tablet	1 or 1b*	QL
etravirine oral tablet	1 or 1b*	PA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PA; QL
INTELENCE ORAL TABLET 25 MG	2	PA; QL
nevirapine er oral tablet extended release 24 hour	1 or 1b*	QL
nevirapine oral suspension	1 or 1b*	QL
nevirapine oral tablet	1 or 1b*	QL
PIFELTRO ORAL TABLET	3	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
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PURINES***</b>		
abacavir sulfate oral solution	1 or 1b*	QL
abacavir sulfate oral tablet	1 or 1b*	QL
<b>ZIAGEN ORAL SOLUTION</b>	3	QL
<b>ZIAGEN ORAL TABLET</b>	3	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PYRIMIDINES***</b>		
emtricitabine oral capsule	1 or 1b*	\$0; QL
<b>EMTRIVA ORAL CAPSULE</b>	3	QL
<b>EMTRIVA ORAL SOLUTION</b>	2	QL
<b>EPIVIR ORAL SOLUTION</b>	3	QL
<b>EPIVIR ORAL TABLET</b>	3	QL
lamivudine oral solution	1 or 1b*	QL
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- THYMIDINES***</b>		
<b>RETROVIR INTRAVENOUS SOLUTION</b>	2	
<b>RETROVIR ORAL CAPSULE</b>	3	QL
<b>RETROVIR ORAL SYRUP</b>	3	QL
stavudine oral capsule	1 or 1b*	QL
zidovudine oral capsule	1 or 1b*	QL
zidovudine oral syrup	1 or 1b*	QL
zidovudine oral tablet	1 or 1b*	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***</b>		
tenofovir disoproxil fumarate oral tablet	1 or 1b*	\$0; QL
<b>VIREAD ORAL POWDER</b>	2	QL
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	2	QL

Drug Name	Tier	Notes
<b>*ANTIRETROVIRALS ADJUVANTS***</b>		
<b>TYBOST ORAL TABLET</b>	3	QL
<b>*ANTIVIRAL COMBINATIONS***</b>		
<b>PAXLOVID (150/100) ORAL TABLET THERAPY PACK</b>	2	
<b>PAXLOVID (300/100) ORAL TABLET THERAPY PACK</b>	2	
<b>*CMV AGENTS***</b>		
cidofovir intravenous solution	1 or 1b*	
foscarnet sodium intravenous solution 6000 mg/250ml	1 or 1b*	
<b>FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML</b>	3	
<b>GANCICLOVIR INTRAVENOUS SOLUTION</b>	3	SP
<b>GANCICLOVIR SODIUM INTRAVENOUS SOLUTION</b>	3	SP
ganciclovir sodium intravenous solution reconstituted	1 or 1b*	SP
<b>LIVTENCITY ORAL TABLET</b>	3	PA; QL
<b>PREVYMIS INTRAVENOUS SOLUTION</b>	3	PA; SP; QL
<b>PREVYMIS ORAL TABLET</b>	3	PA; SP; QL
<b>VALCYTE ORAL SOLUTION RECONSTITUTED</b>	3	
<b>VALCYTE ORAL TABLET</b>	3	
valganciclovir hcl oral solution reconstituted	1 or 1b*	
valganciclovir hcl oral tablet	1 or 1b*	
<b>*HEPATITIS B AGENTS***</b>		
adefovir dipivoxil oral tablet	1 or 1b*	SP; QL
<b>BARACLUDGE ORAL SOLUTION</b>	2	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
lamivudine oral tablet 100 mg	1 or 1b*	QL
VEMLIDY ORAL TABLET	3	SP; QL
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
EPCLUSA ORAL PACKET	3	PA; SP; QL
EPCLUSA ORAL TABLET	3	PA; SP; QL
HARVONI ORAL PACKET	3	PA; SP; QL
HARVONI ORAL TABLET	3	PA; SP; QL
<b>*HEPATITIS C AGENTS***</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	LD; SP; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LD; SP; QL
ribavirin oral capsule	1 or 1b*	SP; QL
ribavirin oral tablet 200 mg	1 or 1b*	SP; QL
<b>*HERPES AGENTS - PURINE ANALOGUES***</b>		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
valacyclovir hcl oral tablet	1 or 1b*	QL
<b>*HERPES AGENTS - THYMIDINE ANALOGUES***</b>		
famciclovir oral tablet	1 or 1b*	QL
<b>*INFLUENZA AGENTS***</b>		
rimantadine hcl oral tablet	1 or 1b*	
<b>*MISC. ANTIVIRALS***</b>		
LAGEVRIO ORAL CAPSULE	2	
remdesivir intravenous solution reconstituted 100 mg	3	
TPOXX INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
TPOXX ORAL CAPSULE	3	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*NEURAMINIDASE INHIBITORS***</b>		
oseltamivir phosphate oral capsule	1 or 1b*	QL
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL
RAPIVAB INTRAVENOUS SOLUTION	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
<b>*PA ENDONUCLEASE INHIBITORS***</b>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
<b>*RSV AGENTS - NUCLEOSIDE ANALOGUES***</b>		
ribavirin inhalation solution reconstituted	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	
<b>*BETA BLOCKERS*</b>		
<b>*ALPHA-BETA BLOCKERS***</b>		
carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg	1 or 1b*	DO
carvedilol oral tablet 25 mg	1 or 1b*	QL

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

Drug Name	Tier	Notes
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg	1 or 1b*	DO
carvedilol phosphate er oral capsule extended release 24 hour 80 mg	1 or 1b*	QL
labetalol hcl oral tablet 100 mg, 200 mg	1 or 1b*	DO
labetalol hcl oral tablet 300 mg	1 or 1b*	QL
<b>LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%</b>	3	
<b>LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%</b>	3	
<b>*BETA BLOCKERS CARDIO-SELECTIVE***</b>		
acebutolol hcl oral capsule	1 or 1b*	QL
acebutolol hcl powder	3	
atenolol oral tablet 100 mg	1 or 1a*	QL
atenolol oral tablet 25 mg, 50 mg	1 or 1a*	DO
atenolol powder	3	
betaxolol hcl oral tablet 10 mg	1 or 1b*	DO
betaxolol hcl oral tablet 20 mg	1 or 1b*	QL
bisoprolol fumarate oral tablet 10 mg	1 or 1b*	QL
bisoprolol fumarate oral tablet 5 mg	1 or 1b*	DO
<b>BREVIBLOC IN NAACL INTRAVENOUS SOLUTION</b>	3	
<b>BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML</b>	3	
<b>BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION</b>	3	
<b>BREVIBLOC PREMIXED INTRAVENOUS SOLUTION</b>	3	

Drug Name	Tier	Notes
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
<b>ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML</b>	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
<b>KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE</b>	3	QL
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	QL
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	QL
metoprolol tartrate powder	3	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	1 or 1b*	DO
nebivolol hcl oral tablet 20 mg	1 or 1b*	QL
<b>*BETA BLOCKERS NON-SELECTIVE***</b>		
<b>HEMANGEOL ORAL SOLUTION</b>	3	
nadolol oral tablet 20 mg, 40 mg	1 or 1b*	DO
nadolol oral tablet 80 mg	1 or 1b*	QL
nadolol powder	3	
pindolol oral tablet 10 mg	1 or 1b*	QL
pindolol oral tablet 5 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 160 mg	1 or 1b*	QL
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	QL
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg	1 or 1b*	DO
propranolol hcl oral tablet 80 mg	1 or 1b*	QL
propranolol hcl powder	3	
sorine oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
sotalol hcl (af) oral tablet	1 or 1b*	
<b>SOTALOL HCL INTRAVENOUS SOLUTION</b>	3	
sotalol hcl oral tablet	1 or 1b*	QL
<b>SOTYLIZE ORAL SOLUTION</b>	3	
timolol maleate oral tablet 10 mg, 20 mg	1 or 1b*	QL
timolol maleate oral tablet 5 mg	1 or 1b*	DO
timolol maleate powder	3	
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*CALCIUM CHANNEL BLOCKERS***</b>		
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG</b>	3	DO
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG</b>	3	QL
<b>CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%</b>	3	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	3	DO
<b>CARDIZEM ORAL TABLET 120 MG</b>	3	QL
<b>CARDIZEM ORAL TABLET 30 MG, 60 MG</b>	3	DO
cartia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg	1 or 1b*	QL
<b>CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML</b>	3	

Drug Name	Tier	Notes
<b>CONJUPRI ORAL TABLET 2.5 MG</b>	3	ST; DO
<b>CONJUPRI ORAL TABLET 5 MG</b>	3	ST; QL
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 60 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl intravenous solution	1 or 1b*	
<b>DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
diltiazem hcl oral tablet 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 10 mg	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
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule 2.5 mg	1 or 1b*	DO
isradipine oral capsule 5 mg	1 or 1b*	QL
<b>KATERZIA ORAL SUSPENSION</b>	3	PA; QL
levamlodipine maleate oral tablet 2.5 mg	1 or 1b*	DO
levamlodipine maleate oral tablet 5 mg	1 or 1b*	QL
matzim la oral tablet extended release 24 hour	1 or 1b*	QL
<b>NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%</b>	3	
nicardipine hcl intravenous solution	1 or 1b*	
nicardipine hcl oral capsule	1 or 1b*	QL
nifedipine er oral tablet extended release 24 hour	1 or 1b*	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	1 or 1b*	QL
nifedipine oral capsule 10 mg	1 or 1b*	DO
nifedipine oral capsule 20 mg	1 or 1b*	QL
nimodipine oral capsule	1 or 1b*	QL
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	QL
<b>NORLIQVA ORAL SOLUTION</b>	3	PA; QL
<b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>	3	QL
<b>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG</b>	3	DO

Drug Name	Tier	Notes
<b>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG</b>	3	QL
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG</b>	3	DO
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG</b>	3	QL
taztia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
taztia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
tiadylt er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
<b>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG</b>	3	DO
<b>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	3	QL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	1 or 1b*	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
verapamil hcl er oral tablet extended release 120 mg	1 or 1b*	DO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1 or 1b*	QL
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet 120 mg	1 or 1b*	QL
verapamil hcl oral tablet 40 mg, 80 mg	1 or 1b*	DO
verapamil hcl powder	3	

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

Drug Name	Tier	Notes
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG	3	QL
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	DO
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG	3	QL
<b>*CARDIOTONICS*</b>		
<b>*CARDIAC GLYCOSIDES***</b>		
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	QL
digoxin oral tablet 125 mcg, 62.5 mcg	1 or 1b*	DO
digoxin oral tablet 250 mcg	1 or 1b*	QL
LANOXIN INJECTION SOLUTION 0.25 MG/ML	3	
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
<b>*INOTROPES***</b>		
dobutamine hcl intravenous solution 250 mg/20ml	1 or 1b*	
DOBUTAMINE IN D5W INTRAVENOUS SOLUTION	3	
DOPAMINE HCL INTRAVENOUS SOLUTION 40 MG/ML	3	
DOPAMINE IN D5W INTRAVENOUS SOLUTION	3	
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1 or 1b*	

Drug Name	Tier	Notes
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB***</b>		
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
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG	3	QL
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
<b>*CARDIAC MYOSIN INHIBITORS***</b>		
CAMZYOS ORAL CAPSULE	3	PA; SP; QL
<b>*CARDIOPLEGIC SOLUTIONS***</b>		
PLEGISOL PERFUSION SOLUTION	3	
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***</b>		
ENTRESTO ORAL TABLET	3	QL
<b>*NITRATE &amp; VASODILATOR COMBINATIONS***</b>		
BIDIL ORAL TABLET	3	QL
isosorb dinitrate-hydralazine oral tablet	1 or 1b*	QL
<b>*PERIPHERAL VASODILATORS***</b>		
eql niacin flush free oral capsule	1 or 1b*	
niacin flush free oral capsule 500 mg	1 or 1b*	
niacin flush free oral capsule 590 mg	2	
NIACIN FLUSH-FREE EX ST ORAL CAPSULE	2	

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

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Drug Name	Tier	Notes
no flush niacin oral tablet	2	
nylidrin hcl powder	3	
papaverine hcl powder	3	
qc niacin oral capsule	1 or 1b*	
<b>*PROSTAGLANDIN - IMPOTENCE AGENTS***</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	PA
EDEX INTRACAVERNOSAL KIT	3	PA
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG	3	PA
<b>*PROSTAGLANDIN VASODILATORS***</b>		
epoprostenol sodium intravenous solution reconstituted	1 or 1b*	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; QL
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; QL
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	3	PA; SP
treprostinil injection solution	1 or 1b*	PA; SP

Drug Name	Tier	Notes
TYVASO DPI MAINTENANCE KIT INHALATION POWDER	3	PA; QL
TYVASO DPI TITRATION KIT INHALATION POWDER	3	PA; QL
TYVASO INHALATION SOLUTION	3	PA; SP; QL
TYVASO REFILL INHALATION SOLUTION	3	PA; SP; QL
TYVASO STARTER INHALATION SOLUTION	3	PA; SP; QL
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
VENTAVIS INHALATION SOLUTION	3	PA; SP; QL
<b>*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***</b>		
ADEMPAS ORAL TABLET	3	PA; LD; SP; QL
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***</b>		
ambrisentan oral tablet	1 or 1b*	PA; SP; QL
bosentan oral tablet	1 or 1b*	PA; LD; SP; QL
OPSUMIT ORAL TABLET	3	PA; SP; QL
TRACLEER ORAL TABLET SOLUBLE	3	PA; SP; QL
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***</b>		
alyq oral tablet	1 or 1b*	PA; SP; QL
sildenafil citrate intravenous solution	1 or 1b*	PA; SP; QL
sildenafil citrate oral suspension reconstituted	1 or 1b*	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1 or 1b*	PA; SP; QL
tadalafil (pah) oral tablet	1 or 1b*	PA; SP; 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
TADLIQ ORAL SUSPENSION	3	PA; QL
<b>*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***</b>		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
UPTRAVI ORAL TABLET	3	PA; SP; QL
UPTRAVI ORAL TABLET THERAPY PACK	3	PA; SP; QL
<b>*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***</b>		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
<b>*SEPTAL AGENTS - ABLATION**</b>		
ABLYSINOL INTRA-ARTERIAL SOLUTION	3	
<b>*SINUS NODE INHIBITORS**</b>		
CORLANOR ORAL SOLUTION	3	PA; QL
CORLANOR ORAL TABLET	2	PA; QL
<b>*TRANSTHYRETIN STABILIZERS***</b>		
VYNDAMAX ORAL CAPSULE	3	PA; SP; QL
VYNDAQEL ORAL CAPSULE	3	PA; SP; QL
<b>*CEPHALOSPORINS*</b>		
<b>*CEPHALOSPORIN COMBINATIONS***</b>		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*CEPHALOSPORINS - 1ST GENERATION***</b>		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	1 or 1b*	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	
cefazolin sodium intravenous solution reconstituted 1 gm	1 or 1b*	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
<b>*CEPHALOSPORINS - 2ND GENERATION***</b>		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted	1 or 1b*	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
cefoxitin sodium intravenous solution reconstituted	1 or 1b*	

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

Drug Name	Tier	Notes
<b>CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)</b>	3	
cefprozil oral suspension reconstituted	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection solution reconstituted 750 mg	1 or 1b*	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1 or 1b*	
<b>*CEPHALOSPORINS - 3RD GENERATION***</b>		
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension reconstituted	1 or 1b*	
cefixime oral capsule	1 or 1b*	
cefixime oral suspension reconstituted	1 or 1b*	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	3	
cefpodoxime proxetil oral suspension reconstituted	1 or 1b*	
cefpodoxime proxetil oral tablet	1 or 1b*	
<b>CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)</b>	3	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1 or 1b*	
ceftazidime intravenous solution reconstituted	1 or 1b*	
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	QL
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	QL

Drug Name	Tier	Notes
<b>CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM</b>	3	QL
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	QL
<b>CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)</b>	3	QL
<b>SUPRAX ORAL CAPSULE</b>	3	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML</b>	3	
<b>SUPRAX ORAL TABLET CHEWABLE</b>	3	
tazicef injection solution reconstituted 1 gm	1 or 1b*	
<b>TAZICEF INTRAVENOUS SOLUTION</b>	3	
tazicef intravenous solution reconstituted	1 or 1b*	
<b>*CEPHALOSPORINS - 4TH GENERATION***</b>		
cefepime hcl injection solution reconstituted 1 gm	1 or 1b*	
<b>CEFEPIME HCL INTRAVENOUS SOLUTION</b>	3	
<b>CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM</b>	3	
cefepime hcl intravenous solution reconstituted 2 gm	1 or 1b*	
<b>CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)</b>	3	

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



Drug Name	Tier	Notes
<b>*CEPHALOSPORINS - 5TH GENERATION***</b>		
<b>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*CEPHALOSPORINS - SIDEROPHORES***</b>		
<b>FETROJA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*CHEMICALS*</b>		
<b>*ACIDS***</b>		
acetic acid glacial solution 99 %	3	
acetic acid solution 3 %, 5 %	3	
fumaric acid powder	3	
glycolic acid crystals	3	
glycolic acid granules	3	
hydrochloric acid liquid	3	
lactic acid solution	3	
nitric acid liquid	3	
oxalic acid crystals	3	
oxalic acid dihydrate powder	3	
phosphoric acid solution	3	
sulfuric acid solution	3	
<b>*ADDITIONAL SOLIDS***</b>		
5-hydroxy-l-tryptophan powder	3	
allantoin powder	3	
alprostadil powder	3	
aluminum hydroxide dried gel powder	3	
aluminum hydroxide gel powder	3	
capsicum oleoresin liquid	3	
carbidopa anhydrous powder	3	
carbidopa powder	3	
coenzyme q10 powder	3	
dimenhydrinate powder	3	
dimercaptopropane-sulfonate na powder	3	
edetate acid powder	3	

Drug Name	Tier	Notes
edetate disodium dihydrate powder	3	
edetate disodium powder	3	
edetate sodium powder	3	
edetic acid powder	3	
epinephrine base powder	3	
epinephrine powder	3	
fluorescein powder	3	
fluorescein sodium powder	3	
homatropine methylbromide powder	3	
hydroxytryptophan 1-5 powder	3	
hydroxytryptophan powder	3	
ketoconazole powder	3	
kojic acid powder	3	
melatonin powder	3	
menadione sodium bisulfite crystals	3	
minoxidil powder	3	
oxybenzone powder	3	
prostaglandin e1 powder	3	
pyruvic acid liquid	3	
pyruvic acid powder	3	
tinidazole powder	3	
ubidecarenone powder	3	
<b>*BASES***</b>		
ammonium hydroxide solution	3	
potassium hydroxide pellet	3	
potassium hydroxide solution 10 %, 20 %, 45 %	3	
sodium hydroxide pellet	3	
<b>*BUFFERS***</b>		
sodium borate decahydrate powder	3	
sodium borate powder	2	
sodium carbonate anhydrous powder	3	
sodium carbonate monohydrate powder	3	
tartaric acid granules	3	
tartaric acid powder	3	

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

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Drug Name	Tier	Notes
<b>*BULK CHEMICALS - AC'S***</b>		
acarbose powder	3	
acepromazine maleate powder	3	
acesulfame potassium powder	3	
acetaminophen crystals	3	
acetaminophen granules	3	
acetaminophen powder	3	
acetarsona powder	3	
acetazolamide crystals	3	
acetazolamide powder	3	
acetyl dipeptide-1 cetyl ester solution	3	
acetyl hexapeptide-8 powder	3	
acetyl hexapeptide-8 solution	3	
acetylcholine chloride powder	3	
acetyl-d-glucosamine powder	3	
acetyl-l-carnitine hcl powder	3	
acyclovir powder	3	
<b>*BULK CHEMICALS - AD'S***</b>		
ademetonine disulf tosylate powder	3	
adenosine powder	3	
<b>*BULK CHEMICALS - AG'S***</b>		
agar granules	3	
agar powder	3	
blue agave organic liquid	3	
<b>*BULK CHEMICALS - AL'S***</b>		
<b>ACTIPHYTE OF ALGAE GL LIQUID</b>	3	
alaskan red algae powder	3	
albendazole powder	3	
aldosterone powder	3	
alginic acid powder	3	
alkyl benzoate c12-15 liquid	3	
allopurinol powder	3	
aloe vera freeze dried powder	3	
aloe vera leaf powder	3	
aloe vera oil	3	

Drug Name	Tier	Notes
aloe vera powder	3	
alpha-ketoglutaric acid crystals	3	
alpha-ketoglutaric acid powder	3	
alpha-lipoic acid powder	3	
alprazolam powder	3	
altrenogest powder	3	
aluminum acetate basic powder	3	
aluminum chlorohydrate powder	3	
dl-alpha lipoic acid powder	3	
lipoic acid powder	3	
<b>*BULK CHEMICALS - AM'S***</b>		
9-aminoacridine hcl powder	3	
amantadine hcl powder	3	
american ginseng powder	3	
aminocaproic acid powder	3	
aminolevulinic acid hcl powder	3	
aminopropyl racementhyl phos powder	3	
amitriptyline hcl powder	3	
amlodipine besylate powder	3	
ammonium lauryl sulfate liquid	3	
ammonium molybdate tetrahyd powder	3	
<b>MAGNASWEET 110 LIQUID</b>	3	
<b>MAGNASWEET 135 POWDER</b>	3	
sodium 4-aminosalicylate powder	3	
<b>*BULK CHEMICALS - AN'S***</b>		
anastrozole powder	3	
androstenedione powder	3	
anisindione powder	3	
antimony potassium tartrate powder	3	
antimony trichloride crystals	3	
antimony trisulfide powder	3	
antipyrene crystals	3	

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

Drug Name	Tier	Notes
antipyrine powder	3	
<b>*BULK CHEMICALS - AP'S***</b>		
apomorphine hcl powder	3	
<b>*BULK CHEMICALS - AR'S***</b>		
arbutin alpha powder	3	
arginine hcl powder	3	
arnica liquid	3	
arsenic trioxide powder	3	
l-arginine hcl powder	3	
<b>*BULK CHEMICALS - AS***</b>		
ascorbic acid cassave powder	3	
ascorbic acid granules	2	
ascorbic acid powder	3	
ascorbyl palmitate powder	3	
asparagine monohydrate powder	3	
<b>*BULK CHEMICALS - AT'S***</b>		
atorvastatin calcium powder	3	
attapulgit powder	3	
<b>*BULK CHEMICALS - AV'S***</b>		
aviptadil acetate powder	3	
avocado oil oil	3	
<b>*BULK CHEMICALS - AZ'S***</b>		
azelaic acid flakes	3	
azelaic acid powder	3	
azelastine hcl powder	3	
azithromycin dihydrate powder	3	
azithromycin powder	3	
<b>*BULK CHEMICALS - BA***</b>		
bacitracin micronized powder	3	
basic fuchsin hcl powder	3	
<b>*BULK CHEMICALS - BE'S***</b>		
beclomethasone dipropionate powder	3	
belladonna extract powder	3	
belladonna tincture	3	

Drug Name	Tier	Notes
benactyzine hcl powder	3	
benazepril hcl powder	3	
benfotiamine powder	3	
benzethonium chloride powder	3	
benzocaine powder	3	
benzoin gum powder	3	
benzoquinone (para) crystals	3	
beta carotene beads	3	
beta cyclodextrin powder	3	
beta glucan powder	3	
betahistine dihydrochloride powder	3	
betahistine hcl powder	3	
betaine anhydrous powder	3	
betaine hcl powder	3	
betamethasone acetate powder	3	
betamethasone powder	3	
betanaphthol powder	3	
bethanechol chloride powder	3	
<b>TINOGARD TL LIQUID</b>	3	
<b>*BULK CHEMICALS - BI'S***</b>		
bimatoprost powder	3	
biotin powder	3	
biotin-d powder	3	
bisabolol, alpha-l liquid	3	
bismuth citrate powder	3	
bisoprolol fumarate powder	3	
bitter orange powder	3	
<b>*BULK CHEMICALS - BO'S***</b>		
boron amorphous fine powder	3	
boron citrate powder	3	
boswellia serrata extract powder	3	
<b>*BULK CHEMICALS - BR***</b>		
brilliant green powder	3	
brimonidine tartrate powder	3	
bromfenac sodium	3	
bromfenac sodium powder	3	

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

Drug Name	Tier	Notes
<b>*BULK CHEMICALS - BU'S***</b>		
bha flakes	3	
budesonide powder	3	
buflomedil hcl powder	3	
buprenorphine hcl powder	3	
bupropion hcl powder	3	
buspirone hcl powder	3	
butalbital powder	3	
butorphanol tartrate powder	3	
butyl alcohol liquid	3	
butylated hydroxyanisole powder	3	
butylene glycol liquid	3	
<b>*BULK CHEMICALS - CA'S***</b>		
adrenochrome semicarbazone powder	3	
calcipotriene monohydrate powder	3	
calcipotriene powder	3	
calcipotriol powder	3	
calcitriol in almond oil oil	3	
calcitriol powder	3	
calcium acetate crystals	3	
calcium acetate powder	3	
calcium alginate powder	3	
calcium amino acid chelate granules	3	
calcium chloride anhydrous powder	3	
calcium citrate powder	3	
calcium citrate tetrahydrate powder	3	
calcium fructoborate powder	3	
calcium glubionate powder	3	
calcium glycerophosphate powder	3	
calcium levulinate dihydrate powder	3	
calcium oxide powder	3	
calcium propionate powder	3	
calcium pyruvate powder	3	
calcium saccharate powder	3	
calcium silicate powder	3	

Drug Name	Tier	Notes
calcium stearate powder	3	
calcium thioglycolate powder	3	
canadian balsam liquid	3	
cannabidiol powder	3	
caprylic acid liquid	3	
caprylic capric triglyceride liquid	3	
capsaicin palmitate powder	3	
captopril powder	3	
carbachol powder	3	
carbamide peroxide powder	3	
carbazochrome powder	3	
carbimazole powder	3	
carbomer 934p powder	3	
carbomer 934p resin powder	3	
carbomer 940 nf powder	3	
carbomer 940 powder	3	
carbomer 941 powder	3	
carbomer homopolymer type c powder	3	
carbopol 940 nf powder	3	
carbopol 940 powder	3	
cardamom oil	3	
carmine powder	3	
carnauba wax flakes	3	
carnosine l powder	3	
castor oil sulfated oil	3	
diethylene glycol monoethyl et liquid	3	
ethoxy diglycol liquid	3	
ethoxy ethoxy ethanol reagent liquid	3	
l-carnosine powder	3	
locust bean gum powder	3	
urea peroxide powder	3	
ylang-ylang oil fragrance oil	3	
<b>*BULK CHEMICALS - CE'S***</b>		
<b>AVICEL PH 101 MICRO CELLULOSE POWDER</b>	3	
<b>AVICEL PH 105 MICRO CELLULOSE POWDER</b>	3	
ceftazidime powder	3	

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

Drug Name	Tier	Notes
ceftazidime with sod carbonate powder	3	
ceftriaxone sodium powder	3	
celecoxib powder	3	
cellulase powder	3	
cellulose carmellose sodium powder	3	
cellulose crystals	3	
cellulose powder	3	
ceresin wax flakes	3	
cesium chloride powder	3	
cetearyl alcohol-cetareth 20 powder	3	
cetostearyl alcohol	3	
cetyl myristoleate oil	3	
cetyl myristoleate powder	3	
cetyl myristoleate wax	3	
cetylpyridinium chloride crystals	3	
freedom esterderm liquid	3	
microcrystal cellulose nf 101 powder	3	
microcrystal cellulose nf 105 powder	3	
<b>*BULK CHEMICALS - CH'S***</b>		
chicken protein powder	3	
chlorambucil powder	3	
chloramphenicol (bulk) crystals	3	
chloramphenicol palmitate powder	3	
chloramphenicol powder	3	
chlorhexidine diacetate powder	3	
chlorophyllin sodium copper powder	3	
chlorothiazide powder	3	
chloroxine powder	3	
chloroxylenol powder	3	
chlorpromazine hcl powder	3	
cholecalciferol crystals	3	
cholecalciferol powder	3	
cholesterol flakes	3	
cholesterol powder	3	

Drug Name	Tier	Notes
cholestyramine powder	3	
choline chloride powder	3	
choline mag trisalicylate powder	3	
chondroitin sulfate sodium powder	3	
chorionic gonadotropin powder	3	
chromic chloride crystals	3	
chromium chloride powder	3	
chromium k sulfate dodecahyd crystals	3	
chromium picolinate powder	3	
chromium polynicotinate powder	3	
chrysin powder	3	
human chorionic gonadotropin powder	3	
vitamin d3 liquid	3	
vitamin d3 powder	3	
<b>*BULK CHEMICALS - CI***</b>		
bioflavonoid citrus powder	3	
ciclopirox powder	3	
cidofovir powder	3	
cinnamon bark powder	3	
ciprofloxacin hcl powder	3	
ciprofloxacin powder	3	
cisapride powder	3	
cisplatin powder	3	
citicoline powder	3	
citrulline powder	3	
citrus bioflavonoids powder	3	
l-citrulline powder	3	
<b>*BULK CHEMICALS - CL***</b>		
clarithromycin powder	3	
clemizole hcl powder	3	
clidinium bromide powder	3	
clindamycin hcl monohydrate powder	3	
clindamycin hcl powder	3	
clindamycin phosphate powder	3	
clofazimine powder	3	

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

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Drug Name	Tier	Notes
clomipramine hcl powder	3	
clonazepam powder	3	
clopidogrel bisulfate powder	3	
clorsulon powder	3	
<b>*BULK CHEMICALS - CO'S***</b>		
adrenocorticotrophic hormone powder	3	
cobalt gluconate powder	3	
cobamamide powder	3	
cocamide dea liquid	3	
colhibin solution	3	
colistimethate sodium powder	3	
collagen hydrolysate powder	3	
copper gluconate powder	3	
coral calcium powder	3	
corn oil oil	3	
coumarin powder	3	
<b>SPECPED SOLUTION</b>	3	
<b>*BULK CHEMICALS - CR'S***</b>		
cranberry powder	3	
creatine monohydrate powder	3	
creatine powder	3	
creatinine powder	3	
cresol liquid	3	
croscarmellose sodium powder	3	
crotamiton liquid	3	
croton oil oil	3	
<b>*BULK CHEMICALS - CU'S***</b>		
<b>ACTIPHYTE OF CUCUMBER LIQUID</b>	3	
copper glycinate powder	3	
cupric chloride dihydrate crystals	3	
cupuacu butter	3	
<b>*BULK CHEMICALS - CY'S***</b>		
cyanocobalamin crystals	3	
cyanocobalamin powder	3	
cylandelate powder	3	

Drug Name	Tier	Notes
cyclobenzaprine hcl powder	3	
cyclomethicone liquid	3	
cyclopentasilox-peg/ppg dimeth liquid	3	
cyclopentolate hcl powder	3	
cyclophosphamide powder	3	
cycloserine powder	3	
cyclosporine a powder	3	
cyclosporine powder	3	
cyproheptadine hcl powder	3	
cysteamine hcl powder	3	
l-cysteine crystals	3	
l-cysteine hcl powder	3	
l-cysteine powder	3	
<b>*BULK CHEMICALS - DA'S***</b>		
dantrolene sodium powder	3	
dapiprazole hcl powder	3	
dapsone powder	3	
<b>*BULK CHEMICALS - DE'S***</b>		
2-deoxy-d-glucose powder	3	
dehydrocholic acid powder	3	
demecarium bromide powder	3	
denatonium benzoate granules	3	
deoxycholic acid powder	3	
desiccated beef liver powder	3	
desmopressin acetate powder	3	
desoximetasone powder	3	
desoxycorticosterone acetate powder	3	
devils claw powder	3	
dexamethasone acetate powder	3	
dexamethasone base powder	3	
dexamethasone isonicotinate powder	3	
dexamethasone powder	3	
dexamethasone sodium phosphate powder	3	
dexchlorpheniramine maleate powder	3	
dexpanthenol liquid	3	
dexpanthenol powder	3	

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

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Drug Name	Tier	Notes
dextran 40000 powder	3	
dextran 75000 powder	3	
dextromethorphan powder	3	
dimethylaminoethanol liquid	3	
dmae bitartrate powder	3	
<b>DOW CORNING 1501 FLUID LIQUID</b>	3	
<b>PCCA DMAE COMPLEX LIQUID</b>	3	
<b>*BULK CHEMICALS - DI'S***</b>		
diaminopyridine powder	3	
diazepam powder	3	
diazoxide powder	3	
dibucaine hcl powder	3	
dibucaine powder	3	
dichloralphenazone powder	3	
dichloroacetic acid liquid	3	
diclazuril powder	3	
diclofenac sodium powder	3	
dicyclomine hcl powder	3	
diethanolamine liquid	3	
diethyl phthalate liquid	3	
diethyl toluamide liquid	3	
diethylcarbamazine citrate powder	3	
diethylpropion hcl powder	3	
diethylstilbestrol powder	3	
digoxin micronized powder	3	
digoxin powder	3	
dihydrocodeine bitartrate powder	3	
dihydroxyacetone (1,3) dimer powder	3	
diindolylmethane powder	3	
diiodo-l-thyronine 3,5 powder	3	
diltiazem hcl powder	3	
dimethyl fumarate powder	3	
dimethyl siloxane hydroxyalkyl liquid	3	
dimethylacetamide liquid	3	
dimethylglycine hcl powder	3	
diosgenin powder	3	

Drug Name	Tier	Notes
diosmin powder	3	
dioxybenzone powder	3	
diphenidol hcl powder	3	
diphenylcyclopropenone powder 98 %	3	
dipyridamole powder	3	
disophenol powder	3	
disulfiram powder	3	
divalproex sodium powder	3	
<b>GERMALL PLUS LIQUID</b>	3	
prostaglandin e2 powder	3	
<b>SYN-AKE LIQUID</b>	3	
<b>*BULK CHEMICALS - DM'S***</b>		
d-mannose powder	3	
<b>*BULK CHEMICALS - DO***</b>		
docosanol powder	3	
dopamine hcl powder	3	
dorzolamide hcl powder	3	
doxazosin mesylate powder	3	
doxepin hcl powder	3	
doxycycline monohydrate powder	3	
<b>*BULK CHEMICALS - DR***</b>		
d-ribose powder	3	
ribose (d) powder	3	
<b>*BULK CHEMICALS - DU***</b>		
calcium hydroxyapatite powder	3	
duloxetine hcl powder	3	
dutasteride powder	3	
<b>*BULK CHEMICALS - DY***</b>		
dyclonine hcl crystals	3	
dyclonine hcl powder	3	
dyphylline powder	3	
<b>*BULK CHEMICALS - EC***</b>		
econazole nitrate powder	3	

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

Drug Name	Tier	Notes
<b>*BULK CHEMICALS - ED***</b>		
edrophonium chloride powder	3	
<b>*BULK CHEMICALS - EM***</b>		
emu oil oil	3	
<b>*BULK CHEMICALS - EN***</b>		
enalapril maleate powder	3	
enrofloxacin powder	3	
<b>*BULK CHEMICALS - EP'S***</b>		
epinephrine bitartrate powder	3	
green tea powder 95 %	3	
<b>*BULK CHEMICALS - ER***</b>		
ergoloid mesylates powder	3	
erythromycin estolate powder	3	
<b>*BULK CHEMICALS - ES'S***</b>		
escitalopram oxalate powder	3	
estradiol benzoate powder	3	
estradiol cypionate powder	3	
estradiol hemihydrate (bulk) powder	3	
estradiol micronized powder	3	
estradiol powder	3	
estradiol valerate crystals	3	
estradiol valerate powder	3	
estriol micronized powder	3	
estriol powder	3	
estrone crystals	3	
estrone powder	3	
<b>*BULK CHEMICALS - ET'S***</b>		
ethosuximide powder	3	
ethyl oleate liquid	3	
ethyl vanillin flakes	3	
ethylcellulose powder	3	
ethylenediamine liquid	3	
etomidate powder	3	
etoposide powder	3	

Drug Name	Tier	Notes
<b>*BULK CHEMICALS - EU'S***</b>		
eucalyptol liquid	3	
<b>*BULK CHEMICALS - FA'S***</b>		
4-aminopyridine powder	3	
dalfampridine powder	3	
famciclovir powder	3	
famotidine powder	3	
<b>*BULK CHEMICALS - FE'S***</b>		
fenbendazole powder	3	
fenofibrate powder	3	
ferric ammonium citrate powder	3	
ferric chloride hexahydrate	3	
ferric subsulfate (bulk) powder	3	
ferric subsulfate (bulk) solution	3	
ferric sulfate powder	3	
ferrous bisglycinate chelate powder	3	
ferrous fumarate powder	3	
ferrous gluconate dihydrate granules	3	
ferrous gluconate dihydrate powder	3	
ferrous gluconate powder	3	
ferulic acid powder	3	
feverfew powder	3	
fexofenadine hcl powder	3	
<b>*BULK CHEMICALS - FT'S***</b>		
finasteride crystals	3	
finasteride powder	3	
siberian pine oil oil	2	
<b>*BULK CHEMICALS - FL'S***</b>		
5-fluorouracil powder	3	
flibanserin powder	3	
fluconazole powder	3	
flucytosine powder	3	
flumazenil powder	3	
flunixin meglumine powder	3	

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



Drug Name	Tier	Notes
fluorouracil powder	3	
fluoxetine hcl powder	3	
fluphenazine decanoate liquid	3	
fluphenazine decanoate powder	3	
fluticasone propionate powder	3	
<b>*BULK CHEMICALS - FO***</b>		
4-methylpyrazole liquid	3	
formoterol fumarate dihydrate powder	3	
formoterol fumarate powder	3	
forskolin powder	3	
<b>*BULK CHEMICALS - FU***</b>		
furazolidone powder	3	
<b>*BULK CHEMICALS - GA'S***</b>		
4-aminobutyric acid crystals	3	
gabapentin powder	3	
galactose powder	3	
gamma-aminobutyric acid crystals	3	
gardenia fragrance oil	3	
gatifloxacin powder	3	
<b>*BULK CHEMICALS - GE'S***</b>		
genistein powder	3	
<b>*BULK CHEMICALS - GI'S***</b>		
ginger oil oil	3	
ginseng root powder	3	
<b>*BULK CHEMICALS - GL'S***</b>		
alpha-gpc 50% powder	3	
<b>ARLACEL 165 POWDER</b>	3	
gluconolactone powder	3	
glucosamine hcl powder	3	
glucosamine sulfate nacl powder	3	
glucosamine sulfate potassium powder	3	
glucosamine sulfate powder	3	

Drug Name	Tier	Notes
glutaraldehyde in water liquid	3	
glutaraldehyde solution 24 %	3	
glycerol monooleate powder	3	
glyceryl monostearate flakes	3	
glycofurool liquid	3	
glycopyrrolate powder	3	
glycosaminoglycans liquid	3	
glycyrrhizic acid powder	3	
guanidineacetic acid powder	3	
<b>*BULK CHEMICALS - GO***</b>		
gold sodium thiomalate powder	3	
<b>*BULK CHEMICALS - GR'S***</b>		
egcg powder	3	
gramicidin d powder	3	
grape seed oil	3	
green soap emulsion	3	
green tea extract liquid	3	
green tea oil fragrance oil	3	
green tea powder	3	
griseofulvin micronized powder	3	
griseofulvin microsize powder	3	
<b>*BULK CHEMICALS - GU'S***</b>		
guanabenz acetate powder	3	
guanethidine sulfate powder	3	
guar gum powder	3	
guarana seed extract powder	3	
<b>*BULK CHEMICALS - GY'S***</b>		
gymnema sylvestris leaf powder	3	
<b>*BULK CHEMICALS - HA'S***</b>		
haloperidol decanoate powder	3	
haloperidol powder	3	
hawthorn berry powder	3	
witch hazel fluid extract	3	

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

Drug Name	Tier	Notes
<b>*BULK CHEMICALS - HE'S***</b>		
<b>ACTIPHYTE OF IVY LIQUID</b>	3	
hematoxylin powder	3	
heparin sodium powder	3	
hepes powder	3	
heptaminol powder	3	
<b>*BULK CHEMICALS - HI'S***</b>		
histamine phosphate crystals	3	
<b>*BULK CHEMICALS - HO'S***</b>		
honey almond fragrance liquid	3	
<b>*BULK CHEMICALS - HU'S***</b>		
huperzine serrate a powder	3	
<b>*BULK CHEMICALS - HY'S***</b>		
hyaluronate sodium powder	3	
hyaluronic acid powder	3	
hyaluronic acid sodium powder	3	
hydralazine hcl powder	3	
hydrazine sulfate crystals	3	
hydrocodone bitartrate crystals	3	
hydrocodone bitartrate powder	3	
hydrocortisone hemisuccinate powder	3	
hydrofluoric acid liquid	3	
hydroxocobalamin hcl powder	3	
hydroxocobalamin powder	3	
hydroxyamphetamine hbr powder	3	
hydroxychloroquine sulfate powder	3	
hydroxyethyl cellulose powder	3	
hydroxyethyl methacrylate powder 96 %	3	
hydroxyprogesterone caproate powder	3	

Drug Name	Tier	Notes
hydroxypropyl cellulose powder	3	
hydroxypropyl methylcellulose powder	3	
hydroxypropyl-beta-cyclodext powder	3	
hydroxyurea powder	3	
hydroxyzine hcl powder	3	
hypromellose methocel k100m powder	3	
hypromellose powder	3	
methocel e4m powder	3	
<b>METHOCEL E4M PREMIUM CR POWDER</b>	3	
<b>METHOCEL E4M PREMIUM POWDER</b>	3	
<b>METHOCEL K100 PREMIUM POWDER</b>	3	
methocel k100m premium powder	3	
sodium hyaluronate powder	3	
<b>*BULK CHEMICALS - ID***</b>		
idebenone powder	3	
idoxuridine powder	3	
<b>*BULK CHEMICALS - IM***</b>		
imidurea powder	3	
imiquimod powder	3	
<b>*BULK CHEMICALS - IN'S***</b>		
indocyanine green powder	3	
indole-3-carbinol powder	3	
inositol hexanicotinate powder	3	
inositol powder	3	
<b>LIPACTIVE INCA INCHI WO LIQUID</b>	3	
<b>*BULK CHEMICALS - IO'S***</b>		
iodine crystals	3	
iodine flakes	3	
iodine resublimed granules	3	
iodine strong (lugol's) solution	1 or 1b*	
iopanoic acid powder	3	

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

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Drug Name	Tier	Notes
<b>*BULK CHEMICALS - IS'S***</b>		
CERAPHYL SLK LIQUID	3	
isometheptene mucate powder	3	
isopropyl myristate solution	3	
isoproterenol hcl powder	3	
isosorbide powder	3	
isotretinoin powder	3	
isoxsuprine hcl powder	3	
<b>*BULK CHEMICALS - IT'S***</b>		
itraconazole powder	3	
<b>*BULK CHEMICALS - IV'S***</b>		
ivermectin powder	3	
<b>*BULK CHEMICALS - JA***</b>		
jasmine fragrance liquid	3	
<b>*BULK CHEMICALS - JO***</b>		
jojoba oil oil	3	
<b>*BULK CHEMICALS - KA***</b>		
kanamycin sulfate powder	3	
<b>*BULK CHEMICALS - KE'S***</b>		
7-keto dhea powder	3	
ACTIPHYTE OF SEA KELP LIQUID	3	
ACTIPHYTE OF SUGAR KELP LIQUID	3	
ketamine hcl powder	3	
ketoprofen powder	3	
ketorolac tromethamine powder	3	
ketotifen fumarate powder	3	
ketotifen hydrogen fumarate powder	3	
<b>*BULK CHEMICALS - KI***</b>		
kinetin powder	3	
kiwi fragrance liquid	3	
<b>*BULK CHEMICALS - KU***</b>		
kudzu powder	3	

Drug Name	Tier	Notes
<b>*BULK CHEMICALS - LA'S***</b>		
acidophilus lactobacillus powder , 10 bil unt/gm	3	
labetalol hcl powder	3	
lactase 5000 powder	3	
lamotrigine powder	3	
lansoprazole powder	3	
latanoprost powder	3	
laureth-9 polidocanol liquid	3	
lauric acid powder	3	
pinene (1-alpha) powder	3	
<b>*BULK CHEMICALS - LE'S***</b>		
calcium folinate powder	3	
carnitine (l) powder	3	
l-carnitine hcl powder	3	
l-carnitine powder	3	
lead tetroxide powder	3	
leflunomide powder	3	
lemon bioflavanoid powder	3	
letrozole powder	3	
leucovorin calcium powder	3	
leuprolide acetate powder	3	
levalbuterol hcl powder	3	
levetiracetam powder	3	
levocarnitine powder	3	
levocetirizine dihydrochloride powder	3	
levofloxacin hemihydrate powder	3	
levofloxacin powder	3	
levomefolate calcium powder	3	
levomefolate glucosamine powder	3	
levorphanol tartrate powder	3	
levothyroxine sodium powder	3	
l-methylfolate calcium powder	3	
<b>PCCA T4 SODIUM POWDER</b>	3	

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

Drug Name	Tier	Notes
<b>*BULK CHEMICALS - LI***</b>		
licorice deglycyrrhizinated powder	3	
lidocaine base powder	3	
lidocaine crystals	3	
lidocaine hcl monohydrate powder	3	
lidocaine hcl powder	3	
lidocaine powder	3	
limonene liquid	3	
lincomycin hcl powder	3	
linoleic acid liquid	3	
liothyronine powder	3	
liothyronine sodium powder	3	
lisinopril powder	3	
lithium citrate tetrahydrate powder	3	
<b>PCCA T3 SODIUM POWDER</b>	3	
<b>*BULK CHEMICALS - LO'S***</b>		
loratadine powder	3	
lorazepam powder	3	
losartan potassium powder	3	
lovastatin powder	3	
<b>*BULK CHEMICALS - LS***</b>		
l-selenomethionine blend powder	3	
l-selenomethionine powder	3	
<b>*BULK CHEMICALS - LU'S***</b>		
lutein beads	3	
lutein powder	3	
<b>*BULK CHEMICALS - LY***</b>		
l-lysine hcl powder	3	
lysine hcl granules	3	
<b>*BULK CHEMICALS - MA'S***</b>		
maca root powder	3	
mafenide acetate powder	3	
mafenide hcl powder	3	
magnesium aluminum silicate powder	3	

Drug Name	Tier	Notes
magnesium amino acid chelate powder	3	
magnesium ascorbate powder	3	
magnesium bisglycinate dihyd powder	3	
magnesium citrate powder	3	
magnesium gluconate powder	3	
magnesium glycinate powder	3	
magnesium hydroxide powder	3	
magnesium malate powder	3	
magnesium phosphate powder	3	
magnesium salicylate powder	3	
maleic acid powder	3	
malic acid powder	3	
maltodextrin powder	3	
mandelic acid powder	3	
manganese chloride tetrahyd powder	3	
manganese gluconate powder	3	
manganese sulfate powder	3	
<b>*BULK CHEMICALS - ME'S***</b>		
1-methyl 2-pyrrolidone liquid	3	
2-methoxyestradiol powder	3	
5-methyltetrahydrofolate calc powder	3	
dimethyl sulfone powder	3	
mecamylamine hcl powder	3	
mechlorethamine hcl powder	3	
meclofenoxate hcl powder	3	
medium chain triglycerides liquid	3	
medroxyprogesterone ace micro powder	3	
medroxyprogesterone acetate powder	3	
medroxyprogesterone micronized powder	3	
meqlumine powder	3	
meloxicam powder	3	
menadione powder	3	
mequinol powder	3	

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

Drug Name	Tier	Notes
mercaptopurine monohydrate powder	3	
mercaptopurine powder	3	
metacresol acetate liquid	3	
metformin hcl powder	3	
methacholine chloride crystals	3	
methacholine chloride powder	3	
methacrylic acid copolymer a powder	3	
methanesulfonic acid liquid	3	
methocarbamol powder	3	
methoxyamine hydrochloride powder	3	
methoxyethanol liquid	3	
methscopolamine bromide powder	3	
methscopolamine nitrate powder	3	
methyl methacrylate crosspoly powder	3	
methyl sulfone crystals	3	
methylcobalamin powder	3	
methylene chloride liquid	3	
methylmethacryl crosspolymer powder	3	
methylphenidate hcl powder	3	
methylsulfonylmethane crystals	3	
methylsulfonylmethane powder	3	
methysergide maleate powder	3	
metronidazole benzoate powder	3	
metronidazole powder	3	
mexiletine hcl powder	3	
vitamin k2 powder	3	
<b>*BULK CHEMICALS - MI***</b>		
midazolam powder	3	
milk thistle powder	3	
mirtazapine powder	3	
misoprostol powder	3	
misoprostol-hpmc powder	3	

Drug Name	Tier	Notes
mitomycin powder	3	
mitotane powder	3	
<b>*BULK CHEMICALS - MO'S***</b>		
l-glutamic acid monosod salt powder	3	
molybdenum powder	3	
mometasone furoate powder	3	
monobenzene powder	3	
monoethanolamine liquid	3	
montelukast sodium powder	3	
morantel tartrate powder	3	
moxifloxacin hcl powder	3	
moxisylyte hcl powder	3	
<b>*BULK CHEMICALS - MU'S***</b>		
mupirocin powder	3	
<b>*BULK CHEMICALS - MY'S***</b>		
mycophenolate mofetil powder	3	
<b>*BULK CHEMICALS - NA'S***</b>		
nabumetone powder	3	
n-acetyl-l-carnosine powder	3	
nalbuphine hcl powder	3	
naloxone hcl dihydrate powder	3	
naloxone hcl powder	3	
naltrexone hcl dihydrate powder	3	
naltrexone hcl powder	3	
naltrexone powder	3	
nandrolone decanoate powder	3	
naphazoline hcl powder	3	
nicotinamide adenine dinucleo powder	3	
<b>*BULK CHEMICALS - NE***</b>		
neostigmine methylsulfate powder	3	
nettle leaf powder	3	
<b>*BULK CHEMICALS - NI'S***</b>		
nadh powder	3	

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

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Drug Name	Tier	Notes
niclosamide powder	3	
nicotinamide riboside chloride powder	3	
nicotine polacrilex powder	3	
nicotine tartrate powder	3	
nifedipine micronized powder	3	
nifedipine powder	3	
nimodipine powder	3	
nitazoxanide powder	3	
nitrofurantoin anhydrous powder	3	
nitrofurantoin monohydrate powder	3	
<b>*BULK CHEMICALS - NO'S***</b>		
nonoxynol-9 liquid	3	
norepinephrine bitartrate powder	3	
norethindrone powder	3	
<b>*BULK CHEMICALS - NY***</b>		
nystatin powder	3	
<b>*BULK CHEMICALS - OC'S***</b>		
octinoxate liquid	3	
octisalate liquid	3	
octyl stearate liquid	3	
<b>TRITON X-100 LIQUID</b>	3	
<b>*BULK CHEMICALS - OL'S***</b>		
olmesartan medoxomil powder	3	
<b>*BULK CHEMICALS - OM***</b>		
omeprazole powder	3	
<b>*BULK CHEMICALS - ON***</b>		
ondansetron hcl powder	3	
<b>*BULK CHEMICALS - OR***</b>		
l-ornithine hydrochloride powder	3	
origanum oil oil	3	
orlistat powder	3	
ornithine hcl powder	3	

Drug Name	Tier	Notes
<b>*BULK CHEMICALS - OS***</b>		
oseltamivir phosphate powder	3	
<b>*BULK CHEMICALS - OX'S***</b>		
hydroxyquinoline sulfate powder	3	
oxandrolone powder	3	
oxybutynin chloride powder	3	
oxymetazoline hcl powder	3	
oxytetracycline dihydrate powder	3	
oxytocin acetate powder	3	
oxytocin powder	3	
<b>*BULK CHEMICALS - PA'S***</b>		
dl-panthenol alcohol powder	3	
dl-panthenol powder	3	
palmarosa oil	3	
palmidrol powder	3	
palmitoyl pentapeptide-3 gel	3	
palmitoyl tripeptide-3 solution	3	
pancreatin powder	3	
panthenol powder	3	
pantoprazole sodium powder	3	
papain powder	3	
parachlorophenol powder	3	
paraformaldehyde powder	3	
paromomycin sulfate powder	3	
patchouli oil oil	2	
<b>*BULK CHEMICALS - PE'S***</b>		
pearberry fragrance liquid	3	
peg 400 monostearate powder	3	
peg-40 castor oil oil	3	
penciclovir (bulk) powder	3	
penicillamine powder	3	
pennyroyal oil oil	3	
pentosan polysulfate sodium powder	3	
pentoxifylline powder	3	
pentylene glycol liquid	3	

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

Drug Name	Tier	Notes
pentylentetrazole crystals	3	
perfluorodecalin liquid	3	
pergolide mesylate powder	3	
permethrin liquid	3	
perphenazine powder	3	
peucedanum ostruthium extract solution	3	
<b>*BULK CHEMICALS - PH'S***</b>		
phenelzine sulfate powder	3	
phenindione powder	3	
pheniramine maleate powder	3	
phenolsulfonic acid liquid	3	
phenoxybenzamine hcl powder	3	
phenoxyethanol liquid	3	
phentermine hcl powder	3	
phentolamine mesylate powder	3	
phenyl salicylate crystals	3	
phenylethyl alcohol liquid	3	
phenylethylamine hcl powder	3	
phenyltoloxamine citrate powder	3	
phenytoin powder	3	
phosphatidylcholine powder	3	
phosphatidylserine powder	3	
phytic acid in water liquid	3	
phytonadione crystals	3	
phytonadione liquid	3	
vitamin k1 powder	3	
<b>*BULK CHEMICALS - PI'S***</b>		
pimobendan powder	3	
pine bark extract powder	3	
pine needle oil oil	3	
pineapple extract liquid	3	
piperine powder	3	
piracetam powder	3	
<b>*BULK CHEMICALS - PO'S***</b>		
<b>BRIJ 30 LIQUID</b>	3	
<b>BRIJ 35 WAX</b>	3	
<b>BRIJ 700 WAX</b>	3	

Drug Name	Tier	Notes
<b>BRIJ 93 LIQUID</b>	3	
<b>BRIJ C20 WAX</b>	3	
<b>BRIJ S20 WAX</b>	3	
<b>COSMOCIL CQ LIQUID</b>	3	
podofilox powder	3	
polyacrylate crosspolymer-6 powder	3	
polyhexamethylene biguanide solution	3	
polyvinyl alcohol powder	3	
polyvinylpyrrolidone k-30 powder	3	
polyvinylpyrrolidone k-90 powder	3	
pomegranate seed oil	3	
ponazuril powder	3	
potassium acetate crystals	3	
potassium acetate powder	3	
potassium aspartate powder	3	
potassium azelaoyl diglycinate liquid	3	
potassium benzoate powder	3	
potassium iodide crystals	3	
potassium iodide granules	3	
potassium iodide powder	3	
potassium metabisulfite crystals	3	
potassium metabisulfite powder	3	
potassium permanganate granules	3	
potassium phosphate dibasic granules	3	
potassium phosphate monobasic crystals	3	
potassium phosphate monobasic powder	3	
potassium sodium tartrate granules	3	
potassium sodium tartrate powder	3	
potassium sulfate powder	3	
povidone k-30 powder	3	
povidone powder	3	
povidone-iodine flakes	3	
povidone-iodine powder	3	

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

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Drug Name	Tier	Notes
powder scent fragrance liquid	3	
<b>*BULK CHEMICALS - PR'S***</b>		
pralidoxime chloride powder	3	
praziquantel powder	3	
prilocaine hcl powder	3	
prilocaine powder	3	
primidone powder	3	
procarbazine hcl powder	3	
prochlorperazine edisylate powder	3	
proflavine hemisulfate powder	3	
progesterone micronized powder	3	
progesterone milled powder	3	
progesterone powder	3	
progesterone wetable (soy) powder	3	
progesterone wetable powder	3	
promazine hcl powder	3	
promethazine hcl powder	3	
propanediol liquid	3	
proparacaine hcl powder	3	
propionic acid liquid	3	
propyl gallate powder	3	
propylene glycol liquid	3	
propylene glycol monostearate beads	3	
propylthiouracil powder	3	
protamine sulfate powder	3	
protease powder	3	
<b>*BULK CHEMICALS - PS'S***</b>		
psyllium husk powder	3	
<b>*BULK CHEMICALS - PU'S***</b>		
pullulan powder	3	
<b>*BULK CHEMICALS - PY'S***</b>		
pyrantel pamoate powder	3	
pyrazinamide powder	3	
pyridostigmine bromide powder	3	

Drug Name	Tier	Notes
pyridoxal-5 phosphate powder	3	
pyridoxal-5-phosphate powder	3	
pyrimethamine powder	3	
zinc pyrithione liquid	3	
<b>*BULK CHEMICALS - QU'S***</b>		
quaternium-15 powder	3	
quercetin dihydrate powder	3	
quinine hcl dihydrate crystals	3	
<b>*BULK CHEMICALS - RA***</b>		
racepinephrine hcl powder	3	
rapeseed oil oil	3	
rasagiline mesylate powder	3	
rauwolfia serpentina powder	3	
<b>*BULK CHEMICALS - RE***</b>		
red yeast rice extract powder	3	
red yeast rice powder	3	
resveratrol powder	3	
retinal powder	3	
<b>*BULK CHEMICALS - RI'S***</b>		
ribavirin powder	3	
riboflavin 5-phosphate sodium powder	3	
riboflavin powder	3	
riboflavin-5-phosphate sodium powder	3	
rifampin powder	3	
rifaximin powder	3	
<b>*BULK CHEMICALS - RO'S***</b>		
rocuronium bromide powder	3	
ronidazole powder	3	
ropivacaine hcl powder	3	
rose bengal b powder	3	
<b>*BULK CHEMICALS - RU***</b>		
rubidium chloride powder	3	
rutin powder	3	

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



Drug Name	Tier	Notes
<b>*BULK CHEMICALS - SA'S***</b>		
<b>AC DERMAPEPTIDE LIQUID</b>	3	
calcium saccharin crystals	3	
saccharin calcium crystals	3	
sage leaf powder	3	
salicylic acid crystals	3	
salicylic acid powder	3	
salicylic acid solution	3	
salsalate powder	3	
saw palmetto berry powder	3	
<b>*BULK CHEMICALS - SC'S***</b>		
scarlet red powder	3	
<b>*BULK CHEMICALS - SE'S***</b>		
l-serine powder	3	
secretin-mannitol powder	3	
selenium sulfide powder	3	
selenium yeast powder	3	
senna fluid extract	3	
sermorelin acetate powder	3	
serotonin hcl powder	3	
sertraline hcl powder	3	
<b>*BULK CHEMICALS - SH***</b>		
shark cartilage powder	3	
shower fresh fragrance liquid	3	
<b>*BULK CHEMICALS - SI'S***</b>		
<b>COPASIL GEL</b>	3	
<b>DOW CORNING 200 LIQUID</b>	3	
<b>NOURISIL GEL</b>	3	
pmx-1184 silicone liquid	3	
siberian ginseng powder	3	
sildenafil citrate powder	3	
silicone blend custom paste	3	
silicone elastomer blend gel	3	
silicone elastomer blend liquid	3	
<b>SILICONE FLUID 556 LIQUID</b>	3	
silver sulfadiazine powder	3	

Drug Name	Tier	Notes
simvastatin powder	3	
sincalide in mannitol powder	3	
sirolimus powder	3	
<b>*BULK CHEMICALS - SO'S***</b>		
deoxycholic acid sodium powder	3	
dl-3-hydroxybutyric acid sod powder	3	
l-aspartic acid sodium powder	3	
lecithin soya granules	3	
lecithin soya powder	3	
<b>NICE PURE BAKING SODA POWDER</b>	3	
phosphatidylserine powder 40 %	3	
sodium acetate trihydrate powder	3	
sodium alginate powder	3	
sodium ascorbyl phos dihydrate powder	3	
sodium aspartate monohydrate powder	3	
sodium aspartate powder	3	
sodium bicarbonate powder	3	
sodium bisulfite granules	3	
sodium bitartrate monohydrate powder	3	
sodium caprate powder	3	
sodium caprylate powder	3	
sodium chlorite flakes	3	
sodium citrate dihydrate granules	3	
sodium citrate dihydrate powder	3	
sodium cocoyl glutamate liquid	3	
sodium dehydroacetate powder	3	
sodium deoxycholate powder	3	
sodium diacetate powder	3	
sodium dichloroacetate powder	3	
sodium fluoride powder	3	
sodium fluorophosphate powder	3	

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

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Drug Name	Tier	Notes
sodium gluconate powder	3	
sodium iodide crystals	3	
sodium iodide granules	3	
sodium lactate solution 60 %	3	
sodium laureth sulfate liquid	3	
sodium metabisulfite granules	3	
sodium metabisulfite powder	3	
sodium molybdate powder	3	
sodium monofluorophosphate powder	3	
sodium nitrate granules	3	
sodium nitrate powder	3	
sodium oleate powder	3	
sodium phenylbutyrate powder	3	
sodium phosphate dibasic crystals	3	
sodium phosphate dibasic granules	3	
sodium phosphate dibasic hepta crystals	3	
sodium phosphate dibasic hepta powder	3	
sodium phosphate dibasic powder	3	
sodium phosphate monobasic granules	3	
sodium phosphate monobasic powder	3	
sodium phosphate tribasic crystals	3	
sodium phosphate tribasic powder	3	
sodium pidolate liquid	3	
sodium propionate powder	3	
sodium selenite powder	3	
sodium starch glycolate powder	3	
sodium stearate powder	3	
sodium stearyl fumarate powder	3	
sodium succinate powder	3	
sodium tartrate dihydrate powder	3	

Drug Name	Tier	Notes
sodium tetradecyl sulfate powder	3	
sodium tetradecyl sulfate solution 27 %	3	
sodium thiosalicylate powder	3	
sorafenib tosylate (bulk) powder	3	
sorbitan monolaurate liquid	3	
sorbitan monooleate liquid	3	
sorbitan monopalmitate powder	3	
sorbitan monostearate pellet	3	
soyabean casein digest medium powder	3	
soybean lecithin granules	3	
<b>SPAN 80 LIQUID</b>	3	
<b>*BULK CHEMICALS - SP'S***</b>		
cetyl esters wax wax	3	
spirulina powder	3	
<b>*BULK CHEMICALS - SQ'S***</b>		
dibutyl squarate liquid	3	
squalane liquid	3	
squalane oil	3	
squalene liquid	3	
squaric acid di-n-butyl ester powder	3	
squaric acid in butanol liquid	3	
squaric acid powder	3	
<b>*BULK CHEMICALS - ST'S***</b>		
st johns wort powder	3	
stannous chloride dihydrate crystals	3	
stanozolol powder	3	
stevia extract powder	3	
steviol glycosides powder	3	
stevioside fluid extract	3	
strontium chloride crystals	3	
<b>TRUECLEAR STEVIA PLUS POWDER</b>	3	
<b>*BULK CHEMICALS - SU'S***</b>		
dimercaptosuccinic acid crystals	3	

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

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Drug Name	Tier	Notes
dimercaptosuccinic acid powder	3	
succimer dmsa powder	3	
succinic acid crystals	3	
succinylcholine chloride powder	3	
sucrose octaacetate crystals	3	
sufentanil citrate powder	3	
sulfacetamide powder	3	
sulfadimethoxine powder	3	
sulfamerazine powder	3	
sulfosalicylic acid dihydrate powder	3	
sulfur powder	3	
sulfur precipitated powder	3	
sulfur sublimed powder	3	
sulpiride powder	3	
sumatriptan powder	3	
sumatriptan succinate powder	3	
superoxide dismutase powder	3	
superoxide dismutase solution	3	
<b>*BULK CHEMICALS - TA***</b>		
tacrolimus powder	3	
tadalafil powder	3	
tamoxifen citrate micronized powder	3	
tamoxifen citrate powder	3	
tazarotene powder	3	
<b>*BULK CHEMICALS - TE'S***</b>		
tea tree oil oil	3	
terbinafine hcl powder	3	
testosterone cypionate powder	3	
testosterone enanthate powder	3	
testosterone micronized crystals	3	
testosterone micronized powder	3	
testosterone powder	3	
testosterone propionate powder	3	

Drug Name	Tier	Notes
tetracaine hcl powder	3	
tetracaine powder	3	
tetrahydrobiopterin dihydrochloride powder	3	
tetrahydrocurcumin powder	3	
tetrahydrozoline hcl powder	3	
<b>*BULK CHEMICALS - TH***</b>		
theanine powder	3	
theobromine powder	3	
thioguanine powder	3	
thioridazine hcl powder	3	
thiotepa powder	3	
thymus powder	3	
thyroid (porcine) powder	3	
<b>*BULK CHEMICALS - TI'S***</b>		
ticarcillin-pot clavulanate powder	3	
titanium dioxide liquid	3	
titanium dioxide powder	3	
tizanidine hcl powder	3	
<b>*BULK CHEMICALS - TO'S***</b>		
natural mixed tocopherols powder	3	
tobramycin powder	3	
tocotrienols suspension	3	
tofacitinib citrate powder	3	
tolazoline hcl powder	3	
toltrazuril powder	3	
tolu balsam	3	
toluidine blue o powder	3	
topiramate powder	3	
<b>*BULK CHEMICALS - TR'S***</b>		
<b>RENOVAGE LIQUID</b>	3	
tea cocoyl glutamine solution	3	
tramadol hcl powder	3	
tranexamic acid powder	3	
tranilast crystals	3	
tranilast powder	3	
triacetin liquid	3	

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

Drug Name	Tier	Notes
triamcinolone hexacetonide powder	3	
triamcinolone powder	3	
trichlormethiazide powder	3	
trichloroacetic acid crystals	3	
trichloroacetic acid powder	3	
trichloroacetic acid solution	3	
triclosan powder	3	
triethanolamine lauryl sulfate liquid	3	
triethanolamine salicylate liquid	3	
triethyl citrate liquid	3	
trilostane powder	3	
trimeprazine tartrate powder	3	
trimethobenzamide hcl powder	3	
trioxsalen powder	3	
triprolidine hcl crystals	3	
tromethamine powder	3	
tropolone powder	3	
trypsin powder	3	
<b>*BULK CHEMICALS - TU'S***</b>		
curcumin extract powder	3	
curcumin powder	3	
turmeric powder	3	
turmeric root powder	3	
<b>*BULK CHEMICALS - TY'S***</b>		
tylosin tartrate powder	3	
tyloxapol liquid	3	
<b>*BULK CHEMICALS - UB'S***</b>		
ubiquinol powder	3	
<b>*BULK CHEMICALS - UR'S***</b>		
urea beads	3	
urea powder	3	
uridine powder	3	
ursodiol powder	3	
<b>*BULK CHEMICALS - VA'S***</b>		
sodium valproate powder	3	
valacyclovir hcl powder	3	

Drug Name	Tier	Notes
valerian root powder	3	
valproate sodium powder	3	
valproic acid powder	3	
vanadium powder	3	
vanadyl sulfate hydrate crystals	3	
vancomycin hcl powder	3	
vanillin crystals	3	
vanillin powder	3	
<b>*BULK CHEMICALS - VE'S***</b>		
veegum	3	
<b>*BULK CHEMICALS - VI'S***</b>		
alpha-tocopherol liquid	3	
retinol molecular film oil	3	
tocopheryl acid succ d-alpha powder	3	
vidarabine powder	3	
vinpocetine powder	3	
vitamin a acetate beads	3	
vitamin a acetate crystals	3	
vitamin a palmitate liquid	3	
vitamin a powder	3	
vitamin e acetate liquid	3	
vitamin e liquid	3	
vitamin e succinate powder	3	
<b>*BULK CHEMICALS - VO'S***</b>		
voriconazole powder	3	
<b>*BULK CHEMICALS - WH'S***</b>		
sepicalm vg liquid	3	
whey protein isolate powder	3	
white kidney bean extract powder	3	
<b>*BULK CHEMICALS - WI'S***</b>		
white willow bark powder	3	
<b>*BULK CHEMICALS - XY'S***</b>		
xylazine hcl powder	3	
xylitol powder	3	
xylometazoline hcl powder	3	

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

Drug Name	Tier	Notes
<b>*BULK CHEMICALS - YE'S**</b>		
yeast extract liquid	3	
<b>*BULK CHEMICALS - YO'S***</b>		
yohimbine hcl powder	3	
<b>*BULK CHEMICALS - ZE'S***</b>		
zeaxanthin powder	3	
<b>*BULK CHEMICALS - ZI'S***</b>		
zinc acetate powder	3	
zinc chloride granules	3	
zinc citrate powder	3	
zinc gluconate powder	3	
zinc monomethionine powder	3	
zinc oxide powder	3	
zinc picolinate powder	3	
zinc undecylenate powder	3	
zirconium oxide powder	3	
<b>*BULK CHEMICALS - ZO'S***</b>		
zonisamide powder	3	
<b>*BULK CHEMICALS***</b>		
biore hydrating moisturizer liquid	3	
cucumber melon liquid	3	
drakkar noir liquid	3	
ethylparaben powder	3	
ferric pyrophosphate powder	3	
fresh linen fragrance liquid	3	
l-asparagine powder	3	
natapres liquid	3	
polyethylene glycol 600 (bulk) liquid	3	
<b>POLYOX WSR-301 POWDER</b>	3	
sodium pyrophosphate powder	3	
victorias secret vanilla lace liquid	3	
<b>*ESSENTIAL OILS***</b>		
<b>ACTIPHYTE OF LEMONGRASS LIQUID</b>	3	
anise oil	2	

Drug Name	Tier	Notes
bay oil oil	3	
bergamot oil oil	2	
cedar leaf oil oil	3	
cedarwood oil oil	2	
celery seed oil	3	
cinnamon oil oil	2	
citronella oil oil	3	
clove oil oil	3	
eucalyptus oil oil	3	
eugenol solution	3	
geranium oil oil	3	
gnp cinnamon oil	2	
gnp eucalyptus oil	2	
grapefruit oil oil	2	
juniper tar oil	3	
lavender oil oil	2	
lemon oil oil	2	
lemongrass oil oil	2	
lime oil oil	2	
mustard oil oil	2	
niaouli oil	3	
orange oil oil	2	
peppermint oil oil	3	
pine oil oil	3	
rose oil oil	2	
rosemary oil oil	3	
sassafras oil oil	3	
spearmint oil oil	2	
tangerine oil	2	
tangerine oil oil	2	
<b>*FIXED OILS***</b>		
almond oil (sweet) oil	3	
base g almond oil (sweet) oil	3	
castor oil oil	3	
coconut oil oil	3	
cottonseed oil oil	3	
glycine soya protein solution	3	
linseed oil oil	3	
macadamia nut oil oil	3	
olive oil oil	3	
peanut oil oil	3	
qc castor oil oil	3	

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

Drug Name	Tier	Notes
qc sweet oil oil	2	
safflower oil oil	3	
sesame oil oil	2	
sm sweet oil oil	2	
soybean oil oil	3	
sweet oil oil	2	
<b>*LIQUID COMBINATIONS***</b>		
alcohol anhydrous liquid	2	
quassia vinegar ms liquid	2	
<b>*LIQUIDS***</b>		
ammonium lactate solution	3	
benzyl benzoate liquid	3	
camphor spirit spirit	3	
chlorhexidine gluconate solution	3	
<b>CRYOSERV SOLUTION</b>	3	
dimethyl sulfoxide solution	3	
glycerin liquid	3	
glycerin solution	3	
glycerine liquid	3	
glycerol formal liquid	3	
gnp peppermint spirit spirit	3	
gnp sodium silicate solution	3	
guaiacol solution	3	
isopropyl palmitate liquid	3	
peppermint spirit spirit	3	
pine tar liquid	3	
polysorbate 20 solution	3	
polysorbate 40 solution	3	
polysorbate 60 liquid	3	
polysorbate 80 oral liquid	3	
<b>PRETZ SOLUTION</b>	2	
qc camphor spirit spirit	3	
sm camphor spirit spirit	3	
sodium silicate solution 40 %	3	
undecylenic acid liquid	3	
<b>*SEMI-SOLIDS***</b>		
coal tar extract solution	3	
coal tar liquid	3	
coal tar solution	3	
coal tar tar	3	
peruvian balsam	3	

Drug Name	Tier	Notes
peruvian balsam liquid	3	
peruvian balsam powder	3	
<b>*SOLID COMBINATIONS***</b>		
docusate sodium-sod benzoate powder	3	
sodium bicarbonate-nacl powder	3	
<b>*SOLIDS***</b>		
alum ammonium powder	3	
aluminum ammonium sulfate powder	3	
aluminum potassium sulfate powder	3	
aluminum sulfate crystals	3	
aluminum sulfate granules	3	
ammonium bromide granules	3	
ammonium bromide powder	3	
ammonium carbonate powder	3	
ammonium chloride granules	3	
ammonium phosphate dibasic granules	3	
ammonium sulfate granules	3	
bht granules	3	
bismuth subcarbonate powder	3	
bismuth subnitrate powder	3	
bismuth subsalicylate powder	3	
boric acid crystals	3	
boric acid nf powder	3	
boric acid powder	3	
boric acid topical powder	3	
butylated hydroxytoluene crystals	3	
butylated hydroxytoluene granules	3	
butylated hydroxytoluene powder	3	
calcium hydroxide powder	3	
calcium sulfate hemihydrate powder	3	
calcium sulfate powder	3	
carboxymethylcellulose sodium granules	3	

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

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Drug Name	Tier	Notes
carboxymethylcellulose sodium powder	3	
catnip powder	3	
citric acid anhydrous granules	3	
citric acid anhydrous powder	3	
citric acid monohydrate granules	3	
citric acid monohydrate powder	3	
citric acid powder	3	
corn starch powder	3	
dehydroepiandrosterone micro powder	3	
dehydroepiandrosterone powder	3	
dhea micronized powder	3	
dhea powder	3	
dinitrochlorobenzene crystals	3	
fullers earth powder	3	
germanium sesquioxide powder	3	
ginger root powder	3	
gnp boric acid powder	3	
hm boric acid powder	3	
iodoform powder	3	
l-aspartic acid powder	3	
lead acetate trihydrate powder	3	
licorice root powder	3	
l-menthol crystals	3	
mannitol powder	3	
menthol crystals	3	
methenamine mandelate powder	3	
methenamine powder	3	
phenylmercuric acetate powder	3	
phenylmercuric nitrate powder	3	
pilocarpine hcl powder	3	
pilocarpine nitrate crystals	3	
pilocarpine nitrate powder	3	
potash sulfurated lump	3	
potassium alum powder	2	

Drug Name	Tier	Notes
potassium bitartrate powder	3	
potassium bromide crystals	3	
potassium bromide granules	3	
potassium bromide powder	3	
potassium carbonate granules	3	
potassium gluconate anhydrous powder	3	
potassium nitrate crystals	3	
potassium nitrate granules	3	
potassium nitrate powder	3	
potassium perchlorate crystals	3	
prasterone micronized powder	3	
pregnenolone micronized powder	3	
pregnenolone powder	3	
pumice (flour) powder	3	
pyrogallol crystals	3	
qc boric acid powder	3	
quinidine sulfate dihydrate crystals	3	
resorcinol crystals	3	
resorcinol powder	3	
rosin	3	
rosin powder	3	
silica gel	3	
<b>SILICON DIOXIDE (SYLOID 244FP) POWDER</b>	3	
silicon dioxide powder	3	
sm boric acid powder	3	
sodium bromide granules	3	
sodium butyrate powder	3	
sodium cacodylate powder	3	
sodium nitrite granules	3	
sodium perborate crystals	3	
sodium perborate granules	3	
sodium perborate powder	3	
sodium sulfate powder	3	
sodium sulfite powder	3	
sorbitol powder	3	
stannous fluoride powder	3	
starch powder	2	

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

Drug Name	Tier	Notes
starch rice powder	3	
strontium nitrate crystals	3	
sucrose crystals	3	
sucrose powder	3	
sulfanilamide powder	3	
talc powder	3	
theophylline anhydrous powder	3	
thymol crystals	3	
thymol iodide powder	3	
thymol iodide purified powder	3	
<b>*SOLVENTS***</b>		
acetone solution	3	
alcohol (rubbing) solution	1 or 1b*	
alcohol denatured external solution	3	
alcohol, usp solution	3	
alcoholado eucaliptino solution	2	
chloroform solution	3	
cvs alcohol solution	1 or 1b*	
cvs ethyl alcohol solution	2	
cvs isopropyl alcohol solution 91 %	1 or 1b*	
cvs rubbing alcohol solution	1 or 1b*	
eql ethyl alcohol (rubbing) solution	1 or 1b*	
eql isopropyl alcohol solution	1 or 1b*	
eql isopropyl rubbing alcohol solution	1 or 1b*	
ether solution	3	
ethyl alcohol (rubbing) solution	1 or 1b*	
ethyl alcohol external solution	3	
ethyl alcohol solution 95 %	3	
gnp alcohol denatured solution	2	
gnp ethyl rubbing alcohol solution	2	
gnp isopropyl alc/wintergreen solution	1 or 1b*	
gnp isopropyl alcohol solution 99 %	1 or 1b*	

Drug Name	Tier	Notes
gnp isopropyl rubbing alcohol solution	1 or 1b*	
gnp rubbing alcohol solution	1 or 1b*	
goodsense isopropyl alcohol solution 50 %, 91 %	1 or 1b*	
goodsense isopropyl alcohol solution 70 %	2	
hm isopropyl alcohol solution 70 %	2	
hm isopropyl alcohol solution 91 %	1 or 1b*	
isopropanol solution	3	
isopropyl alcohol (rubbing) solution	1 or 1b*	
isopropyl alcohol solution	3	
isopropyl alcohol solution 50 %, 91 %, 99 %	1 or 1b*	
isopropyl alcohol solution 70 %	2	
isopropyl alcohol, rubbing solution	1 or 1b*	
meijer isopropyl alcohol solution	1 or 1b*	
methanol solution	3	
methyl alcohol solution	3	
ra ethyl rubbing alcohol solution	1 or 1b*	
ra isopropyl alcohol solution	1 or 1b*	
ra isopropyl rubbing alcohol solution	1 or 1b*	
rubbing alcohol solution	1 or 1b*	
sm alcohol solution	1 or 1b*	
sm ethyl alcohol (rubbing) solution	1 or 1b*	
sm isopropyl alcohol solution 70 %	2	
sm isopropyl alcohol solution 91 %, 99 %	1 or 1b*	
turpentine liquid	3	
<b>*CONTRACEPTIVES*</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL***</b>		
azurette oral tablet	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	\$0
kariva oral tablet	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
<b>LO LOESTRIN FE ORAL TABLET</b>	2	
<b>MIRCETTE ORAL TABLET</b>	3	
pimtrex oral tablet	1 or 1b*	\$0
simliya oral tablet	1 or 1b*	\$0
viorele oral tablet	1 or 1b*	\$0
volnea oral tablet	1 or 1b*	\$0
<b>*COMBINATION CONTRACEPTIVES - ORAL***</b>		
afirmelle oral tablet	1 or 1a*	\$0
altavera oral tablet	1 or 1a*	\$0
alyacen 1/35 oral tablet	1 or 1a*	\$0
apri oral tablet	1 or 1a*	\$0
aubra eq oral tablet	1 or 1a*	\$0
aurovela 1.5/30 oral tablet	1 or 1a*	\$0
aurovela 1/20 oral tablet	1 or 1a*	\$0
aurovela 24 fe oral tablet	1 or 1a*	\$0
aurovela fe 1.5/30 oral tablet	1 or 1a*	\$0
aurovela fe 1/20 oral tablet	1 or 1a*	\$0
aviane oral tablet	1 or 1a*	\$0
ayuna oral tablet	1 or 1a*	\$0
<b>BALCOLTRA ORAL TABLET</b>	3	
balziva oral tablet	1 or 1a*	\$0
<b>BEYAZ ORAL TABLET</b>	3	
blisovi 24 fe oral tablet	1 or 1a*	\$0
blisovi fe 1.5/30 oral tablet	1 or 1a*	\$0
blisovi fe 1/20 oral tablet	1 or 1a*	\$0
briellyn oral tablet	1 or 1a*	\$0
charlotte 24 fe oral tablet chewable	1 or 1a*	\$0
chateal eq oral tablet	1 or 1a*	\$0
cryselle-28 oral tablet	1 or 1a*	\$0
cyred eq oral tablet	1 or 1a*	\$0
cyred oral tablet	1 or 1a*	\$0
dasetta 1/35 oral tablet	1 or 1a*	\$0
delyla oral tablet	1 or 1a*	\$0
drospiren-eth estrad-levomefol oral tablet	1 or 1b*	\$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elimest oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
enskyce oral tablet 0.15-30 mg-mcg	1 or 1a*	\$0
estarylla oral tablet	1 or 1a*	\$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	\$0
falmina oral tablet	1 or 1a*	\$0
<b>FINZALA ORAL TABLET CHEWABLE</b>	1 or 1a*	\$0
gemmily oral capsule	1 or 1b*	\$0
<b>GENERESS FE ORAL TABLET CHEWABLE</b>	3	
hailey 1.5/30 oral tablet	1 or 1a*	\$0
hailey 24 fe oral tablet	1 or 1a*	\$0
hailey fe 1.5/30 oral tablet	1 or 1a*	\$0
hailey fe 1/20 oral tablet	1 or 1a*	\$0
isibloom oral tablet	1 or 1a*	\$0
jasmiel oral tablet	1 or 1b*	\$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 oral tablet	1 or 1a*	\$0
junel 1/20 oral tablet	1 or 1a*	\$0
junel fe 1.5/30 oral tablet	1 or 1a*	\$0
junel fe 1/20 oral tablet	1 or 1a*	\$0
junel fe 24 oral tablet	1 or 1a*	\$0
kaitlib fe oral tablet chewable	1 or 1b*	\$0
kalliga oral tablet	1 or 1a*	\$0
kelnor 1/35 oral tablet	1 or 1a*	\$0
kelnor 1/50 oral tablet	1 or 1a*	\$0
kurvelo oral tablet	1 or 1a*	\$0
larin 1.5/30 oral tablet	1 or 1a*	\$0
larin 1/20 oral tablet	1 or 1a*	\$0
larin 24 fe oral tablet	1 or 1a*	\$0
larin fe 1.5/30 oral tablet	1 or 1a*	\$0
larin fe 1/20 oral tablet	1 or 1a*	\$0
layolis fe oral tablet chewable	1 or 1b*	\$0
lessina oral tablet	1 or 1a*	\$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*	\$0
levora 0.15/30 (28) oral tablet	1 or 1a*	\$0
loestrin 1.5/30 (21) oral tablet	1 or 1a*	\$0
loestrin 1/20 (21) oral tablet	1 or 1a*	\$0
loestrin fe 1.5/30 oral tablet	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
loestrin fe 1/20 oral tablet	1 or 1a*	\$0
loryna oral tablet	1 or 1b*	\$0
low-ogestrel oral tablet	1 or 1a*	\$0
lo-zumandimine oral tablet	1 or 1b*	\$0
lutera oral tablet	1 or 1a*	\$0
marlissa oral tablet	1 or 1a*	\$0
merzee oral capsule	1 or 1b*	\$0
microgestin 1.5/30 oral tablet	1 or 1a*	\$0
microgestin 1/20 oral tablet	1 or 1a*	\$0
microgestin 24 fe oral tablet	1 or 1a*	\$0
microgestin fe 1.5/30 oral tablet	1 or 1a*	\$0
microgestin fe 1/20 oral tablet	1 or 1a*	\$0
mili oral tablet	1 or 1a*	\$0
<b>MINASTRIN 24 FE ORAL TABLET CHEWABLE</b>	3	
mono-linyah oral tablet	1 or 1a*	\$0
necon 0.5/35 (28) oral tablet	1 or 1a*	\$0
<b>NEXTSTELLIS ORAL TABLET</b>	3	
nikki oral tablet	1 or 1b*	\$0
norethin ace-eth estrad-fe oral capsule	1 or 1b*	\$0
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1 or 1a*	\$0
norethin ace-eth estrad-fe oral tablet chewable	1 or 1a*	\$0
norethindrone acet-ethinyl est oral tablet	1 or 1a*	\$0
norethin-eth estradiol-fe oral tablet chewable	1 or 1b*	\$0
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	\$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	\$0
nortrel 1/35 (21) oral tablet	1 or 1a*	\$0
nortrel 1/35 (28) oral tablet	1 or 1a*	\$0
nylia 1/35 oral tablet	1 or 1a*	\$0
nymyo oral tablet	1 or 1a*	\$0
ocella oral tablet	1 or 1b*	\$0
philith oral tablet	1 or 1a*	\$0
pirmella 1/35 oral tablet	1 or 1a*	\$0
portia-28 oral tablet	1 or 1a*	\$0
reclipsen oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
<b>SAFYRAL ORAL TABLET</b>	3	
sprintec 28 oral tablet	1 or 1a*	\$0
sronyx oral tablet	1 or 1a*	\$0
syeda oral tablet	1 or 1b*	\$0
tarina 24 fe oral tablet	1 or 1a*	\$0
tarina fe 1/20 eq oral tablet	1 or 1a*	\$0
taysofy oral capsule	1 or 1b*	\$0
<b>TAYTULLA ORAL CAPSULE</b>	3	
<b>TYBLUME ORAL TABLET CHEWABLE</b>	3	
tydemy oral tablet	1 or 1b*	\$0
vestura oral tablet	1 or 1b*	\$0
vienva oral tablet	1 or 1a*	\$0
vyfemla oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera oral tablet	1 or 1a*	\$0
wymzya fe oral tablet chewable	1 or 1b*	\$0
<b>YASMIN 28 ORAL TABLET</b>	3	
<b>YAZ ORAL TABLET</b>	3	
zovia 1/35 (28) oral tablet	1 or 1a*	\$0
zumandimine oral tablet	1 or 1b*	\$0
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL***</b>		
<b>TWIRLA TRANSDERMAL PATCH WEEKLY</b>	3	
xulane transdermal patch weekly	1 or 1b*	\$0
zafemy transdermal patch weekly	1 or 1b*	\$0
<b>*COMBINATION CONTRACEPTIVES - VAGINAL***</b>		
<b>ANNOVERA VAGINAL RING</b>	3	
eluryng vaginal ring	1 or 1b*	\$0
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*	\$0
<b>HALOETTE VAGINAL RING</b>	1 or 1b*	\$0
<b>NUVARING VAGINAL RING</b>	3	

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

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Drug Name	Tier	Notes
<b>*CONTINUOUS CONTRACEPTIVES - ORAL***</b>		
amethyst oral tablet	1 or 1b*	\$0
dolishale oral tablet	1 or 1b*	\$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	\$0
<b>*COPPER CONTRACEPTIVES - IUD***</b>		
<b>PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE</b>	3	
<b>*EMERGENCY CONTRACEPTIVES***</b>		
aftera oral tablet	1 or 1b*	\$0
afterpill oral tablet	1 or 1b*	\$0
econtra ez oral tablet	1 or 1b*	\$0
econtra one-step oral tablet	1 or 1b*	\$0
<b>ELLA ORAL TABLET</b>	3	\$0
<b>HER STYLE ORAL TABLET</b>	1 or 1b*	\$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	\$0
my choice oral tablet	1 or 1b*	\$0
my way oral tablet	1 or 1b*	\$0
new day oral tablet	1 or 1b*	\$0
opcicon one-step oral tablet	1 or 1b*	\$0
option 2 oral tablet	1 or 1b*	\$0
<b>PLAN B ONE-STEP ORAL TABLET</b>	2	
react oral tablet	1 or 1b*	\$0
take action oral tablet	1 or 1b*	\$0
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***</b>		
amethia oral tablet	1 or 1b*	\$0
ashlyna oral tablet	1 or 1b*	\$0
camrese lo oral tablet	1 or 1b*	\$0
camrese oral tablet	1 or 1b*	\$0
daysee oral tablet	1 or 1b*	\$0
fayosim oral tablet	1 or 1b*	\$0
iclevia oral tablet	1 or 1b*	\$0
introvale oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
jaimiess oral tablet	1 or 1b*	\$0
jolessa oral tablet	1 or 1b*	\$0
levonorgest-eth est & eth est oral tablet	1 or 1b*	\$0
levonorgest-eth estrad 91-day oral tablet	1 or 1b*	\$0
lojaimiess oral tablet	1 or 1b*	\$0
<b>LOSEASONIQUE ORAL TABLET</b>	3	
<b>QUARTETTE ORAL TABLET</b>	3	
rivelsa oral tablet	1 or 1b*	\$0
<b>SEASONIQUE ORAL TABLET</b>	3	
setlakin oral tablet	1 or 1b*	\$0
simpesse oral tablet	1 or 1b*	\$0
<b>*FOUR PHASE CONTRACEPTIVES - ORAL***</b>		
<b>NATAZIA ORAL TABLET</b>	3	
<b>*PROGESTIN CONTRACEPTIVES - IMPLANTS***</b>		
<b>NEXPLANON SUBCUTANEOUS IMPLANT</b>	3	SP
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE***</b>		
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML</b>	3	
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	3	\$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	\$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	\$0

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

Drug Name	Tier	Notes
<b>*PROGESTIN CONTRACEPTIVES - IUD***</b>		
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE</b>	3	SP
<b>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY</b>	3	SP
<b>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY</b>	3	LD; SP
<b>SKYLA INTRAUTERINE INTRAUTERINE DEVICE</b>	3	SP
<b>*PROGESTIN CONTRACEPTIVES - ORAL***</b>		
camila oral tablet	1 or 1b*	\$0
deblitane oral tablet	1 or 1b*	\$0
errin oral tablet	1 or 1b*	\$0
heather oral tablet	1 or 1b*	\$0
incassia oral tablet	1 or 1b*	\$0
jencycla oral tablet	1 or 1b*	\$0
lyleq oral tablet	1 or 1b*	\$0
lyza oral tablet	1 or 1b*	\$0
nora-be oral tablet	1 or 1b*	\$0
norethindrone oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
<b>SLYND ORAL TABLET</b>	3	
<b>*TRIPHASIC CONTRACEPTIVES - ORAL***</b>		
alyacen 7/7/7 oral tablet	1 or 1a*	\$0
aranelle oral tablet	1 or 1a*	\$0
dasetta 7/7/7 oral tablet	1 or 1a*	\$0
enpresse-28 oral tablet	1 or 1a*	\$0
leena oral tablet	1 or 1a*	\$0
levonest oral tablet	1 or 1a*	\$0
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1 or 1a*	\$0
norethindron-ethinyl estrad-fe oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
norgestim-eth estrad triphasic oral tablet	1 or 1b*	\$0
nortrel 7/7/7 oral tablet	1 or 1a*	\$0
nylia 7/7/7 oral tablet	1 or 1a*	\$0
pirmella 7/7/7 oral tablet	1 or 1a*	\$0
tilia fe oral tablet	1 or 1b*	\$0
tri-estarylla oral tablet	1 or 1b*	\$0
tri-legest fe oral tablet	1 or 1b*	\$0
tri-linyah oral tablet	1 or 1b*	\$0
tri-lo-estarylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-mili oral tablet	1 or 1b*	\$0
tri-lo-sprintec oral tablet	1 or 1b*	\$0
tri-mili oral tablet	1 or 1b*	\$0
tri-nymyo oral tablet	1 or 1b*	\$0
tri-sprintec oral tablet	1 or 1b*	\$0
trivora (28) oral tablet	1 or 1a*	\$0
tri-vylibra lo oral tablet	1 or 1b*	\$0
tri-vylibra oral tablet	1 or 1b*	\$0
velivet oral tablet	1 or 1a*	\$0
<b>*CORTICOSTEROIDS*</b>		
<b>*GLUCOCORTICOSTEROIDS***</b>		
betamethasone sodium phosphate powder	3	
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL
budesonide oral capsule delayed release particles	1 or 1b*	QL
<b>CORTEF ORAL TABLET</b>	3	
cortisone acetate powder	3	
<b>DEPO-MEDROL INJECTION SUSPENSION</b>	3	
<b>DEXABLISS ORAL TABLET THERAPY PACK</b>	3	
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</b>	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	

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

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Drug Name	Tier	Notes
dexamethasone sod phosphate pf injection solution	1 or 1b*	
<b>DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE</b>	3	
<b>DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML, 4 MG/ML</b>	1 or 1b*	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
<b>DXEVO 11-DAY ORAL TABLET THERAPY PACK</b>	3	
<b>HEMADY ORAL TABLET</b>	3	PA; QL
<b>HEXATRIONE INTRA-ARTICULAR SUSPENSION</b>	3	
hidex 6-day oral tablet therapy pack	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
<b>KENALOG INJECTION SUSPENSION</b>	3	
<b>KENALOG-80 INJECTION SUSPENSION</b>	3	
<b>MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG</b>	3	
<b>MEDROL ORAL TABLET 2 MG</b>	2	
<b>MEDROL ORAL TABLET THERAPY PACK</b>	3	
methylprednisolone acetate powder	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone powder	3	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	1 or 1b*	

Drug Name	Tier	Notes
<b>MILLIPRED ORAL TABLET</b>	3	
<b>ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG</b>	3	QL
<b>ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG</b>	3	DO
<b>ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>PEDIAPRED ORAL SOLUTION</b>	3	
prednisolone acetate powder	3	
prednisolone anhydrous powder	3	
prednisolone oral solution	1 or 1a*	
prednisolone powder	3	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	QL
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
prednisolone sodium phosphate powder	3	
<b>PREDNISONE INTENSOL ORAL CONCENTRATE</b>	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
prednisone powder	3	
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED</b>	3	
<b>SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED</b>	3	
<b>SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG</b>	3	

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

Drug Name	Tier	Notes
taperdex 12-day oral tablet therapy pack	1 or 1b*	
taperdex 6-day oral tablet therapy pack	1 or 1b*	
taperdex 7-day oral tablet therapy pack 1.5 mg (27)	1 or 1b*	
<b>TARPEYO ORAL CAPSULE DELAYED RELEASE</b>	3	PA; QL
triamcinolone diacet micronize powder	3	
triamcinolone diacetate powder	3	
<b>UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER</b>	3	PA; QL
<b>*MINERALOCORTICOIDSDS***</b>		
fludrocortisone acetate oral tablet	1 or 1b*	
fludrocortisone acetate powder	3	
<b>*STEROID COMBINATIONS***</b>		
<b>BSP 0820 INJECTION KIT</b>	3	
<b>CELESTONE SOLUSPAN INJECTION SUSPENSION</b>	3	
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*ANALGESIC-EXPECTORANT***</b>		
<b>COMTrex DEEP CHEST COLD ORAL TABLET</b>	2	
<b>MUCINEX COLD &amp; FLU ORAL CAPSULE</b>	2	
<b>*ANTI-HISTAMINE-ANALGESICS***</b>		
<b>ACTIDOGESIC ORAL TABLET</b>	2	
<b>ACTIDOGESIC-DF ORAL TABLET</b>	2	
<b>CORICIDIN HBP COLD/FLU ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>DOLOGEN ORAL TABLET 1-325 MG, 2-650 MG</b>	2	
<b>DOLOGESIC ORAL LIQUID 1-500 MG/15ML</b>	2	
<b>DOLOGESIC ORAL TABLET 1-500 MG</b>	2	
dologesic-df oral tablet	2	
<b>G-DOLOGEN ORAL TABLET</b>	2	
<b>PERCOGESIC EXTRA STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>PERCOGESIC ORAL TABLET</b>	2	
qc cold relief oral tablet	1 or 1b*	
qc severe allergy oral tablet	1 or 1b*	
sb cold & flu hbp oral tablet	1 or 1b*	
severe allergy oral tablet	1 or 1b*	
<b>*ANTITUSSIVE - NONNARCOTIC***</b>		
benzonatate oral capsule	1 or 1b*	
<b>BUCKLEYS COUGH ORAL LIQUID</b>	2	
cough dm childrens oral suspension extended release	1 or 1b*	
cough dm oral suspension extended release	1 or 1b*	
cvs cough dm childrens oral suspension extended release	1 or 1b*	
cvs cough dm oral suspension extended release	1 or 1b*	
cvs tussin long-acting oral liquid	1 or 1b*	
cvs tussin maximum strength oral syrup	1 or 1b*	
daytime cough oral liquid	1 or 1b*	
<b>DELSYM COUGH CHILDRENS ORAL SUSPENSION EXTENDED RELEASE</b>	2	
<b>DELSYM ORAL SUSPENSION EXTENDED RELEASE</b>	2	
<b>DELSYM ORAL TABLET</b>	2	
dextromethorphan hbr monohyd crystals	3	
dextromethorphan hbr monohyd powder	3	

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

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Drug Name	Tier	Notes
dextromethorphan hbr oral capsule	1 or 1b*	
dextromethorphan hbr powder	3	
dextromethorphan polistirex er oral suspension extended release	1 or 1b*	
<b>ELIXSURE COUGH ORAL GEL</b>	2	
eq cough dm oral suspension extended release	1 or 1b*	
eql cough dm oral suspension extended release	1 or 1b*	
eql tussin cough long-acting oral syrup	1 or 1b*	
father johns medicine oral syrup	1 or 1b*	
<b>GILTUSS HONEY DM CHILDRENS ORAL LIQUID</b>	1 or 1b*	
<b>GILTUSS HONEY DM ORAL LIQUID</b>	1 or 1b*	
gnp cough dm er oral suspension extended release	1 or 1b*	
gnp tussin cough long acting oral syrup	1 or 1b*	
goodsense cough dm childrens oral suspension extended release	1 or 1b*	
goodsense cough dm oral suspension extended release	1 or 1b*	
hm cough dm oral suspension extended release	1 or 1b*	
<b>HOLD MOUTH/THROAT LOZENGE</b>	2	
<b>PEDIACARE CHILDRENS LONG-ACT ORAL LIQUID</b>	1 or 1b*	
px tussin max oral syrup	1 or 1b*	
qc cough relief oral liquid	1 or 1b*	
ra cough dm oral suspension extended release	1 or 1b*	
<b>ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE</b>	1 or 1b*	
<b>ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP</b>	2	
<b>SCOT-TUSSIN DIABETES ORAL LIQUID</b>	2	
sm cough relief oral syrup	1 or 1b*	
<b>TRIAMINIC LONG ACTING COUGH ORAL LIQUID</b>	2	
<b>TRIAMINIC LONG ACTING COUGH ORAL STRIP</b>	2	
tussin cough oral capsule	1 or 1b*	
tussin cough oral syrup 15 mg/5ml	1 or 1b*	
<b>VICKS DAYQUIL COUGH ORAL LIQUID</b>	2	
<b>WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID</b>	1 or 1b*	
<b>WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP</b>	1 or 1b*	
<b>WAL-TUSSIN COUGH ORAL CAPSULE</b>	1 or 1b*	
wal-tussin cough relief oral tablet chewable	2	
<b>*ANTITUSSIVE - OPIOID***</b>		
<b>HYCODAN ORAL SOLUTION</b>	3	QL
<b>HYCODAN ORAL TABLET</b>	3	PA
hydrocodone bit-homatrop mbr oral solution	1 or 1a*	QL
hydrocodone bit-homatrop mbr oral tablet	1 or 1a*	PA
hydromet oral solution	1 or 1a*	QL
<b>*ANTITUSSIVE- ANTIHISTAMINE- ANALGESIC***</b>		
all-nite cold & flu nighttime oral liquid	1 or 1b*	
childrens cough/runny nose oral suspension	1 or 1b*	
cold & flu nighttime oral liquid	1 or 1b*	
cold & flu nighttime relief 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
cold & flu relief nighttime oral capsule	1 or 1b*	
cold & flu relief nighttime oral liquid 15-6.25-325 mg/15ml	1 or 1b*	
cold/flu relief nighttime oral liquid	1 or 1b*	
<b>CORICIDIN HBP MAX STRENGTH FLU ORAL TABLET</b>	2	
<b>CORICIDIN HBP NIGHT CLD/FLU MS ORAL LIQUID</b>	2	
<b>CORICIDIN HBP NIGHTTIME COLD ORAL LIQUID</b>	1 or 1b*	
<b>CORICIDIN HBP ORAL TABLET</b>	2	
cough & sore throat nighttime oral liquid 15-6.25-500 mg/15ml	1 or 1b*	
cvs cold/flu nighttime oral capsule	1 or 1b*	
cvs cough & runny nose child oral suspension	1 or 1b*	
cvs night time cold/flu relief oral liquid	1 or 1b*	
cvs nighttime cold/flu relief oral liquid	1 or 1b*	
<b>DELSYM NIGHTTIME COUGH MAX STR ORAL SOLUTION</b>	2	
<b>DIABETIC TUSSIN COLD &amp; FLU ORAL LIQUID</b>	2	
<b>DIABETIC TUSSIN COLD/FLU ORAL CAPSULE</b>	2	
eq nitetime cold/flu ms relief oral liquid	1 or 1b*	
eql nighttime cold & flu oral liquid	1 or 1b*	
eql nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml	1 or 1b*	
flu hbp oral tablet 10-325-2 mg	1 or 1b*	
gnp night time cold & flu oral liquid	1 or 1b*	
gnp night time cold-flu oral capsule	1 or 1b*	

Drug Name	Tier	Notes
goodsense nighttime cold & flu oral capsule	1 or 1b*	
hm night time cold & flu oral liquid	1 or 1b*	
hm nighttime cold & flu relief oral capsule	1 or 1b*	
<b>MUCINEX NIGHT COLD/FLU MAX STR ORAL TABLET</b>	2	
<b>MUCINEX NIGHTSHIFT COLD/FLU ORAL SOLUTION 650-20-2.5 MG/20ML</b>	2	
night time cold/flu relief oral capsule	1 or 1b*	
nighttime cold medicine oral liquid	1 or 1b*	
nighttime cold/flu relief oral capsule	1 or 1b*	
nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml	1 or 1b*	
<b>NINJACOF-A ORAL LIQUID</b>	2	
<b>NYQUIL HBP COLD &amp; FLU ORAL LIQUID</b>	2	
<b>PEDIACARE COUGH/RUNNY NOSE ORAL LIQUID</b>	2	
px nitetime cold/flu relief oral capsule	1 or 1b*	
px nitetime cold/flu relief oral liquid	1 or 1b*	
qc flu hbp max oral tablet	1 or 1b*	
qc nighttime cold & flu oral capsule	1 or 1b*	
qc nighttime cold & flu oral liquid	1 or 1b*	
qc nighttime cold/flu relief oral liquid	1 or 1b*	
qc nighttime multi-symptom oral capsule	1 or 1b*	
ra cold/flu relief nighttime oral capsule	1 or 1b*	
ra nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml	1 or 1b*	
sb childrens cough/runny nose oral suspension	1 or 1b*	
sb flu maximum strength hbp oral tablet	2	

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



Drug Name	Tier	Notes
sb night time cold/flu relief oral liquid	1 or 1b*	
sm cough/sore throat nighttime oral liquid	1 or 1b*	
sm nite time cold & flu oral liquid 15-6.25-325 mg/15ml	1 or 1b*	
<b>TRIAMINIC FLU COUGH &amp; FEVER ORAL SYRUP</b>	2	
<b>TRIAMINIC FLU/COUGH/FEVER ORAL LIQUID</b>	2	
<b>TYLENOL CHILDRENS CLD+CGH ORAL SUSPENSION</b>	2	
<b>VICKS NYQUIL COLD &amp; FLU NIGHT ORAL CAPSULE</b>	1 or 1b*	
<b>VICKS NYQUIL COLD &amp; FLU NIGHT ORAL LIQUID</b>	2	
<b>VICKS NYQUIL COLD &amp; FLU ORAL CAPSULE</b>	1 or 1b*	
<b>VICKS NYQUIL COLD &amp; FLU ORAL LIQUID</b>	2	
<b>*ANTITUSSIVE-DECONGESTANT-ANALGESIC***</b>		
<b>ALKA-SELTZER PLS SINUS &amp; COUGH ORAL CAPSULE</b>	1 or 1b*	
<b>ALKA-SELTZER PLUS DAY COLD/FLU ORAL CAPSULE</b>	1 or 1b*	
cold & flu relief daytime oral capsule	1 or 1b*	
cold multi-symptom daytime oral tablet	1 or 1b*	
cold/flu daytime relief oral capsule	1 or 1b*	
<b>COMTREX COLD &amp; COUGH MAX ST ORAL TABLET</b>	2	
cvs daytime cold/flu relief oral liquid 325-10-5 mg/15ml	1 or 1b*	
cvs flu/severe cold daytime oral liquid	1 or 1b*	
cvs severe cold/flu daytime oral liquid	1 or 1b*	

Drug Name	Tier	Notes
daytime cold & flu relief oral liquid	1 or 1b*	
daytime cold/flu relief oral capsule	1 or 1b*	
daytime cold/flu relief oral liquid	1 or 1b*	
day-time cold/flu relief oral liquid	1 or 1b*	
day-time pe cold/flu relief oral capsule	1 or 1b*	
eq cold multi-symptom daytime oral tablet	1 or 1b*	
eq daytime cold/flu ms relief oral capsule	1 or 1b*	
eq daytime cold/flu ms relief oral liquid	1 or 1b*	
eql daytime cold & flu relief oral liquid	1 or 1b*	
eql flu/severe cold daytime oral packet	1 or 1b*	
flu/severe cold & cough day oral packet	1 or 1b*	
gnp cold max daytime oral tablet	1 or 1b*	
gnp day time cold/flu oral capsule	1 or 1b*	
goodsense cold & flu oral liquid	1 or 1b*	
goodsense day time cold & flu oral capsule	1 or 1b*	
goodsense daytime oral capsule	1 or 1b*	
goodsense flu/cold/daytime oral packet	1 or 1b*	
goodsense severe cold/cough oral liquid	1 or 1b*	
herbiomed fast acting oral liquid	2	
<b>MAPAP COLD FORMULA MULTI-SYMP T ORAL TABLET</b>	1 or 1b*	
<b>MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE</b>	1 or 1b*	
<b>MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE</b>	1 or 1b*	
multi symptom flu/severe cold oral packet	1 or 1b*	

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

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Drug Name	Tier	Notes
px daytime cold oral tablet	1 or 1b*	
px daytime cold/flu relief oral liquid	1 or 1b*	
px daytime multi-symptom oral capsule	2	
px daytime pe oral capsule	1 or 1b*	
qc daytime cold/flu oral capsule	1 or 1b*	
qc daytime cold/flu oral liquid	1 or 1b*	
qc severe cold/cough daytime oral packet	1 or 1b*	
ra cold/flu relief daytime oral capsule	1 or 1b*	
ra daytime cold/flu relief oral liquid	1 or 1b*	
sb daytime oral liquid	1 or 1b*	
sb flu relief therapy daytime oral liquid	1 or 1b*	
sm day time cold & flu relief oral liquid	1 or 1b*	
<b>THERAFLU EXPRESSMAX ORAL LIQUID 20-10-650 MG/30ML</b>	1 or 1b*	
<b>THERAFLU EXPRESSMAX SEV CLD/CG ORAL TABLET 10-5-325 MG</b>	1 or 1b*	
<b>THERAFLU POWERPODS SEVERE COLD ORAL 20-10-650 MG</b>	2	
<b>THERAFLU SEVERE COLD DAYTIME ORAL TABLET</b>	2	
<b>THERAFLU SEVERE COLD ORAL PACKET</b>	2	
<b>THERAFLU SEVERE COLD/CGH DAY ORAL TABLET</b>	1 or 1b*	
<b>TYLENOL COLD/FLU DAY ORAL TABLET</b>	2	
<b>VICKS DAYQUIL COLD &amp; FLU ORAL CAPSULE</b>	1 or 1b*	
<b>VICKS DAYQUIL COLD &amp; FLU ORAL LIQUID</b>	1 or 1b*	
<b>WAL-FLU SEVERE COLD &amp; COUGH ORAL LIQUID</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>WAL-FLU SEVERE COLD &amp; COUGH ORAL PACKET</b>	1 or 1b*	
<b>*ANTITUSSIVE-EXPECTORANT - ANTIHIST-ANALGESIC***</b>		
<b>CORICIDIN HBP DAY/NIGHT COLD ORAL</b>	2	
<b>MUCINEX FAST-MAX/NIGHTSHIFT ORAL LIQUID THERAPY PACK</b>	2	
<b>*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC***</b>		
<b>ALKA-SELTZER PLUS SEV COLD/FLU ORAL PACKET</b>	2	
cold & flu oral capsule	1 or 1b*	
cold & flu severe daytime oral liquid	1 or 1b*	
cold & flu severe daytime oral tablet	1 or 1b*	
cough/cold/sore throat child oral liquid	1 or 1b*	
cvs cold & flu max strength oral capsule	1 or 1b*	
cvs cold/flu/sore throat adult oral liquid	1 or 1b*	
cvs multi-symptoms cold/fever oral liquid	1 or 1b*	
cvs sinus pe oral tablet	1 or 1b*	
<b>DAYQUIL SEVERE + VAPOCOOL ORAL LIQUID</b>	1 or 1b*	
decorel forte plus cold/cough oral tablet	2	
<b>DURAFLU ORAL TABLET 60-20-200-325 MG</b>	2	
eq cold flu & sore throat oral tablet	1 or 1b*	
eq multi-symp cold/fever child oral liquid	1 or 1b*	
eql cold multi-symptom severe oral tablet	1 or 1b*	
eql daytime severe cold/flu oral liquid	1 or 1b*	

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

Drug Name	Tier	Notes
eql mucus relief max strength oral tablet	1 or 1b*	
eql pressure/pain pe plus cold oral tablet	1 or 1b*	
gnp cold max severe oral tablet	1 or 1b*	
gnp cold/flu severe oral tablet	1 or 1b*	
goodsense day time cold & flu oral liquid	1 or 1b*	
goodsense pressure/pain/cold oral tablet	1 or 1b*	
herbiomed severe cold & flu oral liquid	1 or 1b*	
hm daytime cold & flu oral tablet	1 or 1b*	
<b>MUCINEX CHILD MULTI-SYMP TOM ORAL LIQUID</b>	2	
<b>MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-10-200-325 MG/10ML</b>	2	
<b>MUCINEX COLD CGH THROAT CHILD ORAL LIQUID</b>	2	
<b>MUCINEX FAST-MAX CLD FLU THRT ORAL CAPSULE</b>	2	
<b>MUCINEX FAST-MAX CLD FLU THRT ORAL TABLET</b>	1 or 1b*	
<b>MUCINEX FAST-MAX COLD FLU ORAL LIQUID</b>	2	
<b>MUCINEX FAST-MAX COLD/FLU MS ORAL CAPSULE</b>	2	
<b>MUCINEX FAST-MAX COLD/FLU MS ORAL LIQUID</b>	2	
<b>MUCINEX FAST-MAX COLD/FLU ORAL LIQUID</b>	2	
<b>MUCINEX FAST-MAX COLD/FLU ORAL TABLET</b>	1 or 1b*	
<b>MUCINEX FREEFROM COLD/FLU DAY ORAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>MUCINEX JUNIOR COLD/FLU ORAL TABLET</b>	2	
<b>MUCINEX SINUS-MAX ORAL TABLET</b>	1 or 1b*	
<b>MUCINEX SINUS-MAX PRESS/PN/CGH ORAL CAPSULE</b>	2	
mucus relief cold flu throat oral capsule	1 or 1b*	
mucus relief cold flu throat oral liquid	1 or 1b*	
mucus relief plus oral tablet	1 or 1b*	
mucus relief severe cong/cold oral tablet	1 or 1b*	
px severe cold oral tablet	1 or 1b*	
qc mucus cold flu & throat oral tablet	1 or 1b*	
qc mucus relief cold & flu oral capsule	1 or 1b*	
qc mucus relief sinus pressure oral tablet	1 or 1b*	
qc pressure & pain pe oral tablet 5-10-100-325 mg	1 or 1b*	
qc severe cold & flu oral tablet	1 or 1b*	
ra cold multi-symptom daytime oral tablet 5-10-200-325 mg	1 or 1b*	
ra cold/cough sinus relief pe oral tablet	1 or 1b*	
ra cold/flu/sore throat max oral tablet	1 or 1b*	
ra severe congestion/cold max oral tablet	1 or 1b*	
<b>ROBITUSSIN SEVERE MULTI-SYMP ORAL LIQUID</b>	1 or 1b*	
<b>ROMPE PECHO MAX ORAL LIQUID</b>	1 or 1b*	
sb cold head congestion severe oral tablet	1 or 1b*	
sb cold multi-symptom severe oral tablet	1 or 1b*	
severe cold & flu oral tablet	1 or 1b*	
sm cold & flu severe oral tablet	1 or 1b*	
sm daytime severe cold & flu oral liquid	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
SUDAFED PE HEAD CONGESTION ORAL TABLET 5-10-100-325 MG	1 or 1b*	
THERAFLU EXPRESSMAX SEV CLD/FL ORAL LIQUID	1 or 1b*	
THERAFLU EXPRESSMAX SEV CLD/FL ORAL TABLET	1 or 1b*	
tussin cf severe multi-symptom oral liquid	1 or 1b*	
TYLENOL COLD/FLU SEVERE ORAL TABLET	2	
TYLENOL WARMING COUGH/CONGEST ORAL LIQUID	2	
VICKS DAYQUIL SEVERE COLD/FLU ORAL CAPSULE	1 or 1b*	
VICKS DAYQUIL SEVERE COLD/FLU ORAL LIQUID	1 or 1b*	
VICKS DAYQUIL SEVERE COLD/FLU ORAL TABLET	1 or 1b*	
WAL-PHED PE COLD & COUGH ORAL TABLET	1 or 1b*	
WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200-325 MG/10ML	1 or 1b*	
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANTI HIST***		
ROBITUSSIN DAY/NIGHT VALUE PAK ORAL	2	
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANTI HIST-ANALG***		
DELSYM CHILDRENS DAY NIGHT ORAL	2	
DELSYM DAY NIGHT ORAL	2	
MUCINEX CHILD MS DAY-NIGHT CLD ORAL	2	
MUCINEX CLEAR & COOL DAY/NIGHT ORAL LIQUID THERAPY PACK	2	

Drug Name	Tier	Notes
MUCINEX CNG/CGH/COLD/FLU DY/NT ORAL LIQUID THERAPY PACK	2	
MUCINEX FAST-MAX CLD/FLU DY/NT ORAL CAPSULE THERAPY PACK	2	
MUCINEX FAST-MAX CLD/FLU DY/NT ORAL TABLET THERAPY PACK	1 or 1b*	
MUCINEX FAST-MAX CNG/CGH/CD/FL ORAL TABLET THERAPY PACK	2	
MUCINEX FAST-MAX DAY/NIGHT M/S ORAL	2	
MUCINEX FAST-MAX DAY/NIGHT MS ORAL LIQUID THERAPY PACK	2	
MUCINEX FAST-MAX DAY/NIGHT MS ORAL TABLET THERAPY PACK	2	
MUCINEX FAST-MAX ORAL LIQUID THERAPY PACK	2	
MUCINEX FAST-MAX/NIGHTSHIFT ORAL CAPSULE THERAPY PACK	2	
MUCINEX FAST-MAX/NIGHTSHIFT PE ORAL LIQUID THERAPY PACK	2	
MUCINEX FREEFROM CLD/FLU DY/NT ORAL LIQUID THERAPY PACK	2	
MUCINEX FREEFROM DAY-NIGHT ORAL LIQUID THERAPY PACK	2	
MUCINEX SINUS-MAX DAY/NIGHT ORAL CAPSULE THERAPY PACK	2	
MUCINEX SINUS-MAX/NIGHTSHIFT ORAL CAPSULE THERAPY PACK	2	

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

Drug Name	Tier	Notes
<b>MUCINEX SINUS-MAX/NIGHTSHIFT ORAL LIQUID THERAPY PACK</b>	2	
<b>MUCINEX SINUS-MAX/NIGHTSHIFT ORAL TABLET THERAPY PACK</b>	2	
multi-symptom cold day/night oral	2	
qc cold + flu severe day-night oral tablet therapy pack	1 or 1b*	
ra day/night oral capsule therapy pack	1 or 1b*	
ra severe cold/night cold&flu oral	1 or 1b*	
<b>ROBITUSSIN PK COLD DAY/NGHT DM ORAL</b>	2	
<b>ROBITUSSIN PK COLD DAY/NGHT MS ORAL</b>	2	
<b>ROBITUSSIN SEVERE DAY/NIGHT ORAL</b>	1 or 1b*	
severe cold & flu day/night oral liquid therapy pack	1 or 1b*	
<b>TYLENOL COLD/FLU SEVERE ORAL TABLET THERAPY PACK</b>	2	
<b>VICKS DAYQUIL/NYQUIL SEVERE ORAL LIQUID THERAPY PACK</b>	2	
<b>VICKS DAYQUIL/NYQUIL SEVERE ORAL TABLET THERAPY PACK</b>	2	
<b>WAL-PHED PE DAYTIME/NIGHTTIME ORAL TABLET THERAPY PACK</b>	1 or 1b*	
<b>*ANTITUSSIVE-EXPECTORANT***</b>		
<b>ALKA-SELTZER PLUS MUCUS &amp; CONG ORAL CAPSULE</b>	1 or 1b*	
altarussin dm oral syrup	1 or 1b*	
biocotron oral liquid	1 or 1b*	
chest congestion relief dm oral syrup	1 or 1b*	
chest congestion relief dm oral tablet	1 or 1b*	

Drug Name	Tier	Notes
chest congestion/cough relief oral tablet	1 or 1b*	
childrens cough oral liquid	1 or 1b*	
childrens mucus relief cough oral liquid	1 or 1b*	
<b>CODITUSSIN AC ORAL LIQUID</b>	3	
<b>CORICIDIN HBP CONGESTION/COUGH ORAL CAPSULE</b>	1 or 1b*	
cough & chest congestion dm oral liquid	1 or 1b*	
cough & chest congestion dm oral syrup	2	
cough & congestion kids oral liquid	1 or 1b*	
cvs chest congest/cough child oral liquid	1 or 1b*	
cvs chest congestion relief dm oral tablet	1 or 1b*	
cvs chest congestion-cough hbp oral capsule	1 or 1b*	
cvs cough & chest congestion oral liquid	1 or 1b*	
cvs dm maximum adult oral liquid	1 or 1b*	
cvs mucus dm extended release oral tablet extended release 12 hour	1 or 1b*	
cvs tussin dm max st oral liquid	1 or 1b*	
cvs tussin dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml, 200-20 mg/10ml	1 or 1b*	
cvs tussindm cough/chest adult oral liquid	1 or 1b*	
<b>DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID</b>	1 or 1b*	
<b>DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID</b>	1 or 1b*	
dextromethorphan-guaifenesin oral syrup	1 or 1b*	
dextromethorphan-guaifenesin oral tablet	1 or 1b*	
<b>DIABETIC TUSSIN DM MAX ST ORAL LIQUID</b>	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
<b>DIABETIC TUSSIN DM ORAL LIQUID</b>	1 or 1b*	
dm-guaifenesin er oral tablet extended release 12 hour	1 or 1b*	
eq cough childrens oral liquid	1 or 1b*	
eq mucus dm oral tablet extended release 12 hour	1 or 1b*	
eq mucus relief dm oral liquid	1 or 1b*	
eq mucus relief dm oral tablet extended release 12 hour	1 or 1b*	
eq tussin dm cough/chest oral syrup	1 or 1b*	
eq tussin dm max adult oral liquid	1 or 1b*	
eq tussin dm max daytime oral liquid	1 or 1b*	
eql mucus-dm oral tablet extended release 12 hour	1 or 1b*	
eql tussin dm cough/chest cong oral syrup	1 or 1b*	
<b>FENESIN DM IR ORAL TABLET 20-400 MG</b>	1 or 1b*	
g tussin ac oral solution	1 or 1a*	
geri-tussin dm oral syrup 10-100 mg/5ml	1 or 1b*	
<b>GILTUSS COUGH &amp; CHEST CHILDREN ORAL LIQUID</b>	1 or 1b*	
<b>GILTUSS COUGH &amp; CHEST ORAL LIQUID</b>	1 or 1b*	
<b>GILTUSS DIABETIC COUGH &amp; COLD ORAL LIQUID</b>	1 or 1b*	
<b>GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID</b>	1 or 1b*	
<b>GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID</b>	1 or 1b*	
gnp mucus dm max strength oral tablet extended release 12 hour	1 or 1b*	
gnp mucus relief dm oral tablet	1 or 1b*	
gnp tab tussin dm oral tablet	1 or 1b*	
gnp tussin dm cough oral liquid	1 or 1b*	

Drug Name	Tier	Notes
gnp tussin dm max oral liquid 20-400 mg/20ml	1 or 1b*	
gnp tussin dm oral liquid 20-200 mg/20ml	1 or 1b*	
goodsense mucus dm oral tablet extended release 12 hour	1 or 1b*	
goodsense tussin dm max oral liquid	1 or 1b*	
goodsense tussin dm oral liquid	1 or 1b*	
guaiasorb dm oral liquid 10-100 mg/5ml	1 or 1b*	
guaicon dms oral syrup	1 or 1b*	
guaifenesin ac oral syrup	1 or 1a*	
guaifenesin-codeine oral solution	1 or 1a*	
guaifenesin-dm oral syrup	1 or 1b*	
<b>G-ZYNCOF ORAL SYRUP</b>	2	
hm chest congestion relief dm oral tablet	1 or 1b*	
hm mucus relief dm oral tablet extended release 12 hour	1 or 1b*	
intense cough reliever oral liquid 20-300 mg/5ml	2	
intense cough reliever oral liquid 30-200 mg/5ml	1 or 1b*	
<b>MAR-COF CG EXPECTORANT ORAL LIQUID</b>	2	
maxi-tuss ac oral solution	1 or 1a*	
maxi-tuss g oral liquid	1 or 1b*	
maxi-tuss gmx oral liquid	1 or 1b*	
<b>M-CLEAR WC ORAL SOLUTION 100-6.33 MG/5ML</b>	2	QL
medi-tussin dm double strength oral liquid	1 or 1b*	
medi-tussin dm oral syrup	1 or 1b*	
<b>MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML</b>	1 or 1b*	
<b>MUCINEX COUGH &amp; CHEST CONGEST ORAL CAPSULE</b>	1 or 1b*	

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

Drug Name	Tier	Notes
<b>MUCINEX COUGH CHILDRENS ORAL LIQUID</b>	1 or 1b*	
<b>MUCINEX COUGH FOR KIDS ORAL PACKET</b>	2	
<b>MUCINEX DM MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
<b>MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
<b>MUCINEX FAST-MAX DM MAX ORAL LIQUID</b>	1 or 1b*	
mucus dm oral tablet extended release 12 hour	1 or 1b*	
mucus relief cough childrens oral liquid	1 or 1b*	
mucus relief dm cough oral tablet	1 or 1b*	
mucus relief dm max oral liquid	1 or 1b*	
mucus relief dm max oral tablet extended release 12 hour	1 or 1b*	
mucus relief dm oral liquid	1 or 1b*	
mucus relief dm oral tablet	1 or 1b*	
mucus relief dm oral tablet extended release 12 hour	1 or 1b*	
mucus-dm max oral tablet extended release 12 hour	1 or 1b*	
mucus-dm maximum strength oral tablet extended release 12 hour	1 or 1b*	
mucus-dm oral tablet extended release 12 hour	1 or 1b*	
<b>NINJACOF-XG ORAL LIQUID</b>	3	
<b>PEGGEN DMX ORAL LIQUID 10-187 MG/5ML</b>	2	
<b>PEDIACARE COUGH/CONGESTION ORAL LIQUID</b>	1 or 1b*	
pharbinex-dm oral tablet	1 or 1b*	
px tussin dm oral liquid	1 or 1b*	
qc medifin dm oral tablet	1 or 1b*	
qc mucus & cough relief child oral liquid	1 or 1b*	

Drug Name	Tier	Notes
qc mucus relief dm max oral liquid	1 or 1b*	
qc mucus relief dm max oral tablet extended release 12 hour	1 or 1b*	
qc tussin dm cough/congestion oral liquid	1 or 1b*	
ra mucus relief dm oral tablet extended release 12 hour	1 or 1b*	
ra tussin cgh/chest congest dm oral liquid	1 or 1b*	
ra tussin cough dm sugar free oral syrup	1 or 1b*	
ra tussin cough oral liquid	1 or 1b*	
ra tussin cough/chest dm max oral liquid	1 or 1b*	
ra tussin dm oral liquid	1 or 1b*	
refenesen dm oral tablet	1 or 1b*	
<b>ROBAFEN DM ORAL LIQUID</b>	1 or 1b*	
<b>ROBITUSSIN COUGH+CHEST CONG DM ORAL CAPSULE</b>	1 or 1b*	
<b>ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-200 MG/20ML</b>	2	
<b>ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML</b>	1 or 1b*	
<b>ROBITUSSIN HONEY CGH/CHEST DM ORAL LIQUID</b>	2	
sb mucus relief dm oral tablet	1 or 1b*	
<b>SB TAB TUSSIN DM ORAL TABLET</b>	1 or 1b*	
<b>SCOT-TUSSIN SENIOR ORAL LIQUID</b>	2	
siltussin dm das oral liquid	1 or 1b*	
siltussin-dm alcohol free oral syrup	1 or 1b*	
sm chest congestion relief dm oral tablet	1 or 1b*	
sm tussin cough/chest congest oral liquid	1 or 1b*	
sm tussin cough/chest congest 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
sm tussin dm max oral liquid 20-400 mg/20ml	1 or 1b*	
sm tussin dm oral syrup	1 or 1b*	
<b>SORBUGEN NR ORAL LIQUID</b>	1 or 1b*	
sorbutuss nr oral liquid 10-100 mg/5ml	1 or 1b*	
supress dm pediatric oral liquid	2	
tusnel diabetic oral liquid	1 or 1b*	
tussin cough+chest cong dm sf oral liquid	1 or 1b*	
tussin cough+chest congest dm oral liquid	1 or 1b*	
tussin dm cough + chest oral liquid 10-100 mg/5ml, 20-200 mg/20ml	1 or 1b*	
tussin dm max adult oral liquid 5-100 mg/5ml	1 or 1b*	
tussin dm max oral liquid 20-400 mg/20ml	1 or 1b*	
tussin dm oral liquid 100-10 mg/5ml	1 or 1b*	
tussin dm oral syrup 100-10 mg/5ml	1 or 1b*	
<b>VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID</b>	2	
<b>WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP</b>	1 or 1b*	
<b>WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID</b>	1 or 1b*	
<b>ZYNCOF ORAL SYRUP</b>	2	
<b>*ANTITUSSIVE-EXPECTORANTS-ANTIHISTAMINE***</b>		
cvs cough/chest dm childrens oral solution therapy pack	2	
cvs tussin dm oral liquid therapy pack	2	
<b>ROBITUSSIN DM MAX DAY/NIGHT ORAL LIQUID THERAPY PACK</b>	2	
<b>*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***</b>		
actidom dmx oral liquid	2	

Drug Name	Tier	Notes
<b>ACTINEL DM ORAL LIQUID</b>	2	
<b>ACTINEL ORAL LIQUID</b>	2	
<b>ACTINEL PEDIATRIC ORAL LIQUID</b>	2	
aquanaz oral tablet	2	
biodesp dm oral syrup	2	
biogtuss oral liquid 10-15-300 mg/5ml	1 or 1b*	
bionel oral liquid	2	
capmist dm oral tablet 60-15-400 mg	2	
<b>CODITUSSIN DAC ORAL LIQUID</b>	3	
cvs multi-symptoms cold child oral liquid	1 or 1b*	
cvs severe cough/congest oral liquid	1 or 1b*	
deconex dmx oral tablet 10-17.5-400 mg	2	
<b>DESGEN DM ORAL LIQUID</b>	1 or 1b*	
<b>DESGEN DM ORAL TABLET</b>	2	
<b>DESGEN PEDIATRIC ORAL LIQUID</b>	1 or 1b*	
despec dm oral syrup 5-10-100 mg/5ml	1 or 1b*	
despec dm-g oral syrup	1 or 1b*	
despec eda oral liquid	1 or 1b*	
dometuss-dmx oral liquid	2	
eq mucus relief congest/cough oral liquid	1 or 1b*	
eq multi-symptom cold childrens oral liquid 2.5-5-100 mg/5ml	1 or 1b*	
eql mucus relief childrens oral liquid	1 or 1b*	
gcon dmx oral tablet	1 or 1b*	
<b>GILTUSS COUGH &amp; COLD CHILDRENS ORAL LIQUID</b>	1 or 1b*	
<b>GILTUSS COUGH &amp; COLD ORAL LIQUID 10-15-300 MG/5ML</b>	1 or 1b*	
<b>GILTUSS COUGH &amp; COLD ORAL TABLET</b>	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
gnp tussin cf cough & cold oral syrup	1 or 1b*	
goodsense mucus relief child oral liquid	1 or 1b*	
goodsense mucus/congest/cough oral liquid	1 or 1b*	
goodsense tussin cf oral liquid	1 or 1b*	
g-supress dx pediatric oral liquid	1 or 1b*	
<b>G-TRON PED ORAL LIQUID</b>	2	
<b>G-TRON PEDIATRIC DROPS ORAL LIQUID</b>	2	
<b>G-TUSICOF ORAL LIQUID</b>	2	
<b>MUCINEX CHILDRENS FREEFROM ORAL LIQUID 2.5-5-100 MG/5ML</b>	2	
<b>MUCINEX COLD CHILDRENS ORAL LIQUID</b>	2	
<b>MUCINEX COUGH &amp; CONGEST CHILD ORAL LIQUID</b>	2	
<b>MUCINEX FAST-MAX CONGEST COUGH ORAL LIQUID 2.5-5-100 MG/5ML</b>	2	
<b>MUCINEX FAST-MAX CONGEST COUGH ORAL TABLET</b>	2	
<b>MUCINEX FREEFROM SEV CNGST/CGH ORAL LIQUID</b>	1 or 1b*	
<b>MUCINEX JUNIOR COUGH/CONGEST ORAL TABLET</b>	2	
mucus congest & cough child oral liquid	1 or 1b*	
mucus relief childrens oral liquid 2.5-5-100 mg/5ml	1 or 1b*	
mucus relief multi symptom oral liquid	1 or 1b*	
mucus relief severe congest/cgh oral liquid	1 or 1b*	
multi-symptom cold childrens oral liquid 2.5-5-100 mg/5ml	1 or 1b*	

Drug Name	Tier	Notes
multi-symptom cold plus child oral liquid	1 or 1b*	
<b>NIVANEX DMX ORAL TABLET</b>	2	
<b>PEGGEN PSE ORAL LIQUID</b>	2	
phenylephrine-dm-gg oral liquid	1 or 1b*	
phenylephrine-dm-gg oral tablet	1 or 1b*	
<b>POLY-VENT DM ORAL TABLET 60-20-380 MG</b>	2	
pres gen oral liquid	1 or 1b*	
pres gen pediatric oral liquid	1 or 1b*	
px tussin cf oral liquid	1 or 1b*	
qc mucus relief severe con/cgh oral liquid	1 or 1b*	
qc tussin cf oral liquid	1 or 1b*	
ra tussin egh & cold mucus cf oral liquid	1 or 1b*	
robafen cf multi-symptom cold oral liquid	1 or 1b*	
<b>ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID</b>	2	
<b>ROBITUSSIN PEAK COLD MULTI-SYM ORAL LIQUID 5-10-100 MG/5ML</b>	2	
sb cough control cf oral liquid	1 or 1b*	
sm mucus relief cold childrens oral liquid	1 or 1b*	
sm severe congestion & cough oral liquid	1 or 1b*	
sm tussin cf oral liquid	1 or 1b*	
supress-dx pediatric oral liquid	1 or 1b*	
teo-tus oral liquid	1 or 1b*	
<b>TUSICOF ORAL LIQUID</b>	2	
<b>TUSICOF ORAL TABLET</b>	1 or 1b*	
<b>TUSNEL C ORAL SYRUP</b>	2	PA
<b>TUSNEL DM ORAL LIQUID</b>	2	
<b>TUSNEL DM PEDIATRIC ORAL LIQUID</b>	1 or 1b*	
<b>TUSNEL ORAL LIQUID</b>	2	
<b>TUSNEL ORAL TABLET</b>	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
<b>TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML</b>	2	
<b>TUSNEL-DM PEDIATRIC ORAL LIQUID</b>	2	
tussin cf cough & cold oral liquid	1 or 1b*	
tussin cf oral liquid 5-10-100 mg/5ml	1 or 1b*	
tussin multi-symptom cold cf oral liquid	1 or 1b*	
<b>TUSSI-PRES ORAL LIQUID</b>	1 or 1b*	
<b>TUSSI-PRES PEDIATRIC ORAL LIQUID</b>	2	
<b>TUSSLIN ORAL LIQUID</b>	3	
<b>TUSSLIN PEDIATRIC ORAL LIQUID</b>	2	
<b>VANACOF DM ORAL LIQUID</b>	2	
<b>VANACOF DMX ORAL LIQUID</b>	2	
<b>VANATAB DM ORAL TABLET</b>	2	
<b>WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200 MG/5ML</b>	1 or 1b*	
wal-tussin cf oral liquid	1 or 1b*	
<b>*AROMATIC INHALANTS***</b>		
baby chest rub external ointment	1 or 1b*	
chest rub external ointment , 4.8-1.2-2.6 %	1 or 1b*	
chest rub external ointment 4.5-1-2.6 %	2	
chest rub hands-free medicated external ointment	1 or 1b*	
cvs chest rub medicated external ointment 4.8-1.2-2.6 %	1 or 1b*	
cvs hot steam inhalation liquid	2	
cvs medicated chest rub external ointment	1 or 1b*	
cvs nasal decongestant inhalation inhaler	1 or 1b*	
decongestant vapor inhalation inhaler	1 or 1b*	

Drug Name	Tier	Notes
<b>DELSYM VAPOR ROLL-ON EXTERNAL OINTMENT</b>	1 or 1b*	
eql medicated chest rub external ointment	1 or 1b*	
eql vapor nasal decongestant inhalation inhaler	1 or 1b*	
gnp chest rub external ointment	1 or 1b*	
goodsense vapor inhalation inhaler	1 or 1b*	
<b>ICY HOT NO-MESS VAPOR GEL EXTERNAL GEL</b>	2	
<b>ICY HOT NO-MESS VAPOR GEL KIDS EXTERNAL GEL</b>	2	
<b>MEDPURA VAPORX BALM EXTERNAL OINTMENT</b>	1 or 1b*	
px medicated chestrub external ointment	1 or 1b*	
qc chest rub medicated external ointment	1 or 1b*	
qc vapor inhaler inhalation inhaler	1 or 1b*	
ra decongestant inhaler inhalation inhaler	1 or 1b*	
ra medicated chest rub external ointment	1 or 1b*	
ra menthol nasal inhaler inhalation inhaler	1 or 1b*	
ra vaporizing steam inhalation liquid	1 or 1b*	
sm medicated chest rub external ointment	2	
<b>VAPOR PATCH EXTERNAL PATCH</b>	2	
vapor steam inhalation liquid	1 or 1b*	
vaporizing chest rub external ointment	1 or 1b*	
vaporizing steam inhalation liquid	1 or 1b*	
<b>VICKS BABYRUB EXTERNAL OINTMENT</b>	2	
<b>VICKS VAPO STEAM INHALATION LIQUID</b>	2	
<b>VICKS VAPOINHALER INHALATION INHALER</b>	2	

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

Drug Name	Tier	Notes
<b>VICKS VAPORUB CHILDRENS EXTERNAL OINTMENT</b>	2	
<b>VICKS VAPORUB EXTERNAL OINTMENT</b>	2	
<b>*DECONGESTANT &amp; ANTIHISTAMINE***</b>		
12 hour allergy-d oral tablet extended release 12 hour	1 or 1b*	
12hr allergy & congestion oral tablet extended release 12 hour	1 or 1b*	
24hr allergy & congestion reli oral tablet extended release 24 hour	1 or 1b*	
<b>ACTICON ORAL SOLUTION</b>	2	
<b>ACTICON ORAL TABLET</b>	2	
<b>ALAHIST D ORAL TABLET</b>	2	
alahist pe oral tablet	2	
<b>ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	1 or 1b*	
<b>ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	1 or 1b*	
all day allergy d oral tablet extended release 12 hour	1 or 1b*	
all day allergy-d oral tablet extended release 12 hour	1 or 1b*	
<b>ALLEGRA-D ALLERGY &amp; CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
<b>ALLEGRA-D ALLERGY &amp; CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	2	
allergy d-12 oral tablet extended release 12 hour	1 or 1b*	
allergy relief d oral tablet	1 or 1b*	
allergy relief d oral tablet extended release 12 hour	1 or 1b*	
allergy relief d oral tablet extended release 24 hour	1 or 1b*	
allergy relief d12 oral tablet extended release 12 hour	1 or 1b*	

Drug Name	Tier	Notes
allergy relief d-12 oral tablet extended release 12 hour	1 or 1b*	
allergy relief d-24 oral tablet extended release 24 hour	1 or 1b*	
allergy relief/nasal decongest oral tablet extended release 12 hour	1 or 1b*	
allergy relief/nasal decongest oral tablet extended release 24 hour	1 or 1b*	
allergy relief-d oral tablet extended release 12 hour	1 or 1b*	
allergy relief-d oral tablet extended release 24 hour	1 or 1b*	
allergy/congestion relief oral tablet extended release 12 hour	1 or 1b*	
antihistamine & nasal deconges oral tablet extended release 12 hour	1 or 1b*	
<b>APRODINE ORAL TABLET</b>	1 or 1b*	
<b>BENADRYL ALLERGY CHILDRENS ORAL SOLUTION</b>	2	
<b>BENADRYL ALLERGY CON ULTRATABS ORAL TABLET</b>	2	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour	1 or 1b*	
childrens cold & allergy oral elixir	1 or 1b*	
<b>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	ST; QL
<b>CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
<b>CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	2	
cold & allergy childrens oral liquid	2	
cold & allergy oral elixir	1 or 1b*	
<b>CONEX COLD/ALLERGY ORAL SOLUTION</b>	2	

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

Drug Name	Tier	Notes
<b>CONEX COLD/ALLERGY ORAL TABLET</b>	2	
cvs allergy relief d oral tablet extended release 12 hour 60-120 mg	1 or 1b*	
cvs allergy relief-d oral tablet extended release 12 hour	1 or 1b*	
cvs allergy relief-d oral tablet extended release 24 hour	1 or 1b*	
cvs allergy relief-d12 oral tablet extended release 12 hour	1 or 1b*	
cvs cold & cough nighttime oral liquid	1 or 1b*	
cvs sinus pe/allergy max st oral tablet	1 or 1b*	
dexbrompheniramine-phenyleph oral tablet 2-10 mg	1 or 1b*	
<b>DIMETAPP CHILDREN COLD/ALLERGY ORAL LIQUID</b>	2	
<b>DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID</b>	1 or 1b*	
dometuss-da/children oral liquid	2	
doxylamine-phenylephrine oral tablet	1 or 1b*	
<b>DRIXORAL COLD/ALLERGY ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
<b>ED A-HIST ORAL LIQUID</b>	2	
<b>ED A-HIST ORAL TABLET</b>	1 or 1b*	
eq allergy & congestion relief oral tablet extended release 12 hour	1 or 1b*	
<b>EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	1 or 1b*	
eq allergy relief oral tablet extended release 12 hour	1 or 1b*	
eq suphedrine pe oral tablet 4-10 mg	1 or 1b*	

Drug Name	Tier	Notes
eql allergy/congestion relief oral tablet extended release 24 hour	1 or 1b*	
eql sinus & allergy pe oral tablet	1 or 1b*	
fexofenadine-pseudoephed er oral tablet extended release 12 hour	1 or 1b*	
fexofenadine-pseudoephed er oral tablet extended release 24 hour	1 or 1b*	
g hist forte oral tablet	1 or 1b*	
g-hist pe oral tablet	1 or 1b*	
<b>GILTUSS ALLERGY &amp; SINUS ORAL TABLET</b>	2	
glen pe oral liquid	2	
glenmax peb oral liquid	2	
gnp all day allergy-d oral tablet extended release 12 hour	1 or 1b*	
gnp allergy & congestion oral tablet extended release 24 hour	1 or 1b*	
gnp allergy/congestion relief oral tablet extended release 24 hour	1 or 1b*	
gnp allergy-d allergy & conges oral tablet extended release 12 hour	1 or 1b*	
gnp fexofenadine/pse er oral tablet extended release 12 hour	1 or 1b*	
goodsense all day allergy-d oral tablet extended release 12 hour	1 or 1b*	
hm allergy relief/nasal decong oral tablet extended release 24 hour	1 or 1b*	
<b>KINDERMED NIGHT COLD &amp; CGH KID ORAL SYRUP</b>	2	
<b>KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	1 or 1b*	
<b>KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	1 or 1b*	

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

Drug Name	Tier	Notes
<b>KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	1 or 1b*	
<b>LOHIST-D ORAL LIQUID</b>	2	
loratadine-d 12hr oral tablet extended release 12 hour	1 or 1b*	
loratadine-d 24hr oral tablet extended release 24 hour	1 or 1b*	
<b>LORTUSS LQ ORAL LIQUID</b>	2	
maxifed tr oral tablet	2	
maxi-tuss pe oral liquid	2	
maxi-tuss tr oral liquid	2	
meijer allergy relief-d oral tablet extended release 12 hour	1 or 1b*	
<b>NASOPEN PE ORAL LIQUID</b>	2	
night time cold & cough oral syrup	2	
nohist-lq oral liquid	1 or 1b*	
<b>PHENAGIL ORAL TABLET</b>	2	
<b>POLY HIST FORTE ORAL TABLET 10.5-10 MG</b>	2	
promethazine vc oral syrup	1 or 1b*	QL
px allergy relief d (loratid) oral tablet extended release 12 hour	1 or 1b*	
px allergy relief d oral tablet extended release 12 hour	1 or 1b*	
px allergy relief d oral tablet extended release 24 hour	1 or 1b*	
px dibromm cold/allergy child oral elixir	1 or 1b*	
qc dibromm childrens cold/all oral liquid	2	
qc loratadine-d oral tablet extended release 24 hour	1 or 1b*	
ra allergy relf & nasal decong oral tablet extended release 24 hour	1 or 1b*	
ra allergy rlf/nasal decongest oral tablet extended release 24 hour	1 or 1b*	

Drug Name	Tier	Notes
ra allergy/congestion oral tablet extended release 12 hour	1 or 1b*	
ra allergy/congestion relief oral tablet extended release 12 hour	1 or 1b*	
ra allergy/congestion relief-d oral tablet extended release 12 hour	1 or 1b*	
ra cetiri-d oral tablet extended release 12 hour	1 or 1b*	
ra lorata-d oral tablet extended release 24 hour	1 or 1b*	
ra suphedrine pe oral tablet 4-10 mg	1 or 1b*	
ru-hist d oral tablet	2	
rymed oral tablet	2	
rynex pe oral elixir	1 or 1b*	
rynex pse oral liquid	1 or 1b*	
sb allergy relief/nasal decong oral tablet extended release 24 hour	1 or 1b*	
sb cold & allergy childrens oral elixir	1 or 1b*	
sb sinus & allergy max st oral tablet	1 or 1b*	
sm all day allergy-d oral tablet extended release 12 hour	1 or 1b*	
sm cold & allergy childrens oral elixir 1-15 mg/5ml	1 or 1b*	
sm cold & allergy childrens oral liquid	2	
sm cold & allergy pe oral tablet	1 or 1b*	
sm loratadine d 12hr oral tablet extended release 12 hour	1 or 1b*	
sm lorata-dine d oral tablet extended release 24 hour	1 or 1b*	
sm sinus & allergy max st oral tablet	1 or 1b*	
stahist ad oral tablet	2	
<b>STAHIST ORAL LIQUID</b>	2	
stahist tp oral tablet	2	
<b>SUDAFED PE SINUS CONG DAY/NGHT ORAL TABLET</b>	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
SUDOGEST SINUS/ALLERGY ORAL TABLET	1 or 1b*	
TRIAMINIC NIGHT TIME COLD/CGH ORAL SYRUP	2	
WAL-ACT ORAL TABLET	1 or 1b*	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR	1 or 1b*	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR	1 or 1b*	
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR	1 or 1b*	
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR	1 or 1b*	
WAL-PHED PE SINUS/ALLERGY ORAL TABLET	1 or 1b*	
WAL-PHED SINUS/ALLERGY ORAL TABLET	1 or 1b*	
wal-tap cold/allergy oral elixir	1 or 1b*	
wal-tap cold/allergy oral liquid	2	
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR	1 or 1b*	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
<b>*DECONGESTANT W/ EXPECTORANT***</b>		
altarussin-pe oral syrup	1 or 1b*	
bronchial asthma relief oral tablet	1 or 1b*	
chest congestion relief pe oral tablet	1 or 1b*	
chest congestion/sinus relief oral tablet	1 or 1b*	
cvs chest congestion relief pe oral tablet	1 or 1b*	

Drug Name	Tier	Notes
cvs mucus d extended release oral tablet extended release 12 hour	1 or 1b*	
cvs mucus d max st er oral tablet extended release 12 hour	1 or 1b*	
cvs stuffy nose & cold child oral liquid	1 or 1b*	
<b>DECONEX IR ORAL TABLET 10-385 MG</b>	2	
ed bron gp oral liquid	2	
gcon ir oral tablet	2	
<b>GILPHEX TR ORAL TABLET 10-390 MG</b>	2	
<b>GILTUSS SINUS &amp; CONGESTION ORAL TABLET</b>	2	
gnp mucus relief pe oral tablet	1 or 1b*	
<b>MAXIFED ORAL TABLET 60-360 MG</b>	2	
maxi-tuss pe jr oral liquid	2	
maxi-tuss pe max oral liquid	2	
<b>MUCINEX D MAX STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
<b>MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60- 600 MG</b>	2	
<b>MUCINEX STUFFY NOSE &amp; CHEST ORAL LIQUID</b>	2	
mucus d oral tablet extended release 12 hour 120-1200 mg	1 or 1b*	
mucus relief d 12hr er oral tablet extended release 12 hour	1 or 1b*	
mucus relief d oral tablet 40- 400 mg	1 or 1b*	
mucus relief d oral tablet extended release 12 hour	1 or 1b*	
mucus relief pe oral tablet	1 or 1b*	
mucus relief pe sinus oral tablet	1 or 1b*	
mucus-d oral tablet extended release 12 hour	1 or 1b*	
pharbinex-pe 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
phenylephrine-guaifenesin oral tablet	1 or 1b*	
<b>POLY-VENT IR ORAL TABLET 60-380 MG</b>	2	
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour	1 or 1b*	
<b>QC MEDIFIN PE ORAL TABLET</b>	2	
qc mucus relief sinus d oral tablet	1 or 1b*	
ra mucus relief d max strength oral tablet extended release 12 hour	1 or 1b*	
ra mucus relief d oral tablet extended release 12 hour	1 or 1b*	
refenesen pe oral tablet	1 or 1b*	
rydex g oral tablet	2	
sb bronchial oral tablet	1 or 1b*	
sb mucus relief pe oral tablet	1 or 1b*	
sm chest congestion relief pe oral tablet	1 or 1b*	
sm guaifenesin/pseudoephedrine oral tablet extended release 12 hour	1 or 1b*	
<b>SUPRESS-PE PEDIATRIC ORAL LIQUID</b>	2	
<b>TRIAMINIC CHEST/NASAL CONGEST ORAL LIQUID</b>	2	
<b>TUSNEL PEDIATRIC ORAL LIQUID 1.25-25 MG/ML, 7.5-50 MG/ML</b>	2	
<b>TUSSI-PRES PE PEDIATRIC ORAL LIQUID</b>	1 or 1b*	
<b>*DECONGESTANT-ANALGESIC***</b>		
<b>ADVIL COLD &amp; SINUS LIQUI-GELS ORAL CAPSULE</b>	2	
<b>ADVIL COLD/SINUS ORAL TABLET</b>	2	
<b>ADVIL SINUS CONGESTION &amp; PAIN ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>ALEVE-D SINUS &amp; COLD ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
<b>ALEVE-D SINUS &amp; HEADACHE ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
<b>ALKA-SELTZER PLUS SINUS ORAL TABLET EFFERVESCENT</b>	2	
all day sinus/cold d oral tablet extended release 12 hour	1 or 1b*	
cold & sinus oral tablet	1 or 1b*	
cold & sinus relief oral capsule	1 or 1b*	
<b>CONTAC COLD+FLU MAX ST ORAL TABLET 5-500 MG</b>	1 or 1b*	
cvs cold & sinus relief oral capsule	1 or 1b*	
cvs cold & sinus relief oral tablet	1 or 1b*	
cvs sinus & cold-d oral tablet extended release 12 hour	1 or 1b*	
cvs sinus headache pe oral tablet	1 or 1b*	
cvs sinus pain/congestion day oral tablet	1 or 1b*	
eql congestion relief oral tablet	1 or 1b*	
gnp sinus pressure/pain oral tablet	1 or 1b*	
gnp sinus/headache oral tablet	1 or 1b*	
goodsense pressure/pain pe oral tablet	1 or 1b*	
hm cold & sinus relief oral tablet	1 or 1b*	
ibuprofen cold & sinus oral tablet	1 or 1b*	
<b>NEXAFED SINUS PRESSURE + PAIN ORAL TABLET</b>	2	
<b>PANADOL COLD/FLU ORAL TABLET</b>	1 or 1b*	
px ibuprofen cold & sinus oral tablet	1 or 1b*	
px sinus relief 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
qc ibuprofen cold/sinus oral tablet	1 or 1b*	
qc sinus & headache oral tablet	1 or 1b*	
ra cold & sinus relief oral tablet	1 or 1b*	
ra ibu-profen cold/sinus oral tablet	1 or 1b*	
ra sinus congestion/pain day oral tablet	1 or 1b*	
ra suphedrine pe oral tablet 5-325 mg	1 or 1b*	
sb daytime sinus oral capsule	1 or 1b*	
sb sinus congestion/pain day oral tablet	1 or 1b*	
sinus + headache oral tablet	1 or 1b*	
sinus congestion/pain daytime oral tablet 5-325 mg	1 or 1b*	
sinus congestion/pain oral tablet	1 or 1b*	
sinus pressure + pain oral tablet	1 or 1b*	
sm cold & sinus relief oral tablet	1 or 1b*	
sm pain reliever sinus pe oral tablet	1 or 1b*	
<b>SUDAFED PE HEAD CONGESTION ORAL TABLET 10-200 MG</b>	1 or 1b*	
<b>SUDAFED PE SINUS PRESSURE+PAIN ORAL TABLET</b>	1 or 1b*	
<b>SUDAFED SINUS 12HR PRESS+PAIN ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	1 or 1b*	
<b>TYLENOL SINUS+HEADACHE ORAL TABLET</b>	1 or 1b*	
<b>VICKS SINEX DAYTIME ORAL CAPSULE</b>	1 or 1b*	
<b>WAL-FLU SEVERE COLD DAYTIME ORAL PACKET</b>	2	
<b>WAL-PROFEN COLD &amp; SINUS ORAL TABLET</b>	1 or 1b*	
wal-profen d cold & sinus oral capsule	1 or 1b*	

Drug Name	Tier	Notes
<b>*DECONGESTANT-ANALGESIC-EXPECTORANT***</b>		
cvs cold & sinus multi-symptom oral liquid	1 or 1b*	
cvs severe congestion relief oral liquid	1 or 1b*	
cvs sinus relief pressure/pain oral tablet	1 or 1b*	
eq sinus congestion & pain oral tablet	1 or 1b*	
eql pressure & pain pls/mucus oral tablet	1 or 1b*	
gnp cold/head congestion oral tablet 5-325-200 mg	1 or 1b*	
gnp sinus severe daytime oral tablet	1 or 1b*	
goodsense cold & head congest oral tablet	1 or 1b*	
goodsense pressure/pain/mucus oral tablet	1 or 1b*	
goodsense sinus severe daytime oral tablet	1 or 1b*	
head congestion/mucus oral tablet	1 or 1b*	
<b>MUCINEX FAST-MAX COLD &amp; SINUS ORAL TABLET</b>	1 or 1b*	
<b>MUCINEX FAST-MAX ORAL LIQUID</b>	1 or 1b*	
<b>MUCINEX FREEFROM CLD/FLU/CNGST ORAL LIQUID</b>	1 or 1b*	
<b>MUCINEX SINUS-MAX CONG &amp; PAIN ORAL LIQUID</b>	1 or 1b*	
<b>MUCINEX SINUS-MAX CONGESTION ORAL LIQUID</b>	1 or 1b*	
<b>MUCINEX SINUS-MAX CONGESTION ORAL TABLET</b>	1 or 1b*	
<b>MUCINEX SINUS-MAX SEV CONG/PN ORAL TABLET</b>	1 or 1b*	
mucus relief cold/sinus max st oral liquid	1 or 1b*	
mucus relief severe sinus 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
qc mucus relief sinus severe oral tablet	1 or 1b*	
qc pressure pain & mucus pe oral tablet	1 or 1b*	
qc severe cold head congestion oral tablet	1 or 1b*	
qc sinus congest/pain severe oral tablet	1 or 1b*	
ra cold/sinus max oral tablet	1 or 1b*	
ra sinus congest/pain relief oral tablet	1 or 1b*	
sb sinus congestion/pain oral tablet	1 or 1b*	
severe congestion oral liquid	1 or 1b*	
sinus congestion/pain daytime oral tablet 5-325-200 mg	1 or 1b*	
sinus relief congestion-pain oral tablet	1 or 1b*	
sm sinus severe for adults oral tablet	1 or 1b*	
<b>SUDAFED PE HEAD CONGESTION ORAL TABLET 5-325-200 MG</b>	1 or 1b*	
<b>TYLENOL COLD &amp; HEAD ORAL TABLET</b>	2	
<b>TYLENOL SINUS SEVERE ORAL TABLET</b>	2	
<b>VICKS SINEX SEVERE ORAL CAPSULE</b>	2	
<b>*DECONGESTANT-ANTIHISTAMINE-ANALGESIC W/ EXPECTORANT***</b>		
cvs sinus relief day/night oral tablet therapy pack	2	
<b>MUCINEX SINUS-MAX DAY/NIGHT ORAL TABLET THERAPY PACK 5-200-325 &amp; 5- 12.5-325MG</b>	1 or 1b*	
ra sinus relief d/n oral tablet therapy pack	1 or 1b*	
<b>*DECONGESTANT-ANTIHISTAMINE-ANALGESIC***</b>		
<b>ADVIL ALLERGY &amp; CONGESTION ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>ADVIL ALLERGY SINUS ORAL TABLET</b>	2	
<b>ADVIL MULTI-SYMP TOM COLD &amp; FLU ORAL TABLET</b>	2	
<b>ALKA-SELTZER PLUS COLD ORAL TABLET EFFERVESCENT 2-7.8-325 MG</b>	2	
allergy multi-symptom daytime oral tablet	1 or 1b*	
allergy multi-symptom night oral tablet	1 or 1b*	
allergy multi-symptom oral tablet	1 or 1b*	
<b>BC SINUS PAIN/CONGESTION ORAL PACKET</b>	2	
cold & flu relief nighttime oral liquid 12.5-5-325 mg/10ml	1 or 1b*	
cold relief plus oral tablet effervescent 2-7.8-325 mg	1 or 1b*	
<b>COMTrex FLU THERAPY DAY/NIGHT ORAL</b>	1 or 1b*	
<b>COMTrex SEVERE COLD &amp; SINUS ORAL</b>	1 or 1b*	
<b>CONTAC COLD/FLU DAY &amp; NIGHT ORAL</b>	2	
<b>CONTAC COLD/FLU DAY &amp; NIGHT ORAL TABLET</b>	2	
<b>CORICIDIN D COLD/FLU/SINUS ORAL TABLET</b>	1 or 1b*	
cvs sev allergy/sinus headache oral tablet	1 or 1b*	
cvs severe cold/flu nighttime oral liquid	1 or 1b*	
cvs severe cough & cold night oral packet	1 or 1b*	
cvs sinus congest/pain dt/nt oral	1 or 1b*	
cvs sinus pain/congest night oral tablet	1 or 1b*	
<b>DELSYM CGH/CLD NIGHTTIME CHILD ORAL LIQUID</b>	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
<b>DELSYM COUGH/COLD NIGHT TIME ORAL LIQUID</b>	1 or 1b*	
<b>DIMETAPP MULTISYMP TOM COLD/FLU ORAL LIQUID 6.25-2.5-160 MG/5ML</b>	2	
effervescent cold relief oral tablet effervescent	1 or 1b*	
eq effervescent cold relief oral tablet effervescent	1 or 1b*	
eq flu & severe cold & cough oral packet	1 or 1b*	
eq effervescent cold relief oral tablet effervescent	1 or 1b*	
eq flu/cold/cough night time oral packet 25-10-650 mg	1 or 1b*	
gnp allergy multi-symptom oral tablet	1 or 1b*	
goodsense allergy plus sinus oral tablet	1 or 1b*	
goodsense cold relief oral tablet effervescent	1 or 1b*	
goodsense flu/cold/cough/night oral packet	1 or 1b*	
goodsense sinus congest/pain oral	1 or 1b*	
herbiomed allergy cold & sinus oral liquid	1 or 1b*	
hm allergy multi-symptom oral tablet	1 or 1b*	
<b>MEDICIDIN-D ORAL TABLET</b>	1 or 1b*	
<b>MUCINEX CHILDRENS NIGHT TIME ORAL LIQUID</b>	1 or 1b*	
<b>MUCINEX FAST-MAX COLD FLU NGHT ORAL LIQUID</b>	1 or 1b*	
<b>MUCINEX FAST-MAX NGHT COLD/FLU ORAL TABLET</b>	1 or 1b*	
<b>MUCINEX SINUS-MAX NIGHT TIME ORAL LIQUID</b>	1 or 1b*	
nighttime cold & flu max str oral liquid 12.5-5-325 mg/10ml	1 or 1b*	

Drug Name	Tier	Notes
<b>NOREL AD ORAL TABLET</b>	2	
px allergy sinus pe oral tablet	1 or 1b*	
qc allergy multi-symptom oral tablet	1 or 1b*	
qc allergy/sinus headache oral tablet	1 or 1b*	
qc cold relief plus oral tablet effervescent 2-7.8-325 mg	1 or 1b*	
qc severe allergy relief sinus oral tablet	1 or 1b*	
qc severe cold/cough nighttime oral packet	1 or 1b*	
<b>ROBITUSSIN SEVERE NIGHTTIME ORAL LIQUID</b>	1 or 1b*	
sb allergy & cold pe oral tablet	1 or 1b*	
sb allergy multi-symptom oral tablet	1 or 1b*	
sb flu relief therapy night oral liquid	1 or 1b*	
sb nighttime sinus multi-sympt oral capsule	2	
sb severe cold pe oral tablet	1 or 1b*	
sb sinus congest/pain day/nght oral	1 or 1b*	
sb sinus congestion/pain night oral tablet	1 or 1b*	
severe cold/cough oral packet	1 or 1b*	
sinus & congestion day/night oral	1 or 1b*	
sinus daytime/nighttime oral	1 or 1b*	
sm flu relief therapy night oral liquid	1 or 1b*	
<b>THERAFLU EXPRESSMAX SEV CLD/CG ORAL LIQUID</b>	1 or 1b*	
<b>THERAFLU EXPRESSMAX SEV CLD/CG ORAL TABLET 12.5-5-325 MG</b>	1 or 1b*	
<b>THERAFLU FLU &amp; SORE THROAT ORAL PACKET</b>	2	
<b>THERAFLU POWERPODS SEVERE COLD ORAL 25-10-650 MG</b>	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
<b>THERAFLU SEVERE COLD NIGHTTIME ORAL PACKET</b>	2	
<b>THERAFLU SEVERE COLD/CGH NIGHT ORAL PACKET</b>	2	
<b>VALIHIST ORAL TABLET</b>	1 or 1b*	
<b>VICKS SINEX DAYQUIL/NYQUIL ORAL</b>	2	
<b>VICKS SINEX DAYTIME/NIGHTTIME ORAL</b>	2	
<b>WAL-DRYL ALLRGY/SINUS HEADACHE ORAL TABLET</b>	1 or 1b*	
<b>WAL-FLU COLD &amp; SORE THROAT ORAL PACKET</b>	2	
<b>WAL-FLU SEVERE COLD NIGHT TIME ORAL PACKET</b>	2	
wal-flu severe cold nighttime oral liquid	1 or 1b*	
<b>WAL-FLU SEVERE COLD/CGH NIGHT ORAL PACKET</b>	1 or 1b*	
<b>WAL-PHED PE NIGHTTIME COLD ORAL TABLET</b>	1 or 1b*	
<b>WAL-PHED PE SEVERE COLD ORAL TABLET</b>	1 or 1b*	
<b>*EXPECTORANTS***</b>		
12 hr mucus relief max oral tablet extended release 12 hour	1 or 1b*	
altarussin oral liquid	1 or 1b*	
bromhexine hcl powder	3	
<b>BUCKLEYS CHEST CONGESTION ORAL LIQUID</b>	1 or 1b*	
chest congestion relief oral liquid	1 or 1b*	
chest congestion relief oral tablet	1 or 1b*	
coughtab oral tablet	1 or 1b*	
cvs chest congestion relief oral tablet	1 or 1b*	

Drug Name	Tier	Notes
cvs mucus extended release oral tablet extended release 12 hour	1 or 1b*	
cvs tussin adult chest congest oral liquid	1 or 1b*	
<b>DIABETIC TUSSIN CHEST/CONGEST ORAL LIQUID</b>	1 or 1b*	
<b>DIABETIC TUSSIN EX ORAL LIQUID</b>	1 or 1b*	
eq 12 hour mucus relief oral tablet extended release 12 hour 600 mg	1 or 1b*	
<b>EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	1 or 1b*	
eq mucus relief 12 hour max st oral tablet extended release 12 hour	1 or 1b*	
eql tussin mucus/chest congest oral liquid	1 or 1b*	
geri-tussin oral liquid	1 or 1b*	
<b>GILTUSS EX EXPECTORANT CHILD ORAL LIQUID</b>	2	
<b>GILTUSS EX MAXIMUM STRENGTH ORAL LIQUID</b>	2	
gnp mucus er oral tablet extended release 12 hour	1 or 1b*	
gnp mucus relief oral tablet	1 or 1b*	
gnp mucus relief oral tablet extended release 12 hour	1 or 1b*	
gnp tab tussin oral tablet	1 or 1b*	
gnp tussin mucus & chest cong oral liquid	1 or 1b*	
goodsense mucus er maximum str oral tablet extended release 12 hour	1 or 1b*	
goodsense mucus er oral tablet extended release 12 hour	1 or 1b*	
guaifenesin er oral tablet extended release 12 hour 600 mg	1 or 1b*	
guaifenesin oral liquid 100 mg/5ml	1 or 1b*	
guaifenesin oral tablet	1 or 1b*	
guaifenesin powder	3	

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

Drug Name	Tier	Notes
<b>HERBAL EXPEC ORAL LIQUID</b>	2	
hm chest congestion relief oral tablet	1 or 1b*	
kls mucus relief chest oral tablet	1 or 1b*	
<b>MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID</b>	1 or 1b*	
<b>MUCINEX FOR KIDS ORAL PACKET 100 MG</b>	2	
<b>MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
<b>MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	2	
mucosa oral tablet	1 or 1b*	
mucus & chest congestion oral liquid	1 or 1b*	
mucus relief chest congestion oral liquid	1 or 1b*	
mucus relief chest congestion oral tablet 400 mg	1 or 1b*	
mucus relief er oral tablet extended release 12 hour	1 or 1b*	
mucus relief max st oral tablet extended release 12 hour	1 or 1b*	
mucus relief oral tablet	1 or 1b*	
mucus relief oral tablet extended release 12 hour	1 or 1b*	
mucus+chest congestion oral liquid	1 or 1b*	
pharbinex oral tablet	1 or 1b*	
px tussin oral liquid	1 or 1b*	
qc medifin 400 oral tablet	1 or 1b*	
qc medifin mucus relief child oral liquid	1 or 1b*	
qc mucus relief childrens oral liquid	1 or 1b*	
qc mucus relief er oral tablet extended release 12 hour	1 or 1b*	
qc mucus relief max st oral tablet extended release 12 hour	1 or 1b*	
qc mucus relief oral tablet extended release 12 hour	1 or 1b*	

Drug Name	Tier	Notes
qc tussin expectorant adult oral liquid	1 or 1b*	
qc tussin mucus/congestion oral liquid	1 or 1b*	
ra mucus relief max st oral tablet extended release 12 hour	1 or 1b*	
ra mucus relief oral tablet extended release 12 hour	1 or 1b*	
ra tussin chest congestion oral liquid	1 or 1b*	
ra tussin oral liquid	1 or 1b*	
refenesen 400 oral tablet	1 or 1b*	
<b>ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID</b>	1 or 1b*	
sb cough control oral liquid	1 or 1b*	
sb coughtab oral tablet	1 or 1b*	
sb mucus relief oral tablet	1 or 1b*	
scot-tussin expectorant oral liquid	1 or 1b*	
siltussin sa oral liquid	1 or 1b*	
sm chest congestion relief oral tablet	1 or 1b*	
sm mucus relief childrens oral liquid	1 or 1b*	
sm mucus relief max strength oral tablet extended release 12 hour	1 or 1b*	
sm mucus relief oral tablet extended release 12 hour	1 or 1b*	
sm tussin mucus+chest congest oral liquid	1 or 1b*	
terpin hydrate monohydrate powder	3	
terpin hydrate powder	3	
<b>TUSNEL-EX ORAL LIQUID</b>	1 or 1b*	
tussin mucus & chest congest oral liquid	1 or 1b*	
tussin mucus+chest congest sf oral liquid	1 or 1b*	
tussin mucus+chest congestion oral liquid	1 or 1b*	
<b>WAL-TUSSIN CHEST CONGESTION ORAL LIQUID</b>	1 or 1b*	
<b>XPECT ORAL TABLET</b>	1 or 1b*	

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

Drug Name	Tier	Notes
<b>*MISC. RESPIRATORY INHALANTS***</b>		
<b>HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %</b>	3	
nasal mist inhalation aerosol solution	1 or 1b*	
<b>NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %</b>	1 or 1b*	
<b>PULMOSAL INHALATION NEBULIZATION SOLUTION</b>	1 or 1b*	
<b>SIMPLY SALINE BABY INHALATION AEROSOL SOLUTION</b>	1 or 1b*	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	
<b>*MUCOLYTICS***</b>		
acetylcysteine inhalation solution	1 or 1b*	
acetylcysteine powder	3	
n-acetyl-l-cysteine powder	3	
<b>*NON-NARC ANTITUSSIVE-ANALGESIC***</b>		
<b>DELSYM CHILD COUGH+SORE THROAT ORAL LIQUID</b>	2	
<b>DELSYM COUGH + SORE THROAT ORAL LIQUID 650-20 MG/20ML</b>	2	
<b>ROBITUSSIN HONEY CGH/FLU/THRT ORAL LIQUID</b>	2	
<b>ROBITUSSIN SEVERE CGH/SR THRT ORAL LIQUID</b>	2	
sm cough/sore throat daytime oral liquid	2	
<b>TYLENOL CHILDRENS COLD/COUGH ORAL SUSPENSION</b>	2	
<b>VICKS DAYQUIL HBP COLD &amp; FLU ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
<b>*NON-NARC ANTITUSSIVE-ANTIHIISTAMINE***</b>		
capron dm oral liquid	2	
capron dmt oral tablet	2	
chlo hist oral solution	2	
<b>CORICIDIN HBP COUGH/COLD ORAL TABLET</b>	2	
cough & cold hbp oral tablet	1 or 1b*	
cough & cold oral tablet	1 or 1b*	
cvs cough & cold hbp oral tablet	1 or 1b*	
cvs daytime/nighttime cough oral liquid therapy pack	1 or 1b*	
cvs nighttime cough oral liquid	1 or 1b*	
cvs nighttime tussin dm oral liquid	1 or 1b*	
cvs triacting cough/runny nose oral liquid 1-5 mg/5ml	1 or 1b*	
day clear allergy/cough oral tablet chewable	2	
<b>DAYCLEAR ALLERGY RELIEF ORAL TABLET</b>	2	
eq nighttime tussin dm max oral liquid	1 or 1b*	
eql nighttime cough relief oral liquid	1 or 1b*	
gnp night time cough oral liquid	1 or 1b*	
goodsense night time cough oral liquid	1 or 1b*	
nighttime cough oral liquid	1 or 1b*	
<b>NINJACOF ORAL LIQUID</b>	2	
promethazine-dm oral syrup	1 or 1a*	QL
px nitetime cough oral liquid	1 or 1b*	
qc cough/cold hbp oral tablet	1 or 1b*	
qc nighttime cough oral liquid	1 or 1b*	
ra tussin nighttime cough dm oral liquid	1 or 1b*	
<b>ROBITUSSIN CHILD COUGH/COLD LA ORAL LIQUID</b>	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
<b>ROBITUSSIN NIGHTTIME COUGH DM ORAL LIQUID 3.125-7.5 MG/5ML</b>	2	
<b>ROBITUSSIN NIGHTTIME COUGH ORAL LIQUID</b>	2	
sb cold & cough hbp oral tablet	1 or 1b*	
sb nighttime cough oral liquid	1 or 1b*	
<b>SCOT-TUSSIN DM ORAL LIQUID</b>	2	
sm cough/runny nose childrens oral liquid	1 or 1b*	
<b>TRIAMINIC COUGH/RUNNY NOSE ORAL TABLET CHEWABLE</b>	2	
<b>VICKS DAYQUIL/NYQUIL COUGH ORAL LIQUID THERAPY PACK</b>	2	
<b>VICKS NYQUIL CHILDRENS CLD/CGH ORAL LIQUID</b>	2	
<b>VICKS NYQUIL COUGH ORAL LIQUID</b>	2	
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT***</b>		
cvs cold & cough childrens oral solution	1 or 1b*	
daytime cold & cough childrens oral solution	1 or 1b*	
maxi-tuss jr oral liquid	2	
<b>PEDIACARE CHILDRENS MULTI-SYMP ORAL LIQUID</b>	1 or 1b*	
qc triacting daytime childrens oral syrup	2	
sm daytime cold & cough child oral solution	1 or 1b*	
<b>SUDAFED PE COLD &amp; COUGH CHILD ORAL SOLUTION</b>	1 or 1b*	
<b>TRIAMINIC COLD/COUGH DAY TIME ORAL SYRUP</b>	2	

Drug Name	Tier	Notes
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHIISTAMINE***</b>		
<b>ABATUSS DMX ORAL LIQUID</b>	2	
<b>ALAHIST CF ORAL TABLET</b>	2	
<b>ALAHIST DM ORAL LIQUID 7.5-2-15 MG/5ML</b>	2	
bio-dtuss dmx oral liquid	2	
bio-rytuss oral liquid	1 or 1b*	
brantussin dm oral liquid	2	
<b>CHLO TUSS ORAL LIQUID 30-1-12.5 MG/5ML</b>	2	
cold & cough childrens oral liquid	1 or 1b*	
cold/cough childrens oral liquid	1 or 1b*	
cold/cough dm childrens oral liquid	1 or 1b*	
cvs cold & cough childrens oral liquid	1 or 1b*	
<b>DIMAPHEN DM COLD/COUGH ORAL LIQUID</b>	1 or 1b*	
<b>DIMETAPP CHILDRENS COLD/COUGH ORAL LIQUID</b>	1 or 1b*	
<b>DIMETAPP CHILDREN'S COLD/COUGH ORAL LIQUID THERAPY PACK</b>	2	
<b>DIMETAPP COLD/COUGH CHILDRENS ORAL LIQUID</b>	1 or 1b*	
ed a-hist dm oral tablet	2	
ed-a-hist dm oral liquid	1 or 1b*	
<b>ENDACOF-DM ORAL LIQUID</b>	1 or 1b*	
eq cold/cough dm childrens oral liquid	1 or 1b*	
eql cold/cough oral liquid	1 or 1b*	
<b>FATHER JOHNS MEDICINE PLUS ORAL SOLUTION</b>	2	
<b>GENCONTUSS ORAL LIQUID</b>	1 or 1b*	

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

Drug Name	Tier	Notes
<b>GILTUSS ALLERGY CGH&amp;CONG CHILD ORAL LIQUID</b>	1 or 1b*	
<b>GILTUSS ALLERGY COUGH &amp; CONGES ORAL LIQUID</b>	1 or 1b*	
<b>GILTUSS COUGH ALLERGY &amp; SINUS ORAL TABLET</b>	2	
glenmax peb dm oral liquid	2	
glentuss oral liquid	2	
gnp cold/cough childrens oral liquid	1 or 1b*	
<b>HISTEX-DM ORAL SYRUP</b>	2	
hm cold & cough childrens oral liquid	1 or 1b*	
lohist-dm oral syrup	2	
<b>MAXICHLOR PEH DM ORAL TABLET 10-4-18 MG</b>	2	
m-end dmx oral liquid	2	
miclara dm oral liquid	2	
nohist-dm oral liquid	1 or 1b*	
<b>PHENAGIL CH ORAL TABLET</b>	2	
poly-hist dm oral liquid	2	
polytussin dm oral liquid	2	
<b>PRESGEN B ORAL LIQUID</b>	1 or 1b*	
pse-dexchlorphen-chlophedianol oral liquid	2	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	
px dibromm dm cold/cough child oral liquid	1 or 1b*	
qc dibromm childrens cold/cgh oral liquid	1 or 1b*	
ra cold & cough childrens oral liquid	1 or 1b*	
ra cold/cough dm oral liquid	1 or 1b*	
rynex dm oral liquid	1 or 1b*	
sb cold & cough dm childrens oral liquid	1 or 1b*	
sm cold & cough childrens oral liquid	1 or 1b*	
supress a pediatric oral liquid	2	

Drug Name	Tier	Notes
<b>THERAFLU COLD &amp; COUGH ORAL PACKET</b>	2	
tussi-pres b oral liquid	1 or 1b*	
<b>VANACOF ORAL LIQUID</b>	2	
westussin dm oral syrup	2	
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE-ANALG***</b>		
<b>ALKA-SELTZER PLS ALLERGY &amp; CGH ORAL CAPSULE</b>	1 or 1b*	
<b>ALKA-SELTZER PLS NIGHT CLD/FLU ORAL CAPSULE</b>	1 or 1b*	
<b>ALKA-SELTZER PLUS COLD &amp; COUGH ORAL CAPSULE</b>	2	
<b>ALKA-SELTZER PLUS COLD &amp; FLU ORAL PACKET</b>	2	
<b>ALKA-SELTZER PLUS COLD &amp; FLU ORAL TABLET EFFERVESCENT</b>	2	
<b>ALKA-SELTZER PLUS SEV COLD/CGH ORAL TABLET EFFERVESCENT</b>	2	
childrens plus flu oral suspension	1 or 1b*	
childrens plus multi-sympt cld oral suspension	1 or 1b*	
cold & flu nighttime/daytime oral	1 or 1b*	
cold & flu relief nighttime d oral liquid	2	
cold multi-symptom day/night oral	1 or 1b*	
cold multi-symptom warm night oral liquid	1 or 1b*	
cold/flu relief day/night oral	1 or 1b*	
<b>COMTREX COLD &amp; COUGH NIGHTTIME ORAL TABLET</b>	2	
<b>COMTREX COLD/COUGH DAY/NITE MS ORAL</b>	2	
cvs cold relief day/night oral	1 or 1b*	

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

Drug Name	Tier	Notes
cvs daytime/nighttime cold/flu oral	1 or 1b*	
cvs flu relief childrens oral suspension	1 or 1b*	
cvs severe cold & cough oral	1 or 1b*	
cvs severe cold/flu oral liquid therapy pack	2	
eq daytime/nitetime cold & flu oral (liquid)	1 or 1b*	
eql daytime & nighttime cold oral	1 or 1b*	
eql daytime/nighttime cold/flu oral	1 or 1b*	
eql nighttime severe cold/flu oral liquid	1 or 1b*	
<b>GILTUSS COLD &amp; FLU CHILDRENS ORAL LIQUID</b>	2	
<b>GILTUSS MULTI-SYMP COLD &amp; FLU ORAL LIQUID</b>	2	
gnp cold max day/night oral	1 or 1b*	
goodsense cold multi-symptom oral	1 or 1b*	
goodsense nighttime cold & flu oral liquid	1 or 1b*	
head congestion cold day/night oral	1 or 1b*	
herbiomed deep cold & flu nt oral liquid	2	
<b>MUCINEX CHILD FREEFROM CLD/FLU ORAL SOLUTION</b>	2	
<b>MUCINEX FREEFROM COLD/FLU NGHT ORAL SOLUTION</b>	2	
<b>MUCINEX NIGHT SEV COLD/FLU MAX ORAL CAPSULE</b>	2	
<b>MUCINEX NIGHT SEV COLD/FLU MAX ORAL SOLUTION</b>	2	
<b>MUCINEX NIGHT SEV COLD/FLU MAX ORAL TABLET</b>	2	
<b>MUCINEX NIGHTSHIFT COLD/FLU ORAL SOLUTION 10-2.5-20-650 MG/20ML</b>	2	

Drug Name	Tier	Notes
<b>MUCINEX NIGHTSHIFT SINUS CLEAR ORAL SOLUTION</b>	2	
<b>MUCINEX NIGHTSHIFT SINUS MAXST ORAL CAPSULE</b>	2	
<b>MUCINEX NIGHTSHIFT SINUS MAXST ORAL TABLET</b>	2	
<b>MUCINEX NIGHTSHIFT SINUS ORAL SOLUTION</b>	2	
multi-symptom cold childrens oral suspension	1 or 1b*	
multi-symptom cold plus child oral suspension	1 or 1b*	
nite-time cold/flu relief oral liquid 5-6.25-15-500 mg/15ml	2	
<b>NYQUIL SEVERE COLD/FLU ORAL CAPSULE</b>	1 or 1b*	
<b>NYQUIL SEVERE COLD/FLU ORAL LIQUID</b>	1 or 1b*	
<b>NYQUIL SEVERE+ VAPOCOOL ORAL LIQUID</b>	1 or 1b*	
<b>PEDIACARE MULTI-SYMP TOM ORAL LIQUID</b>	2	
px cold relief day/night oral	1 or 1b*	
px cold/flu relief day/night oral	1 or 1b*	
px nighttime cold oral tablet	1 or 1b*	
px nitetime multi-symptom oral capsule	2	
ra day/night/cold/flu relief oral	1 or 1b*	
ra multi-symptom day/night oral	1 or 1b*	
sb childrens multisympt cold oral suspension	1 or 1b*	
sb cold multi-symptom day/nght oral	1 or 1b*	
severe cold/flu nighttime ms oral liquid	1 or 1b*	
<b>SINEX SEVERE+ VAPOCOOL ORAL LIQUID</b>	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
sm cold head congestion night oral tablet	1 or 1b*	
sm nite time cold & flu oral liquid 5-6.25-10-325 mg/15ml	1 or 1b*	
<b>THERAFLU SEVERE COLD &amp; COUGH ORAL</b>	2	
<b>THERAFLU SEVERE COLD NIGHTTIME ORAL TABLET</b>	2	
<b>TRIAMINIC FEVER &amp; COLD ORAL SUSPENSION</b>	1 or 1b*	
<b>TYLENOL CHILDRENS COLD/FLU ORAL SUSPENSION</b>	2	
<b>TYLENOL CHILDRENS PLUS MS COLD ORAL SUSPENSION</b>	2	
<b>TYLENOL COLD &amp; FLU DAY/NIGHT ORAL TABLET THERAPY PACK</b>	2	
<b>TYLENOL COLD/FLU/COUGH NIGHT ORAL LIQUID</b>	2	
<b>VICKS DAYQUIL/NYQUIL CLD &amp; FLU ORAL</b>	1 or 1b*	
<b>VICKS NYQUIL SEVERE COLD &amp; FLU ORAL TABLET</b>	2	
<b>VICKS NYQUIL SEVERE COLD/FLU ORAL LIQUID</b>	1 or 1b*	
<b>WAL-FLU SEV COLD/CGH DAY/NIGHT ORAL</b>	1 or 1b*	
<b>*OPIOID ANTITUSSIVE-ANTIHIISTAMINE***</b>		
hydrocod poli-chlorphe poli er oral suspension extended release	1 or 1b*	QL
promethazine-codeine oral solution	1 or 1a*	QL
promethazine-codeine oral syrup	1 or 1a*	QL
<b>TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	

Drug Name	Tier	Notes
<b>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE</b>	3	
<b>*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHIISTAMINE***</b>		
<b>CAPCOF ORAL SYRUP</b>	3	
<b>MAR-COF BP ORAL LIQUID</b>	3	
<b>MAXI-TUSS CD ORAL LIQUID</b>	2	
<b>M-END PE ORAL LIQUID</b>	3	
<b>POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML</b>	2	
promethazine vc/codeine oral syrup	1 or 1b*	QL
<b>PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML</b>	3	PA
<b>RYDEX ORAL LIQUID</b>	2	
<b>*DERMATOLOGICALS*</b>		
<b>*ACNE ANTIBIOTICS***</b>		
<b>CLEOCIN-T EXTERNAL LOTION</b>	3	ST; QL
clindacin etz external swab	1 or 1b*	QL
<b>CLINDACIN EXTERNAL FOAM</b>	1 or 1b*	QL
clindacin-p external swab	1 or 1b*	QL
clindamycin phosphate external foam	1 or 1b*	QL
clindamycin phosphate external gel	1 or 1b*	QL
clindamycin phosphate external lotion	1 or 1b*	QL
clindamycin phosphate external solution	1 or 1b*	QL
clindamycin phosphate external swab	1 or 1b*	QL
dapsone external gel 5 %	1 or 1b*	ST; QL
dapsone external gel 7.5 %	3	ST; QL
ery external pad	1 or 1b*	QL
<b>ERYGEL EXTERNAL GEL</b>	3	QL
erythromycin external gel	1 or 1b*	QL
erythromycin external solution	1 or 1b*	QL
<b>KLARON EXTERNAL LOTION</b>	3	

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

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Drug Name	Tier	Notes
sulfacetamide sodium (acne) external lotion	1 or 1b*	
<b>*ACNE CLEANSERS***</b>		
<b>BRASIVOL EXTERNAL PASTE</b>	3	
<b>SASTID SOAP EXTERNAL BAR</b>	3	
<b>*ACNE COMBINATIONS***</b>		
adapalene-benzoyl peroxide external gel	1 or 1b*	PA; QL
<b>ADULT ACNOMEL EXTERNAL CREAM</b>	2	
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1 or 1b*	QL
clindamycin-tretinoin external gel	3	PA; QL
neuac external gel	1 or 1b*	QL
<b>ONEXTON EXTERNAL GEL</b>	2	QL
<b>RA LOTION EXTERNAL LOTION</b>	2	
<b>REZAMID EXTERNAL LOTION</b>	2	
<b>*ACNE PRODUCTS MISCELLANEOUS***</b>		
<b>PANOXYL PM OVERNIGHT SPOT EXTERNAL PATCH</b>	2	
<b>*ACNE PRODUCTS***</b>		
<b>ABSORICA LD ORAL CAPSULE</b>	3	PA
<b>ABSORICA ORAL CAPSULE</b>	3	PA
accutane oral capsule	2	PA
acne foaming wash external liquid	1 or 1b*	
acne maximum strength external cream	1 or 1b*	
acne medication 10 external gel	1 or 1b*	
acne medication 10 external lotion	2	
acne medication 2.5 external gel	1 or 1b*	

Drug Name	Tier	Notes
acne medication 5 external gel	1 or 1b*	
acne medication 5 external lotion	2	
acne treatment external bar	1 or 1b*	
acne treatment external gel	1 or 1b*	
acne-clear external gel	1 or 1b*	
adapalene external cream	1 or 1b*	PA; QL
adapalene external gel	1 or 1b*	PA; QL
adapalene external pad	1 or 1b*	PA; QL
adapalene treatment external gel	1 or 1b*	
advanced acne wash external liquid extended release	2	
<b>AKLIEF EXTERNAL CREAM</b>	3	ST; QL
amnesteem oral capsule	2	PA
<b>ARAZLO EXTERNAL LOTION</b>	3	ST; QL
avita external cream	1 or 1b*	ST; QL
avita external gel	1 or 1b*	ST; QL
<b>BENZEFOAM EXTERNAL FOAM</b>	1 or 1b*	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	1 or 1b*	
benzoyl peroxide hydrous powder	3	
benzoyl peroxide powder	3	
benzoyl peroxide wash external liquid	1 or 1b*	
bp wash external liquid 10 %, 2.5 %, 5 %	1 or 1b*	
bpo external gel	2	
bpo foaming cloths external 6 %	1 or 1b*	
<b>CERAVE ACNE FOAMING CREAM EXTERNAL LIQUID</b>	1 or 1b*	
claravis oral capsule	2	PA
<b>CLEAN &amp; CLEAR PERSA-GEL MAX ST EXTERNAL GEL</b>	1 or 1b*	
<b>CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM</b>	1 or 1b*	
<b>CLEARASIL RAPID RESCUE SPOT EXTERNAL CREAM</b>	1 or 1b*	

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

Drug Name	Tier	Notes
<b>CLEARSKIN EXTERNAL CREAM</b>	1 or 1b*	
cvs acne cleansing external bar	1 or 1b*	
cvs acne control cleanser external cream	1 or 1b*	
cvs acne foaming face wash external liquid	1 or 1b*	
cvs acne treatment external cream	1 or 1b*	
cvs acne treatment external gel	1 or 1b*	
cvs advanced 3-in-1 cleanser external liquid	1 or 1b*	
cvs creamy acne face wash external liquid	1 or 1b*	
cvs foaming acne face wash external liquid	1 or 1b*	
cvs targeted acne spot external cream	1 or 1b*	
<b>DIFFERIN CLEANSER EXTERNAL LIQUID</b>	2	
<b>DIFFERIN EXTERNAL GEL 0.1 %</b>	2	
effaclar duo external solution	2	
<b>GRANDPAS THYLOX SOAP EXTERNAL BAR</b>	2	
isotretinoin oral capsule	2	PA
<b>LIQUIMAT EXTERNAL LOTION</b>	2	
<b>MEDPURA BENZOYL PEROXIDE EXTERNAL GEL</b>	1 or 1b*	
<b>MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID</b>	1 or 1b*	
<b>NEUTROGENA CLEAR PORE EXTERNAL LIQUID</b>	2	
<b>NEUTROGENA ON-THE-SPOT EXTERNAL CREAM</b>	2	
<b>PALMERS SKIN SUCCESS EXTERNAL BAR</b>	1 or 1b*	
<b>PANOXYL CREAMY WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>PANOXYL EXTERNAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>PANOXYL FOAMING WASH EXTERNAL LIQUID</b>	1 or 1b*	
ra daylogic acne foaming wash external foam	2	
retinoic acid powder	3	
spot acne treatment external cream	1 or 1b*	
<b>SULFO LO EXTERNAL BAR</b>	1 or 1b*	
sulfur external bar	2	
tretinoin external cream	1 or 1b*	PA; QL
tretinoin external gel	1 or 1b*	PA; QL
tretinoin microsphere external gel	1 or 1b*	PA; QL
tretinoin microsphere pump external gel	1 or 1b*	PA; QL
tretinoin powder	3	
zenatane oral capsule	2	PA
<b>*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS***</b>		
<b>VEREGEN EXTERNAL OINTMENT</b>	3	QL
<b>*AGENTS FOR FACIAL WRINKLES - RETINOIDS***</b>		
<b>RENOVA EXTERNAL CREAM</b>	3	PA; QL
<b>RENOVA PUMP EXTERNAL CREAM</b>	3	PA; QL
<b>*ANALGESICS - TOPICAL***</b>		
<b>ABSORBINE PLUS JR EXTERNAL LIQUID</b>	2	
<b>ABSORBINE PLUS JR EXTERNAL PATCH 5 %</b>	1 or 1b*	
<b>ABSORBINE PLUS JR EXTERNAL PATCH 6.5 %</b>	2	
arctic relief pain relieving external gel 5 %	2	
arthritis wonder external cream	2	
<b>ASPERCREME MAX ROLL-ON EXTERNAL LIQUID</b>	2	

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Drug Name	Tier	Notes
<b>ASPERFLEX ORIGINAL EXTERNAL PATCH</b>	2	
<b>BAMA FREEZE EXTERNAL GEL</b>	2	
<b>BENGAY ULTRA STRENGTH EXTERNAL PATCH</b>	1 or 1b*	
<b>BENGAY VANISHING SCENT EXTERNAL GEL 2.5 %</b>	1 or 1b*	
<b>BIOFREEZE EXTERNAL AEROSOL 10.5 %</b>	2	
<b>BIOFREEZE EXTERNAL CREAM</b>	2	
<b>BIOFREEZE EXTERNAL GEL</b>	1 or 1b*	
<b>BIOFREEZE EXTERNAL PATCH</b>	1 or 1b*	
<b>BIOFREEZE PROFESSIONAL EXTERNAL GEL</b>	2	
<b>BIOFREEZE ROLL-ON EXTERNAL GEL</b>	1 or 1b*	
blue gel external gel	1 or 1b*	
<b>BLUE-EMU MAXIMUM STRENGTH EXTERNAL LIQUID</b>	2	
cold & hot medicated external patch	1 or 1b*	
cold therapy pain relief external gel 3.1 %	2	
cold therapy pain relief external gel 4 %	1 or 1b*	
<b>CONTROL MENSTRUAL CRAMP RELIEF EXTERNAL CREAM</b>	2	
cool & heat external patch	1 or 1b*	
cool n heat arm/neck/leg external patch	1 or 1b*	
cool n heat ex st external patch	1 or 1b*	
cool n heat external liquid	1 or 1b*	
cool n heat maximum strength external liquid	1 or 1b*	
cool n heat/back external patch	1 or 1b*	
cvs cold & hot ext st external patch	1 or 1b*	
cvs pain relief external gel	1 or 1b*	

Drug Name	Tier	Notes
cvs pain relieving ultra st external patch	1 or 1b*	
cvs sore muscle rub external gel	1 or 1b*	
cvs therapeutic menthol external gel	1 or 1b*	
<b>EUCERIN ITCH RELIEF EXTERNAL LOTION</b>	2	
<b>FAST FREEZE PRO STYLE THERAPY EXTERNAL GEL</b>	1 or 1b*	
<b>FAST FREEZE PRO STYLE THERAPY EXTERNAL LIQUID 3.5 %</b>	2	
<b>FLEXALL EXTERNAL GEL 16 %</b>	1 or 1b*	
freeze it fast pain relief external gel	1 or 1b*	
freeze it pain relief roll-on external gel	1 or 1b*	
gnp cold therapy relief spray external aerosol	2	
<b>GOLD BOND EXTRA STRENGTH EXTERNAL POWDER 0.8 %</b>	2	
<b>GOLD BOND FOOT POWDER MAX ST EXTERNAL POWDER 1 %</b>	2	
<b>GOLD BOND FOOT SPRAY MAX ST EXTERNAL AEROSOL POWDER</b>	2	
<b>GOLD BOND ORIG STRENGTH BODY EXTERNAL POWDER</b>	2	
<b>GOLD BOND ORIGINAL STRENGTH EXTERNAL POWDER</b>	2	
<b>GOLD BOND PAIN RELIEVING FOOT EXTERNAL CREAM</b>	2	
<b>GOLD BOND PAIN RELIEVING FOOT EXTERNAL LIQUID</b>	2	
goodsense cold/hot medicated external patch	1 or 1b*	
hm pain relief therapy external patch	1 or 1b*	
ice blue external gel	1 or 1b*	

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Drug Name	Tier	Notes
ice rub roll-on external liquid	2	
<b>ICY HOT ADVANCED RELIEF EXTERNAL PATCH</b>	2	
<b>ICY HOT BACK EXTERNAL PATCH</b>	1 or 1b*	
<b>ICY HOT BACK EXTRA STRENGTH EXTERNAL PATCH</b>	1 or 1b*	
<b>ICY HOT EXTERNAL</b>	2	
<b>ICY HOT EXTERNAL LIQUID</b>	1 or 1b*	
<b>ICY HOT EXTERNAL PATCH</b>	1 or 1b*	
<b>ICY HOT NATURALS EXTERNAL CREAM</b>	2	
<b>ICY HOT ORIGINAL PAIN RELIEF EXTERNAL FOAM</b>	2	
<b>ICY HOT ORIGINAL PAIN RELIEF EXTERNAL GEL</b>	2	
<b>ICY HOT ORIGINAL PAIN RELIEF EXTERNAL PATCH</b>	1 or 1b*	
<b>ICY HOT PAIN RELIEVING EXTERNAL GEL</b>	2	
<b>ICY HOT PM EXTERNAL LOTION</b>	2	
<b>ICY HOT SLEEVE EXTERNAL</b>	2	
<b>JOINTFLEX NO MESS ROLL-ON EXTERNAL LOTION</b>	2	
<b>KRT HEAT MUSCLE ENDURANCE EXTERNAL CREAM</b>	2	
menthol (topical analgesic) external cream	2	
menthol cold/hot external patch	1 or 1b*	
<b>MINERAL ICE EXTERNAL GEL</b>	1 or 1b*	
muscle & joint external gel	1 or 1b*	
nitroval blue external cream	2	
<b>ORTHO GEL EXTERNAL GEL 3.5 %</b>	1 or 1b*	
pain relieving external gel	1 or 1b*	

Drug Name	Tier	Notes
pain relieving ultra st external patch	1 or 1b*	
qc cold & hot medicated external patch	1 or 1b*	
qc icy cool pain relieving external gel	2	
ra cold therapy gel external gel	2	
<b>RELIEF PAIN RELIEVING EXTERNAL CREAM</b>	2	
<b>SOMBRA COOL THERAPY EXTERNAL GEL</b>	2	
<b>TWO OLD GOATS ARTHRITIS EXTERNAL LOTION</b>	2	
<b>ULTRACIN-M EXTERNAL GEL</b>	2	
<b>X-TREME FREEZE EXTERNAL GEL</b>	1 or 1b*	
<b>ZIMS MAX-FREEZE EXTERNAL GEL</b>	2	
<b>ZIMS MAX-FREEZE EXTERNAL LIQUID</b>	2	
<b>*ANTIBIOTIC MIXTURES TOPICAL***</b>		
<b>BACITRAYCIN PLUS EXTERNAL OINTMENT 500-10 UNIT-MG/GM</b>	2	
<b>BAND-AID INFECTION DEFENSE EXTERNAL PAD</b>	2	
<b>BAND-AID PLUS ANTIBIOTIC EXTERNAL PAD</b>	2	
cvs antibiotic external ointment	1 or 1b*	
cvs antibiotic pain/scar external ointment	1 or 1b*	
cvs antibiotic/pain relief external cream	1 or 1b*	
cvs poly bacitracin external ointment	1 or 1b*	
cvs triple antibiotic/pain external ointment	1 or 1b*	
double antibiotic external ointment	1 or 1b*	
eq triple antibiotic external ointment	1 or 1b*	

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

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Drug Name	Tier	Notes
eql antibiotic + pain relief external cream	1 or 1b*	
eql first aid antibiotic external ointment	1 or 1b*	
first aid antibiotic external ointment	1 or 1b*	
gnp antibiotic/pain relief external cream	1 or 1b*	
gnp triple antibiotic external ointment	1 or 1b*	
gnp triple antibiotic plus external ointment	1 or 1b*	
goodsense antibiotic/pain external cream	1 or 1b*	
hm double antibiotic external ointment 500-10000 unit/gm	1 or 1b*	
hm triple antibiotic external ointment	1 or 1b*	
hm triple antibiotic max st external ointment	1 or 1b*	
<b>LANABIOTIC EXTERNAL OINTMENT</b>	1 or 1b*	
medi-first triple antibiotic external ointment	1 or 1b*	
meijer triple antibiotic external ointment	1 or 1b*	
multi antibiotic plus external cream	1 or 1b*	
<b>NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT</b>	1 or 1b*	
<b>NEOSPORIN + PAIN/ITCH/SCAR EXTERNAL OINTMENT</b>	1 or 1b*	
<b>NEOSPORIN EXTERNAL OINTMENT</b>	1 or 1b*	
<b>NEOSPORIN ORIGINAL EXTERNAL OINTMENT</b>	2	
<b>NEOSPORIN PLUS PAIN RELIEF MS EXTERNAL CREAM</b>	2	
<b>NEOSPORIN/BURN RELIEF EXTERNAL OINTMENT</b>	1 or 1b*	
poly bacitracin external ointment 500-10000 unit/gm	1 or 1b*	
<b>POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM</b>	2	
px triple external ointment	1 or 1b*	

Drug Name	Tier	Notes
qc triple antibiotic external ointment	1 or 1b*	
qc triple antibiotic max st external ointment	1 or 1b*	
qc triple antibiotic multi-act external ointment	1 or 1b*	
qc triple antibiotic pain rlf external ointment	1 or 1b*	
ra antibiotic + pain relief external ointment	1 or 1b*	
ra antibiotic plus external cream	1 or 1b*	
ra antibiotic/pain relief external ointment	1 or 1b*	
ra double antibiotic external ointment 500-10000 unit/gm	1 or 1b*	
ra triple antibiotic external ointment	1 or 1b*	
sb triple antibiotic external ointment	1 or 1b*	
sm antibiotic plus pain relief external cream	1 or 1b*	
sm double antibiotic external ointment 500-10000 unit/gm	1 or 1b*	
sm triple antibiotic external ointment 3.5-400-5000	1 or 1b*	
sm triple antibiotic max st external ointment	1 or 1b*	
sm triple antibiotic original external ointment	1 or 1b*	
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit	1 or 1b*	
triple antibiotic pain relief external ointment	1 or 1b*	
triple antibiotic plus external ointment	1 or 1b*	
triple antibiotic plus max st external ointment	1 or 1b*	
triple antibiotic+pain relief external ointment	1 or 1b*	
wal-sporin external ointment	1 or 1b*	
<b>*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL***</b>		
<b>NEO-SYNALAR EXTERNAL CREAM</b>	3	

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

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Drug Name	Tier	Notes
<b>*ANTIBIOTICS - TOPICAL***</b>		
<b>ALTABAX EXTERNAL OINTMENT</b>	2	QL
antibiotic external ointment	1 or 1b*	
bacitracin external ointment	1 or 1b*	
bacitracin powder	3	
bacitracin zinc external ointment	1 or 1b*	
bacitracin zinc powder	3	
bacitracin zinc-aloe external ointment	1 or 1b*	
<b>BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM</b>	1 or 1b*	
cvs bacitracin external ointment	1 or 1b*	
cvs bacitracin zinc external ointment	1 or 1b*	
eq bacitracin zinc external ointment	1 or 1b*	
eql bacitracin zinc external ointment	1 or 1b*	
gentamicin sulfate external cream	1 or 1b*	QL
gentamicin sulfate external ointment	1 or 1b*	QL
gentamicin sulfate powder	3	
gnp bacitracin zinc external ointment	1 or 1b*	
hm bacitracin zinc external ointment	1 or 1b*	
mupirocin external ointment	1 or 1b*	QL
neomycin sulfate powder	3	
qc bacitracin external ointment	1 or 1b*	
ra bacitracin external ointment	1 or 1b*	
ra bacitracin zinc first aid external ointment	1 or 1b*	
sb bacitracin external ointment	1 or 1b*	
sm antibiotic external ointment	1 or 1b*	
tetracycline hcl powder	3	
<b>XEPI EXTERNAL CREAM</b>	3	QL

Drug Name	Tier	Notes
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS***</b>		
athletes foot maximum strength external ointment	1 or 1b*	
<b>BREEZEE MIST EXTERNAL AEROSOL POWDER</b>	2	
castellani paint external liquid	1 or 1b*	
castellani paint modified external liquid	1 or 1b*	
clotrimazole-betamethasone external cream	1 or 1b*	QL
clotrimazole-betamethasone external lotion	1 or 1b*	QL
<b>FUNGIMEZ EXTERNAL SOLUTION</b>	3	
g-myco nail external solution	2	
<b>GORDONS NO 5 EXTERNAL AEROSOL POWDER</b>	2	
<b>MICONATATE EXTERNAL THERAPY PACK</b>	2	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	QL
<b>MYCO NAIL EXTERNAL SOLUTION</b>	2	
nystatin-triamcinolone external cream	1 or 1b*	QL
nystatin-triamcinolone external ointment	1 or 1b*	QL
<b>PODIATROLE EXTERNAL THERAPY PACK</b>	3	
<b>UNDELENIC EXTERNAL OINTMENT</b>	1 or 1b*	
<b>UNDELENIC EXTERNAL TINCTURE</b>	2	
<b>VUSION EXTERNAL OINTMENT</b>	3	QL
<b>*ANTIFUNGALS - TOPICAL***</b>		
antifungal (tolnaftate) external cream	1 or 1b*	
anti-fungal external liquid 25 %	1 or 1b*	
athletes foot (terbinafine) external cream	1 or 1b*	

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Drug Name	Tier	Notes
athletes foot powder spray external aerosol powder 1 %	1 or 1b*	
benzoic acid crystals	2	
benzoic acid powder	3	
<b>BIORX SPONIX ANTI-FUNGAL EXTERNAL SOLUTION</b>	2	
<b>BLIS-TO-SOL EXTERNAL LIQUID</b>	1 or 1b*	
<b>BLIS-TO-SOL EXTERNAL POWDER</b>	2	
butenafine hcl external cream	1 or 1b*	
ciclodan external solution	1 or 1b*	QL
ciclopirox external gel	1 or 1b*	QL
ciclopirox external shampoo	1 or 1b*	QL
ciclopirox external solution	1 or 1b*	QL
ciclopirox olamine external cream	1 or 1b*	QL
ciclopirox olamine external suspension	1 or 1b*	QL
ciclopirox olamine powder	3	
clioquinol powder	3	
cvs antifungal maximum str external liquid	1 or 1b*	
cvs athletes foot (tolnaftate) external aerosol powder	1 or 1b*	
cvs athletes foot (tolnaftate) external cream	1 or 1b*	
cvs athletes foot external cream	1 or 1b*	
cvs butenafine hcl external cream	1 or 1b*	
cvs foot & sneaker external aerosol powder	1 or 1b*	
cvs jock itch external cream	1 or 1b*	
<b>DR GS CLEAR NAIL EXTERNAL SOLUTION</b>	1 or 1b*	
<b>ELON DUAL DEFENSE ANTI-FUNGAL EXTERNAL LIQUID</b>	1 or 1b*	
eq athletes foot (terbinafine) external cream	1 or 1b*	
eq athletes foot (tolnaftate) external cream	1 or 1b*	
eq athletes foot(terbinafine) external cream	1 or 1b*	
<b>FOOT REPAIR SERUM EXTERNAL SOLUTION</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>FORMULA 3 THE TREATMENT EXTERNAL SOLUTION</b>	1 or 1b*	
<b>FORMULA 7 RAPID MICROGEL EXTERNAL GEL</b>	2	
<b>FORMULA 7 THE SOLUTION EXTERNAL SOLUTION</b>	1 or 1b*	
<b>FUNGAL NAIL ERASER EXTERNAL SOLUTION</b>	1 or 1b*	
<b>FUNGIFOAM EXTERNAL FOAM</b>	2	
fungi-guard external cream	1 or 1b*	
gentian violet external solution 1 %	2	
gentian violet external solution 2 %	1 or 1b*	
gentian violet powder	3	
gnp gentian violet external solution	2	
gnp terbinafine hydrochloride external cream	1 or 1b*	
gnp tolnaftate external cream	1 or 1b*	
<b>GORDOCHOM EXTERNAL SOLUTION</b>	2	
jock itch spray powder external aerosol powder	1 or 1b*	
<b>LAMISIL AT EXTERNAL CREAM</b>	2	
<b>LAMISIL AT JOCK ITCH EXTERNAL CREAM</b>	2	
<b>LOPROX EXTERNAL SHAMPOO</b>	3	QL
<b>LOPROX EXTERNAL SUSPENSION</b>	3	ST; QL
<b>LOTRIMIN AF EXTERNAL POWDER 1 %</b>	1 or 1b*	
<b>LOTRIMIN ULTRA EXTERNAL CREAM</b>	2	
medicated anti-fungal external solution	1 or 1b*	
<b>MENTAX EXTERNAL CREAM</b>	3	ST; QL
<b>MICOTRIN AL EXTERNAL SOLUTION</b>	1 or 1b*	
<b>MYCO NAIL A EXTERNAL SOLUTION</b>	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
<b>MYCOCIDE CLINICAL NS EXTERNAL SOLUTION</b>	1 or 1b*	
<b>MYCOZYL AL EXTERNAL SOLUTION</b>	1 or 1b*	
naftifine hcl external cream	1 or 1b*	ST; QL
<b>NAFTIN EXTERNAL GEL</b>	3	ST; QL
nyamyc external powder	1 or 1b*	QL
nystatin external cream	1 or 1b*	QL
nystatin external ointment	1 or 1b*	QL
nystatin external powder	1 or 1b*	QL
nystop external powder	1 or 1b*	QL
odor control foot & sneaker external aerosol powder	1 or 1b*	
<b>ODOR EATERS ANTIFUNGAL EXTERNAL POWDER</b>	1 or 1b*	
<b>ODOR EATERS FOOT/SNEAKER SPRAY EXTERNAL AEROSOL POWDER</b>	1 or 1b*	
qc antifungal (tolnaftate) external cream	1 or 1b*	
qc athletes foot external cream	1 or 1b*	
qc tolnaftate external cream	1 or 1b*	
ra antifungal foot care external cream	1 or 1b*	
ra anti-fungal foot care external solution	2	
ra antifungal pen external liquid	1 or 1b*	
ra foot care (terbinafine) external cream	1 or 1b*	
ra foot care (tolnaftate) external cream	1 or 1b*	
ra jock itch max st external aerosol powder	1 or 1b*	
sb anti-fungal external cream	1 or 1b*	
sm antifungal tolnaftate external cream	1 or 1b*	
sm athletes foot external cream	1 or 1b*	
terbinafine hcl external cream	1 or 1b*	
<b>TINACTIN DEODORANT EXTERNAL AEROSOL POWDER</b>	2	

Drug Name	Tier	Notes
<b>TINACTIN EXTERNAL AEROSOL POWDER</b>	2	
<b>TINACTIN EXTERNAL CREAM</b>	2	
<b>TINACTIN JOCK ITCH EXTERNAL AEROSOL POWDER</b>	2	
tinaspore external solution	1 or 1b*	
tolnaftate antifungal external cream	1 or 1b*	
tolnaftate external aerosol powder	1 or 1b*	
tolnaftate external cream	1 or 1b*	
tolnaftate external powder	1 or 1b*	
tolnaftate powder	3	
<b>*ANTIHISTAMINES - TOPICAL***</b>		
<b>BENADRYL ITCH STOPPING EXTERNAL GEL</b>	1 or 1b*	
cvs itch relief external gel	1 or 1b*	
itch relief external cream	2	
qc itch stopping ext st external gel	1 or 1b*	
sb itch relief max st external solution	1 or 1b*	
<b>THE ITCH ERASER EXTERNAL GEL</b>	1 or 1b*	
<b>THE ITCH ERASER EXTERNAL SOLUTION</b>	1 or 1b*	
<b>*ANTIHISTAMINE-TOPICAL COMBINATIONS***</b>		
<b>ALLEGRA INTENSIVE RELIEF EXTERNAL CREAM</b>	2	
anti-itch external cream 1-0.1 %, 2-0.1 %	1 or 1b*	
<b>BANOPHEN EXTERNAL CREAM</b>	1 or 1b*	
<b>BENADRYL EXTRA STRENGTH EXTERNAL CREAM</b>	2	
<b>BENADRYL EXTRA STRENGTH EXTERNAL LIQUID</b>	1 or 1b*	
<b>BENADRYL ITCH RELIEF EXTERNAL STICK</b>	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
<b>BENADRYL ITCH STOPPING EXTERNAL CREAM</b>	2	
cvs itch relief external cream 1-0.1 %	1 or 1b*	
cvs itch relief external liquid	1 or 1b*	
cvs itch relief extra strength external cream	1 or 1b*	
cvs itch relief max st external liquid	1 or 1b*	
diphenhydramine-zinc acetate external cream	1 or 1b*	
eq anti-itch extra strength external liquid	1 or 1b*	
gnp anti-itch external cream	1 or 1b*	
gnp itch relief spray external liquid	1 or 1b*	
itch relief extra strength external cream	1 or 1b*	
itch relief extra strength external liquid	1 or 1b*	
qc anti-itch extra strength external cream	1 or 1b*	
ra allergy external cream	1 or 1b*	
ra anti-itch skin protectant external cream	1 or 1b*	
sm anti-itch extra strength external cream	1 or 1b*	
<b>WAL-DRYL ANTI-ITCH EXTERNAL LIQUID</b>	1 or 1b*	
<b>WAL-DRYL EXTERNAL CREAM</b>	1 or 1b*	
<b>*ANTI-INFLAMMATORY AGENTS - TOPICAL***</b>		
arthritis pain reliever external gel	1 or 1b*	
<b>ASPERCREME ARTHRITIS PAIN EXTERNAL GEL</b>	1 or 1b*	
cvs diclofenac sodium external gel	1 or 1b*	
diclofenac sodium external gel 1 %	1 or 1b*	QL
eq arthritis pain reliever external gel	1 or 1b*	
gnp arthritis pain external gel	1 or 1b*	
goodsense arthritis pain external gel	1 or 1b*	

Drug Name	Tier	Notes
kls diclofenac sodium external gel	1 or 1b*	
<b>MOTRIN ARTHRITIS PAIN EXTERNAL GEL</b>	1 or 1b*	
qc diclofenac sodium external gel	1 or 1b*	
sm arthritis pain external gel	1 or 1b*	
<b>VOLTAREN EXTERNAL GEL</b>	2	
<b>*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL***</b>		
pennaicin external therapy pack	1 or 1b*	
<b>*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL***</b>		
<b>VALCHLOR EXTERNAL GEL</b>	3	PA; LD; QL
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***</b>		
<b>CARAC EXTERNAL CREAM</b>	3	ST; QL
<b>EFUDEX EXTERNAL CREAM</b>	3	ST; QL
fluorouracil external cream 0.5 %	1 or 1b*	ST; QL
fluorouracil external cream 5 %	1 or 1b*	QL
fluorouracil external solution	1 or 1b*	QL
<b>*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S***</b>		
diclofenac sodium external gel 3 %	1 or 1b*	PA; QL
<b>*ANTINEOPLASTIC RETINOIDS - TOPICAL***</b>		
<b>PANRETIN EXTERNAL GEL</b>	3	SP
<b>*ANTIPRURITIC COMBINATIONS - TOPICAL***</b>		
anti-itch external lotion	1 or 1b*	
antiseptic pain relief external liquid	1 or 1b*	

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

Drug Name	Tier	Notes
arctic relief pain relieving external gel 0.2-3.5 %	1 or 1b*	
<b>CAMPHO PHENIQUE MAXIMUM ST EXTERNAL GEL</b>	1 or 1b*	
<b>CAMPHO PHENIQUE MAXIMUM ST EXTERNAL LIQUID</b>	1 or 1b*	
<b>CAMPHO-PHENIQUE COLD SORE EXTERNAL GEL</b>	1 or 1b*	
<b>CAMPHO-PHENIQUE EXTERNAL GEL</b>	2	
<b>CAMPHO-PHENIQUE EXTERNAL LIQUID</b>	2	
cold sore treatment external gel	1 or 1b*	
cvs anti-itch external lotion	1 or 1b*	
<b>FAST FREEZE PRO STYLE THERAPY EXTERNAL LIQUID 0.2-3.5 %</b>	2	
gnp anti-itch external lotion	1 or 1b*	
<b>ORTHO-NESIC EXTERNAL GEL</b>	1 or 1b*	
qc antiseptic pain relief external liquid	1 or 1b*	
<b>RHULI GEL EXTERNAL GEL</b>	2	
<b>SARNA EXTERNAL LOTION</b>	2	
<b>*ANTIPRURITICS - TOPICAL***</b>		
camphor crystals	3	
camphor granules	3	
doxepin hcl external cream	1 or 1b*	PA; QL
<b>JOINTFLEX EXTERNAL CREAM</b>	2	
<b>*ANTIPSORIATIC COMBINATIONS***</b>		
<b>TRIONEX EXTERNAL KIT</b>	3	
<b>*ANTIPSORIATICS - SYSTEMIC***</b>		
acitretin oral capsule	1 or 1b*	
<b>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL

Drug Name	Tier	Notes
<b>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; SP; QL
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	3	PA; SP; QL
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
methoxsalen rapid oral capsule	1 or 1b*	SP
<b>SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; SP; QL
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>SPEVIGO INTRAVENOUS SOLUTION</b>	3	PA; QL
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	3	PA; SP; QL
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; LD; SP; QL
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; SP; QL
<b>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; SP; QL
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>*ANTIPSORIATICS***</b>		
anthralin powder	3	
calcipotriene external cream	1 or 1b*	QL
calcipotriene external foam	1 or 1b*	QL

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Drug Name	Tier	Notes
calcipotriene external ointment	1 or 1b*	QL
calcipotriene external solution	1 or 1b*	QL
calcitrene external ointment	1 or 1b*	QL
calcitriol external ointment	1 or 1b*	QL
<b>DOVONEX EXTERNAL CREAM</b>	3	QL
tazarotene external cream	1 or 1b*	QL
tazarotene external gel	1 or 1b*	QL
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	2	QL
<b>TAZORAC EXTERNAL GEL</b>	3	QL
<b>*ANTISEBORRHEIC COMBINATIONS***</b>		
<b>DERMAZINC BABY EXTERNAL LIQUID</b>	2	
<b>DERMAZINC CREAM EXTERNAL CREAM</b>	2	
<b>DERMAZINC SCALP EXTERNAL LIQUID</b>	2	
<b>DERMAZINC SOAP EXTERNAL BAR</b>	2	
<b>P &amp; S EXTERNAL LIQUID</b>	2	
<b>PROMISEB EXTERNAL CREAM</b>	3	
sebex external shampoo	2	
<b>*ANTISEBORRHEIC PRODUCTS***</b>		
anti-dandruff external shampoo	1 or 1a*	
beta med external shampoo	1 or 1b*	
<b>CONTROLGX ANTI-DANDRUFF EXTERNAL SHAMPOO</b>	1 or 1b*	
cvs anti-dandruff external lotion	1 or 1a*	
cvs dandruff everyday clean external shampoo	1 or 1b*	
dandruff 2 in 1 external shampoo	1 or 1b*	
dandruff dry scalp care external shampoo	1 or 1b*	
dandruff everyday clean external shampoo	1 or 1b*	

Drug Name	Tier	Notes
dandruff shampoo external lotion	1 or 1a*	
dandruff shampoo external shampoo	1 or 1b*	
<b>DERMAZINC SHAMPOO EXTERNAL SHAMPOO</b>	1 or 1b*	
<b>DERMAZINC SPRAY EXTERNAL LIQUID</b>	2	
<b>DERMAZINC ZINC THERAPY SOAP EXTERNAL BAR</b>	2	
<b>DHS BODY WASH EXTERNAL LIQUID</b>	2	
eql dry scalp 2 in 1 external shampoo	1 or 1b*	
eql everyday clean 2 in 1 external shampoo	1 or 1b*	
eql everyday clean external shampoo	1 or 1b*	
eql itchy scalp 2 in 1 external shampoo	1 or 1b*	
eql medicated dandruff external lotion	1 or 1a*	
eql smooth spice 2 in 1 external shampoo	1 or 1b*	
glycolic acid solution	2	
<b>HEAD &amp; SHOULDERS 2 IN 1 EXTERNAL SHAMPOO</b>	2	
<b>HEAD &amp; SHOULDERS CLASSIC CLEAN EXTERNAL SHAMPOO</b>	2	
<b>HEAD &amp; SHOULDERS DRY 2 IN 1 EXTERNAL SHAMPOO</b>	2	
selenium sulfide external lotion	1 or 1a*	QL
<b>SELSUN BLUE DAILY EXTERNAL LOTION</b>	2	
<b>SELSUN BLUE DRY SCALP EXTERNAL SHAMPOO</b>	1 or 1b*	
<b>SELSUN BLUE EXTERNAL LOTION</b>	2	
<b>SELSUN BLUE FULL &amp; THICK EXTERNAL SHAMPOO</b>	1 or 1b*	
<b>SELSUN BLUE MEDICATED EXTERNAL LOTION</b>	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
<b>SELSUN BLUE MOISTURIZING EXTERNAL LOTION</b>	2	
<b>SELSUN BLUE SALON EXTERNAL SHAMPOO</b>	1 or 1b*	
sm dandruff 2 in 1 external shampoo	1 or 1b*	
sulfacetamide sodium powder	3	
<b>*ANTIVIRAL TOPICAL COMBINATIONS***</b>		
<b>XERESE EXTERNAL CREAM</b>	3	PA; QL
<b>*ANTIVIRALS - TOPICAL***</b>		
<b>ABREVA EXTERNAL CREAM</b>	2	
acyclovir external cream	1 or 1b*	PA; QL
acyclovir external ointment	1 or 1b*	QL
<b>DENAVIR EXTERNAL CREAM</b>	3	PA; QL
docosanol external cream	1 or 1b*	
gnp docosanol external cream	1 or 1b*	
penciclovir external cream	1 or 1b*	PA; QL
<b>ZOVIRAX EXTERNAL OINTMENT</b>	3	QL
<b>*ASTRINGENTS***</b>		
<b>A.E.R. TRAVELER EXTERNAL PAD</b>	1 or 1b*	
<b>A.E.R. WITCH HAZEL EXTERNAL PAD</b>	1 or 1b*	
aluminum acetate external solution	2	
<b>AQUAPHOR 3 IN 1 DIAPER RASH EXTERNAL CREAM</b>	2	
<b>AQUAPHOR BABY DIAPER RASH EXTERNAL PASTE</b>	1 or 1b*	
<b>BABY ANTI MONKEY BUTT EXTERNAL POWDER</b>	2	
baby diaper rash external cream	1 or 1b*	
<b>BABY EASE EXTERNAL OINTMENT</b>	1 or 1b*	
<b>BALMEX ADULT CARE EXTERNAL CREAM</b>	2	

Drug Name	Tier	Notes
<b>BALMEX COMPLETE PROTECTION EXTERNAL CREAM</b>	2	
<b>BALMEX EXTERNAL CREAM</b>	2	
<b>BALMEX EXTERNAL STICK</b>	2	
boro-packs external packet	1 or 1b*	
<b>BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 16 %</b>	2	
<b>BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 %</b>	1 or 1b*	
<b>BOUDREAUXS RASH KICKING KIT EXTERNAL KIT</b>	2	
calamine phenolated external lotion	2	
calamine powder	3	
<b>COZIMA EXTERNAL CREAM</b>	2	
cvs astringent solution external packet	1 or 1b*	
cvs diaper rash external ointment 40 %	1 or 1b*	
cvs protective external powder 15 %	2	
cvs quick relief diaper rash external cream	1 or 1b*	
cvs zinc oxide external ointment	1 or 1b*	
<b>DERMELEVE ADVANCED FORMULA EXTERNAL CREAM</b>	2	
<b>DESITIN EXTERNAL CREAM</b>	1 or 1b*	
<b>DESITIN EXTERNAL PASTE</b>	2	
<b>DESITIN RAPID RELIEF EXTERNAL CREAM</b>	1 or 1b*	
diaper rash external cream	1 or 1b*	
diaper rash external ointment	1 or 1b*	
diaper rash external paste	1 or 1b*	
<b>DOMBORO EXTERNAL PACKET</b>	2	
<b>DR SMITHS ADULT BARRIER EXTERNAL OINTMENT</b>	2	

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Drug Name	Tier	Notes
<b>DR SMITHS DIAPER QUICK RELIEF EXTERNAL OINTMENT</b>	2	
eq diaper rash external ointment	1 or 1b*	
eq diaper rash external paste	1 or 1b*	
eql baby basics diaper rash external ointment	1 or 1b*	
gnp calamine phenolated external lotion	2	
gnp zinc oxide external ointment	1 or 1b*	
goodsense diaper rash external paste	1 or 1b*	
<b>HUGGIES DIAPER RASH EXTERNAL CREAM</b>	2	
hygienic cleansing external pad	1 or 1b*	
medicated wipes (glycerin) external pad	1 or 1b*	
<b>MEDPURA ZINC OXIDE EXTERNAL OINTMENT</b>	1 or 1b*	
meijer zinc oxide external ointment	1 or 1b*	
<b>MEXSANA EXTERNAL POWDER</b>	2	
<b>PHARMABASE BARRIER EXTERNAL OINTMENT</b>	2	
<b>PINXAV EXTERNAL OINTMENT 30 %</b>	1 or 1b*	
qc calamine external lotion	2	
qc diaper rash external ointment	1 or 1b*	
qc zinc oxide external ointment	1 or 1b*	
ra hemorrhoidal medicated external pad	1 or 1b*	
ra zinc oxide external ointment	1 or 1b*	
sb hemorrhoid external pad	1 or 1b*	
<b>SECURA PROTECTIVE EXTERNAL CREAM</b>	1 or 1b*	
skin protectant external cream	2	
sm calamine phenolated external lotion	2	
sm hygienic cleansing external pad	1 or 1b*	

Drug Name	Tier	Notes
tannic acid powder	3	
<b>TRIPLE PASTE EXTERNAL OINTMENT</b>	2	
<b>TRIPLE PASTE EXTERNAL PASTE</b>	1 or 1b*	
<b>Z-BUM EXTERNAL CREAM 22 %</b>	2	
zinc oxide external ointment	1 or 1b*	
zinc oxide external paste	2	
<b>*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS***</b>		
<b>OPZELURA EXTERNAL CREAM</b>	3	PA; QL
<b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***</b>		
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; ST; SP
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML</b>	3	PA; SP; QL
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML</b>	3	PA; ST; SP
<b>*BATH PRODUCTS***</b>		
<b>ALPHASOFT EXTERNAL OIL</b>	1 or 1a*	
<b>AVEENO DAILY MOISTURIZING REFI EXTERNAL LIQUID</b>	2	
<b>AVEENO MOISTURIZING BODY WASH EXTERNAL LIQUID</b>	2	
<b>AVEENO POSITIVELY RADIANT WASH EXTERNAL LIQUID</b>	2	
<b>AVEENO POSITIVELY SMOOTH EXTERNAL GEL</b>	2	
<b>AVEENO RESTORATIVE SKIN THERAP EXTERNAL LIQUID</b>	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
<b>AVEENO SKIN RELIEF BODY REFILL EXTERNAL LIQUID</b>	2	
<b>AVEENO SKIN RELIEF BODY WASH EXTERNAL LIQUID</b>	2	
<b>AVEENO SKIN RELIEF GENTLE EXTERNAL LIQUID</b>	2	
<b>AVEENO STRESS RELIEF BODY WASH EXTERNAL LIQUID</b>	2	
<b>AVEENO THERAPEUTIC EXTERNAL GEL</b>	2	
<b>CAMEO OIL EXTERNAL OIL</b>	1 or 1b*	
complete ultra body wash/shear external liquid	2	
cvs beauty 360 shower bath oil external oil	1 or 1b*	
cvs mineral salts external crystals	2	
deep moisture body wash external liquid	2	
<b>GRANDPAS PINE TAR BATH-SHOWER EXTERNAL GEL</b>	2	
<b>KERI MOISTURE RICH EXTERNAL OIL</b>	1 or 1b*	
<b>MAPO BATH EXTERNAL OIL</b>	1 or 1b*	
<b>MONISTAT MAINTAIN-BORIC ACID EXTERNAL LIQUID</b>	2	
<b>NEUTROGENA RAINBATH EXTERNAL GEL</b>	1 or 1a*	
<b>NIVEA SHOWER EXTERNAL GEL</b>	2	
<b>NIVEA SHOWER/BATH EXTERNAL GEL</b>	2	
<b>NIVEA SKIN-SMOOTHING COMPLEX EXTERNAL LIQUID</b>	2	
purifying body wash external liquid	2	
<b>ROBATHOL EXTERNAL OIL</b>	2	
sensitive skin body wash external liquid	2	

Drug Name	Tier	Notes
soothing body wash/oatmeal external liquid	2	
<b>*BURN PRODUCT COMBINATIONS***</b>		
<b>UNGUENTINE EXTERNAL OINTMENT</b>	2	
<b>UNGUENTINE MAXIMUM STRENGTH EXTERNAL OINTMENT</b>	2	
<b>*BURN PRODUCTS***</b>		
mafenide acetate external packet	1 or 1b*	
nitrofurazone powder	3	
<b>SILVADENE EXTERNAL CREAM</b>	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
<b>SULFAMYLON EXTERNAL CREAM</b>	3	
<b>SULFAMYLON EXTERNAL PACKET</b>	3	
<b>*CAUTERIZING AGENTS***</b>		
chloroacetic acid powder	3	
silver nitrate crystals	2	
<b>*CORTICOSTEROIDS - TOPICAL***</b>		
ala-cort external cream	1 or 1a*	QL
alclometasone dipropionate external cream	1 or 1b*	QL
alclometasone dipropionate external ointment	1 or 1b*	QL
amcinonide external lotion	3	ST; QL
anti-itch maximum strength external cream 1 %	1 or 1a*	
<b>AQUANIL HC EXTERNAL LOTION</b>	1 or 1a*	
<b>AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT</b>	1 or 1a*	
<b>AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM</b>	1 or 1a*	
beta hc external lotion	1 or 1a*	
betamethasone dipropionate aug external cream	1 or 1b*	QL

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Drug Name	Tier	Notes
betamethasone dipropionate aug external gel	1 or 1b*	QL
betamethasone dipropionate aug external lotion	1 or 1b*	QL
betamethasone dipropionate aug external ointment	1 or 1b*	QL
betamethasone dipropionate external cream	1 or 1b*	QL
betamethasone dipropionate external lotion	1 or 1b*	QL
betamethasone dipropionate external ointment	1 or 1b*	QL
betamethasone dipropionate powder	3	
betamethasone valerate external cream	1 or 1b*	QL
betamethasone valerate external foam	3	ST; QL
betamethasone valerate external lotion	1 or 1b*	QL
betamethasone valerate external ointment	1 or 1b*	QL
betamethasone valerate powder	3	
clobetasol 17 propionate powder	3	
clobetasol prop emollient base external cream	1 or 1b*	QL
clobetasol propionate e external cream	1 or 1b*	QL
clobetasol propionate emulsion external foam	1 or 1b*	QL
clobetasol propionate external cream	1 or 1b*	QL
clobetasol propionate external foam	1 or 1b*	QL
clobetasol propionate external gel	1 or 1b*	QL
clobetasol propionate external liquid	1 or 1b*	QL
clobetasol propionate external lotion	1 or 1b*	QL
clobetasol propionate external ointment	1 or 1b*	QL
clobetasol propionate external shampoo	1 or 1b*	QL
clobetasol propionate external solution	1 or 1b*	QL
clobetasol propionate powder	3	

Drug Name	Tier	Notes
clocortolone pivalate external cream	3	ST; QL
clodan external shampoo	1 or 1b*	QL
<b>CORTIBALM EXTERNAL STICK</b>	2	
<b>CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION</b>	1 or 1a*	
<b>CORTIZONE-10 ECZEMA EXTERNAL LOTION</b>	1 or 1a*	
<b>CORTIZONE-10 EXTERNAL GEL</b>	1 or 1a*	
<b>CORTIZONE-10 EXTERNAL OINTMENT</b>	1 or 1a*	
<b>CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM</b>	1 or 1a*	
<b>CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION</b>	1 or 1a*	
<b>CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM</b>	1 or 1a*	
<b>CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM</b>	1 or 1a*	
<b>CORTIZONE-10 PLUS EXTERNAL CREAM</b>	1 or 1a*	
<b>CORTIZONE-10 PSORIASIS EXTERNAL LOTION</b>	1 or 1a*	
<b>CORTIZONE-10/ALOE EXTERNAL CREAM</b>	1 or 1a*	
<b>CORTIZONE-10/ALOE EXTERNAL LIQUID</b>	2	
cvs anti-itch maximum strength external cream	1 or 1a*	
cvs cortisone intense healing external cream	1 or 1a*	
cvs cortisone maximum strength external cream	1 or 1a*	
cvs cortisone maximum strength external gel	1 or 1a*	
cvs cortisone maximum strength external lotion	1 or 1a*	
cvs cortisone maximum strength external ointment	1 or 1a*	
cvs eczema anti-itch external 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
cvs hydrocortisone anti-itch external cream	1 or 1a*	
cvs hydrocortisone max st external cream	1 or 1a*	
<b>DERMAREST ECZEMA EXTERNAL LOTION</b>	1 or 1a*	
desonide external cream	1 or 1b*	QL
desonide external gel	1 or 1b*	QL
desonide external lotion	1 or 1b*	QL
desonide external ointment	1 or 1b*	QL
desonide powder	3	
desoximetasone external cream	3	ST; QL
desoximetasone external gel	3	ST; QL
desoximetasone external liquid	3	ST; QL
desoximetasone external ointment	3	ST; QL
desrx external gel	1 or 1b*	QL
diflorasone diacetate external cream	3	ST; QL
diflorasone diacetate external ointment	3	ST; QL
eq hydrocortisone external cream	1 or 1a*	
eq hydrocortisone max st external cream	1 or 1a*	
eq anti-itch intensive heal external cream	1 or 1a*	
eq anti-itch maximum strength external cream	1 or 1a*	
eq anti-itch maximum strength external ointment	1 or 1a*	
fluocinolone acetonide body external oil	1 or 1b*	QL
fluocinolone acetonide external cream	1 or 1b*	QL
fluocinolone acetonide external ointment	1 or 1b*	QL
fluocinolone acetonide external solution	1 or 1b*	QL
fluocinolone acetonide powder	3	
fluocinolone acetonide scalp external oil	1 or 1b*	QL
fluocinonide emulsified base external cream	1 or 1b*	QL
fluocinonide external cream	1 or 1b*	QL

Drug Name	Tier	Notes
fluocinonide external gel	1 or 1b*	QL
fluocinonide external ointment	1 or 1b*	QL
fluocinonide external solution	1 or 1b*	QL
fluocinonide powder	3	
flurandrenolide external cream	3	ST; QL
flurandrenolide external lotion	3	ST; QL
fluticasone propionate external cream	1 or 1b*	QL
fluticasone propionate external lotion	1 or 1b*	QL
fluticasone propionate external ointment	1 or 1b*	QL
gnp hydrocortisone external cream 0.5 %	1 or 1a*	
gnp hydrocortisone max st external ointment	1 or 1a*	
gnp hydrocortisone plus external cream	1 or 1a*	
gnp hydrocortisone/aloe external cream	1 or 1a*	
goodsense anti-itch maximum st external ointment	1 or 1a*	
<b>GYNECORT 10 EXTERNAL CREAM</b>	1 or 1a*	
halcinonide external cream	3	ST; QL
halobetasol propionate external cream	1 or 1b*	QL
halobetasol propionate external ointment	1 or 1b*	QL
hm hydrocortisone plus external cream	1 or 1a*	
hm hydrocortisone-aloe max st external cream	1 or 1a*	
hydrocortisone acetate external cream	1 or 1a*	
hydrocortisone acetate external ointment 1 %	1 or 1b*	
hydrocortisone acetate powder	3	
hydrocortisone anti-itch external cream	1 or 1a*	
hydrocortisone butyr lipo base external cream	3	ST; QL

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

Drug Name	Tier	Notes
hydrocortisone butyrate external cream	3	ST; QL
hydrocortisone butyrate external lotion	3	ST; QL
hydrocortisone butyrate external ointment	3	ST; QL
hydrocortisone butyrate external solution	3	ST; QL
hydrocortisone external cream 0.5 %	1 or 1a*	
hydrocortisone external cream 1 %, 2.5 %	1 or 1a*	QL
hydrocortisone external lotion 1 %	1 or 1a*	
hydrocortisone external lotion 2.5 %	1 or 1a*	QL
hydrocortisone external ointment 0.5 %	1 or 1a*	
hydrocortisone external ointment 1 %, 2.5 %	1 or 1a*	QL
hydrocortisone max st external cream	1 or 1a*	
hydrocortisone max st/12 moist external cream	1 or 1a*	
hydrocortisone micronized powder	3	
hydrocortisone plus external cream	1 or 1a*	
hydrocortisone powder	3	
hydrocortisone valerate external cream	3	ST; QL
hydrocortisone valerate external ointment	3	ST; QL
hydrocortisone/aloe max str external cream	1 or 1a*	
instacort 5 external cream	1 or 1a*	
<b>KERICORT 10 EXTERNAL CREAM</b>	1 or 1a*	
<b>LANACORT 10 EXTERNAL CREAM</b>	1 or 1a*	
<b>MEDPURA HYDROCORTISONE EXTERNAL CREAM</b>	1 or 1a*	
meijer hydrocortisone external cream	1 or 1a*	
<b>MG217 PSORIASIS ANIT-ITCH EXTERNAL GEL</b>	1 or 1a*	
mometasone furoate external cream	1 or 1b*	QL

Drug Name	Tier	Notes
mometasone furoate external ointment	1 or 1b*	QL
mometasone furoate external solution	1 or 1b*	QL
<b>MONISTAT SOOTHING CARE ITCH EXTERNAL CREAM</b>	2	
<b>PREPARATION H EXTERNAL CREAM 1 %</b>	1 or 1a*	
px hydrocream external cream	1 or 1a*	
qc anti-itch aloe external cream	1 or 1a*	
qc anti-itch intensive healing external cream	1 or 1a*	
qc hydrocortisone max st external cream	1 or 1a*	
ra anti-itch maximum strength external cream	1 or 1a*	
ra anti-itch maximum strength external ointment	1 or 1a*	
ra hydrocortisone plus 12 external cream	1 or 1a*	
ra hydrocortisone plus external cream 1 %	1 or 1a*	
<b>SARNOL-HC EXTERNAL LOTION</b>	1 or 1a*	
sb hydrocortisone external cream	1 or 1a*	
sb hydrocortisone max st external ointment	1 or 1a*	
scalp relief maximum strength external solution	1 or 1a*	
<b>SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION</b>	1 or 1a*	
sm hydrocortisone external cream	1 or 1a*	
sm hydrocortisone external ointment	1 or 1a*	
sm hydrocortisone max st external ointment	1 or 1a*	
sm hydrocortisone plus external cream	1 or 1a*	
sm hydrocortisone-aloe max st external cream	1 or 1a*	
tovet external foam	1 or 1b*	QL
triamcinolone acetonide external aerosol solution	3	ST; QL

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

Drug Name	Tier	Notes
triamcinolone acetonide external cream	1 or 1a*	QL
triamcinolone acetonide external lotion	1 or 1a*	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetonide external ointment 0.05 %	3	ST; QL
triamcinolone acetonide powder	3	
triamcinolone in absorbase external ointment	3	ST; QL
triderm external cream	1 or 1a*	QL
tritocin external ointment	3	ST; QL
<b>VAGISIL EXTERNAL CREAM 1 %</b>	1 or 1a*	
<b>VANICREAM HC MAXIMUM STRENGTH EXTERNAL CREAM</b>	2	
<b>*DEPIGMENTING AGENTS***</b>		
hydroquinone powder	3	
<b>SKIN SUCCESS FADE CREAM EXTERNAL CREAM</b>	2	
<b>*DEPIGMENTING COMBINATIONS***</b>		
<b>TRI-LUMA EXTERNAL CREAM</b>	3	
<b>*DIAPER RASH PRODUCTS***</b>		
<b>A+D DIAPER RASH EXTERNAL CREAM</b>	2	
<b>AVEENO BABY SOOTHING MULTI-PUR EXTERNAL OINTMENT</b>	1 or 1b*	
<b>BALMEX MULTI-PURPOSE EXTERNAL OINTMENT</b>	1 or 1b*	
<b>BENSONS BOTTOM PAINT EXTERNAL CREAM</b>	2	
<b>CERAVE BABY HEALING OINTMENT EXTERNAL OINTMENT</b>	1 or 1b*	
cvs all-purpose skin protect external ointment	1 or 1b*	
cvs diaper external cream	2	

Drug Name	Tier	Notes
<b>DESITIN MULTI-PURPOSE HEALING EXTERNAL OINTMENT</b>	1 or 1a*	
<b>FLANDERS BUTTOCKS EXTERNAL OINTMENT</b>	1 or 1b*	
<b>MEDI-PASTE EXTERNAL OINTMENT</b>	1 or 1a*	
<b>PALADIN EXTERNAL OINTMENT</b>	1 or 1a*	
<b>PINXAV EXTERNAL OINTMENT</b>	1 or 1a*	
<b>*EMOLLIENT COMBINATIONS***</b>		
<b>CAVILON EMOLLIENT EXTERNAL CREAM</b>	2	
<b>CAVILON FOOT &amp; DRY SKIN EXTERNAL CREAM</b>	2	
mineral oil-hydrophil petrolat external ointment	2	
<b>VITAMIN E &amp; C BEAUTY LOTION EXTERNAL LOTION</b>	2	
<b>VITAMIN E &amp; K BEAUTIFUL SKIN EXTERNAL OIL</b>	2	
vitamin e beauty external oil 24000 unit/52ml	2	
<b>VITAMINS E &amp; A BEAUTY OIL EXTERNAL OIL</b>	2	
<b>VITAMINS E &amp; D BEAUTY OIL EXTERNAL OIL</b>	2	
<b>VITA-RAY EXTERNAL CREAM</b>	2	
<b>*EMOLLIENT/KERATOLYTIC AGENTS***</b>		
<b>AQUA CARE EXTERNAL CREAM</b>	1 or 1b*	
<b>AQUA CARE EXTERNAL LOTION</b>	1 or 1b*	
<b>AQUAPHILIC/CARBAMIDE EXTERNAL OINTMENT</b>	2	
<b>BETA CARE BETAMIDE EXTERNAL LOTION</b>	1 or 1b*	
<b>DERMAL THERAPY FINGER CARE EXTERNAL LOTION</b>	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
gordons urea external cream	1 or 1b*	
gormel 10 external lotion	1 or 1b*	
gormel external cream	1 or 1b*	
<b>LANAPHILIC/UREA EXTERNAL OINTMENT</b>	2	
<b>NUTRAPLUS EXTERNAL CREAM</b>	1 or 1b*	
<b>NUTRAPLUS EXTERNAL LOTION</b>	1 or 1b*	
<b>REA-LO EXTERNAL CREAM</b>	2	
<b>ULTRA MIDE 25 EXTERNAL LOTION</b>	2	
urea 10 hydrating external cream	1 or 1b*	
urea 20 external lotion	1 or 1b*	
urea 20 intensive hydrating external cream	1 or 1b*	
urea external cream 39.5 %	3	
ureacin-10 external lotion	1 or 1b*	
ureacin-20 external cream	1 or 1b*	
<b>*EMOLLIENT/KERATOLYTIC COMBINATIONS***</b>		
<b>KERASAL ULTRA20 EXTERNAL CREAM</b>	2	
<b>MYCOCIDE CX CALLUS EXFOLIATOR EXTERNAL CREAM</b>	2	
<b>*EMOLLIENTS***</b>		
<b>A + D PERSONAL CARE LOTION EXTERNAL LOTION</b>	2	
a&d external ointment	1 or 1b*	
<b>A+D PREVENT EXTERNAL OINTMENT</b>	1 or 1b*	
advanced healing/baby external ointment	1 or 1b*	
<b>AL12 EXTERNAL LOTION</b>	1 or 1b*	
<b>ALOE AFTERSUN EXTERNAL LOTION</b>	2	
<b>ALOE GRANDE EXTERNAL CREAM</b>	2	
<b>ALOE GRANDE EXTERNAL LOTION</b>	2	

Drug Name	Tier	Notes
<b>ALOE VESTA SKIN PROTECTANT EXTERNAL AEROSOL</b>	2	
<b>AMLACTIN DAILY EXTERNAL LOTION</b>	1 or 1b*	
<b>AMLACTIN RAPID RELIEF EXTERNAL LOTION</b>	2	
ammonium lactate external cream	1 or 1b*	QL
ammonium lactate external lotion	1 or 1b*	
<b>AQUA GLYCOLIC FACE EXTERNAL CREAM</b>	2	
<b>AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION</b>	2	
<b>AQUA LACTEN EXTERNAL LOTION</b>	2	
<b>AQUA-CERIN EXTERNAL CREAM</b>	1 or 1b*	
<b>AQUAMED EXTERNAL LOTION</b>	2	
<b>AQUA-NU EXTERNAL OINTMENT</b>	1 or 1b*	
<b>AQUAPHILIC EXTERNAL OINTMENT</b>	2	
<b>AQUAPHOR ADV PROTECT HEALING EXTERNAL OINTMENT</b>	2	
<b>AQUAPHOR ADV THERAPY HEALING EXTERNAL OINTMENT</b>	2	
<b>AQUAPHOR ADVANCED THERAPY BABY EXTERNAL OINTMENT</b>	2	
<b>AQUAPHOR ADVANCED THERAPY EXTERNAL OINTMENT</b>	2	
<b>AQUAPHOR EXTERNAL OINTMENT</b>	2	
<b>AQUAPHOR OINTMENT BODY EXTERNAL AEROSOL</b>	2	
<b>AVEENO BABY BATH TREATMENT EXTERNAL PACKET</b>	2	
<b>AVEENO BABY ECZEMA THERAPY EXTERNAL CREAM</b>	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
AVEENO BABY ECZEMA THERAPY EXTERNAL PACKET	2	
AVEENO CALM & RESTORE EXTERNAL GEL	2	
AVEENO CALM & RESTORE SERUM EXTERNAL LIQUID	2	
AVEENO CREAMY MOISTURIZING EXTERNAL OIL	2	
AVEENO DAILY MOISTURIZING EXTERNAL LOTION	2	
AVEENO DAILY MOISTURIZING EXTERNAL OIL	2	
AVEENO DAILY MOISTURIZING FACE EXTERNAL CREAM	2	
AVEENO ECZEMA THERAPY EXTERNAL CREAM	2	
AVEENO INTENSE RELIEF HAND EXTERNAL CREAM	2	
AVEENO POSITIVELY RADIANT EXTERNAL CREAM	2	
AVEENO RESTORATIVE SKIN THERAPY EXTERNAL CREAM	2	
AVEENO SKIN RELF MOIST REPAIR EXTERNAL CREAM	2	
AVEENO SOOTHING BATH TREATMENT EXTERNAL PACKET	2	
AVEENO STRESS RELIEF EXTERNAL LOTION	2	
BAG BALM EXTERNAL OINTMENT	2	
BASLE EXTERNAL CREAM	2	
beauty lotion external lotion	1 or 1b*	
beta care external cream	2	
beta care external lotion	2	
BETA XMA EXTERNAL CREAM	2	

Drug Name	Tier	Notes
BOUDREAUXS BABY BUTT SMOOTH EXTERNAL OINTMENT	2	
CAM EXTERNAL LOTION	2	
CERAVE AM SPF 30 EXTERNAL LOTION	2	
CERAVE DAILY MOISTURIZING EXTERNAL LOTION	2	
CERAVE DIABETICS DRY SKIN EXTERNAL CREAM	2	
CERAVE HEALING EXTERNAL OINTMENT	2	
CERAVE MOISTURIZING EXTERNAL CREAM	2	
CERAVE PM EXTERNAL LOTION	2	
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL CREAM	2	
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL LOTION	2	
CETAPHIL ADVANCED RELIEF EXTERNAL LOTION	2	
CETAPHIL DAILY ADVANCE EXTERNAL LOTION	2	
CETAPHIL ECZEMA RESTORADERM EXTERNAL LOTION	2	
CETAPHIL MOISTURIZING EXTERNAL CREAM	2	
CETAPHIL MOISTURIZING EXTERNAL LOTION	2	
CETAPHIL PRO ECZEMA SOOTHING EXTERNAL LOTION	2	
CETAPHIL RESTORADERM EXTERNAL LOTION	2	
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM	2	

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

Drug Name	Tier	Notes
<b>CICAPLAST BAUME B5 SOOTH BALM EXTERNAL CREAM</b>	2	
<b>CLN FACIAL MOISTURIZER NOURISH EXTERNAL LOTION</b>	2	
<b>COATS ALOE EXTERNAL CREAM</b>	2	
<b>COATS ALOE EXTERNAL GEL</b>	2	
<b>COATS ALOE EXTERNAL LOTION</b>	2	
cocoa butter external lotion	2	
cocoa butter hand & body external lotion	2	
cocoa butter petroleum jelly external gel	2	
cocoa butter skin external cream	1 or 1a*	
coconut oil beauty external cream	2	
collagen external cream	1 or 1a*	
collagen premium skin external cream	2	
complete moisture external lotion	1 or 1b*	
<b>CORN HUSKERS EXTERNAL LOTION</b>	2	
cvs advanced healing external ointment	1 or 1b*	
cvs beauty 360 dry skin external lotion	2	
cvs beauty 360 pure glycerin external liquid	1 or 1b*	
cvs beauty 360 pure vitamin e external oil	1 or 1b*	
cvs beauty 360 soothing bath external packet	1 or 1b*	
cvs daily ultra moisture external lotion	2	
cvs dry skin therapy external cream	2	
cvs dry skin therapy external lotion	1 or 1b*	
cvs eczema care external cream	1 or 1b*	
cvs eczema relief external cream	1 or 1b*	

Drug Name	Tier	Notes
cvs extra moisturizing external lotion	1 or 1b*	
cvs gentle skin cleanser external lotion	2	
cvs hydrating skin treatment external lotion	1 or 1b*	
cvs moisturizing external cream	2	
cvs moisturizing external lotion	1 or 1b*	
cvs skin treatment external lotion	1 or 1b*	
cvs special care external lotion	1 or 1b*	
cvs vitamin a&d external ointment	1 or 1b*	
cvs vitamin e moisturizing external cream	1 or 1b*	
cvs vitamin e moisturizing external oil	1 or 1b*	
<b>DAILY MOISTURIZING EXTERNAL LOTION</b>	2	
<b>D-CERIN EXTERNAL CREAM</b>	2	
<b>DERMABASE EXTERNAL CREAM</b>	2	
dermaide aloe external cream	2	
<b>DERMAL THERAPY EXTRA STRENGTH EXTERNAL LOTION</b>	2	
<b>DERMAL THERAPY FACE CARE EXTERNAL LOTION</b>	2	
<b>DERMAL THERAPY FOOT MASSAGE EXTERNAL LOTION</b>	2	
<b>DERMAL THERAPY HAND/ELBOW EXTERNAL LOTION</b>	2	
<b>DERMAL THERAPY HEEL CARE EXTERNAL LOTION</b>	2	
<b>DERMEND BRUISE FORMULA EXTERNAL CREAM</b>	2	
<b>DERMEND FRAGILE SKIN EXTERNAL CREAM</b>	2	
<b>DIABETIDERM EXTERNAL CREAM</b>	2	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>DIABETIDERM EXTERNAL LOTION</b>	2	
<b>DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM</b>	2	
<b>DML EXTERNAL LOTION</b>	1 or 1b*	
<b>DML FORTE EXTERNAL CREAM</b>	2	
dry skin treatment adv therapy external ointment	1 or 1b*	
dry skin treatment external ointment	1 or 1b*	
e-cream complex external cream	1 or 1b*	
eczema moisturizing external lotion	2	
<b>ELON SKIN REPAIR SYSTEM EXTERNAL CREAM</b>	2	
<b>EMOLLIA-CREME EXTERNAL CREAM</b>	2	
<b>EMOLLIA-LOTION EXTERNAL LOTION</b>	2	
e-oil external oil 30000 unit, 933.333 unit/ml	1 or 1b*	
e-ointment external ointment	1 or 1b*	
<b>EPILYT EXTERNAL LOTION</b>	2	
eq therapeutic dry skin external cream	2	
eq therapeutic moisturizing external cream	2	
eq vitamins a & d external ointment	1 or 1b*	
eq absolute moisture dry skin external lotion	1 or 1b*	
eq advanced healing external ointment	1 or 1b*	
eq advanced recovery external lotion	2	
eq advanced skin therapy external lotion	1 or 1b*	
eq aloe after sun external lotion	1 or 1b*	
eq moisturizing external cream	2	
eq ultra moisturizing daily external lotion	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
eq vitamin e ultra strength external oil	1 or 1b*	
eucerin advanced repair external cream	2	
<b>EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM</b>	2	
<b>EUCERIN BABY ECZEMA RELIEF EXTERNAL CREAM 1 %</b>	1 or 1b*	
<b>EUCERIN BABY ECZEMA RELIEF EXTERNAL CREAM 2 %</b>	2	
<b>EUCERIN BABY EXTERNAL LOTION</b>	2	
<b>EUCERIN CALMING DAILY MOIST EXTERNAL CREAM</b>	2	
<b>EUCERIN DAILY HYDRATION EXTERNAL LOTION</b>	2	
<b>EUCERIN DAILY PROTECTION/SPF30 EXTERNAL LOTION</b>	2	
<b>EUCERIN ECZEMA RELIEF EXTERNAL CREAM 1 %</b>	1 or 1b*	
<b>EUCERIN ECZEMA RELIEF EXTERNAL CREAM 2 %</b>	2	
<b>EUCERIN EXTERNAL LOTION</b>	2	
<b>EUCERIN INTENSIVE REPAIR EXTERNAL LOTION</b>	2	
<b>EUCERIN ORIGINAL HEALING EXTERNAL LOTION</b>	2	
<b>EUCERIN PLUS EXTERNAL CREAM</b>	2	
<b>EUCERIN PLUS EXTERNAL LOTION</b>	2	
<b>EUCERIN PROFESSIONAL REPAIR EXTERNAL LOTION</b>	2	
<b>EUCERIN REDNESS RELIEF NIGHT EXTERNAL CREAM</b>	2	
<b>EUCERIN ROUGHNESS RELIEF EXTERNAL CREAM</b>	2	

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

Drug Name	Tier	Notes
<b>EUCERIN ROUGHNESS RELIEF EXTERNAL LOTION</b>	2	
<b>EUCERIN SKIN CALMING EXTERNAL CREAM</b>	2	
<b>EUCERIN SMOOTHING REPAIR EXTERNAL LOTION</b>	2	
gel lined heel sleeves external	2	
gel lined moisturizing booties external	2	
gel lined moisturizing gloves external	2	
glycerin external liquid	1 or 1b*	
<b>GOLD BOND DIABETICS DRY SKIN EXTERNAL CREAM</b>	2	
<b>GOLD BOND ECZEMA RELIEF EXTERNAL CREAM</b>	2	
<b>GOLD BOND HEALING HAND EXTERNAL CREAM</b>	2	
<b>GOLD BOND MEDICATED BODY EX ST EXTERNAL LOTION</b>	2	
<b>GOLD BOND MEDICATED BODY EXTERNAL LOTION</b>	2	
<b>GOLD BOND ULT ROUGH/BUMPY SKIN EXTERNAL CREAM</b>	2	
<b>GOLD BOND ULT SHEER RIBBONS EXTERNAL LOTION</b>	2	
<b>GOLD BOND ULTIMATE EXTERNAL LOTION</b>	2	
<b>GOLD BOND ULTIMATE HEALING EXTERNAL CREAM</b>	2	
<b>GOLD BOND ULTIMATE HEALING EXTERNAL LOTION</b>	2	
<b>GOLD BOND ULTIMATE HEALING EXTERNAL OINTMENT</b>	2	
<b>GOLD BOND ULTIMATE OVERNIGHT EXTERNAL LOTION</b>	2	

Drug Name	Tier	Notes
<b>GOLD BOND ULTIMATE PROTECTION EXTERNAL LOTION</b>	2	
<b>GOLD BOND ULTIMATE RESTORING EXTERNAL LOTION</b>	2	
<b>GOLD BOND ULTIMATE SOFTENING EXTERNAL LOTION</b>	2	
<b>GOLD BOND ULTIMATE SOOTHING EXTERNAL CREAM</b>	2	
<b>GOLD BOND ULTIMATE SOOTHING EXTERNAL LOTION</b>	2	
<b>GOLD BOND ULTRA ECZEMA RELIEF EXTERNAL CREAM</b>	2	
gordomatic external lotion	1 or 1b*	
<b>GORDONS-VITE A EXTERNAL CREAM</b>	2	
<b>GORDONS-VITE A EXTERNAL LOTION</b>	2	
gordons-vite e external cream	1 or 1b*	
hm glycerin external liquid 99.5 %	1 or 1b*	
<b>HYDRASYN25 EXTERNAL CREAM</b>	2	
hydrazone lotion external lotion	2	
<b>HYDROLATUM EXTERNAL OINTMENT</b>	1 or 1b*	
hydrophor external ointment	1 or 1b*	
<b>J &amp; J BURN CREAM EXTERNAL CREAM</b>	2	
<b>JOHNSONS SKIN NOURISH MOIST EXTERNAL LOTION</b>	2	
<b>KERADAN EXTERNAL CREAM</b>	2	
<b>KERI ADVANCED MOISTURE THERAPY EXTERNAL LOTION</b>	2	
<b>KERI BASIC ESSENTIALS EXTERNAL LOTION</b>	2	
<b>KERI LONG LASTING EXTERNAL CREAM</b>	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
KERI NOURISHING SHEA BUTTER EXTERNAL LOTION	2	
KERI ORIGINAL DAILY MOISTURE EXTERNAL LOTION	2	
KERI ORIGINAL EXTERNAL LOTION	2	
KERI OVERNIGHT EXTERNAL LOTION	2	
KERI RENEWAL MILK BODY EXTERNAL LOTION	2	
KERI RENEWAL SERUM EXTERNAL LIQUID	2	
KERI RENEWAL SKIN FIRING EXTERNAL LOTION	2	
KERI RENEWAL STRETCH MARK EXTERNAL LOTION	2	
KERI SENSITIVE SKIN EXTERNAL LOTION	2	
LAC-HYDRIN FIVE EXTERNAL LOTION	2	
LACTINOL HX EXTERNAL CREAM	2	
LAMISILK REPAIR COMPLEX SERUM EXTERNAL LIQUID	2	
LANAPHILIC EXTERNAL OINTMENT	2	
leader finger cream external cream	2	
lubricating lotion external lotion	1 or 1b*	
LUBRIDERM ADVANCED THERAPY EXTERNAL CREAM	2	
LUBRIDERM ADVANCED THERAPY EXTERNAL LOTION	2	
LUBRIDERM DAILY MOISTURE EXTERNAL LOTION	2	
LUBRIDERM EXTERNAL LOTION	2	
LUBRIDERM INTENSE SKIN REPAIR EXTERNAL LOTION	2	

Drug Name	Tier	Notes
LUBRISOFT EXTERNAL LOTION	2	
MAXAM EXTERNAL LOTION	2	
MEDERMA AG FACE EXTERNAL CREAM	2	
MEDERMA AG HAND & BODY EXTERNAL LOTION	2	
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM	2	
MEDPURA VITAMIN A & D EXTERNAL OINTMENT	1 or 1b*	
MG217 ECZEMA TREATMENT EXTERNAL CREAM	2	
MINERIN EXTERNAL LOTION	1 or 1b*	
moisture external lotion	1 or 1b*	
moisture recovery external lotion	1 or 1b*	
moisturizing cream external cream	2	
moisturizing lotion external lotion	1 or 1b*	
moisturizing sensitive skin external lotion	1 or 1b*	
msm skin external lotion	2	
natural oatmeal bath treatment external packet	1 or 1b*	
natural vitamin e moisturizing external gel	2	
NEUTROGENA HAND EXTERNAL CREAM	2	
NEUTROGENA MOISTURE SENS SKIN EXTERNAL LOTION	2	
NISEKO HYDRATING FACIAL EXTERNAL CREAM	2	
NIVEA EXTERNAL CREAM	2	
NIVEA EXTERNAL LOTION	2	
NIVEA ORIGINAL MOISTURE EXTERNAL LOTION	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
NIVEA VISAGE EXTERNAL CREAM	2	
NIVEA VISAGE EXTERNAL LOTION	2	
NIVEA VISAGE INNER BEAUTY EXTERNAL CREAM	2	
NUTRADERM ADVANCED FORMULA EXTERNAL LOTION	2	
NUTRADERM EXTERNAL CREAM	2	
NUTRADERM EXTERNAL LOTION	2	
ointment base external ointment	2	
OKEEFFES WORKING HANDS EXTERNAL CREAM	2	
PALMERS COCOA BUTTER FORMULA EXTERNAL CREAM	2	
PALMERS COCOA BUTTER FORMULA EXTERNAL LOTION	2	
PALMERS COCONUT OIL BODY EXTERNAL LOTION	2	
PALMERS COCONUT OIL HAND EXTERNAL CREAM	2	
PALMERS INTENSIVE RELIEF HAND EXTERNAL CREAM	2	
PALMERS NATURAL VITAMIN E EXTERNAL CREAM	1 or 1b*	
PALMERS NIGHT CREAM EXTERNAL CREAM	2	
PALMERS STRETCH MARKS EXTERNAL CREAM	2	
PALMERS STRETCH MARKS EXTERNAL LOTION	2	
PEN-KERA EXTERNAL CREAM	2	
PENTRAVAN EXTERNAL CREAM	2	

Drug Name	Tier	Notes
PENTRAVAN PLUS EXTERNAL CREAM	2	
pineapple peel external liquid	2	
PRETTY FEET/HANDS EXTERNAL CREAM	2	
PREVACARE TOTAL SKIN CARE EXTERNAL SOLUTION	2	
qc glycerin external liquid	1 or 1b*	
ra advanced healing external ointment	2	
ra daylogic healing dry skin external lotion	2	
ra glycerin external liquid	1 or 1b*	
RA RENEWAL ECZEMA MOISTURIZING EXTERNAL CREAM	1 or 1b*	
ra renewal soothing bath external packet	1 or 1b*	
radiaguard advanced external lotion	2	
refreshing aloe external lotion	1 or 1b*	
RESTA EXTERNAL CREAM	2	
RESTA LITE EXTERNAL LOTION	2	
RISABAL-PH EXTERNAL CREAM	2	
SARDOETTES EXTERNAL PAD	2	
SKIN REPAIR EXTERNAL LOTION	2	
sm dry skin therapy external lotion	1 or 1b*	
sm glycerin external liquid	1 or 1b*	
sm oatmeal bath external packet	1 or 1b*	
SORBOLENE EXTERNAL CREAM	2	
special care external cream	2	
STUDIO 35 EXTRA MOISTURIZING EXTERNAL LOTION	2	
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM	2	

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

Drug Name	Tier	Notes
<b>SUMMERS EVE SPA INTIMATE SKIN EXTERNAL LIQUID</b>	2	
<b>SUPER E DAY EXTERNAL CREAM</b>	2	
<b>SUPER E EXTERNAL CREAM</b>	2	
<b>SUPER E EXTERNAL OINTMENT</b>	2	
<b>SUPER E EYE EXTERNAL CREAM</b>	2	
<b>SUPER E HAND/BODY EXTERNAL LOTION</b>	2	
<b>SUPER E NIGHT EXTERNAL CREAM</b>	2	
<b>THERABETIC SKIN CARE EXTERNAL LOTION</b>	2	
thera-derm external lotion	1 or 1b*	
therapeutic moisturizing external cream	2	
<b>UDDERLY SMOOTH EXTERNAL CREAM</b>	2	
<b>UDDERLY SMOOTH EXTRA CARE 20 EXTERNAL CREAM</b>	2	
<b>UDDERLY SMOOTH EXTRA CARE EXTERNAL CREAM</b>	2	
<b>VANICREAM EXTERNAL CREAM</b>	2	
<b>VANICREAM EXTERNAL LOTION</b>	2	
<b>VANICREAM EXTERNAL OINTMENT</b>	2	
<b>VELVACHOL EXTERNAL CREAM</b>	2	
vitamin a & d external ointment	1 or 1b*	
vitamin a & d skin protectant external ointment	1 or 1b*	
vitamin a wrinkle treatment external gel	2	
vitamin e beauty external oil 49000 unit/52ml	1 or 1b*	
vitamin e external cream	1 or 1b*	
vitamin e external liquid	1 or 1b*	
vitamin e external oil 28000 unit	1 or 1b*	

Drug Name	Tier	Notes
vitamin e skin external cream	1 or 1b*	
vitamin e skin external oil	1 or 1b*	
vitamin e with panthenol external cream	2	
vitamin e-vit a & d external cream	1 or 1b*	
vitamins a & d external ointment	1 or 1b*	
<b>WAXWEL PARAFFIN BATH EXTERNAL KIT</b>	2	
<b>WIBI EXTERNAL LOTION</b>	2	
<b>*ENZYMES - TOPICAL***</b>		
collagenase powder	3	
<b>NEXOBRID EXTERNAL GEL</b>	3	PA; QL
<b>SANTYL EXTERNAL OINTMENT</b>	3	PA; QL
<b>*EYELID CLEANSERS &amp; LUBRICANTS***</b>		
cleansing eyelid external pad	2	
cvs cleansing eyelid wipes external pad	2	
cvs eyelid wipes extra str external pad	2	
eql makeup remover towelettes external pad	2	
<b>EYE-SCRUB EXTERNAL PAD</b>	2	
hm eyelid wipes external pad	2	
<b>NEUTROGENA MAKEUP REMOVER EXTERNAL PAD</b>	2	
<b>OCUSOFT BABY EYELID &amp; EYELASH EXTERNAL PAD</b>	2	
<b>OCUSOFT EYELID CLEANSING EXTERNAL PAD</b>	2	
<b>OCUSOFT HYPOCHLOR EXTERNAL SOLUTION</b>	2	
<b>OCUSOFT LID SCRUB ALLERGY EXTERNAL PAD</b>	2	
<b>OCUSOFT LID SCRUB ORIGINAL EXTERNAL FOAM</b>	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
OCUSOFT LID SCRUB ORIGINAL EXTERNAL LIQUID	2	
OCUSOFT LID SCRUB ORIGINAL EXTERNAL PAD	2	
OCUSOFT LID SCRUB PLUS EXTERNAL FOAM	2	
OCUSOFT LID SCRUB PLUS EXTERNAL PAD	2	
OCUSOFT LID SCRUB PLUS PLATINU EXTERNAL FOAM	2	
OUST DEMODEX CLEANSER EXT ST EXTERNAL FOAM	2	
OUST DEMODEX CLEANSER EXT ST EXTERNAL PAD	2	
ra eyelid wipes external pad	2	
SYSTANE LID WIPES EXTERNAL PAD	2	
VISTA MEIBO EYELID CLEANSING EXTERNAL FOAM	2	
VISTA MEIBO EYELID CLEANSING EXTERNAL PAD	2	
ZENOPTIQ EXTERNAL GEL	2	
ZENOPTIQ EXTERNAL SOLUTION	2	
<b>*GLABELLAR LINES (FROWN LINES) AGENTS***</b>		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
alevazol external ointment	2	
ALOE VESTA ANTIFUNGAL EXTERNAL OINTMENT	2	

Drug Name	Tier	Notes
antifungal (clotrimazole) external cream	1 or 1b*	
antifungal clotrimazole external cream	1 or 1b*	
anti-fungal external cream 1 %	1 or 1b*	
antifungal external cream 2 %	1 or 1b*	
antifungal external powder	1 or 1b*	
athletes foot (clotrimazole) external cream	1 or 1b*	
athletes foot external powder 2 %	1 or 1b*	
athletes foot powder spray external aerosol powder 2 %	1 or 1b*	
<b>AZOLEN TINCTURE EXTERNAL SOLUTION</b>	2	
baza antifungal external cream	1 or 1b*	
clotrimazole af external cream	1 or 1b*	
clotrimazole anti-fungal external cream	1 or 1b*	
clotrimazole athletes foot external cream	1 or 1b*	
clotrimazole crystals	3	
clotrimazole external cream	1 or 1b*	QL
clotrimazole external solution	1 or 1b*	QL
clotrimazole powder	3	
<b>CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER</b>	1 or 1b*	
cvs athletes foot external aerosol powder	1 or 1b*	
cvs athletes foot spray external aerosol	1 or 1b*	
cvs clotrimazole external cream	1 or 1b*	
cvs clotrimazole external solution	1 or 1b*	
cvs itch relief external cream 1 %	1 or 1b*	
cvs ringworm external cream	1 or 1b*	
<b>DESENEK EXTERNAL CREAM</b>	1 or 1b*	
<b>DESENEK EXTERNAL POWDER</b>	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
<b>DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER</b>	1 or 1b*	
econazole nitrate external cream	1 or 1b*	QL
<b>ECOZA EXTERNAL FOAM</b>	3	ST; QL
eq antifungal external cream	1 or 1b*	
eq athletes foot external cream	1 or 1b*	
eq jock itch external cream	1 or 1b*	
eq athletes foot external cream	1 or 1b*	
<b>ERTACZO EXTERNAL CREAM</b>	3	ST; QL
<b>EXELDERM EXTERNAL CREAM</b>	3	ST; QL
<b>EXELDERM EXTERNAL SOLUTION</b>	3	ST; QL
<b>FUNGOID TINCTURE EXTERNAL SOLUTION</b>	2	
gnp athletes foot external cream	1 or 1b*	
gnp miconazorb af external powder	1 or 1b*	
goodsense athletes foot external cream	1 or 1b*	
jock itch external cream	1 or 1b*	
jock itch relief external cream	1 or 1b*	
<b>JUBLIA EXTERNAL SOLUTION</b>	3	QL
ketoconazole external cream	1 or 1b*	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo 2 %	1 or 1b*	QL
ketodan external foam	3	QL
<b>LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER</b>	1 or 1b*	
<b>LOTRIMIN AF EXTERNAL AEROSOL</b>	2	
<b>LOTRIMIN AF EXTERNAL CREAM</b>	2	
<b>LOTRIMIN AF JOCK ITCH EXTERNAL CREAM</b>	2	

Drug Name	Tier	Notes
<b>LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER</b>	1 or 1b*	
<b>LOTRIMIN AF POWDER EXTERNAL AEROSOL POWDER</b>	1 or 1b*	
luliconazole external cream	1 or 1b*	ST; QL
<b>LUZU EXTERNAL CREAM</b>	3	ST; QL
micaderm external cream	1 or 1b*	
<b>MICATIN EXTERNAL CREAM</b>	2	
miconazole antifungal external cream	1 or 1b*	
miconazole nitrate external cream	1 or 1b*	
miconazole nitrate external solution	2	
miconazole nitrate powder	3	
miconazorb af external powder	1 or 1b*	
<b>MICOTRIN AC EXTERNAL CREAM</b>	1 or 1b*	
<b>MICOTRIN AP EXTERNAL POWDER</b>	1 or 1b*	
<b>MYCOZYL AC EXTERNAL CREAM</b>	1 or 1b*	
<b>MYCOZYL AP EXTERNAL POWDER</b>	1 or 1b*	
oxiconazole nitrate external cream	3	ST; QL
<b>OXISTAT EXTERNAL CREAM</b>	3	ST; QL
<b>OXISTAT EXTERNAL LOTION</b>	3	ST; QL
pro-ex antifungal external cream	1 or 1b*	
px athletic foot external cream	1 or 1b*	
qc clotrimazole external cream	1 or 1b*	
ra atheletes foot external aerosol powder	1 or 1b*	
ra athletes foot external cream	1 or 1b*	
ra clotrimazole external cream	1 or 1b*	
ra jock itch external cream	1 or 1b*	

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

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Drug Name	Tier	Notes
sb clotrimazole foot external cream	1 or 1b*	
sm antifungal clotrimazole external cream	1 or 1b*	
sm antifungal miconazole external cream	1 or 1b*	
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
<b>TINEACIDE EXTERNAL CREAM 2 %</b>	1 or 1b*	
<b>TRIPLE PASTE AF EXTERNAL OINTMENT</b>	1 or 1b*	
<b>ZEASORB-AF EXTERNAL POWDER</b>	1 or 1b*	
<b>*IMMUNOMODULATOR S IMIDAZOQUINOLINAMINES - TOPICAL***</b>		
imiquimod external cream 3.75 %	1 or 1b*	ST; QL
imiquimod external cream 5 %	1 or 1b*	QL
imiquimod pump external cream	1 or 1b*	ST; QL
<b>ZYCLARA EXTERNAL CREAM</b>	3	ST; QL
<b>ZYCLARA PUMP EXTERNAL CREAM</b>	3	ST; QL
<b>*INSECT REPELLENTS***</b>		
<b>BULL FROG MOSQUITO COAST EXTERNAL LIQUID</b>	2	
<b>COLEMAN 100 MAX CONTINUOUS SPR EXTERNAL AEROSOL</b>	2	
<b>COLEMAN 100 MAX INSECT REPEL EXTERNAL LIQUID</b>	2	
<b>COLEMAN BOTANICALS INSECT REP EXTERNAL LIQUID</b>	2	
<b>COLEMAN INSECT REPEL HIGH&amp;DRY EXTERNAL AEROSOL</b>	2	
<b>COLEMAN INSECT REPEL SPORTSMEN EXTERNAL AEROSOL</b>	2	

Drug Name	Tier	Notes
<b>COLEMAN SKINSMART INSECT REPEL EXTERNAL AEROSOL</b>	2	
<b>COLEMAN SKINSMART INSECT REPEL EXTERNAL LIQUID</b>	2	
<b>CUTTER ALL FAMILY EXTERNAL AEROSOL</b>	2	
<b>CUTTER ALL FAMILY EXTERNAL LIQUID</b>	2	
<b>CUTTER ALL FAMILY WIPES EXTERNAL SHEET</b>	2	
<b>CUTTER BACKWOODS DRY EXTERNAL AEROSOL</b>	2	
<b>CUTTER BACKWOODS EXTERNAL AEROSOL</b>	2	
<b>CUTTER BACKWOODS EXTERNAL LIQUID</b>	2	
<b>CUTTER DRY EXTERNAL AEROSOL</b>	2	
<b>CUTTER EXTERNAL AEROSOL</b>	2	
<b>CUTTER LEMON EUCALYPTUS EXTERNAL LIQUID</b>	2	
<b>CUTTER NATURAL EXTERNAL AEROSOL</b>	2	
<b>CUTTER NATURAL EXTERNAL LIQUID</b>	2	
<b>CUTTER SKINSATIONS EXTERNAL AEROSOL</b>	2	
<b>CUTTER SKINSATIONS EXTERNAL LIQUID</b>	2	
<b>CUTTER SPORT EXTERNAL AEROSOL</b>	2	
cvs insect repellent external aerosol	2	
cvs total home insect repel external aerosol	2	
eagle watch mosquito elim external liquid	2	
<b>MAXI DEET EXTERNAL LIQUID</b>	2	
<b>NATRAPEL 12-HOUR TICK/INSECT EXTERNAL AEROSOL</b>	2	
<b>NATRAPEL EXTERNAL LIQUID</b>	2	

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

Drug Name	Tier	Notes
OFF ACTIVE EXTERNAL AEROSOL	2	
OFF DEEP WOODS DRY EXTERNAL AEROSOL	2	
OFF DEEP WOODS EXTERNAL AEROSOL	2	
OFF DEEP WOODS EXTERNAL LIQUID	2	
OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL	2	
OFF DEEP WOODS SPORTSMEN EXTERNAL LIQUID	2	
OFF DEEP WOODS TOWELETTES EXTERNAL SHEET	2	
OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID	2	
OFF FAMILYCARE TROPICAL FRESH EXTERNAL LIQUID	2	
OFF FAMILYCARE UNSCENTED EXTERNAL LIQUID	2	
OFF SMOOTH & DRY EXTERNAL AEROSOL	2	
RANGER READY REPELLENT EXTERNAL LIQUID	2	
REPEL 100 EXTERNAL LIQUID	2	
REPEL FAMILY DRY EXTERNAL AEROSOL	2	
REPEL FAMILY EXTERNAL AEROSOL	2	
REPEL HUNTERS FORMULA EXTERNAL AEROSOL	3	
REPEL LEMON EUCALYPTUS EXTERNAL AEROSOL	2	
REPEL MOSQUITO WIPES EXTERNAL SHEET	2	
REPEL SPORTSMEN DRY EXTERNAL AEROSOL	2	
REPEL SPORTSMEN EXTERNAL AEROSOL	2	

Drug Name	Tier	Notes
REPEL SPORTSMEN MAX EXTERNAL AEROSOL	2	
REPEL SPORTSMEN MAX EXTERNAL LIQUID	2	
REPEL SPORTSMEN MAX EXTERNAL LOTION	2	
REPEL TICK DEFENSE EXTERNAL AEROSOL	2	
SAWYER INSECT REPELLENT EXTERNAL AEROSOL	2	
SAWYER INSECT REPELLENT EXTERNAL LIQUID	2	
SAWYER INSECT REPELLENT EXTERNAL LOTION	2	
ULTRATHON INSECT REPELLENT 8 EXTERNAL AEROSOL	2	
ULTRATHON INSECT REPELLENT EXTERNAL LOTION	2	
<b>*KERATOLYTIC AND/OR ANTIMITOTIC COMBINATIONS***</b>		
COMPOUND W 2-IN-1 TREATMENT EXTERNAL KIT	2	
COMPOUND W FREEZE OFF EXTERNAL KIT	2	
COMPOUND W FREEZE OFF PLANTAR EXTERNAL KIT	2	
exfoliating moisturizer external ointment	2	
jessners external solution	2	
KERASAL EXTERNAL OINTMENT	2	
<b>*KERATOLYTIC/ANTIMITOTIC AGENTS***</b>		
acne external pad	1 or 1b*	
AMBI EVEN & CLEAR CLEANSER EXTERNAL LIQUID	2	
AMBI EVEN & CLEAR WASH EXTERNAL LIQUID	2	

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

Drug Name	Tier	Notes
<b>ATRIX MEDICATED FORMULA EXTERNAL CREAM</b>	1 or 1b*	
<b>BETASAL EXTERNAL SHAMPOO</b>	2	
callus removers external pad	1 or 1b*	
callus removers extra thick external pad	1 or 1b*	
cantharidin powder	3	
<b>CERA VE PSORIASIS EXTERNAL CREAM</b>	1 or 1b*	
<b>CLEAN &amp; CLEAR ACNE SCRUB EXTERNAL GEL</b>	1 or 1b*	
<b>CLEAN &amp; CLEAR ACNE TREATMENT EXTERNAL GEL</b>	1 or 1b*	
<b>CLEAN &amp; CLEAR BLACKHEAD ERASER EXTERNAL CREAM</b>	1 or 1b*	
<b>CLEAN &amp; CLEAR DEEP CLEANING EXTERNAL LIQUID 2 %</b>	1 or 1b*	
<b>CLEAN &amp; CLEAR DUAL ACTION EXTERNAL LOTION</b>	2	
<b>CLEAR AWAY PLANTAR SYSTEM EXTERNAL PAD</b>	2	
<b>CLEARASIL DAILY CLEAN EXTERNAL LIQUID</b>	2	
<b>CLN ACNE CLEANSER EXTERNAL LIQUID</b>	2	
<b>COMPOUND W COMPLETE EXTERNAL KIT</b>	2	
<b>COMPOUND W EXTERNAL LIQUID</b>	2	
<b>COMPOUND W EXTERNAL PAD</b>	1 or 1b*	
<b>COMPOUND W FAST ACTING/CONSEAL EXTERNAL GEL</b>	2	
<b>COMPOUND W FOR KIDS EXTERNAL STRIP</b>	1 or 1b*	
<b>COMPOUND W FREEZE OFF ADVANCED EXTERNAL AEROSOL</b>	2	
<b>COMPOUND W FREEZE OFF FOR KIDS EXTERNAL KIT</b>	2	

Drug Name	Tier	Notes
<b>COMPOUND W MAXIMUM STRENGTH EXTERNAL GEL</b>	2	
<b>COMPOUND W NITROFREEZE EXTERNAL AEROSOL</b>	2	
<b>COMPOUND W ONE STEP EXTERNAL PAD</b>	1 or 1b*	
<b>COMPOUND W ONE STEP INVISIBLE EXTERNAL STRIP</b>	1 or 1b*	
<b>COMPOUND W TOTAL CARE EXTERNAL KIT</b>	2	
<b>CONDYLOX EXTERNAL GEL</b>	3	QL
corn & callus remover external liquid	1 or 1b*	
<b>CORN REMOVER ONE STEP EXTERNAL PAD</b>	2	
corn remover one-step external strip	1 or 1b*	
cvs adv acne spot treatment external liquid	1 or 1b*	
cvs advanced acne spot treat external gel	1 or 1b*	
cvs callus removers external pad	1 or 1b*	
cvs corn removers external pad	1 or 1b*	
cvs corn/callus remover external kit	2	
cvs daily acne wash external liquid	1 or 1b*	
cvs medicated spot external gel	1 or 1b*	
cvs plantar wart remover external pad	1 or 1b*	
cvs psoriasis medicated external shampoo	2	
cvs scalp relief external liquid	1 or 1b*	
cvs therapeutic dandruff external shampoo 3 %	2	
cvs wart remover external liquid	1 or 1b*	
cvs wart remover external pad	1 or 1b*	
cvs wart remover one step external strip	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
cvs wart remover pen external gel	1 or 1b*	
daily face wash external liquid	1 or 1b*	
<b>DENOREX EX ST MEDICATED EXTERNAL SHAMPOO</b>	2	
<b>DERMACINRX ATRIX ANTIBAC WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>DERMACINRX ATRIX CLARIFY TONER EXTERNAL LIQUID</b>	1 or 1b*	
<b>DERMAREST PSORIASIS EXTERNAL GEL</b>	2	
<b>DERMAREST PSORIASIS EXTERNAL SHAMPOO</b>	2	
<b>DR SCHOLLS CALLUS REM/DURAGEL EXTERNAL PAD</b>	1 or 1b*	
<b>DR SCHOLLS CORN REMOVERS EXTERNAL PAD</b>	1 or 1b*	
<b>DRS CHOICE CORN/CALLUS REMOVER EXTERNAL PAD</b>	1 or 1b*	
<b>DUOFILM EXTERNAL SOLUTION</b>	2	
eql acne scrub pink grapefruit external liquid	1 or 1b*	
eql apricot scrub external liquid	1 or 1b*	
eql callus remover extra thick external pad	1 or 1b*	
eql scalp relief max strength external liquid	1 or 1b*	
gel callus removers external pad	1 or 1b*	
<b>GETS-IT CORN/CALLUS REMOVER EXTERNAL LIQUID</b>	1 or 1b*	
gnp callus removers external pad	1 or 1b*	
gnp corn removers external pad	1 or 1b*	
gnp wart remover external liquid	1 or 1b*	

Drug Name	Tier	Notes
<b>GOLD BOND PSORIASIS RELIEF EXTERNAL CREAM</b>	2	
liquid corn & callus remover external liquid	1 or 1b*	
liquid wart remover external liquid	1 or 1b*	
medicated callus removers external pad	1 or 1b*	
medicated corn removers external pad	1 or 1b*	
medicated wart removers external pad	1 or 1b*	
<b>MEDIPLAST EXTERNAL</b>	2	
<b>MG217 DANTRUFF SHAMPOO/COND EXTERNAL SHAMPOO</b>	2	
<b>MG217 PSORIASIS MULTI-SYMP TOM EXTERNAL CREAM</b>	2	
<b>MG217 PSORIASIS MULTI-SYMP TOM EXTERNAL OINTMENT 3 %</b>	2	
<b>MG217 PSORIASIS THER SHAM/COND EXTERNAL SHAMPOO</b>	2	
<b>NEUTROGENA BODY CLEAR WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>NEUTROGENA OIL-FREE ACNE WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>NEUTROGENA RAPID CLEAR EXTERNAL PAD</b>	1 or 1b*	
<b>NEUTROGENA T/SAL EXTERNAL SHAMPOO</b>	2	
<b>P &amp; S EXTERNAL SHAMPOO</b>	2	
podofilox external solution	1 or 1b*	QL
podophyllum resin powder	3	
qc corn and callus remover external liquid	1 or 1b*	
qc wart remover external liquid	1 or 1b*	
ra corn removers ultra thin external pad	1 or 1b*	
ra wart remover external gel	1 or 1b*	
ra wart remover external pad	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
ra wart remover max strength external liquid	1 or 1b*	
<b>SCALPICIN EXTERNAL LIQUID</b>	1 or 1b*	
<b>SELSUN BLUE 3-IN-1 TREATMENT EXTERNAL LIQUID</b>	1 or 1b*	
<b>SELSUN BLUE DEEP CLEANSING EXTERNAL SHAMPOO</b>	2	
<b>SELSUN BLUE NATURALS DRY SCALP EXTERNAL SHAMPOO</b>	2	
sm medicated corn removers external pad	1 or 1b*	
therapeutic dandruff external shampoo	2	
therapeutic t+plus max st external shampoo	2	
ultra thin corn removers external pad	1 or 1b*	
wart remover external gel	1 or 1b*	
wart remover maximum strength external gel	1 or 1b*	
wart remover maximum strength external liquid	1 or 1b*	
wart remover maximum strength external strip	1 or 1b*	
wart remover medicated external pad	1 or 1b*	
<b>WARTSTICK EXTERNAL STICK</b>	2	
<b>*LINIMENT COMBINATIONS***</b>		
<b>ACTIVON ARTHRITIS ULTRA ST EXTERNAL STICK</b>	2	
amplify relief mm external cream	1 or 1b*	
analgesic balm external cream 10-15 %	1 or 1b*	
<b>ARTHRITIS HOT EXTERNAL CREAM</b>	1 or 1b*	
<b>ASPERFLEX ADVANCE EXTERNAL PATCH</b>	1 or 1b*	
<b>BENGAY ULTRA STRENGTH EXTERNAL CREAM</b>	2	
<b>BOROLEUM EXTERNAL OINTMENT</b>	2	

Drug Name	Tier	Notes
calypxo hp external cream	1 or 1b*	
<b>CAMPHOTROL EXTERNAL GEL</b>	2	
<b>CAPASIL EXTERNAL CREAM</b>	1 or 1b*	
<b>CASTIVA COOLING EXTERNAL LOTION</b>	2	
cool & heat extra strength external cream	1 or 1b*	
cool & heat extra strength external ointment	1 or 1b*	
cool n heat external stick	1 or 1b*	
cool n heat extra strength external cream	1 or 1b*	
cool n heat muscle & joint external cream	1 or 1b*	
cvs cold & hot pain relieving external cream	1 or 1b*	
cvs muscle rub external cream 10-15 %	1 or 1b*	
cvs muscle rub ultra strength external cream	1 or 1b*	
cvs pain-relieving external patch	1 or 1b*	
<b>DOULEURIN EXTERNAL LOTION</b>	1 or 1b*	
<b>DYNARUB EXTERNAL CREAM</b>	1 or 1b*	
eq pain relieving external cream 4-10-30 %	1 or 1b*	
eql cool heat extra strength external cream	1 or 1b*	
eql muscle rub pain relieving external cream	1 or 1b*	
<b>EXIGENCE EXTERNAL LOTION</b>	2	
gnp muscle rub ultra strength external cream	1 or 1b*	
gnp relief patch external patch	1 or 1b*	
goodsense muscle rub external cream	1 or 1b*	
histamine dhcl & menthol external liquid	2	
<b>HM SALONPAS PAIN RELIEF EXTERNAL PATCH</b>	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
<b>ICY HOT ADVANCED PAIN RELIEF EXTERNAL CREAM</b>	2	
<b>ICY HOT ARTHRITIS PAIN RELIEF EXTERNAL LOTION</b>	2	
<b>ICY HOT BALM EXTRA STRENGTH EXTERNAL OINTMENT</b>	1 or 1b*	
<b>ICY HOT EXTRA STRENGTH EXTERNAL CREAM</b>	1 or 1b*	
<b>ICY HOT EXTRA STRENGTH EXTERNAL STICK</b>	2	
<b>ICY HOT ORIGINAL PAIN RELIEF EXTERNAL CREAM</b>	1 or 1b*	
<b>KWAN LOONG PAIN RELIEVING EXTERNAL OIL</b>	2	
limencin external lotion	2	
mcm external patch	2	
medicated pain relieving external patch	1 or 1b*	
menthol-camphor external cream	2	
<b>MENTHOZEN EXTERNAL CREAM</b>	2	
muscle rub external cream 10-15 %	1 or 1b*	
muscle rub ultra strength external cream 4-10-30 %	1 or 1b*	
<b>NEURACIN EXTERNAL GEL</b>	2	
<b>NUDROXICIN V2 EXTERNAL LIQUID</b>	2	
pain relieving external cream	1 or 1b*	
pain relieving external liquid	2	
pain relieving external patch	1 or 1b*	
<b>POLAR FREEZE EXTERNAL GEL</b>	2	
px ultra strength rub external ointment	2	
qc muscle rub external cream	1 or 1b*	
qc pain relieving external cream	1 or 1b*	
qc relief patch external patch	1 or 1b*	

Drug Name	Tier	Notes
ra hot & cold pain relieving external cream	1 or 1b*	
reallief gel-i external kit	2	
<b>RELIADERM EXTERNAL CREAM</b>	2	
<b>SALONPAS DEEP RELIEVING EXTERNAL GEL</b>	2	
<b>SALONPAS EXTERNAL PATCH 3.1-6-10 %</b>	2	
<b>SALONPAS JET SPRAY EXTERNAL AEROSOL</b>	2	
<b>SALONPAS PAIN RELIEF PATCH EXTERNAL PATCH</b>	2	
<b>SLOANS LINIMENT EXTERNAL LIQUID</b>	2	
sm cold & hot extra strength external cream	1 or 1b*	
<b>SOLTICE QUICK-RUB EXTERNAL OINTMENT</b>	2	
<b>SOMBRA WARM THERAPY EXTERNAL GEL</b>	2	
<b>THERA-GESIC EXTERNAL CREAM 1-15 %</b>	1 or 1b*	
<b>THERA-GESIC PLUS EXTERNAL CREAM , 4-25 %</b>	1 or 1b*	
<b>TIGER BALM ARTHRITIS RUB EXTERNAL CREAM</b>	2	
<b>TIGER BALM EXTRA STRENGTH EXTERNAL OINTMENT</b>	2	
<b>TIGER BALM LINIMENT EXTERNAL LIQUID</b>	2	
<b>TIGER BALM MUSCLE RUB EXTERNAL CREAM</b>	2	
<b>TIGER BALM NECK &amp; SHOULDER RUB EXTERNAL CREAM</b>	2	
<b>TIGER BALM PAIN RELIEVING EXTERNAL PATCH</b>	2	
<b>TIGER BALM PAIN RELIEVING LG EXTERNAL PATCH</b>	2	

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

Drug Name	Tier	Notes
<b>TIGER BALM RED EXTRA STRENGTH EXTERNAL OINTMENT</b>	2	
<b>TIGER BALM REGULAR STRENGTH EXTERNAL OINTMENT</b>	2	
<b>TIGER BALM ULTRA STRENGTH EXTERNAL OINTMENT</b>	2	
ultracin external lotion	2	
xoten external lotion	2	
<b>XOTEN-C EXTERNAL LOTION</b>	2	
<b>ZIKS ARTHRITIS PAIN RELIEF EXTERNAL CREAM</b>	2	
<b>*LINIMENTS***</b>		
analgesic creme/aloe external cream	1 or 1b*	
arthricream external cream	1 or 1b*	
arthricream rub external cream	1 or 1b*	
arthritis relief/aloe external aerosol	2	
<b>ASPERCREME NIGHTTIME EXTERNAL LOTION</b>	2	
<b>ASPERCREME ORIGINAL EXTERNAL CREAM</b>	1 or 1b*	
<b>ASPERCREME/ALOE EXTERNAL CREAM</b>	2	
<b>AUSTRALIAN DREAM ARTHRITIS EXTERNAL CREAM</b>	2	
<b>BLUE-EMU HEMP EXTERNAL CREAM</b>	1 or 1b*	
<b>BLUE-EMU SUPER STRENGTH EXTERNAL CREAM</b>	2	
<b>COATS ALOE LINIMENT EXTERNAL LOTION</b>	2	
cvs arthritis external cream	1 or 1b*	
cvs arthritis pain relief external cream	1 or 1b*	
<b>DEEP BLUE RELIEF EXTERNAL GEL</b>	2	

Drug Name	Tier	Notes
<b>DR JH MCLEANS VOLCANIC OIL EXTERNAL LIQUID</b>	1 or 1b*	
eq arthricream rub external cream	1 or 1b*	
<b>EQ BABY CHEST RUB EXTERNAL CREAM</b>	2	
gnp arthricream external cream	1 or 1b*	
gordobalm external lotion	1 or 1b*	
histamine dihydrochloride external liquid	2	
ice menthol external gel	2	
<b>KRT ATHLETIC MUSCLE EXTERNAL GEL</b>	2	
mecholy external ointment	1 or 1b*	
methagual external ointment	1 or 1b*	
methyl salicylate external cream	2	
methyl salicylate external oil	2	
methyl salicylate external patch	2	
<b>MOBISYL EXTERNAL CREAM</b>	2	
<b>MYOFLEX EXTERNAL CREAM</b>	2	
neuromax external gel	2	
pain relieving external cream 10 %	1 or 1b*	
qc arthritis external cream	1 or 1b*	
ra arthritic pain rub external cream	1 or 1b*	
sb analgesic creme rub external cream	1 or 1b*	
sb analgesic external cream	1 or 1b*	
sm arthricream rub external cream	1 or 1b*	
sm pain relief/menthol external gel	2	
sm sports pain relief rub external cream	1 or 1b*	
sportbalm external lotion	1 or 1b*	
<b>SPORTSCREME EXTERNAL CREAM</b>	2	
<b>TURPENTINE EXTERNAL SPIRIT</b>	3	

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Drug Name	Tier	Notes
VICKS BABYRUB EXTERNAL CREAM	2	
wintergreen oil oil	2	
YAGERS LINIMENT EXTERNAL LIQUID	1 or 1b*	
ZARBEES CHEST RUB EUCALYPTUS EXTERNAL OINTMENT	1 or 1b*	
ZARBEES SOOTH CHEST RUB BABY EXTERNAL OINTMENT	1 or 1b*	
<b>*LOCAL ANESTHETICS - TOPICAL***</b>		
afterburn external gel	2	
aftertest topical pain relief external stick	2	
ALOCANE EMERGENCY BURN MAX STR EXTERNAL AEROSOL	2	
ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL	2	
ALOCANE EMERGENCY BURN MAX STR EXTERNAL PAD	2	
aloe vera burn relief external aerosol	1 or 1b*	
aloe/lidocaine pain reliever external gel	1 or 1b*	
AMERICAINE EXTERNAL AEROSOL	2	
ANECREAM EXTERNAL CREAM	1 or 1b*	
arthritis pain relieving external cream	1 or 1b*	
ASPERCREME LIDOCAINE ESSENTIAL EXTERNAL LIQUID	1 or 1b*	
ASPERCREME LIDOCAINE EXTERNAL CREAM	1 or 1b*	
ASPERCREME LIDOCAINE EXTERNAL LIQUID	1 or 1b*	
ASPERCREME LIDOCAINE EXTERNAL PATCH	1 or 1b*	
ASPERCREME MAX STRENGTH EXTERNAL AEROSOL	2	

Drug Name	Tier	Notes
ASPERCREME W/LIDOCAINE EXTERNAL CREAM	1 or 1b*	
ASPERFLEX LIDOCAINE EXTERNAL OINTMENT	2	
asperflex max st external patch	1 or 1b*	
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH	1 or 1b*	
BENGAY LIDOCAINE EXTERNAL CREAM	1 or 1b*	
BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH	1 or 1b*	
BOIL EASE MAXIMUM STRENGTH EXTERNAL OINTMENT	1 or 1b*	
boil pain relief external ointment	1 or 1b*	
burn jel max external kit	2	
burn relief external aerosol	1 or 1b*	
burn relief external gel	2	
capsaicin arthritis relief external liquid	2	
capsaicin external cream	1 or 1b*	
capsaicin external patch	1 or 1b*	
capsaicin heat patch external patch	1 or 1b*	
capsaicin hot patch external patch	1 or 1b*	
capsaicin hp external cream	1 or 1b*	
capsaicin pain relief external cream	1 or 1b*	
capsaicin powder	2	
capsaicin powder 95 %, 98.3 %	3	
capsaicin topical pain patch external patch	1 or 1b*	
capsimide external patch	1 or 1b*	
CAPZASIN EXTERNAL LIQUID	2	
CAPZASIN-HP EXTERNAL CREAM	2	
CAPZASIN-P EXTERNAL CREAM	2	
capzix external cream	1 or 1b*	

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Drug Name	Tier	Notes
<b>CASTIVA WARMING EXTERNAL LOTION</b>	2	
<b>CERA VE ITCH RELIEF EXTERNAL CREAM</b>	2	
<b>CERA VE ITCH RELIEF EXTERNAL LOTION</b>	1 or 1b*	
<b>CIRCATA EXTERNAL CREAM</b>	2	
cocaine hcl powder	3	
cooling external gel	1 or 1b*	
cvs aftersun aloe/lidocaine external gel	2	
cvs anti-itch sensitive external lotion	1 or 1b*	
cvs boil relief max st external ointment	1 or 1b*	
cvs burn relief spray external aerosol	1 or 1b*	
cvs capsaicin external liquid	2	
cvs capsaicin hp external cream	1 or 1b*	
cvs feminine wipes max st external	1 or 1b*	
cvs hemorrhoidal & analgesic external ointment	1 or 1b*	
cvs lidocaine maximum strength external cream	1 or 1b*	
cvs lidocaine pain relief maxs external aerosol	2	
cvs medicated heat patch external patch	1 or 1b*	
cvs pain relief external cream	1 or 1b*	
cvs pain relief external patch	1 or 1b*	
<b>DERMACINRX CIRCATRIX EXTERNAL CREAM</b>	2	
<b>DERMACINRX PENETRAL EXTERNAL CREAM</b>	1 or 1b*	
<b>DERMEND MOISTURIZING ANTI-ITCH EXTERNAL LOTION</b>	1 or 1b*	
<b>DIABETAID PAIN/TINGLING RELIEF EXTERNAL LOTION</b>	2	
dibucaine external ointment	1 or 1b*	

Drug Name	Tier	Notes
<b>DOLOGESIC PAIN RELIEF ROLL-ON EXTERNAL LIQUID</b>	1 or 1b*	
eq capsaicin patch external patch	1 or 1b*	
eq lidocaine pain relieving external patch	1 or 1b*	
eq pain relieving external cream 4 %	1 or 1b*	
<b>FIRST CARE PAIN RELIEF EXTERNAL PATCH</b>	1 or 1b*	
glydo external prefilled syringe	1 or 1b*	
gnp burn relief external gel	1 or 1b*	
gnp burn relief spray external aerosol	1 or 1b*	
gnp lidocaine pain relief external patch	1 or 1b*	
gnp lidocaine pain relieving external cream	1 or 1b*	
<b>GOLD BOND MULTI-SYMPTOM EXTERNAL CREAM</b>	1 or 1b*	
guadalupano pain relieving external sheet	2	
<b>HEALTHWISE PAIN RELIEF EXTERNAL PATCH</b>	1 or 1b*	
hm lidocaine patch external patch	1 or 1b*	
<b>K-Y DURATION SPRAY FOR MEN EXTERNAL SOLUTION</b>	2	
<b>LANSINOH PAIN RELIEF SPRAY EXTERNAL SOLUTION</b>	2	
<b>LIDAFLEX EXTERNAL PATCH</b>	2	
<b>LIDO KING EXTERNAL PATCH</b>	1 or 1b*	
lidocaine external cream 4 %	1 or 1b*	
lidocaine external ointment 4 %	2	
lidocaine external patch 3.5 %, 4 %	1 or 1b*	
lidocaine external patch 5 %	1 or 1b*	PA; QL
lidocaine hcl external cream 4 %	1 or 1b*	

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Drug Name	Tier	Notes
lidocaine hcl external solution	1 or 1b*	QL
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
lidocaine max st 24 hours external patch	1 or 1b*	
lidocaine pain relief external patch	1 or 1b*	
lidocaine pain relief max st external cream	1 or 1b*	
lidocaine pain relief max st external liquid	1 or 1b*	
lidocaine pain relieving external patch	1 or 1b*	
lidocaine plus external cream	1 or 1b*	
<b>LIDOCARE ARM/NECK/LEG EXTERNAL PATCH</b>	2	
<b>LIDOCARE BACK/SHOULDER EXTERNAL PATCH</b>	2	
<b>LIDODOSE EXTERNAL GEL</b>	2	
<b>LIDODOSE PEDIATRIC BULK PACK EXTERNAL GEL</b>	2	
<b>LIDOFLEX FLEXIPATCH EXTERNAL PATCH</b>	1 or 1b*	
<b>LMX 4 EXTERNAL CREAM</b>	2	
<b>LUBRICAIN EXTERNAL GEL 4 %</b>	2	
<b>LUVENA FEMININE WIPES EXTERNAL</b>	1 or 1b*	
<b>MEDI-FIRST BURN SPRAY EXTERNAL SOLUTION</b>	2	
<b>MONISTAT CARE MAX ST EXTERNAL AEROSOL</b>	2	
numbcream external cream	2	
<b>OUTGRO PAIN RELIEF EXTERNAL LIQUID</b>	2	
pain relief maximum strength external patch	1 or 1b*	
pain relief roll-on external liquid	1 or 1b*	

Drug Name	Tier	Notes
pain relieving + lidocaine external cream	1 or 1b*	
pain relieving lidocaine external patch	1 or 1b*	
pramoxine hcl external lotion	1 or 1b*	
pramoxine hcl powder	3	
<b>PRAX EXTERNAL LOTION</b>	2	
proxivol external gel	1 or 1b*	
qc lidocaine pain relief external patch	1 or 1b*	
qc pain relief capsaicin external liquid	2	
qc pain relieving + lidocaine external cream	1 or 1b*	
ra capsicum hot patch external patch	1 or 1b*	
ra lidocaine pain relieving external patch	1 or 1b*	
ra pain relief external cream	1 or 1b*	
ra pain relieving external patch	1 or 1b*	
radiaguard advanced external lotion 1 %	2	
<b>REGENECARE HA EXTERNAL GEL</b>	1 or 1b*	
<b>REGENECARE HA EXTERNAL LIQUID</b>	2	
<b>RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH</b>	1 or 1b*	
<b>SALONPAS PAIN RELIEVING EXTERNAL PATCH</b>	1 or 1b*	
<b>SALONPAS-HOT EXTERNAL PATCH</b>	2	
<b>SARNA SENSITIVE EXTERNAL LOTION</b>	1 or 1b*	
<b>SOLARCAINE COOL ALOE EXTERNAL AEROSOL</b>	1 or 1b*	
<b>SUN BURNT PLUS EXTERNAL GEL</b>	2	
sure result sr relief external cream	1 or 1b*	
theracare pain relief external patch	1 or 1b*	
<b>TOPICAINE EXTERNAL GEL</b>	2	

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

Drug Name	Tier	Notes
<b>VAGISIL ANTI-ITCH MEDICATED EXTERNAL</b>	2	
<b>VAGISIL MAXIMUM STRENGTH EXTERNAL</b>	2	
<b>WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH</b>	1 or 1b*	
xolido external cream	2	
xolido xp external cream	1 or 1b*	
<b>ZOSTRIX HP EXTERNAL CREAM 0.1 %</b>	1 or 1b*	
<b>ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM</b>	2	
<b>*LUBRICANTS****</b>		
almost naked external liquid	1 or 1b*	
<b>AQUA LUBE EXTERNAL GEL</b>	1 or 1b*	
<b>AQUA LUBE PLUS EXTERNAL GEL</b>	1 or 1b*	
<b>ASTROGLIDE EXTERNAL GEL</b>	1 or 1b*	
cvs lubricating jelly external gel	1 or 1b*	
cvs personal lubricant/moist external gel	1 or 1b*	
eq personal lubricant jelly external gel	1 or 1b*	
eq personal lubricating external liquid	1 or 1b*	
eql lubricating jelly external gel	1 or 1b*	
feminine moisturizer/lubricant external gel	1 or 1b*	
<b>GYNE-MOISTRIN EXTERNAL GEL</b>	1 or 1b*	
<b>H-R LUBRICATING JELLY 2-X EXTERNAL GEL</b>	1 or 1b*	
<b>H-R LUBRICATING JELLY EXTERNAL GEL</b>	1 or 1b*	
<b>H-R LUBRICATING JELLY ONE SHOT EXTERNAL GEL</b>	1 or 1b*	
<b>HR LUBRICATING JELLY SAFEWRAP EXTERNAL GEL</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>K-Y EXTERNAL LIQUID</b>	1 or 1b*	
<b>K-Y JELLY EXTERNAL GEL</b>	1 or 1b*	
<b>K-Y LOVE PASSION EXTERNAL GEL</b>	1 or 1b*	
<b>K-Y LUBRICATING EXTERNAL GEL</b>	1 or 1b*	
<b>K-Y NATURAL FEELING ALOE VERA EXTERNAL LIQUID</b>	1 or 1b*	
<b>K-Y NATURAL FEELING BOTANICAL EXTERNAL GEL</b>	1 or 1b*	
<b>K-Y NATURAL FEELING/HYALURONIC EXTERNAL LIQUID</b>	1 or 1b*	
<b>K-Y TRUE FEEL DELUXE EXTERNAL LIQUID</b>	1 or 1b*	
<b>K-Y ULTRAGEL EXTERNAL GEL</b>	1 or 1b*	
<b>K-Y WARMING EXTERNAL GEL</b>	1 or 1b*	
<b>K-Y WARMING EXTERNAL LIQUID</b>	1 or 1b*	
lubricating jelly external gel	1 or 1b*	
massage/lubricant warming external liquid	1 or 1b*	
<b>MAXILUBE EXTERNAL GEL</b>	1 or 1b*	
personal lubricant external gel	1 or 1b*	
personal lubricant warming external gel	1 or 1b*	
personal lubricant warming external liquid	1 or 1b*	
px personal lubricant external gel	1 or 1b*	
ra intimacy gels/him/her external gel	1 or 1b*	
ra personal lubricant external liquid	1 or 1b*	
sb lubricating jelly external gel	1 or 1b*	
sm lubricating jelly external gel	1 or 1b*	
<b>SURGILUBE EXTERNAL GEL</b>	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
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***</b>		
<b>HYFTOR EXTERNAL GEL</b>	3	PA; QL
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
<b>*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***</b>		
<b>SCENESSE SUBCUTANEOUS IMPLANT</b>	3	PA; QL
<b>*MICROTUBULE INHIBITORS - TOPICAL***</b>		
<b>KLISYRI EXTERNAL OINTMENT</b>	3	ST; QL
<b>*MISC. DERMATOLOGICAL PRODUCTS***</b>		
<b>5 DAY FRESH EXTERNAL PAD</b>	2	
bromi-lotion external lotion	2	
calicylic external cream	2	
<b>CERTAIN DRI EVERYDAY STRENGTH EXTERNAL STICK</b>	2	
cure-all external cream	2	
cvs liquid bandage external aerosol	2	
<b>DERMEND BRUISE FORMULA EXTERNAL LOTION</b>	2	
<b>DETACHOL ADHESIVE REMOVER EXTERNAL LIQUID</b>	2	
<b>DIABETIDERM MASSAGE STIMULATOR EXTERNAL LIQUID</b>	2	
<b>ELON NAIL CONDITIONER EXTERNAL OINTMENT</b>	1 or 1b*	
<b>EPIMIDE EXTERNAL LOTION</b>	2	
<b>FREE &amp; CLEAR EXTERNAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>FREEDERM ADHESIVE REMOVER EXTERNAL LIQUID</b>	2	
<b>FRESHN FEMININE DEODORANT EXTERNAL AEROSOL</b>	2	
<b>ILIDERM EXTERNAL EMULSION</b>	3	
<b>JOBST IT STAYS EXTERNAL LIQUID</b>	2	
<b>KERASAL FUNGAL NAIL RENEWAL EXTERNAL SOLUTION</b>	2	
<b>KERASAL MULTI-PURP NAIL REPAIR EXTERNAL SOLUTION</b>	2	
<b>KERASAL NAIL RENEWAL EXTERNAL LIQUID</b>	2	
<b>LE STICK DEODORANT EXTERNAL STICK</b>	2	
liquid bandage external liquid	2	
<b>NAIL SCRUB EXTERNAL LIQUID</b>	2	
<b>NATUREPRO DEODORANT EXTERNAL STICK</b>	2	
<b>NEXCARE LIQUID BANDAGE DROPS EXTERNAL LIQUID</b>	2	
<b>NEXCARE LIQUID BANDAGE SPRAY EXTERNAL LIQUID</b>	2	
<b>NONYX EXTERNAL GEL</b>	2	
<b>OC8 EXTERNAL GEL</b>	2	
ra draw out salve external ointment	1 or 1b*	
<b>REMOVE ADHESIVE REMOVER EXTERNAL LIQUID</b>	2	
<b>REMOVE ADHESIVE REMOVER WIPES EXTERNAL</b>	2	
<b>RESINOL EXTERNAL OINTMENT</b>	2	
strip ease adhesive remover external liquid	2	
<b>SUMMERS EVE ACTIVE EXTERNAL AEROSOL</b>	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
SUMMERS EVE DEODORANT EXTERNAL AEROSOL	2	
SUMMERS EVE DEODORANT ULTRA EXTERNAL AEROSOL	2	
SUMMERS EVE FRESHENING EXTERNAL AEROSOL	2	
SWEATBLOCK EXTERNAL	2	
SWEATBLOCK HANDS & FEET EXTERNAL LOTION	2	
SWEATBLOCK MAXIMUM STRENGTH EXTERNAL	2	
THUM EXTERNAL LIQUID	2	
VAGISIL ODOR BLOCK DRY WASH EXTERNAL AEROSOL	2	
VAGISIL SCENTSITIVE DRY WASH EXTERNAL AEROSOL	2	
YODORA DEODORANT EXTERNAL CREAM	2	
<b>*MISC. TOPICAL COMBINATIONS***</b>		
A & D ZINC OXIDE EXTERNAL CREAM	2	
A+D FIRST AID EXTERNAL OINTMENT 15.5-53.4 %	2	
calamine external lotion 8-8 %	2	
calamine-zinc oxide external lotion	2	
calamine-zinc oxide external suspension	2	
CALASOOTHE EXTERNAL OINTMENT	2	
CALDESENE BABY EXTERNAL POWDER	2	
CALDESENE EXTERNAL POWDER	2	
CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 %	1 or 1b*	
CALPROTECT EXTERNAL OINTMENT	1 or 1b*	

Drug Name	Tier	Notes
COMFORT CLEAN/COMFORT SHIELD EXTERNAL	2	
cvs body powder medicated external powder	1 or 1b*	
cvs multi-purpose external ointment	2	
cvs protective external powder 81-15 %	2	
DR SMITHS RASH + SKIN EXTERNAL OINTMENT	2	
eq calamine external suspension	2	
gnp calamine external lotion	2	
GOLD BOND EXTERNAL POWDER	2	
goodsense calamine external suspension	2	
LAMISIL AT EXTERNAL POWDER	2	
MEDPURA HYDROSEPTINE EXTERNAL OINTMENT	1 or 1b*	
meijer calamine external lotion	2	
menthol-zinc oxide external ointment 0.44-20.625 %	2	
moisture barrier external ointment 0.44-20.6 %	1 or 1b*	
px calamine external lotion	2	
ra calamine external suspension	2	
RISAMINE EXTERNAL OINTMENT	2	
sm calamine external lotion	2	
sm medicated body external powder	1 or 1b*	
ZINC-OXYDE PLUS EXTERNAL OINTMENT	2	
<b>*MISC. TOPICAL***</b>		
ALOE AFTERSUN EXTERNAL GEL	1 or 1b*	
aloe vera external cream	2	
aloe vera external gel	1 or 1b*	
aloe vera external gel 99.5 %	2	
aloe vera moisturizing external gel	2	

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

Drug Name	Tier	Notes
aloe vera replenishing body external gel	1 or 1b*	
aluminum chloride anhydrous powder	3	
aluminum chloride crystals	3	
aluminum chloride hexahydrate crystals	3	
aluminum chloride hexahydrate powder	3	
arnica flower tincture	3	
<b>BORIC ACID EXTERNAL GRANULES</b>	2	
<b>B-SURE WITCH HAZEL EXTERNAL PAD</b>	1 or 1b*	
<b>COATS ALOE EXTERNAL LIQUID</b>	2	
cvs aftersun aloe vera external gel	1 or 1b*	
cvs aftersun aloe vera soothing external gel	1 or 1b*	
cvs medicated wipes external pad	1 or 1b*	
cvs medicated witch hazel external pad	1 or 1b*	
cvs witch hazel external liquid	1 or 1b*	
cvs witch hazel external solution	1 or 1b*	
cvs wound wash external solution	2	
<b>DICKINSONS WITCH HAZEL EXTERNAL LIQUID</b>	1 or 1b*	
eq hemorrhoidal external pad	1 or 1b*	
eq hygienic cleansing wipes external pad	1 or 1b*	
eql aloe vera after sun external gel	1 or 1b*	
eql witch hazel external solution	1 or 1b*	
gnp aloe vera external gel	1 or 1b*	
gnp witch hazel external liquid	2	
goodsense medicated external pad	1 or 1b*	
goodsense medicated wipes external pad	1 or 1b*	
green soap external tincture	2	

Drug Name	Tier	Notes
hemorrhoidal external pad	1 or 1b*	
hemorrhoidal hygiene external pad	1 or 1b*	
hm medicated cooling external pad	1 or 1b*	
hm witch hazel external liquid	1 or 1b*	
ichthammol powder	3	
<b>KINERASE EXTERNAL CREAM</b>	2	
<b>KINERASE EXTERNAL LOTION</b>	2	
medicated pads external pad	1 or 1b*	
medicated wipes external pad 50 %	1 or 1b*	
medi-pads external pad	1 or 1b*	
<b>MG217 FIRST AID DRAWING SALVE EXTERNAL OINTMENT</b>	2	
<b>MG217 FIRST AID ICHTHAMMOL EXTERNAL OINTMENT</b>	2	
<b>NORMLGEL EXTERNAL GEL</b>	2	
pre-moistened witch hazel external pad	1 or 1b*	
<b>PREPARATION H EXTERNAL PAD</b>	1 or 1b*	
<b>PREPARATION H FOR WOMEN EXTERNAL PAD</b>	1 or 1b*	
<b>PREPARATION H SOOTHING RELIEF EXTERNAL LIQUID</b>	2	
<b>PREPARATION H SOOTHING RELIEF EXTERNAL PAD</b>	1 or 1b*	
<b>PREPARATION H TOTABLES WIPES EXTERNAL PAD</b>	1 or 1b*	
<b>QBREXZA EXTERNAL PAD</b>	3	PA; QL
qc ichthammol external ointment	2	
qc medicated pads external pad	1 or 1b*	
qc medicated pre-moistened external pad	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
qc medicated wipes external pad	1 or 1b*	
qc witch hazel external liquid	2	
ra medicated wipes external pad	1 or 1b*	
ra renewal soothing aloe vera external gel	1 or 1b*	
saline wound wash external solution	2	
<b>SALJET EXTERNAL SOLUTION</b>	2	
<b>SALJET RINSE EXTERNAL SOLUTION</b>	2	
sm medicated wipes external pad	1 or 1b*	
sm witch hazel external liquid	1 or 1b*	
<b>SUN BURNT AFTER-SUN GEL EXTERNAL GEL</b>	1 or 1b*	
<b>SUN BURNT DAILY MOISTURIZING EXTERNAL LOTION</b>	2	
<b>TN DICKINSONS WITCH HAZEL EXTERNAL LIQUID</b>	1 or 1b*	
<b>TN DICKINSONS WITCH HAZEL EXTERNAL PAD</b>	1 or 1b*	
witch hazel external liquid	2	
witch hazel external solution 86 %	1 or 1b*	
<b>WOUND WASH SALINE EXTERNAL SOLUTION</b>	2	
<b>*NIT REMOVERS***</b>		
<b>LICEMD EXTERNAL GEL</b>	1 or 1b*	
<b>LICEOUT EXTERNAL GEL</b>	1 or 1b*	
<b>LYCELLE EXTERNAL GEL</b>	2	
<b>MEDI-LICE COMBING EXTERNAL GEL</b>	1 or 1b*	
<b>NIX ULTRA 2-IN-1 LICE SYSTEM EXTERNAL KIT</b>	2	
<b>NIX ULTRA EXTERNAL KIT</b>	2	
<b>NIX ULTRA LICE REMOVAL KIT EXTERNAL KIT</b>	2	

Drug Name	Tier	Notes
<b>RID SUPER MAX 4 IN 1 LICE ELIM EXTERNAL KIT</b>	2	
<b>RID SUPER MAX 5 IN 1 LICE ELIM EXTERNAL KIT</b>	2	
<b>RID SUPER MAX SENSITIVE SKIN EXTERNAL KIT</b>	2	
<b>SCHOOLTIME SHAMPOO EXTERNAL SHAMPOO</b>	2	
<b>STOP LICE STEP 2 EXTERNAL GEL</b>	1 or 1b*	
<b>*ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - TOPICAL***</b>		
<b>VANIQA EXTERNAL CREAM</b>	3	
<b>*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
tavorole external solution	1 or 1b*	ST; QL
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***</b>		
<b>EUCRISA EXTERNAL OINTMENT</b>	3	ST; QL
<b>*PHOTODYNAMIC THERAPY AGENTS - TOPICAL***</b>		
<b>AMELUZ EXTERNAL GEL</b>	3	
<b>LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED</b>	3	
<b>*PIGMENTING AGENTS***</b>		
<b>DY-O-DERM VITILIGO STAIN EXTERNAL SOLUTION</b>	2	
methoxsalen powder	3	
<b>VITADYE EXTERNAL LOTION</b>	2	
<b>*PODIATRIC PRODUCT - COMBINATIONS***</b>		
gordomatic external crystals	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
<b>*PODIATRIC PRODUCTS***</b>		
<b>AMLACTIN FOOT CREAM THERAPY EXTERNAL CREAM</b>	2	
cracked heel skin softener external ointment	2	
daily exfoliating cleanser external liquid	2	
<b>ELON HERBAL FOOT EXTERNAL CREAM</b>	2	
eucerin advanced repair foot external cream	2	
<b>EXFOLIX EXFOLIATING FOOT SOAP EXTERNAL BAR</b>	2	
<b>FLEXITOL HEEL BALM EXTERNAL OINTMENT</b>	2	
foot treatment advanced external ointment	2	
<b>GOLD BOND FOOT EXTERNAL CREAM</b>	2	
heel balm external ointment	2	
<b>LAMISILK CLEANSE EXTERNAL LIQUID</b>	2	
<b>LAMISILK PROTECT EXTERNAL LIQUID</b>	2	
<b>PALMERS FOOT MAGIC SCRUB EXTERNAL CREAM</b>	2	
<b>PALMERS HEEL REPAIR EXTERNAL STICK</b>	2	
<b>SLEEP-N-HEEL EXTERNAL KIT</b>	2	
<b>TOETAL FRESH EXTERNAL LIQUID</b>	2	
<b>UDDERLY SMOOTH FOOT EXTERNAL CREAM</b>	2	
<b>*POISON IVY PRODUCT COMBINATIONS***</b>		
poison ivy treatment external aerosol	2	
<b>*POISON IVY PRODUCTS***</b>		
ivy wash poison ivy cleanser external lotion	2	
<b>IVY-RID EXTERNAL AEROSOL</b>	2	

Drug Name	Tier	Notes
poison ivy wash external	1 or 1b*	
poison ivy wash external lotion	2	
qc poison ivy wash external	1 or 1b*	
<b>TECNU OUTDOOR SKIN CLEANSER EXTERNAL LIQUID</b>	2	
<b>ZANFEL EXTERNAL</b>	2	
<b>*POWDERS***</b>		
<b>ANTI MONKEY BUTT EXTERNAL POWDER</b>	2	
baby cornstarch external powder	1 or 1b*	
baby powder external powder	1 or 1b*	
<b>BALMEX BABY EXTERNAL POWDER</b>	2	
<b>COLUMBIA ANTISEPTIC EXTERNAL POWDER</b>	2	
cvs baby powder-cornstarch external powder	1 or 1b*	
<b>DR SCHOLLS ODOR-X/SWEATMAX EXTERNAL AEROSOL POWDER</b>	2	
<b>GOLD BOND NO MESS BODY POWDER EXTERNAL AEROSOL POWDER</b>	2	
<b>GOLD BOND ULTIMATE EXTERNAL POWDER</b>	2	
<b>JOHNSONS BABY CORNSTARCH EXTERNAL POWDER</b>	1 or 1b*	
<b>JOHNSONS BABY POWDER EXTERNAL POWDER</b>	1 or 1b*	
<b>LADY ANTI MONKEY BUTT EXTERNAL POWDER</b>	2	
<b>RA TUGABOOS BABY EXTERNAL POWDER</b>	1 or 1b*	
sm baby powder cornstarch external powder	2	
sm baby powder external powder	1 or 1b*	
<b>SUMMERS EVE BODY EXTERNAL POWDER</b>	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
SUMMERS EVE BODY/ISLAND SPLASH EXTERNAL POWDER	2	
SUMMERS EVE FEMININE EXTERNAL POWDER	2	
VAGISIL DEODORANT EXTERNAL POWDER	2	
ZEASORB EXTERNAL POWDER	1 or 1b*	
<b>*PROSTAGLANDINS - TOPICAL***</b>		
bimatoprost external solution	1 or 1b*	
LATISSE EXTERNAL SOLUTION	3	
<b>*ROSACEA AGENTS***</b>		
azelaic acid external gel	1 or 1b*	QL
brimonidine tartrate external gel	1 or 1b*	QL
FINACEA EXTERNAL FOAM	2	QL
ivermectin external cream	1 or 1b*	QL
METROCREAM EXTERNAL CREAM	3	ST; QL
metronidazole external cream	1 or 1b*	QL
metronidazole external gel	1 or 1b*	QL
metronidazole external lotion	1 or 1b*	QL
MIRVASO EXTERNAL GEL	3	QL
RHOFADE EXTERNAL CREAM	3	QL
SOOLANTRA EXTERNAL CREAM	2	QL
ZILXI EXTERNAL FOAM	2	QL
<b>*SCABICIDE COMBINATIONS***</b>		
cvs lice killing external shampoo	1 or 1b*	
CVS LICE SOLUTION 3-STEP COMBINATION KIT	1 or 1b*	
CVS LICE SOLUTION COMBINATION KIT	1 or 1b*	
eq lice killing max st external shampoo	1 or 1b*	
eq lice killing max st external shampoo	1 or 1b*	

Drug Name	Tier	Notes
gnp lice treatment external shampoo	1 or 1b*	
lice killing external shampoo	1 or 1b*	
lice killing maximum strength external shampoo	1 or 1b*	
LICEMD EXTERNAL GEL 0.33-4 %	2	
NIX COMPLETE LICE TREATMENT COMBINATION KIT	2	
qc complete lice treatment kit combination kit	1 or 1b*	
ra lice maximum strength external shampoo	1 or 1b*	
ra lice solution combination kit 0.5-0.33-4 %	1 or 1b*	
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO	1 or 1b*	
sb lice killing max st external shampoo	1 or 1b*	
sb lice treatment external liquid 0.3-3 %	1 or 1b*	
sm lice killing external shampoo	1 or 1b*	
sm lice killing max strength external shampoo	1 or 1b*	
stop lice complete treatment combination kit	1 or 1b*	
stop lice maximum strength external liquid	1 or 1b*	
VANALICE EXTERNAL GEL	2	
<b>*SCABICIDES &amp; PEDICULICIDES***</b>		
bedding spray lice treatment aerosol	1 or 1b*	
crotan external lotion	1 or 1b*	QL
cvs ivermectin lice treatment external lotion	1 or 1b*	
cvs lice treatment external liquid	1 or 1b*	
cvs lice-bedbug-mite aerosol	1 or 1b*	
gnp home lice/bedbug/dust mite aerosol	1 or 1b*	
gnp lice treatment external liquid	1 or 1b*	
goodsense lice killing external liquid	1 or 1b*	

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

Drug Name	Tier	Notes
ivermectin external lotion	1 or 1b*	
lice treatment creme rinse external liquid	1 or 1b*	
lice treatment external liquid 1 %	1 or 1b*	
lice treatment external lotion	1 or 1b*	
lindane external shampoo	1 or 1b*	QL
malathion external lotion	1 or 1b*	QL
<b>NATROBA EXTERNAL SUSPENSION</b>	3	QL
<b>NIX CREME RINSE EXTERNAL LIQUID</b>	2	
<b>NIX LICE KILLING SPRAY LIQUID</b>	3	
<b>OVIDE EXTERNAL LOTION</b>	3	QL
permethrin external cream	1 or 1b*	QL
ra lice treatment external lotion	1 or 1b*	
sb lice treatment external liquid 1 %	1 or 1b*	
sm bedding lice treatment aerosol	1 or 1b*	
sm lice treatment external lotion	1 or 1b*	
spinosad external suspension	1 or 1b*	QL
stop lice aerosol	1 or 1b*	
stop lice step 3 aerosol	1 or 1b*	
<b>*SCAR TREATMENT PRODUCTS - COMBINATIONS***</b>		
dermovix external patch	2	
<b>*SCAR TREATMENT PRODUCTS***</b>		
advanced scar external gel	1 or 1b*	
<b>AVOSIL EXTERNAL OINTMENT</b>	2	
<b>COPADERM EXTERNAL GEL</b>	2	
<b>COPASIL EXTERNAL GEL</b>	3	
cvs scar external gel	1 or 1b*	
<b>MEDERMA ADVANCED SCAR GEL EXTERNAL GEL</b>	2	
<b>MEDERMA EXTERNAL GEL</b>	2	

Drug Name	Tier	Notes
<b>MEDERMA FOR KIDS EXTERNAL GEL</b>	2	
<b>MEDERMA SPF 30 EXTERNAL CREAM</b>	2	
<b>PALMERS SCAR SERUM EXTERNAL LIQUID</b>	2	
scar external gel	1 or 1b*	
scar gel external gel	1 or 1b*	
<b>SCARAWAY EXTERNAL GEL</b>	1 or 1b*	
scarcin external cream	2	
silheal-10 external pad	2	
skarcade external pad	2	
skarjel external gel	1 or 1b*	
<b>*SEBORRHEIC KERATOSIS PRODUCTS**</b>		
<b>ESKATA EXTERNAL SOLUTION</b>	3	
<b>*SHAMPOOS***</b>		
<b>CLN HEALTHY SCALP EXTERNAL SHAMPOO</b>	2	
<b>CLN MOISTURE RICH GENTLE EXTERNAL SHAMPOO</b>	2	
<b>DARA EXTERNAL SHAMPOO</b>	2	
<b>DHS COLOR SAFE EXTERNAL SHAMPOO</b>	2	
<b>DHS COLOR SAFE RINSE/PANTHENOL EXTERNAL SHAMPOO</b>	2	
<b>DHS CONDITIONING RINSE EXTERNAL LIQUID</b>	2	
<b>DHS EXTERNAL SHAMPOO</b>	2	
dry shampoo external aerosol	2	
<b>FREE &amp; CLEAR EXTERNAL SHAMPOO</b>	2	
<b>JOHNSONS KIDS CURL DEFINING EXTERNAL SHAMPOO</b>	2	
<b>JOHNSONS KIDS SHINY &amp; SOFT EXTERNAL SHAMPOO</b>	2	
<b>JOHNSONS KIDS STRENGTHENING EXTERNAL SHAMPOO</b>	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
<b>JOHNSONS KIDS STRG CONDITIONER EXTERNAL SHAMPOO</b>	2	
<b>JOHNSONS KIDS ULTRA-HYDRATING EXTERNAL SHAMPOO</b>	2	
<b>ULTRASWIM CHLORINE REMOVAL EXTERNAL SHAMPOO</b>	2	
<b>ULTRASWIM EXTERNAL SHAMPOO</b>	2	
<b>ULTRASWIM ULTRA REPAIR EXTERNAL SHAMPOO</b>	2	
<b>*SKIN CLEANSERS***</b>		
advanced hand sani/aloe/vit e external liquid	1 or 1b*	
advanced hand sanitizer external liquid	1 or 1b*	
advanced hand sanitizer/aloe external liquid	1 or 1b*	
advanced hand sanitizer/vit e external liquid	1 or 1b*	
alcohol wipes external	2	
<b>ALOE VESTA CLEANSING FOAM EXTERNAL LIQUID</b>	1 or 1b*	
<b>ALOE VESTA MULTI PURPOSE EXTERNAL FOAM</b>	2	
<b>ALOE VESTA PERINEAL/SKIN EXTERNAL LIQUID</b>	1 or 1b*	
<b>BALNEOL EXTERNAL LOTION</b>	2	
<b>CARETOUCH HAND SANITIZER EXTERNAL GEL 75 %</b>	2	
<b>CARETOUCH SANITIZ HAND WIPES EXTERNAL 62 %, 75 %</b>	2	
ca-rezz norisc external liquid	2	
<b>CHANTAL ANTI-BACTERIAL HAND EXTERNAL GEL</b>	2	
<b>CLEVER CHOICE HAND SANITIZER EXTERNAL GEL</b>	1 or 1b*	
cvs hygienic cleansing external lotion	2	

Drug Name	Tier	Notes
cvs instant hand sanitizer external liquid	1 or 1b*	
cvs isopropyl alcohol wipes external	2	
<b>ENOVATIZER GEL EXTERNAL GEL</b>	1 or 1b*	
eql hand sanitizer advanced external liquid	1 or 1b*	
eql hand sanitizer external liquid	1 or 1b*	
eql hand sanitizer/aloe external liquid	1 or 1b*	
<b>GERMPHOBIIC HAND SANITIZER EXTERNAL SOLUTION</b>	2	
<b>GERM-X CITRUS HAND SANITIZER EXTERNAL LIQUID</b>	1 or 1b*	
<b>GERM-X ORIGINAL HAND SANITIZER EXTERNAL LIQUID</b>	1 or 1b*	
hand sanitizer external gel 62 %	2	
hand sanitizer wipes external	2	
hand sanitizer/aloe/vitamin e external liquid	1 or 1b*	
<b>HANDCLEAN HAND SANITIZER EXTERNAL GEL</b>	1 or 1b*	
<b>INSTACLEAN EXTERNAL LIQUID</b>	2	
instant hand sanitizer external liquid 62 %	1 or 1b*	
instant hand sanitizer external liquid 65 %	2	
isopropyl alcohol external	2	
isopropyl alcohol external liquid	1 or 1b*	
isopropyl alcohol wipes external	2	
<b>LANTESEPTIC CLEANSING FOAM EXTERNAL LIQUID</b>	2	
<b>LANTISEPTIC ALL BODY WASH EXTERNAL LIQUID</b>	2	
<b>LANTISEPTIC DAILY BODY WASH EXTERNAL LIQUID</b>	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
LANTISEPTIC NO-RINSE FOAM EXTERNAL LIQUID	2	
LANTISEPTIC PERINEAL WASH EXTERNAL LIQUID	2	
MEDI-FIRST ANTISEPTIC CLEANER EXTERNAL GEL	2	
MEDI-FIRST ISOPROPYL ALCOHOL EXTERNAL LIQUID	1 or 1b*	
medpura alcohol pads external	2	
medpura hand sanitizer external gel	2	
medpura hand sanitizer external solution	2	
NEW DIGNITY ODOR ELIMINATOR EXTERNAL SOLUTION	2	
one step perineal external lotion	2	
PALMERS SKIN THERAPY CLEANSING EXTERNAL OIL	2	
PERICLEAN EXTERNAL LIQUID	2	
perineal skin cleanser external liquid	2	
PERISCENT EXTERNAL LIQUID	1 or 1b*	
PREVACARE ANTIMICROBIAL EXTERNAL GEL	2	
PROSHIELD FOAM/SPRAY CLEANSER EXTERNAL FOAM	2	
PROSHIELD SPRAY CLEANSER EXTERNAL LIQUID	2	
ra isopropyl alcohol wipes external	2	
sanizen external gel	2	
SENSI-CARE PERINEAL/SKIN EXTERNAL LIQUID	1 or 1b*	
sm advanced hand sanitizer external liquid	1 or 1b*	

Drug Name	Tier	Notes
<b>*SKIN OILS***</b>		
ALPHA KERI SHOWER & BATH EXTERNAL OIL	2	
baby oil external oil	1 or 1b*	
castor oil external oil	2	
cvs baby oil external oil	1 or 1b*	
hm baby oil external oil	1 or 1b*	
JOHNSONS ALMOND OIL EXTERNAL OIL	2	
JOHNSONS BABY OIL EXTERNAL OIL	2	
JOHNSONS BABY OIL SHEA/COCOA EXTERNAL OIL	2	
NEUTROGENA BODY EXTERNAL OIL	2	
NIVEA EXTERNAL OIL	2	
NIVEA SKIN EXTERNAL OIL	2	
NUTRADERM EXTERNAL OIL	2	
PALMERS SKIN THERAPY EXTERNAL OIL	2	
SARDO EXTERNAL OIL	2	
skin treatment external oil	1 or 1b*	
sm baby oil external oil	1 or 1b*	
therabath external oil	1 or 1b*	
<b>*SKIN PROTECTANTS***</b>		
ABSORBASE EXTERNAL OINTMENT	2	
adult wash cloths with aloe external	2	
AFTER BITE EXTERNAL LIQUID	2	
AFTER BITE KIDS EXTERNAL CREAM	2	
ALOE VESTA PROTECTIVE EXTERNAL OINTMENT	2	
ALOE VESTA SKIN CONDITIONER EXTERNAL LOTION	2	
AMEDA TRIPLE ZERO LANOLIN EXTERNAL CREAM	1 or 1b*	

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

Drug Name	Tier	Notes
AMERICERIN EXTERNAL CREAM	1 or 1b*	
AMERIDERM PERISHIELD EXTERNAL OINTMENT	2	
AMERIGEL BARRIER EXTERNAL LOTION	2	
AMERIGEL CARE EXTERNAL LOTION	2	
AMERIPHOR EXTERNAL OINTMENT	1 or 1b*	
AMERISTORE EXTERNAL LOTION	1 or 1b*	
AQUAPHOR LIP REPAIR EXTERNAL OINTMENT	2	
AQUAPHOR LIP REPAIR EXTERNAL STICK	2	
AVEENO BABY CALMING COMFORT EXTERNAL LOTION	2	
AVEENO BABY DAILY MOISTURE EXTERNAL LOTION	2	
AVEENO DAILY MOISTURIZING EXTERNAL LOTION 1.2 %, 1.25 %, 1.3 %	2	
AVEENO INTENSE RELIEF EXTERNAL CREAM	2	
AVEENO SKIN RELIEF EXTERNAL LOTION 1.3 %	2	
BALMEX SKIN PROTECTANT EXTERNAL OINTMENT	1 or 1b*	
BASIS FACIAL MOISTURIZER EXTERNAL CREAM	2	
BASIS OVERNIGHT EXTERNAL CREAM	2	
beeswax lip balm external stick	2	
benzoin compound external tincture	1 or 1b*	
BENZOIN EXTERNAL TINCTURE	2	
blood clotting spray external aerosol	2	

Drug Name	Tier	Notes
BOUDREAUXS RASH PREVENTOR EXTERNAL LIQUID	2	
CARMEX CLASSIC LIP BALM EXTERNAL OINTMENT	2	
CARMEX COMFORT CARE LIP BALM EXTERNAL STICK	2	
CAVILON DURABLE BARRIER EXTERNAL CREAM 1.3 %	2	
CAVILON NO STING BARRIER FILM EXTERNAL	2	
CAVILON NO STING BARRIER FILM EXTERNAL LIQUID	1 or 1b*	
CAVILON ONE-STEP SKIN CARE EXTERNAL LOTION	2	
CHAP-AID EXTERNAL STICK	2	
CHAPSTICK BOTANICAL MEDLEY EXTERNAL STICK	2	
CHAPSTICK CLASSIC MEDICATED EXTERNAL STICK	2	
CHAPSTICK EXTERNAL STICK	2	
CHAPSTICK FLAVA-CRAZE EXTERNAL STICK	2	
CHAPSTICK FRESH EFFECTS EXTERNAL STICK	2	
CHAPSTICK HYDRATION LOCK EXTERNAL STICK	2	
CHAPSTICK MEDICATED EXTERNAL STICK	2	
CHAPSTICK MIXSTIX EXTERNAL STICK	2	
CHAPSTICK NATURALS LIP BUTTER EXTERNAL STICK	2	
CHAPSTICK OVERNIGHT EXTERNAL OINTMENT	2	

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

Drug Name	Tier	Notes
CHAPSTICK TRUE SHIMMER EXTERNAL STICK	2	
CHAPSTICK ULTRA RENEWAL EXTERNAL CREAM	1 or 1b*	
CHAPSTICK ULTRA SHIMMER EXTERNAL STICK	2	
CHAPSTICK ULTRASMOOTH FORTIFY EXTERNAL OINTMENT	2	
CHAPSTICK ULTRASMOOTH NOURISH EXTERNAL OINTMENT	2	
CHAPSTICK ULTRASMOOTH REJUVEN EXTERNAL OINTMENT	2	
CHAPSTICK ULTRASMOOTH SOOTHE EXTERNAL OINTMENT	2	
COMFORT SHIELD EXTERNAL	2	
CRITIC-AID CLEAR EXTERNAL OINTMENT	2	
CRITIC-AID THICK MOIST BARRIER EXTERNAL PASTE	2	
cvs daily moisturizing external lotion 1.2 %	2	
cvs intense hydration external cream	1 or 1b*	
cvs skin relief external lotion	1 or 1b*	
daily care skin protectant external ointment	2	
DAILY MOISTURIZING EXTERNAL LOTION 1.3 %	1 or 1b*	
DERMAFIX EXTERNAL LIQUID	1 or 1b*	
DERMAFIX EXTERNAL OINTMENT	1 or 1b*	
ELON BARRIER PROTECTANT EXTERNAL LOTION	2	
ENOVASHIELD EXTERNAL LOTION	2	

Drug Name	Tier	Notes
eql hydrating beauty external lotion	1 or 1b*	
EUCERIN ORIGINAL HEALING EXTERNAL CREAM	2	
GLOVES IN A BOTTLE EXTERNAL LOTION	2	
GOLD BOND ULTIMATE EXTERNAL CREAM	2	
HPA LANOLIN EXTERNAL CREAM	1 or 1b*	
hydrocerin external cream	2	
ILEX SKIN PROTECTANT EXTERNAL PASTE	2	
INTERDRY 10"X144" EXTERNAL SHEET	2	
INTERDRY 10"X36" EXTERNAL SHEET	2	
LANOLOR EXTERNAL CREAM	2	
lan-o-smooth external cream	1 or 1b*	
LANSINOH LANOLIN EXTERNAL CREAM	1 or 1b*	
LANSINOH LANOLIN MINIS NIPPLE EXTERNAL CREAM	1 or 1b*	
LANSINOH LANOLIN NIPPLE EXTERNAL CREAM	1 or 1b*	
lip balm external ointment	1 or 1b*	
lip balm external stick	2	
lip-care external stick	2	
MEDELA TENDER CARE LANOLIN EXTERNAL CREAM	1 or 1b*	
MEDERMA PM EXTERNAL CREAM	1 or 1b*	
medi-soothe external lotion	1 or 1b*	
mineral oil light external oil	2	
MINERIN CREME EXTERNAL CREAM	1 or 1b*	
MOISTUREL EXTERNAL LOTION 3 %	1 or 1b*	
moisturizing skin protectant external cream	2	
MONISTAT COMPLETE CARE EXTERNAL GEL	2	

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

Drug Name	Tier	Notes
natural oatmeal external lotion	1 or 1b*	
<b>NEOSPORIN LIP HEALTH OVERNIGHT EXTERNAL OINTMENT</b>	2	
<b>NORMLSHIELD EXTERNAL CREAM</b>	2	
<b>NO-STING SKIN-PREP EXTERNAL</b>	2	
<b>PALMERS COCONUT SWIVEL STICK EXTERNAL STICK</b>	2	
<b>PALMERS SWIVEL STICK EXTERNAL STICK</b>	2	
<b>PERISHIELD EXTERNAL OINTMENT</b>	1 or 1b*	
petroleum jelly lip treatment external ointment	2	
<b>PREVACARE EXTRA PROTECTIVE EXTERNAL OINTMENT</b>	2	
<b>PREVACARE PERSONAL PROTECT EXTERNAL CREAM</b>	2	
<b>PROSHIELD SKIN CARE EXTERNAL KIT</b>	2	
<b>RESTORE CLEANSER &amp; MOISTURIZER EXTERNAL LIQUID</b>	2	
restore dimethicreme external cream	1 or 1b*	
<b>SCARZEN EXTERNAL LOTION</b>	2	
<b>SENSI-CARE MOISTURIZING EXTERNAL CREAM</b>	2	
sm benzoin tincture external tincture	2	
sm benzoin tincture nfxi external tincture	2	
<b>SORBIDON HYDRATE EXTERNAL CREAM</b>	2	
<b>STERI-STRIP COMPOUND BENZOIN EXTERNAL TINCTURE</b>	1 or 1b*	
<b>SUMMERS EVE ACTIVE CHAFE EXTERNAL GEL</b>	2	
super duper diaper doo external gel	2	

Drug Name	Tier	Notes
<b>SUPERSOFT EXTERNAL LOTION</b>	1 or 1b*	
<b>SWEEN 24 ONCE A DAY EXTERNAL CREAM</b>	2	
<b>THE ITCH ERASER SENSITIVE EXTERNAL CREAM</b>	2	
<b>THERASEAL HAND PROTECTION EXTERNAL LOTION</b>	2	
<b>THERATEIN EXTERNAL LOTION</b>	1 or 1b*	
universal remover wipes external	2	
<b>*SOAPS***</b>		
<b>ACNE-AID EXTERNAL BAR</b>	2	
<b>ACUWASH EXTERNAL LIQUID</b>	2	
<b>ALBOLENE MOISTURIZING CLEANSER EXTERNAL CREAM</b>	2	
<b>ALOE VESTA BODY WASH/SHAMPOO EXTERNAL LIQUID</b>	2	
anti-bacterial hand external lotion	2	
<b>AQUA GLYCOLIC FACIAL CLEANSER EXTERNAL LIQUID</b>	2	
<b>AQUA GLYCOLIC SHAMPOO/BODY EXTERNAL LIQUID</b>	2	
<b>AQUA GLYCOLIC TONER EXTERNAL</b>	2	
<b>AQUA GLYCOLIC TONER EXTERNAL LIQUID</b>	2	
<b>AQUANIL SKIN CLEANSER EXTERNAL LOTION</b>	2	
<b>AVEENO ACTIVE NAT MAKEUP WIPES EXTERNAL PAD</b>	2	
<b>AVEENO BABY CALMING COMFORT EXTERNAL LIQUID</b>	2	
<b>AVEENO BABY CLEANSING THERAPY EXTERNAL LIQUID</b>	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
AVEENO CALM & RESTORE CLEANSER EXTERNAL LIQUID	2	
AVEENO CALM & RESTORE MAKEUP EXTERNAL PAD	2	
AVEENO DAILY MOISTURIZ FACIAL EXTERNAL LIQUID	2	
AVEENO MOISTURIZING EXTERNAL BAR	2	
AVEENO SKIN BRIGHTENING SCRUB EXTERNAL CREAM	2	
BASIS ALL CLEAR EXTERNAL BAR	2	
BASIS CLEANSER EXTERNAL LIQUID	2	
BASIS COMBINATION EXTERNAL BAR	2	
BASIS EXTRA DRY EXTERNAL BAR	2	
BASIS NORMAL/DRY EXTERNAL BAR	2	
BASIS SENSITIVE SKIN EXTERNAL BAR	2	
bath cloth cleansing washcloth external	2	
body wash & shampoo external foam	2	
BOUDREAUXS BUTT BATH EXTERNAL LIQUID	2	
CERAVE FOAMING FACIAL CLEANSER EXTERNAL LIQUID	2	
CERAVE HYDRATING CLEANSER EXTERNAL LIQUID	2	
CERAVE SA BODY WASH EXTERNAL LIQUID	2	
CETAPHIL CLEANSING CLOTHS EXTERNAL	2	
CETAPHIL DERMACONTROL FOAM WSH EXTERNAL LIQUID	2	
CETAPHIL EXTERNAL LIQUID	2	

Drug Name	Tier	Notes
CETAPHIL GENTLE CLEANSER EXTERNAL LIQUID	2	
CETAPHIL GENTLE CLEANSING EXTERNAL BAR	2	
CETAPHIL RESTORADERM EXTERNAL LIQUID	2	
CLEAN & CLEAR ABSORBING SHEETS EXTERNAL PAD	2	
CLEAN & CLEAR ALOE VERA CLEANS EXTERNAL LIQUID	2	
CLEAN & CLEAR DEEP ACTION EXTERNAL CREAM	2	
CLEAN & CLEAR DEEP ACTION EXTERNAL GEL	2	
CLEAN & CLEAR ESSENTIALS EXTERNAL LIQUID	2	
CLEAN & CLEAR FACIAL CLEANSER EXTERNAL LIQUID	2	
CLEAN & CLEAR MORNING BURST EXTERNAL LIQUID	2	
CLEAN & CLEAR MORNING SCRUB EXTERNAL GEL	2	
CLEAN & CLEAR NIGHT RELAX WASH EXTERNAL LIQUID	2	
CLEAN & CLEAR PORE CLEANSER EXTERNAL CREAM	2	
cleansing external cream	2	
CLN BODY WASH EXTERNAL LIQUID	2	
CLN FACIAL CLEANSER EXTERNAL LIQUID	2	
CLN HAND & FOOT WASH EXTERNAL LIQUID	2	
CLN SPORT WASH HIGH PERFORM EXTERNAL LIQUID	2	

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

Drug Name	Tier	Notes
<b>CLN SPORTWASH EXTERNAL LIQUID</b>	2	
<b>COMFORT BATH CLEANSING CLOTHS EXTERNAL</b>	2	
<b>COMFORT BATH CLOTHS DEODORANT EXTERNAL</b>	2	
<b>COMFORT DEODORANT CLEAN-UP EXTERNAL</b>	2	
<b>CONTI CASTILE SOAP EXTERNAL BAR</b>	2	
<b>CURAD MOIST CLEAN TOWELETTES EXTERNAL</b>	1 or 1b*	
cvs daily facial cleanser external liquid	2	
cvs skin cleansing external cream	2	
del clens external gel	2	
<b>DIABETIDERM CLEANSING EXTERNAL LOTION</b>	2	
<b>DICKINSONS WITCH HAZEL EXTERNAL PAD</b>	2	
eql body wash/sensitive skin external liquid	2	
eql body wash/shea butter external liquid	2	
eql clear hand soap refill external liquid	2	
eql deodorant soap external bar	2	
eql gentle skin cleanser external liquid	2	
eql high power body wash external liquid	2	
eql liquid hand soap external liquid	2	
eql moisturizing beauty external bar	2	
eql skin astringent external liquid	2	
eql wet cleansing towelettes external	2	
<b>ESSENTIAL BATH CLEANSNG CLOTHS EXTERNAL</b>	2	

Drug Name	Tier	Notes
<b>EUCERIN ADVANCED CLEANSING EXTERNAL LIQUID</b>	2	
<b>EUCERIN EXTERNAL BAR</b>	2	
<b>EUCERIN HYDRATING CLEANSING EXTERNAL GEL</b>	2	
<b>EUCERIN RED RELIEF CLEANSING EXTERNAL GEL</b>	2	
<b>EUCERIN SKIN CALMING BODY WASH EXTERNAL LIQUID</b>	2	
<b>EYESCRUB EXTERNAL LIQUID</b>	2	
<b>FREE &amp; CLEAR/SENSITIVE EXTERNAL LIQUID</b>	2	
gentle cleansing skin external cream	2	
gentle skin cleanser external liquid	2	
gentle skin cleanser external lotion	2	
gnp gentle skin cleanser external liquid	2	
<b>GOLD BOND ULT WASH/EXFOLIATING EXTERNAL LIQUID</b>	2	
<b>GOLD BOND ULT WASH/HEALING EXTERNAL LIQUID</b>	2	
<b>GOLD BOND ULT WASH/SENSITIVE EXTERNAL LIQUID</b>	2	
<b>GOLD BOND ULT WASH/SOFTENING EXTERNAL LIQUID</b>	2	
<b>GRANDPAS BAKING SODA SOAP EXTERNAL BAR</b>	2	
<b>GRANDPAS INDIAN CORN SOAP EXTERNAL BAR</b>	2	
<b>GRANDPAS LOVE MY LOOFAH SOAP EXTERNAL BAR</b>	2	
<b>GRANDPAS OATMEAL SOAP EXTERNAL BAR</b>	2	

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

Drug Name	Tier	Notes
GRANDPAS ORANGE ESSENCE SOAP EXTERNAL BAR	2	
GRANDPAS PATCHOULI SOAP EXTERNAL BAR	2	
GRANDPAS SHEA BUTTER SOAP EXTERNAL BAR	2	
GRANDPAS WITCH HAZEL SOAP EXTERNAL BAR	2	
IMPREVA BATH WASHCLOTHS EXTERNAL	2	
IONIL EXTERNAL LIQUID	2	
JOHNSONS BABY BAR EXTERNAL BAR	2	
JOHNSONS KIDS CLEAN & FRESH EXTERNAL LIQUID	2	
JOHNSONS SKIN NOURISH WASH EXTERNAL LIQUID	2	
kp gentle skin cleanser external liquid	2	
LOBOB CONTACT LENS WEARER SOAP EXTERNAL BAR	2	
MEDERMA AG BODY CLEANSER EXTERNAL LIQUID	2	
MEDERMA AG FACIAL CLEANSER EXTERNAL LIQUID	2	
MEDERMA AG FACIAL TONER EXTERNAL LIQUID	2	
NATURE DE FRANCE ALGOLI SOAP EXTERNAL BAR	2	
NATURE DE FRANCE ARGILE SOAP EXTERNAL BAR	2	
NATURE DE FRANCE ARGIMIEL SOAP EXTERNAL BAR	2	
NEUTROGENA ACNE CLEANSING SOAP EXTERNAL BAR	2	

Drug Name	Tier	Notes
NEUTROGENA DEEP CLEAN EXTERNAL LIQUID	2	
NEUTROGENA FACIAL SOAP EXTERNAL BAR	2	
NIVEA MOISTURIZING BODY WASH EXTERNAL LOTION	2	
NIVEA MOISTURIZING CREME SOAP EXTERNAL CREAM	2	
NIVEA TOUCH OF SMOOTHNESS EXTERNAL LOTION	2	
NIVEA VISAGE EXTERNAL GEL	2	
NIVEA VISAGE EXTERNAL LIQUID	2	
NIVEA VISAGE GENTLE CLEANSING EXTERNAL LOTION	2	
NO RINSE BATHING WIPES EXTERNAL	2	
OILATUM EXTERNAL BAR	2	
PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID	2	
refresh cleanser external liquid	2	
refreshing facial cleanser external liquid	2	
REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID	2	
REHYLA WASH EXTERNAL LIQUID	2	
SENSI-CARE SEPTI-SOFT EXTERNAL LIQUID	2	
shampoo & body wash rinse-free external foam	2	
sm skin cleanser gentle external lotion	2	
SUMMERS EVE BATH & SHOWER EXTERNAL GEL	2	
SUMMERS EVE CLEANSING CLOTHS EXTERNAL	2	

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

Drug Name	Tier	Notes
SUMMERS EVE NIGHT-TIME EXTERNAL BAR	2	
SUMMERS EVE SIMPLY SENSITIVE EXTERNAL	2	
superfatted soap external	1 or 1b*	
TENA SKIN-CARING BODY WASH EXTERNAL LIQUID	2	
TENA SKIN-CARING WASH CREAM EXTERNAL LIQUID	2	
TENA ULTRA WASHCLOTH EXTERNAL	2	
TENA WASH EXTERNAL CREAM	2	
VANICREAM CLEANSER EXTERNAL LIQUID	2	
VANICREAM EXTERNAL BAR	2	
<b>*STEROID-LOCAL ANESTHETIC COMBINATIONS***</b>		
EPIFOAM EXTERNAL FOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
<b>*SUNSCREENS***</b>		
anthelios 50 anti-aging primer external liquid	2	
anthelios 50 mineral external liquid	2	
anthelios 60 melt-in milk external liquid	2	
anthelios 60 ultra light external aerosol	2	
anthelios 60 ultra light external liquid	2	
ANTHELIOS MELT-IN MILK SPF100 EXTERNAL LOTION	2	
anthelios sx external cream	2	
anti-wrinkle daily spf15 external lotion	1 or 1b*	

Drug Name	Tier	Notes
AQUAPHOR LIP PROTECT+SUNSCREEN EXTERNAL OINTMENT	2	
AQUAPHOR LIP REPAIR+SUNSCREEN EXTERNAL STICK	2	
AVEENO BABY CONTINUOUS PROTECT EXTERNAL LOTION	2	
AVEENO BABY SUNSCREEN EXTERNAL LOTION	2	
AVEENO KIDS CONTINUOUS PROTECT EXTERNAL LOTION	2	
AVEENO PROTECT+HYDRATE SPF30 EXTERNAL LOTION	2	
AVEENO PROTECT+HYDRATE SPF60 EXTERNAL LOTION	2	
baby sunscreen spf50 external lotion	1 or 1b*	
BLUE LIZARD SPF30+ BABY EXTERNAL LOTION	1 or 1b*	
BLUE LIZARD SPF30+ FACE EXTERNAL LOTION	1 or 1b*	
BLUE LIZARD SPF30+ REGULAR EXTERNAL LOTION	1 or 1b*	
BLUE LIZARD SPF30+ SENSITIVE EXTERNAL LOTION	1 or 1b*	
BLUE LIZARD SPF30+ SPORT EXTERNAL LOTION	1 or 1b*	
BULL FROG FASTBLAST SPF 36 EXTERNAL LIQUID	2	
BULL FROG MARATHON MIST KIDS EXTERNAL AEROSOL	2	
BULL FROG MARATHON MIST SPF 36 EXTERNAL AEROSOL	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
BULL FROG MARATHON MIST SPF50 EXTERNAL LIQUID	2	
BULL FROG MOSQUITO COAST SPF30 EXTERNAL LIQUID	2	
BULL FROG QUIK EXTERNAL STICK	2	
BULL FROG QUIK SPF 36 EXTERNAL GEL	2	
BULL FROG QUIK SPF50 EXTERNAL GEL	2	
BULL FROG QUIK SPORT SPF 36 EXTERNAL GEL	2	
BULL FROG QUIK SPORT SPF 50 EXTERNAL GEL	2	
BULL FROG SHEER PROTECTION EXTERNAL LOTION	2	
BULL FROG SPF36 EXTERNAL GEL	2	
BULL FROG SUPERBLOCK SPF50 EXTERNAL LOTION	2	
BULL FROG WATER ARMOR SPORT EXTERNAL GEL	2	
BULL FROG WATER ARMOR SPORT EXTERNAL LOTION	2	
CARMEX CLASSIC LIP BALM EXTERNAL STICK	2	
CARMEX DAILY CARE LIP BALM EXTERNAL OINTMENT	2	
CARMEX DAILY CARE LIP BALM EXTERNAL STICK	2	
CERA VE SUNSCREEN SPF50 EXTERNAL STICK	2	
CHANTAL SUN SCREEN SPF 30 EXTERNAL LIQUID	2	
CHANTAL SUN SCREEN SPF 30 EXTERNAL LOTION	2	

Drug Name	Tier	Notes
CHAP-AID SPF15 EXTERNAL STICK	2	
CHAP-AID SPF4 EXTERNAL STICK	2	
CHAPSTICK ACTIVE SPORT READY EXTERNAL STICK	2	
CHAPSTICK EXTERNAL STICK 7.5-3.5-40.7 %	2	
CHAPSTICK MOISTURIZER EXTERNAL OINTMENT	2	
CHAPSTICK MOISTURIZER EXTERNAL STICK	2	
CHAPSTICK SPF EXTERNAL STICK	2	
CHAPSTICK ULTRA SPF30 EXTERNAL STICK	2	
childrens sunblock spf30 external lotion	1 or 1b*	
clear zinc spf 50 external lotion	1 or 1b*	
clear zinc spf 50 external stick	2	
continuous spray spf30 external aerosol	2	
COPPERTON LIMITED EDITION EXTERNAL AEROSOL	2	
COPPERTONE BABY PURE & SIMPLE EXTERNAL AEROSOL	2	
COPPERTONE BABY PURE & SIMPLE EXTERNAL LOTION	2	
COPPERTONE BABY PURE & SIMPLE EXTERNAL STICK	2	
COPPERTONE COMPLETE SPF30 EXTERNAL AEROSOL	2	
COPPERTONE COMPLETE SPF30 EXTERNAL LOTION	2	
COPPERTONE COMPLETE SPF50 EXTERNAL AEROSOL	2	

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

Drug Name	Tier	Notes
COPPERTONE D & C FACE ZINC EXTERNAL LOTION	1 or 1b*	
COPPERTONE DEFEND & CARE EXTERNAL AEROSOL	1 or 1b*	
COPPERTONE DEFEND & CARE EXTERNAL LOTION	1 or 1b*	
COPPERTONE DEFEND & CARE FACE EXTERNAL LOTION	1 or 1b*	
COPPERTONE DEFEND & CARE FACE EXTERNAL STICK	2	
COPPERTONE DEFEND & CARE WHIP EXTERNAL AEROSOL	1 or 1b*	
COPPERTONE DEFEND & CARE ZINC EXTERNAL LOTION	1 or 1b*	
COPPERTONE GLOW HYDRAGEL SPF30 EXTERNAL GEL	2	
COPPERTONE GLOW HYDRAGEL SPF50 EXTERNAL GEL	2	
COPPERTONE GLOW PROTECT & TAN EXTERNAL LOTION	2	
COPPERTONE GLOW SHIMMER SPF15 EXTERNAL LOTION	2	
COPPERTONE GLOW SHIMMER SPF30 EXTERNAL LOTION	2	
COPPERTONE GLOW SHIMMER SPF50 EXTERNAL LOTION	2	
COPPERTONE KIDS CLEAR SPF50 EXTERNAL LOTION	1 or 1b*	
COPPERTONE KIDS PURE & SIMPLE EXTERNAL AEROSOL	2	
COPPERTONE KIDS PURE & SIMPLE EXTERNAL LOTION	2	
COPPERTONE KIDS PURE & SIMPLE EXTERNAL STICK	2	

Drug Name	Tier	Notes
COPPERTONE KIDS SPF50 EXTERNAL AEROSOL	2	
COPPERTONE KIDS SPF70 EXTERNAL LOTION	1 or 1b*	
COPPERTONE KIDS SPORT SPF 100 EXTERNAL AEROSOL	2	
COPPERTONE KIDS SPORT SPF 100 EXTERNAL LOTION	1 or 1b*	
COPPERTONE KIDS SPORT SPF 50 EXTERNAL AEROSOL	2	
COPPERTONE KIDS TEAR FREE EXTERNAL LOTION	1 or 1b*	
COPPERTONE LIMITED EDITION EXTERNAL LOTION	2	
COPPERTONE OIL FREE FACE SPF30 EXTERNAL LOTION	2	
COPPERTONE PURE & SIMPLE FACE EXTERNAL LOTION	2	
COPPERTONE PURE & SIMPLE SPF50 EXTERNAL AEROSOL	2	
COPPERTONE PURE & SIMPLE SPF50 EXTERNAL LOTION	1 or 1b*	
COPPERTONE PURE & SIMPLE SPF50 EXTERNAL STICK	2	
COPPERTONE SPORT 4-IN-1 SPF100 EXTERNAL AEROSOL	2	
COPPERTONE SPORT 4-IN-1 SPF100 EXTERNAL LOTION	1 or 1b*	
COPPERTONE SPORT 4-IN-1 SPF15 EXTERNAL AEROSOL	2	
COPPERTONE SPORT 4-IN-1 SPF15 EXTERNAL LOTION	2	
COPPERTONE SPORT 4-IN-1 SPF30 EXTERNAL AEROSOL	2	

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

Drug Name	Tier	Notes
COPPERTONE SPORT 4-IN-1 SPF30 EXTERNAL LOTION	2	
COPPERTONE SPORT 4-IN-1 SPF50 EXTERNAL AEROSOL	2	
COPPERTONE SPORT 4-IN-1 SPF50 EXTERNAL LOTION	2	
COPPERTONE SPORT 4-IN-1 SPF70 EXTERNAL AEROSOL	2	
COPPERTONE SPORT 4-IN-1 SPF70 EXTERNAL LOTION	2	
COPPERTONE SPORT 50 LIP BALM EXTERNAL STICK	2	
COPPERTONE SPORT CLEAR EXTERNAL LOTION	2	
COPPERTONE SPORT FACE SPF50 EXTERNAL LOTION	1 or 1b*	
COPPERTONE SPORT FACE+BODY EXTERNAL STICK	2	
COPPERTONE SPORT MINERAL FACE EXTERNAL LOTION	2	
COPPERTONE SPORT MINERAL SPF50 EXTERNAL AEROSOL	2	
COPPERTONE SPORT SPF 100 EXTERNAL AEROSOL	2	
COPPERTONE SPORT SPF 30 EXTERNAL AEROSOL	2	
COPPERTONE SPORT SPF 70 EXTERNAL AEROSOL	2	
COPPERTONE SPORT SPF 70 EXTERNAL LOTION	1 or 1b*	
COPPERTONE SPORT SPF15 EXTERNAL AEROSOL	2	
COPPERTONE SPORT SPF15 EXTERNAL LOTION	1 or 1b*	

Drug Name	Tier	Notes
COPPERTONE SPORT SPF30 EXTERNAL AEROSOL	2	
COPPERTONE SPORT SPF30 EXTERNAL LOTION	1 or 1b*	
COPPERTONE SPORT SPF50 COMBO EXTERNAL KIT	2	
COPPERTONE SPORT SPF50 EXTERNAL AEROSOL	2	
COPPERTONE SPORT SPF50 EXTERNAL LOTION	1 or 1b*	
COPPERTONE SPORT SPF50 EXTERNAL STICK	2	
COPPERTONE TANNING SPF 8 EXTERNAL LOTION	2	
COPPERTONE TANNING SPF15 EXTERNAL AEROSOL	2	
COPPERTONE TANNING SPF15 EXTERNAL LOTION	2	
COPPERTONE ULTRAGUARD SPF50 EXTERNAL AEROSOL	2	
COPPERTONE ULTRAGUARD SPF70+ EXTERNAL LOTION	2	
COPPERTONE WATERBABIES SPF50 EXTERNAL AEROSOL	2	
COPPERTONE WATERBABIES SPF50 EXTERNAL LOTION	2	
COPPERTONE WATERBABIES WHIPPED EXTERNAL AEROSOL	2	
COTZ EXTERNAL LOTION	2	
cvs sensitive skin sun external lotion	1 or 1b*	
cvs sunscreen spf 30 external lotion	1 or 1b*	
cvs sunscreen spf 30 oil free external lotion	1 or 1b*	

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

Drug Name	Tier	Notes
<b>DIABETIDERM SUNSCREEN SPF15 EXTERNAL LOTION</b>	2	
<b>DML FACIAL MOISTURIZER EXTERNAL CREAM</b>	2	
eq sunscreen sport external lotion	1 or 1b*	
eq lip balm external stick	2	
eq sport continuous spr spf50 external aerosol	2	
eq ultra protection spf50 external aerosol	2	
<b>EUCERIN REDNESS RELIEF DAY EXTERNAL LOTION</b>	2	
<b>FACE COTZ EXTERNAL LOTION</b>	2	
general protection sunscreen external aerosol	2	
general protection sunscreen external lotion	1 or 1b*	
gnp sport sunscreen spf30 external aerosol	2	
gnp sport sunscreen spf50 external aerosol	2	
gnp sunscreen kids spf50 external aerosol	2	
<b>HUGGIES LITTLE SWIMMERS SPF50 EXTERNAL AEROSOL</b>	2	
<b>HUGGIES LITTLE SWIMMERS SPF50 EXTERNAL LOTION</b>	2	
<b>KERI AGE DEFY &amp; PROTECT EXTERNAL LOTION</b>	2	
kids continuous spray spf50 external aerosol	2	
<b>LIPCOTZ EXTERNAL STICK</b>	2	
moisturizing facial spf 15 external lotion	1 or 1b*	
moisturizing spf15 external lotion	1 or 1b*	
<b>NEUTROGENA AGE SHIELD SPF70 EXTERNAL LOTION</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>NEUTROGENA BEACH DEFENSE SPF70 EXTERNAL AEROSOL</b>	2	
<b>NEUTROGENA BEACH DEFENSE SPF70 EXTERNAL LOTION</b>	2	
<b>NEUTROGENA HEALTHY DEFENSE EXTERNAL LOTION</b>	2	
<b>NEUTROGENA PURE &amp; FREE BABY EXTERNAL LOTION</b>	2	
<b>NEUTROGENA SPORT FACE SPF70 EXTERNAL LOTION</b>	2	
<b>NEUTROGENA ULTRA SHEER BODY EXTERNAL AEROSOL</b>	2	
<b>NEUTROGENA ULTRA SHEER SPF 45 EXTERNAL LOTION</b>	2	
<b>NEUTROGENA ULTRA SHEER SPF 55 EXTERNAL LOTION</b>	2	
<b>NEUTROGENA ULTRA SHEER SPF 70 EXTERNAL LOTION</b>	2	
<b>NISEKO SUNSCREEN SPF 25 EXTERNAL CREAM</b>	2	
<b>NIVEA HAND THERAPY EXTERNAL LOTION</b>	2	
<b>NIVEA VISAGE 12-HR DEEP MOIST EXTERNAL CREAM</b>	2	
<b>NIVEA VISAGE ADVANCED VITALITY EXTERNAL CREAM</b>	2	
<b>NIVEA VISAGE ANTI-WRINKLE EXTERNAL CREAM</b>	2	
<b>NIVEA VISAGE EYE CONTOUR EXTERNAL GEL</b>	2	
<b>NIVEA VISAGE UV CARE EXTERNAL LOTION</b>	2	
<b>PALMERS COCONUT OIL LIP BALM EXTERNAL STICK</b>	2	
<b>PALMERS LIP BALM EXTERNAL STICK</b>	2	

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

Drug Name	Tier	Notes
<b>PALMERS MOISTURIZING DAY EXTERNAL CREAM</b>	2	
<b>PANOXYL AM SPF30 EXTERNAL LOTION</b>	2	
<b>PRESUN ULTRA/PARSOL EXTERNAL CREAM</b>	2	
qc ultimate sunscreen external lotion	2	
<b>RV PAQUE EXTERNAL CREAM</b>	2	
<b>SHADE OIL FREE CLEAR EXTERNAL GEL</b>	2	
<b>SHADE SUNBLOCK SPF45 EXTERNAL LOTION</b>	2	
<b>SHADE UVAGUARD SPF15 EXTERNAL LOTION</b>	2	
sheer sunscreen spf 70 external stick	2	
sm sunscreen childrens spf 45 external lotion	1 or 1b*	
<b>SOLBAR AVO EXTERNAL LOTION</b>	2	
<b>SOLBAR FIFTY EXTERNAL CREAM</b>	2	
<b>SOLBAR PF SPF15 EXTERNAL CREAM</b>	2	
<b>SOLBAR PF SPF15 EXTERNAL LOTION</b>	2	
<b>SOLBAR SHIELD SPF 40 EXTERNAL CREAM</b>	2	
<b>SOLBAR SPF30 EXTERNAL GEL</b>	2	
<b>SOLBAR SPF50 EXTERNAL CREAM</b>	2	
<b>SOLBAR ZINC SPF38 EXTERNAL CREAM</b>	2	
<b>SPORT SUNSCREEN SPF 30 EXTERNAL AEROSOL</b>	2	
sport sunscreen spf30 external aerosol	2	
sport sunscreen spf50 external lotion	2	
sunblock lotion spf30 external lotion	1 or 1b*	

Drug Name	Tier	Notes
sunblock spf30 external lotion	1 or 1b*	
sunscreen kids spf 50 external aerosol	2	
sunscreen kids spf50+ external lotion	2	
sunscreen spf50 external lotion	1 or 1b*	
sunscreen sport spf 70 external lotion	1 or 1b*	
sunscreen ultra sheer external lotion	2	
<b>TOTAL BLOCK SPF 60 COVER UP EXTERNAL LOTION</b>	2	
<b>TOTAL BLOCK SPF 65 CLEAR EXTERNAL LOTION</b>	2	
<b>VANICREAM LIP PROTECTANT EXTERNAL STICK</b>	2	
<b>VANICREAM SPF 35 EXTERNAL CREAM</b>	2	
<b>WATER BABIES SPF30 EXTERNAL LOTION</b>	2	
<b>WATER BABIES SPF50 EXTERNAL AEROSOL</b>	2	
<b>WATER BABIES SPF50 EXTERNAL LOTION</b>	2	
<b>*TAR COMBINATIONS***</b>		
<b>ALA SEB T EXTERNAL SHAMPOO</b>	2	
<b>DENOREX MAXIMUM ITCH RELIEF EXTERNAL SHAMPOO</b>	2	
<b>*TAR PRODUCTS***</b>		
<b>BETA CARE BETATAR GEL EXTERNAL SHAMPOO</b>	2	
coal tar external solution	1 or 1b*	
<b>CUTAR EXTERNAL EMULSION</b>	2	
cvs therapeutic dandruff external shampoo 1 %	1 or 1b*	
cvs therapeutic external shampoo	1 or 1b*	
<b>DHS TAR EXTERNAL SHAMPOO</b>	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
DHS TAR GEL EXTERNAL SHAMPOO	2	
eql therapeutic external shampoo	1 or 1b*	
GRANDPAS PINE TAR CONDITIONER EXTERNAL LIQUID	2	
GRANDPAS PINE TAR EXTERNAL SHAMPOO	2	
GRANDPAS PINE TAR SOAP EXTERNAL BAR	2	
IONIL-T EXTERNAL SHAMPOO	2	
MG217 DANDRUFF THERAPEUTIC EXTERNAL SHAMPOO	2	
MG217 PSORIASIS COAL TAR EXTERNAL GEL	2	
MG217 PSORIASIS MEDICATED EXTERNAL LOTION	2	
MG217 PSORIASIS MEDICATED EXTERNAL SHAMPOO	2	
MG217 PSORIASIS MULTI-SYMP TOM EXTERNAL GEL	2	
MG217 PSORIASIS MULTI-SYMP TOM EXTERNAL OINTMENT 2 %	1 or 1a*	
MG217 PSORIASIS THERAPEUTIC EXTERNAL SHAMPOO	2	
PSORIASIN DEEP MOISTURIZING EXTERNAL OINTMENT	2	
SCYTERA EXTERNAL FOAM	2	
sm anti-dandruff coal tar external shampoo	1 or 1b*	
TARSUM PROFESSIONAL EXTERNAL SHAMPOO	2	
therapeutic external shampoo	1 or 1b*	
THERAPEUTIC T+PLUS EXTERNAL SHAMPOO	1 or 1b*	
X-SEB T PEARL EXTERNAL SHAMPOO	2	

Drug Name	Tier	Notes
X-SEB T PLUS EXTERNAL SHAMPOO 10 %	2	
<b>*TISSUE REPLACEMENTS***</b>		
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	
AMNIOTEXT EXTERNAL SHEET	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK	3	
EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM	3	
EPIFIX EXTERNAL DISK	3	
EPIFIX EXTERNAL SHEET	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
NUSHIELD EXTERNAL SHEET 3.2 CM X 3.2 CM	3	
PALINGEN FLOW INJECTION INJECTABLE	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN INOVOFLO INJECTION INJECTABLE	3	
PALINGEN MEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET	3	

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

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Drug Name	Tier	Notes
<b>PALINGEN XPLUS MEMBRANE EXTERNAL SHEET</b>	3	
<b>STRATAGRAFT EXTERNAL SHEET</b>	3	
<b>STRAVIX EXTERNAL SHEET</b>	3	
<b>TRUSKIN EXTERNAL SHEET 4 CM X 8 CM</b>	3	
<b>*TOPICAL ANESTHETIC COMBINATIONS***</b>		
1st relief spray external liquid	2	
<b>A+D CRACKED SKIN RELIEF EXTERNAL CREAM</b>	2	
alcohol swabs with benzocaine external pad	1 or 1b*	
allevess external patch	1 or 1b*	
<b>ALOCANE FIRST AID ANTISEPTIC EXTERNAL LIQUID</b>	1 or 1b*	
<b>ALOCANE PLUS EXTERNAL GEL</b>	2	
aloe vera pain relieving external gel	2	
<b>ANECREAM EXTERNAL KIT</b>	1 or 1b*	
anti-itch clear external lotion	2	
<b>ARTH ARREST EXTERNAL LOTION</b>	2	
<b>ASPERFLEX HOT PAIN RELIEVING EXTERNAL PATCH</b>	2	
<b>ASPERFLEX MAX EXTERNAL PATCH</b>	1 or 1b*	
avaderm external cream	2	
<b>AVEENO ANTI-ITCH EXTERNAL LOTION</b>	2	
<b>BACTINE EXTERNAL LIQUID</b>	2	
<b>BACTINE MAX EXTERNAL LIQUID</b>	2	
<b>BAND-AID ANTISEPTIC CLEANSING EXTERNAL LIQUID</b>	2	
<b>BAND-AID ANTISEPTIC SPRAY EXTERNAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>BAND-AID ANTISEPTIC TO-GO-SPR EXTERNAL LIQUID</b>	2	
<b>BIORX SPONIX ARTHR &amp; MUSC EXTERNAL SOLUTION</b>	2	
burn relief/lidocaine/aloe external gel	2	
<b>CALACLEAR EXTERNAL LOTION</b>	1 or 1b*	
<b>CALADRYL CLEAR EXTERNAL LOTION</b>	1 or 1b*	
<b>CALADRYL EXTERNAL LOTION</b>	2	
<b>CALAGESIC EXTERNAL LOTION</b>	1 or 1b*	
calahist clear external lotion	1 or 1b*	
calahist external lotion	1 or 1b*	
calamine clear external lotion	1 or 1b*	
calamine plus external lotion	1 or 1b*	
caldyphen clear external lotion	1 or 1b*	
<b>CAPSIDERM EXTERNAL PATCH</b>	2	
<b>CAPZASIN QUICK RELIEF EXTERNAL GEL</b>	2	
<b>CBD KINGS EXTERNAL PATCH</b>	2	
cbd4 freeze pump vanish scent external cream	2	
<b>CHIGG AWAY EXTERNAL LOTION</b>	2	
clear anti-itch external lotion	1 or 1b*	
cml external patch	2	
cold & hot plus menthol external patch	1 or 1b*	
cool n heat external patch	1 or 1b*	
cooling burn relief external aerosol	1 or 1b*	
cvs anti-itch external cream	1 or 1b*	
cvs calamine plus external lotion	1 or 1b*	
cvs cold & hot max strength external patch	1 or 1b*	
cvs itch relief external lotion	1 or 1b*	
cvs lidocaine-menthol roll-on external liquid	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
cvs medicated first aid spray external aerosol	1 or 1b*	
<b>DERMAGESIC EXTERNAL CREAM</b>	2	
<b>DERMAGESIC EXTERNAL LIQUID</b>	2	
<b>DERMOPLAST EXTERNAL AEROSOL</b>	2	
<b>DERMOPLAST FIRST AID EXTERNAL AEROSOL</b>	1 or 1b*	
eql anti-itch clear external lotion	1 or 1b*	
eql calamine medicated external lotion	1 or 1b*	
<b>EXIGENCE ONE PATCH EXTERNAL PATCH</b>	1 or 1b*	
first aid antiseptic external liquid 2.5-0.13 %	1 or 1b*	
first aid antiseptic spray external aerosol	1 or 1b*	
fourpainrx external ointment	2	
gnp caldyphen clear external lotion	1 or 1b*	
gnp caldyphen external lotion	1 or 1b*	
gnp first aid spray external liquid	1 or 1b*	
gnp lidocaine-menthol external patch	1 or 1b*	
gnp liquid bandage external liquid	1 or 1b*	
<b>GOLD BOND INTENSIVE HEALING EXTERNAL CREAM</b>	2	
<b>GOLD BOND MEDICATED ANTI ITCH EXTERNAL LOTION</b>	2	
<b>GOLD BOND RAPID RELIEF EXTERNAL CREAM</b>	1 or 1b*	
goodsense clear anti-itch external lotion	1 or 1b*	
goodsense medicated calamine external lotion	1 or 1b*	
<b>ICY HOT LIDOCAINE PLUS MENTHOL EXTERNAL CREAM</b>	2	

Drug Name	Tier	Notes
<b>ICY HOT LIDOCAINE PLUS MENTHOL EXTERNAL PATCH</b>	1 or 1b*	
<b>ICY HOT MAX EXTERNAL AEROSOL</b>	2	
<b>ICY HOT MAX LIDOCAINE EXTERNAL CREAM</b>	2	
<b>ICY HOT MAX LIDOCAINE EXTERNAL LIQUID</b>	2	
<b>ICY HOT PM EXTERNAL PATCH</b>	2	
<b>ITCH-X EXTERNAL GEL</b>	2	
<b>ITCH-X EXTERNAL SOLUTION</b>	2	
<b>LANACANE ANTI-BACTERIAL EXTERNAL AEROSOL</b>	1 or 1b*	
<b>LANACANE EXTERNAL CREAM</b>	2	
<b>LANACANE FIRST AID 2-IN-1 EXTERNAL AEROSOL</b>	1 or 1b*	
<b>LANACANE MAXIMUM STRENGTH EXTERNAL CREAM</b>	2	
lenzapro flex patch external patch	1 or 1b*	
lidocaine plus menthol external patch	1 or 1b*	
lidocaine-menthol external gel	1 or 1b*	
lidocaine-menthol external patch	1 or 1b*	
lidocaine-menthol roll-on external liquid	2	
lidocaine-prilocaine external cream	1 or 1b*	QL
lidocaine-prilocaine external kit	1 or 1b*	QL
lidocaine-transparent dressing external kit	1 or 1b*	
<b>LIDOCREAM EXTERNAL KIT</b>	1 or 1b*	
<b>LIDOPATCH PAIN RELIEF EXTERNAL PATCH 3.6-1.25 %</b>	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
<b>LIDOPATCH PAIN RELIEF EXTERNAL PATCH 3.99-1.25 %</b>	3	
<b>LIDOPRO EXTERNAL OINTMENT 4-.0325-10-27.5 %</b>	2	
<b>LIDOZENGEL EXTERNAL GEL</b>	2	
<b>LIDOZENPATCH EXTERNAL PATCH</b>	1 or 1b*	
lidozo external therapy pack	2	
limetcam external patch	2	
liquid bandage external liquid 0.75-0.2 %	1 or 1b*	
<b>LMX 4 PLUS EXTERNAL KIT</b>	2	
mcl external patch	2	
<b>MEDI-FIRST/LIDOCAINE EXTERNAL CREAM</b>	2	
<b>MENTHOZEN HYDROGEL EXTERNAL PATCH</b>	2	
<b>MG217 FIRST AID COOLING BURN EXTERNAL LIQUID</b>	1 or 1b*	
mtx topical pain external patch	1 or 1b*	
<b>NEPTUNE ICE EXTERNAL GEL</b>	2	
<b>NULIDO EXTERNAL PATCH</b>	1 or 1b*	
<b>POINT RELIEF LIDOSPOT EXTERNAL PATCH</b>	1 or 1b*	
<b>PROLIDA EXTERNAL PATCH</b>	1 or 1b*	
qc anti-itch clear external lotion	1 or 1b*	
ra hot & cold lidocaine external patch	1 or 1b*	
ra liquid bandage external liquid	1 or 1b*	
reliever external patch	1 or 1b*	
<b>SALONPAS LIDOCAINE PLUS EXTERNAL CREAM</b>	2	
<b>SALONPAS LIDOCAINE PLUS EXTERNAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>SALONPAS PAIN REL GEL-PTCH HOT EXTERNAL PATCH</b>	2	
siterol external patch	2	
sm alcohol prep external pad	1 or 1b*	
sm alcohol prep/benzocaine external pad	1 or 1b*	
sm caldyphen clear external lotion 1-0.1 %	1 or 1b*	
sm caldyphen external lotion	1 or 1b*	
synoflex external patch	2	
<b>VENIA EXTERNAL PATCH</b>	1 or 1b*	
<b>VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT</b>	3	
<b>ZIMS MAX-FREEZE EXTERNAL PATCH</b>	1 or 1b*	
<b>ZIMS MAX-FREEZE PAIN RELIEF EXTERNAL PATCH</b>	1 or 1b*	
<b>ZYLOTROL EXTERNAL CREAM</b>	2	
<b>ZYLOTROL EXTERNAL GEL</b>	1 or 1b*	
<b>ZYLOTROL EXTERNAL PATCH</b>	1 or 1b*	
<b>ZYLOTROL PLUS EXTERNAL KIT</b>	2	
<b>*TOPICAL ANESTHETIC GASES***</b>		
<b>CRYODOSE TA EXTERNAL AEROSOL</b>	3	
<b>GEBAUERS INSTANT ICE EXTERNAL AEROSOL</b>	2	
<b>*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
bexarotene external gel	1 or 1b*	PA; SP; QL
<b>TARGRETIN EXTERNAL GEL</b>	3	PA; SP; QL
<b>*TOPICAL STEROID COMBINATIONS***</b>		
calcipotriene-betameth diprop external ointment	2	ST; QL
calcipotriene-betameth diprop external suspension	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
DUOBRII EXTERNAL LOTION	3	PA; QL
ENSTILAR EXTERNAL FOAM	3	QL
TACLONEX EXTERNAL OINTMENT	3	ST; QL
TACLONEX EXTERNAL SUSPENSION	3	ST; QL
<b>*TYPE II 5-ALPHA REDUCTASE INHIBITORS***</b>		
finasteride oral tablet 1 mg	1 or 1b*	
PROPECIA ORAL TABLET	3	
<b>*VASCULAR AGENTS***</b>		
cvs hair regrowth for men external foam	1 or 1b*	
cvs hair regrowth for women external foam	1 or 1b*	
cvs hair regrowth for women external solution	1 or 1b*	
eql hair regrowth for men external solution	1 or 1b*	
gainextra mens external foam	1 or 1b*	
hair regrowth treatment men external solution	1 or 1b*	
hair regrowth treatment women external foam	1 or 1b*	
hair regrowth treatment women external solution	1 or 1b*	
minoxidil for men external foam	1 or 1b*	
minoxidil for men external solution	1 or 1b*	
minoxidil for women external solution	1 or 1b*	
px minoxidil for men external solution	1 or 1b*	
px minoxidil for women external solution	1 or 1b*	
ra daylogic hair regrowth men external foam	1 or 1b*	
ra hair regrowth ex st for men external solution	1 or 1b*	
ROGAINE EXTERNAL SOLUTION	2	

Drug Name	Tier	Notes
ROGAINE EXTRA STRENGTH FOR MEN EXTERNAL SOLUTION	2	
ROGAINE MENS EXTERNAL FOAM	2	
ROGAINE MENS EXTRA STRENGTH EXTERNAL FOAM	2	
ROGAINE WOMENS EXTERNAL FOAM	2	
ROGAINE WOMENS EXTERNAL SOLUTION	2	
<b>*WOUND CARE - GROWTH FACTOR AGENTS***</b>		
REGANEX EXTERNAL GEL	3	QL
<b>*WOUND CARE COMBINATIONS***</b>		
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD	3	
XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD	3	
<b>*WOUND CARE SUPPLIES***</b>		
horizontal drain/tube att dev	2	
MASTISOL ADHESIVE EXTERNAL LIQUID	2	
PEDI-PRE TAPE SPRAY EXTERNAL LIQUID	2	
STIK-IT EXTERNAL LIQUID	2	
suction tube attachment device	2	
universal catheter access port	2	
vertical drain/tube att device	2	
wound drainage collector	2	
<b>*WOUND CLEANSERS/DECUBITUS ULCER THERAPY***</b>		
ACTIMARIS ALL-NATURAL WOUND EXTERNAL SOLUTION	2	
AMERIGEL WOUND WASH EXTERNAL SOLUTION	2	
cvs wound wash advanced external liquid	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
LAVARE WOUND WASH EXTERNAL GEL	3	
MICROCYN EXTERNAL GEL	3	
MICROCYN SKIN AND WOUND EXTERNAL GEL	3	
NEXCARE WOUND CLEANSER EXTERNAL LIQUID	2	
PURACYN PLUS DUO-CARE EXTERNAL LIQUID	2	
RESTA WOUND CLEANSER EXTERNAL LIQUID	2	
SAF-CLENS AF EXTERNAL LIQUID	2	
SILVERMED EXTERNAL LIQUID	2	
wound cleanser external liquid	2	
wound/skin cleanser external liquid	1 or 1b*	
<b>*WOUND DRESSINGS***</b>		
ACTIMARIS WOUND EXTERNAL GEL	2	
ADAPTIC NON-ADHERING DRESSING EXTERNAL PAD	2	
ALGISITE M 2"X2" EXTERNAL	2	
ALGISITE M 3/4"X12" EXTERNAL	2	
ALGISITE M 4"X4" EXTERNAL	2	
ALGISITE M 6"X8" EXTERNAL	2	
ALLEVYN ADHESIVE EXTERNAL PAD	2	
ALLEVYN GENTLE BORDER EXTERNAL PAD	2	
ALLEVYN GENTLE BORDER HEEL EXTERNAL PAD	2	
ALLEVYN GENTLE BORDER LITE EXTERNAL PAD	2	

Drug Name	Tier	Notes
ALLEVYN GENTLE BORDER SACRUM EXTERNAL PAD	2	
ALLEVYN GENTLE BORDR MULTISITE EXTERNAL PAD	2	
ALLEVYN GENTLE EXTERNAL PAD	2	
ALLEVYN HEEL EXTERNAL PAD	2	
ALLEVYN LIFE EXTERNAL PAD	2	
ALLEVYN LIFE HEEL EXTERNAL PAD	2	
ALLEVYN LIFE SACRUM EXTERNAL PAD	2	
ALLEVYN NON-ADHESIVE EXTERNAL PAD	2	
ALLEVYN SACRUM EXTERNAL PAD	2	
ALLEVYN TRACHEOSTOMY EXTERNAL PAD	2	
AMERIGEL WOUND DRESSING EXTERNAL GEL	2	
antibacterial alginate w/silv external pad	2	
AQUACEL AG ADVANTAGE EXTERNAL PAD	2	
AQUACEL AG FOAM EXTERNAL PAD 10"X12" , 3.2"X3.2" , 6"X8"	3	
AQUACEL AG FOAM EXTERNAL PAD 4"X4" , 6"X6" , 8"X8"	2	
AQUACEL AG FOAM/HEEL EXTERNAL PAD	3	
AQUACEL AG FOAM/SACRAL EXTERNAL PAD	3	
AQUACEL EXTRA HYDROFIBER 2X2 EXTERNAL PAD	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
AQUACEL EXTRA HYDROFIBER 6X6 EXTERNAL PAD	2	
AQUACEL EXTRA HYDROFIBER EXTERNAL PAD	2	
AQUACEL FOAM 3.2"X3.2" EXTERNAL PAD	2	
AQUACEL FOAM 4"X4" EXTERNAL PAD	2	
AQUACEL FOAM 5"X5" EXTERNAL PAD	2	
AQUACEL FOAM 6"X6" EXTERNAL PAD	2	
AQUACEL FOAM 6"X8" EXTERNAL PAD	2	
AQUACEL FOAM 7"X7" EXTERNAL PAD	2	
AQUACEL FOAM 8"X5.5" EXTERNAL PAD	2	
AQUACEL FOAM 8"X7" EXTERNAL PAD	2	
AQUACEL FOAM 9.4"X8.4" EXTERNAL PAD	2	
AQUACEL HYDROFIBER 0.39"X18" EXTERNAL	2	
AQUACEL-AG EXTRA HYDROFIBER EXTERNAL PAD 2"X2" , 6"X6" , 8"X12"	2	
AQUACEL-AG FOAM EXTERNAL PAD	2	
AQUACEL-AG HYDROFIBER EXTERNAL	3	
AQUACEL-AG SURGICAL HYDROFIBER EXTERNAL PAD 3.5" X 10" , 3.5" X 12" , 3.5" X 14" , 3.5" X 6"	3	
AQUACEL-AG SURGICAL HYDROFIBER EXTERNAL PAD 3.5" X 4"	2	
AVOGEL DRESSING 4"X4" EXTERNAL 20 %	2	

Drug Name	Tier	Notes
AVOGEL DRESSING 6"X48" EXTERNAL	2	
AVOGEL SHEET EXTERNAL	2	
CARBOFLEX ODOR CONTROL EXTERNAL PAD	2	
CARETOUCH 4"X4" DRESSING EXTERNAL	2	
CICA-CARE EXTERNAL SHEET	3	
COMFORT-AID 1.5"X2.5" EXTERNAL PAD	2	
CONFORMANT 2 WOUND VEIL EXTERNAL	2	
COOLMAGIC EXTERNAL SHEET	2	
COOLMAGIC TUBE SITE DRESSING EXTERNAL SHEET	2	
CURAFIL WOUND DRESSING EXTERNAL GEL	2	
CURITY HEAVY DRAINAGE PACK EXTERNAL PAD	2	
CURITY SALINE DRESSING 8"X4" EXTERNAL PAD	2	
CURITY UNNA BOOT EXTERNAL	2	
CUTICERIN 3"X16" EXTERNAL	2	
CUTICERIN 3"X3" EXTERNAL	2	
CUTICERIN 3"X8" EXTERNAL	2	
CUTICERIN 4"X4" EXTERNAL	2	
CUTICERIN 8"X16" EXTERNAL	2	
cvs anti-microbial silver external gel	2	
cvs foam adhesive dressing external pad	2	
cvs hydrocolloid pads external pad	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
cvs manuka honey wound external gel	2	
DERMAPLEX EXTERNAL GEL	2	
DOME-PASTE BANDAGE EXTERNAL PAD	2	
DRS CHOICE BLISTER CARE EXTERNAL PAD	2	
DRS CHOICE BURNS/SCALDS/ABRASION EXTERNAL PAD	2	
DRS CHOICE DIABETIC BANDAGES EXTERNAL KIT	2	
DRS CHOICE SKIN CLOSURE EXTERNAL KIT	2	
DRS CHOICE SLOW HEAL BANDAGES EXTERNAL KIT	2	
DRS CHOICE ULTRA-FLEX EXTERNAL	2	
DUODERM CGF BORDER EXTERNAL	2	
DUODERM CGF DRESSING EXTERNAL	2	
DUODERM CGF EXTRA THIN EXTERNAL	2	
DUODERM CGF SPOTS EXTRA THIN EXTERNAL	2	
DUODERM HYDROACTIVE EXTERNAL	2	
DUODERM HYDROACTIVE EXTERNAL GEL	2	
DUODERM SIGNAL DRESSING EXTERNAL	2	
DURAFIBER 2"X2" EXTERNAL	2	
DURAFIBER 3/4"X18" EXTERNAL	2	
DURAFIBER 4"X4" EXTERNAL	2	
DURAFIBER 6"X6" EXTERNAL	2	
DYNAGEL EXTERNAL GEL	2	

Drug Name	Tier	Notes
ELASTO-GEL 12"X12" EXTERNAL PAD	2	
ELASTO-GEL 2"X3" EXTERNAL PAD	2	
ELASTO-GEL 3" ROUND EXTERNAL PAD	2	
ELASTO-GEL 4"X4" EXTERNAL PAD	2	
ELASTO-GEL 5"X5" EXTERNAL PAD	2	
ELASTO-GEL 6"X8" EXTERNAL PAD	2	
ELASTO-GEL 8"X16" EXTERNAL PAD	2	
ELASTO-GEL CAST/SPLINT 12"X12" EXTERNAL PAD	2	
ELASTO-GEL CAST/SPLINT 4"X4" EXTERNAL PAD	2	
ELASTO-GEL CAST/SPLINT 6"X8" EXTERNAL PAD	2	
ELASTO-GEL CAST/SPLINT 8"X16" EXTERNAL PAD	2	
ELASTO-GEL FACE MASK EXTERNAL PAD	2	
ELASTO-GEL PLUS 2"X3" EXTERNAL PAD	2	
ELASTO-GEL PLUS 4"X4" EXTERNAL PAD	2	
ELASTO-GEL PLUS 8"X8" EXTERNAL PAD	2	
EXCEL-GEL EXTERNAL GEL	2	
EXU-DRY 15"X18" EXTERNAL PAD	2	
EXU-DRY 15"X24" EXTERNAL PAD	2	
EXU-DRY 20"X28" EXTERNAL PAD	2	
EXU-DRY 3"X4" EXTERNAL PAD	2	
EXU-DRY 4"X6" EXTERNAL PAD	2	
EXU-DRY 6"X9" EXTERNAL PAD	2	
EXU-DRY 9"X15" EXTERNAL PAD	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
EXU-DRY ARM 27"X31" EXTERNAL PAD	2	
EXU-DRY BOOT/FOOT CHILD EXTERNAL	2	
EXU-DRY BURN JACKET 17"X20" EXTERNAL PAD	2	
EXU-DRY BURN JACKET 31"X32" EXTERNAL PAD	2	
EXU-DRY BURN JACKET 36"X40" EXTERNAL	2	
EXU-DRY BURN VEST 26"X38" EXTERNAL	2	
EXU-DRY BURN VEST CHILD 15X20" EXTERNAL	2	
EXU-DRY BUTTOCKS 23"X53" EXTERNAL PAD	2	
EXU-DRY DISC 3" EXTERNAL	2	
EXU-DRY FACE 9"X14" EXTERNAL PAD	2	
EXU-DRY INCISION 3"X9" EXTERNAL PAD	2	
EXU-DRY LEG 34"X37" EXTERNAL	2	
EXU-DRY NON-PERMEABLE 24"X36" EXTERNAL PAD	2	
EXU-DRY NON-PERMEABLE 36"X72" EXTERNAL SHEET	2	
EXU-DRY PAD HAND CHILD 8"X8" EXTERNAL PAD	2	
EXU-DRY PADDED HAND 12"X13" EXTERNAL PAD	2	
EXU-DRY PADDED NECK 6"X25" EXTERNAL PAD	2	
EXU-DRY PERMEABLE 24"X36" EXTERNAL PAD	2	
EXU-DRY QUILTED 36"X72" EXTERNAL SHEET	2	

Drug Name	Tier	Notes
EXU-DRY SLIT DISC 3" EXTERNAL	2	
EXU-DRY SLIT TUBE 2"X3" EXTERNAL PAD	2	
EXU-DRY SLIT TUBE 3"X4" EXTERNAL	2	
EXU-DRY SLIT TUBE 4"X6" EXTERNAL	2	
FIBRACOL EXTERNAL	2	
FIBRACOL EXTERNAL PAD	2	
foam dressing bordered external pad	2	
foam dressing circular border external pad	2	
foam dressing non-bordered external pad	2	
GELOCAST UNNAS BOOT EXTERNAL	2	
GOLD DUST WOUND FILLER EXTERNAL PACKET	2	
HYDROCOL EXTERNAL PAD	2	
HYDROCOL II EXTERNAL PAD	2	
HYDROCOL II SACRAL EXTERNAL PAD	2	
HYDROCOL II THIN EXTERNAL PAD	2	
HYPAFIX EXTERNAL PAD	2	
INTRASITE GEL APPLIPAK EXTERNAL GEL	2	
KALTOSTAT 12"X24" EXTERNAL PAD	2	
KALTOSTAT 2"X2" EXTERNAL PAD	2	
KALTOSTAT 4"X8" EXTERNAL PAD	2	
KALTOSTAT 6"X9-1/2" EXTERNAL PAD	2	
KALTOSTAT FORTEX 4"X4" EXTERNAL PAD	2	
KALTOSTAT ROPE EXTERNAL	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
KALTOSTAT WOUND DRESSING EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 4"X4" EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 4"X5" EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 6"X6" EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 6"X7" EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 8"X8" EXTERNAL PAD	2	
KENDALL ANTIMICROBIAL BANDAGE EXTERNAL	2	
KENDALL CA ALGINATE 12" ROPE EXTERNAL	2	
KENDALL CA ALGINATE 12"X24" EXTERNAL	2	
KENDALL CA ALGINATE 2"X2" EXTERNAL	2	
KENDALL CA ALGINATE 24" ROPE EXTERNAL	2	
KENDALL CA ALGINATE 36" ROPE EXTERNAL	2	
KENDALL CA ALGINATE 4"X4" EXTERNAL	2	
KENDALL CA ALGINATE 4"X5-1/2" EXTERNAL	2	
KENDALL CA ALGINATE 6"X10" EXTERNAL	2	
KENDALL CA ALGINATE 8"X4" EXTERNAL	2	
KENDALL CA ALGINATE PLUS 4"X4" EXTERNAL	2	

Drug Name	Tier	Notes
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	
KERLIX SUPER SPONGE SALINE EXTERNAL PAD	2	
MEDIHONEY HCS WOUND/BURN EXTERNAL PAD	2	
MEDI-PAK PERFORMANCE PLUS ABD EXTERNAL PAD	2	
MEPILEX BORDER FLEX EXTERNAL PAD	2	
MEPILEX BORDER FLEX LITE EXTERNAL PAD	2	
MESALT EXTERNAL	2	
MESALT EXTERNAL PAD	2	
NU-GEL EXTERNAL GEL	2	
NU-GEL EXTERNAL PAD	2	
PURAPLY ANTIMICROBIAL 3.02CM EXTERNAL SHEET	3	
PURAPLY XT ANTIMICROBIAL EXTERNAL SHEET	3	
REPLICARE 1-1/2"X2-1/2" EXTERNAL PAD	2	
REPLICARE 4"X4" EXTERNAL PAD	2	
REPLICARE 6"X6" EXTERNAL PAD	2	
REPLICARE 8"X8" EXTERNAL PAD	2	
REPLICARE THIN 2"X2.75" EXTERNAL PAD	2	
REPLICARE THIN 3.5"X5.5" EXTERNAL PAD	2	
REPLICARE THIN 6"X8" EXTERNAL PAD	2	
REPLICARE ULTRA 4"X4" EXTERNAL PAD	2	
REPLICARE ULTRA 6"X6" EXTERNAL PAD	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
REPLICARE ULTRA SACRUM 7"X8" EXTERNAL PAD	2	
RESTA SILVER EXTERNAL GEL	2	
RESTORE CALCICARE DRESSING EXTERNAL	2	
RESTORE CALCIUM ALGINATE EXTERNAL	2	
RESTORE CX WOUND CARE DRESSING EXTERNAL PAD	2	
RESTORE DRESSING FOR PSORIASIS EXTERNAL PAD	2	
RESTORE EXTRA THIN DRESSING EXTERNAL PAD	2	
RESTORE HYDROGEL DRESSING EXTERNAL GEL	2	
RESTORE HYDROGEL GAUZE EXTERNAL	2	
RESTORE HYDROGEL GAUZE EXTERNAL PAD	2	
RESTORE PLUS WOUND CARE DRESS EXTERNAL PAD	2	
RESTORE SILVER DRESSING EXTERNAL 1" X 12"	2	
RESTORE WOUND CARE DRESSING EXTERNAL PAD	2	
REVITADERM WOUND CARE EXTERNAL GEL	2	
SILVERMED EXTERNAL GEL	2	
SOLOSITE WOUND GEL EXTERNAL GEL	2	
SORBSAN WOUND DRESSING EXTERNAL PAD	2	
STIMULEN EXTERNAL GEL	2	
STIMULEN EXTERNAL LOTION	2	
STIMULEN EXTERNAL PACKET	2	
STIMULEN EXTERNAL POWDER	2	

Drug Name	Tier	Notes
TEGADERM AG MESH EXTERNAL PAD 2"X2"	2	
TEGADERM ALGINATE AG DRESSING EXTERNAL PAD 2" X 2" , 4" X 5" , 6" X 6"	2	
TEGADERM ALGINATE AG ROPE EXTERNAL 1" X 12"	2	
TEGADERM HIGH GELLING ALGINATE EXTERNAL	2	
TEGADERM HIGH GELLING ALGINATE EXTERNAL PAD	2	
TEGADERM HIGH INTEG ALGINATE EXTERNAL	2	
TEGADERM HIGH INTEG ALGINATE EXTERNAL PAD	2	
TEGADERM HYDROCOLLOID EXTERNAL	2	
TEGADERM HYDROCOLLOID THIN EXTERNAL	2	
TEGADERM HYDROGEL WOUND FILLER EXTERNAL GEL	2	
TOE-AID EXTERNAL PAD	2	
triple helix collagen 12" rope external	2	
triple helix collagen 2"x2" external pad	2	
triple helix collagen external powder	2	
UNNA-FLEX ELASTIC UNNA BOOT EXTERNAL	2	
UNNA-FLEX PLUS VENOUS ULCER EXTERNAL KIT	2	
VASELINE PETROLATUM GAUZE EXTERNAL PAD	2	
VASELINE PETROLATUM TUBE FOIL EXTERNAL PAD	2	

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



Drug Name	Tier	Notes
<b>VIGILON PRIMARY WOUND DRESSING EXTERNAL PAD</b>	2	
wound gel external gel	2	
wound gel spray external gel	2	
<b>WOUNDGARD 2-1/2"X2-1/2" EXTERNAL PAD</b>	2	
<b>WOUNDGARD 4"X4-1/4" EXTERNAL PAD</b>	2	
<b>WOUNDGARD 4"X6" EXTERNAL PAD</b>	2	
<b>WOUNDGELHA EXTERNAL GEL</b>	2	
<b>WOUNDGELHA MATRIX EXTERNAL GEL</b>	3	
zeniabsorb 4"x5" external pad	2	
zeniabsorb 6"x9" external pad	2	
zenicontact 4"x7" external pad	2	
zenifiber 2"x2" external	2	
zenifiber 4"x5" external	2	
zenifiber 6"x6" external	2	
zenifiber 8"x8" external	2	
zenifiber ag external	2	
zenifoam 2"x2" external pad	2	
zenifoam 4"x5" external pad	2	
zenifoam 6"x6" external pad	2	
zenifoam 8"x8" external pad	2	
zenifoam ag external pad 6"x6" , 8"x8"	2	
zenifoam ag gentle border external pad	2	
zenifoam gentle 2"x2" external pad	2	
zenifoam gentle 4"x4" external pad	2	
zenifoam gentle 6"x6" external pad	2	
zenifoam gentle 7"x7"/sacral external pad	2	
zenifoam gentle 9"x9"/sacral external pad	2	
zenifoam gentle ag external pad	2	

Drug Name	Tier	Notes
zenifoam gentle border 2"x2" external pad	2	
zenifoam gentle border 3"x3" external pad	2	
zenifoam gentle border 4"x4" external pad	2	
zenifoam gentle border 6"x6" external pad	2	
zenifoam gentle border/heel external pad	2	
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC BIOLOGICALS***</b>		
almond (diagnostic) injection solution	3	
<b>APLISOL INTRADERMAL SOLUTION</b>	3	
apple (diagnostic) injection solution	3	
aspergillus fumigatus intradermal solution 1:20	3	
aureobasidium pullulans intradermal solution	3	
avocado (diagnostic) injection solution	3	
banana (diagnostic) injection solution	3	
beef (diagnostic) injection solution	3	
botrytis cinerea (diagnostic) intradermal solution	3	
candida albicans skn tst antgn injection solution	3	
candida albicans skn tst antgn intradermal solution	1 or 1b*	
<b>CANDIN INTRADERMAL SOLUTION</b>	3	
cantaloupe (diagnostic) injection solution	3	
casein (diagnostic) injection solution	3	
chicken meat (diagnostic) injection solution	3	
cocoa bean (diagnostic) injection solution	3	

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

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Drug Name	Tier	Notes
crab (diagnostic) injection solution	3	
egg white (diagnostic) injection solution	3	
mosquito (diagnostic) intradermal solution	3	
oat grain (diagnostic) injection solution	3	
orange (diagnostic) injection solution	3	
peanut (diagnostic) injection solution	3	
pecan nut (diagnostic) injection solution	3	
penicillium notatum intradermal solution	3	
pistachio nut (diagnostic) injection solution	3	
pork (diagnostic) injection solution	3	
rice (diagnostic) injection solution	3	
saccharomyces cerevisiae intradermal solution	3	
sesame seed (diagnostic) injection solution	3	
shrimp (diagnostic) injection solution	3	
soybean (diagnostic) injection solution	3	
<b>SPHERUSOL INTRADERMAL SOLUTION</b>	3	
strawberry (diagnostic) injection solution	3	
sweet corn (diagnostic) injection solution	3	
tomato (diagnostic) injection solution	3	
trichophyton mentag (diagnost) subcutaneous solution	3	
<b>TUBERSOL INTRADERMAL SOLUTION</b>	3	
whole egg (diagnostic) injection solution	3	

Drug Name	Tier	Notes
<b>*DIAGNOSTIC DRUGS***</b>		
adenosine (diagnostic) intravenous solution	1 or 1b*	
adenosine intravenous solution 3 mg/ml	1 or 1b*	
<b>ARIDOL INHALATION KIT 0 &amp; 5 &amp; 10 &amp; 20 &amp; 40 MG</b>	3	
<b>BLUDIGO INTRAVENOUS SOLUTION</b>	3	
<b>CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>CORTROSYN INJECTION SOLUTION RECONSTITUTED</b>	3	
cosyntropin injection solution reconstituted	1 or 1b*	
<b>CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED</b>	3	
dipyridamole intravenous solution	1 or 1b*	
d-xylose powder	3	
<b>GLEOLAN ORAL SOLUTION RECONSTITUTED</b>	3	
<b>GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED</b>	2	
glucagon hcl (diagnostic) injection solution reconstituted	3	
glutol oral liquid	2	
<b>HISTATROL INJECTION SOLUTION</b>	3	
<b>HISTATROL INTRADERMAL SOLUTION</b>	3	
indocyanine green intravenous solution reconstituted	1 or 1b*	
isosulfan blue subcutaneous 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
KINEVAC INJECTION SOLUTION RECONSTITUTED	3	
LEXISCAN INTRAVENOUS SOLUTION	3	
METOPIRONE ORAL CAPSULE	3	
positive skin test control injection solution	3	
PRE-PEN INTRADERMAL SOLUTION	3	
PROVOCHOLINE INHALATION KIT	3	
PROVOCHOLINE INHALATION SOLUTION RECONSTITUTED	3	
R-GENE 10 INTRAVENOUS SOLUTION	3	
SECREFLO INTRAVENOUS SOLUTION RECONSTITUTED	3	
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	3	
<b>*DIAGNOSTIC INFECTION TEST COMBINATIONS***</b>		
COBAS LIAT SARS-COV-2-AB ASSAY IN VITRO KIT	3	
COBAS LIAT SARS-COV-2-AB CNTRL IN VITRO KIT	3	
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - BRAIN***</b>		
AMYVID INTRAVENOUS SOLUTION	3	
DATSCAN INTRAVENOUS SOLUTION	3	
fluorodopa f 18 intravenous solution	3	

Drug Name	Tier	Notes
NEURACEQ INTRAVENOUS SOLUTION	3	
VIZAMYL INTRAVENOUS SOLUTION	3	
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - CARDIAC***</b>		
ammonia n 13 intravenous solution	3	
CARDIOLITE INTRAVENOUS KIT	3	
MYOVIEW 30ML INTRAVENOUS KIT	3	
MYOVIEW INTRAVENOUS KIT	3	
technetium tc 99m sestamibi intravenous kit	3	
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - ENDOCRINE***</b>		
ADREVIEW INTRAVENOUS SOLUTION	3	
DETECTNET INTRAVENOUS SOLUTION	3	
DOTATOC GA 68 INTRAVENOUS SOLUTION	3	
indium in 111 dtpa intrathecal solution	3	
NETSPOT INTRAVENOUS KIT	3	
sodium iodide i-123 oral capsule	3	
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - GASES***</b>		
xenon xe 133 inhalation gas	3	
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - HEPATOBILIARY***</b>		
CHOLETEC INTRAVENOUS KIT	3	
technetium tc 99m mebrofenin intravenous kit	3	

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

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Drug Name	Tier	Notes
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - LYMPHATIC SYSTEM**</b>		
LYMPHOSEEK INJECTION KIT	3	
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - MISCELLANEOUS***</b>		
CERIANNA INTRAVENOUS SOLUTION	3	
fludeoxyglucose f 18 intravenous solution	3	
LEU TECHNELITE COMBINATION KIT	3	
NEUROLITE INTRAVENOUS KIT	3	
TECHNELITE COMBINATION KIT	3	
technet tc 99m sulfur colloid combination kit	3	
technetium tc 99m pyrophos intravenous kit	3	
volumex intravenous solution prefilled syringe	3	
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - PROSTATIC***</b>		
AXUMIN INTRAVENOUS SOLUTION	3	
gallium ga 68 gozetotide intravenous solution	3	
ILLUCCIX CONFIGURATION A INTRAVENOUS KIT	3	
ILLUCCIX CONFIGURATION B INTRAVENOUS KIT	3	
LOCAMETZ INTRAVENOUS KIT	3	
PYLARIFY INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - RENAL***</b>		
dmsa intravenous kit	3	

Drug Name	Tier	Notes
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS - SKELETAL***</b>		
technetium tc 99m medronate intravenous kit	3	
<b>*DIAGNOSTIC RADIOPHARMACEUTIC ALS-IMMUNE CELL RADIOLABELING**</b>		
CERETEC INTRAVENOUS KIT	3	
indium in 111 oxyquinoline intravenous solution	3	
<b>*DIAGNOSTIC SUPPLIES***</b>		
AQUASONIC 100 EXTERNAL GEL	1 or 1b*	
CHEMSTRIP CALIBRATION IN VITRO STRIP	2	
GRAFCO ULTRASOUND EXTERNAL GEL	1 or 1b*	
GRAFCO ULTRASOUND TRANSMISSION EXTERNAL GEL	1 or 1b*	
H-R ULTRASOUND JELLY EXTERNAL GEL	1 or 1b*	
H-R ULTRASOUND JELLY ONE SHOT EXTERNAL GEL	1 or 1b*	
ultrasone external cream	2	
ultrasound gel external gel	1 or 1b*	
<b>*DIAGNOSTIC TEST COMBINATIONS***</b>		
CLEARBLUE DIGITAL OVU + PREG IN VITRO KIT	2	
gnp early ovulation test in vitro kit	2	
<b>*DIAGNOSTIC TESTS***</b>		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT	3	
a1c test at-home in vitro kit	1 or 1b*	
A1CNOW SELF CHECK IN VITRO KIT	1 or 1b*	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	QL
ACCU-CHEK GUIDE IN VITRO STRIP	2	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
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	QL
ACCU-CLEAR PREGNANCY IN VITRO DIAGNOSTIC TEST	2	
ACCUTREND CHOLESTEROL IN VITRO STRIP	2	
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL
ALBUSTIX IN VITRO STRIP	2	
at-home drug test in vitro kit	2	
CHEMSTRIP 2 IN VITRO STRIP	2	
CHEMSTRIP K IN VITRO STRIP	2	
CHEMSTRIP MICRAL IN VITRO STRIP	2	
CLEARBLUE DIGITAL OVULATION IN VITRO DIAGNOSTIC TEST	2	
CLEARBLUE DIGITAL PLUS IN VITRO DIAGNOSTIC TEST	2	
CLEARBLUE DIGITAL PREGNANCY IN VITRO DIAGNOSTIC TEST	2	
CLEARBLUE EASY OVULATION COMBO IN VITRO DIAGNOSTIC TEST	2	
CLEARBLUE FERTILITY MONITOR IN VITRO STICK	2	
CLEARBLUE PLUS PREGNANCY IN VITRO DIAGNOSTIC TEST	2	
COAGUCHEK PT TEST IN VITRO STRIP	2	
COAGUCHEK XS PT TEST IN VITRO STRIP	2	
cvs at home a1c test in vitro kit	1 or 1b*	
cvs daily ovulation predictor in vitro kit	2	
cvs digital pregnancy test in vitro diagnostic test	1 or 1b*	
cvs early pregnancy in vitro diagnostic test	1 or 1b*	

Drug Name	Tier	Notes
cvs early result pregnancy in vitro diagnostic test	1 or 1b*	
cvs one step pregnancy in vitro diagnostic test	1 or 1b*	
cvs pregnancy test kit in vitro diagnostic test	1 or 1b*	
daily ovulation predictor in vitro strip	2	
diabetes test (hba1c) in vitro kit	1 or 1b*	
DIASTIX IN VITRO STRIP	2	
digital pregnancy in vitro diagnostic test	2	
DX1 ORAGENOMIC DNA SCREEN COMBINATION KIT	3	
DX2 ORAGENOMIC DNA SCREEN COMBINATION KIT	3	
early pregnancy in vitro diagnostic test	2	
early result pregnancy in vitro diagnostic test	2	
EPT DIGITAL IN VITRO DIAGNOSTIC TEST	2	
EPT IN VITRO DIAGNOSTIC TEST	2	
eq pregnancy test early result in vitro diagnostic test	2	
eq pregnancy test in vitro diagnostic test	2	
eql one-step pregnancy in vitro diagnostic test	2	
eql pregnancy early result in vitro diagnostic test	2	
eql pregnancy test digital in vitro diagnostic test	2	
FACT PLUS+ PREGNANCY IN VITRO DIAGNOSTIC TEST	2	
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP	2	
gnp advanced pregnancy test in vitro diagnostic test	2	
gnp one step pregnancy in vitro diagnostic test	2	
gnp pregnancy test in vitro diagnostic test	2	

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

Drug Name	Tier	Notes
<b>GOJJI BLOOD KETONE TEST IN VITRO STRIP</b>	2	
home pap kit in vitro kit	3	
inflammation test kit	2	
ketone test in vitro strip	2	
<b>KETOSTIX IN VITRO STRIP</b>	2	
medicated dna collection 2 combination kit	3	
medicated dna collection combination kit	3	
<b>MILKSCREEN FOR BREASTFEEDING IN VITRO STRIP</b>	2	
<b>NOVA MAX PLUS KETONE TEST IN VITRO STRIP</b>	2	
one step ovulation test in vitro kit	2	
one step pregnancy in vitro diagnostic test	2	
one-step pregnancy in vitro diagnostic test	2	
<b>ONETOUCH ULTRA IN VITRO STRIP</b>	2	QL
<b>ONETOUCH VERIO IN VITRO STRIP</b>	2	QL
ovulation predictor in vitro kit	2	
ovulation predictor one step in vitro diagnostic test	2	
personal biometric test kit	2	
ph strips in vitro diagnostic test	3	
<b>PRECISION XTRA KETONE IN VITRO STRIP</b>	2	
pregnancy test in vitro diagnostic test	2	
<b>PURALIN ONE-STEP PREGNANCY IN VITRO DIAGNOSTIC TEST</b>	2	
px pregnancy test in vitro diagnostic test	2	
<b>RELION KETONE TEST IN VITRO STRIP</b>	2	
sb pregnancy test kit in vitro diagnostic test	2	

Drug Name	Tier	Notes
sm ovulation predictor in vitro kit	2	
sm pregnancy in vitro diagnostic test	2	
sm pregnancy test kit in vitro diagnostic test	2	
<b>TOXICOLOGY MED COLLECTION SYS IN VITRO KIT</b>	3	
ufcw biometric kit	2	
vitamin d test kit	2	
<b>*INFECTION TESTS***</b>		
<b>ACCUA SARS-COV-2 IN VITRO KIT</b>	3	
<b>AZO TEST IN VITRO STRIP</b>	2	
<b>AZO TEST STRIPS IN VITRO STRIP</b>	2	
<b>BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT</b>	3	
<b>BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT</b>	2	
<b>CARESTART COVID-19 HOME TEST IN VITRO KIT</b>	2	
<b>CLEARDETECT COVID-19 AG HOME IN VITRO KIT</b>	2	
<b>CLINITEST RAPID COVID-19 TEST IN VITRO KIT</b>	2	
<b>COBAS LIAT SARS-COV-2 ASSAY IN VITRO KIT</b>	3	
<b>COBAS LIAT SARS-COV-2 CONTROL IN VITRO KIT</b>	3	
covid-19 at-home test in vitro kit	2	
covid-19 otc antigen 1-pack in vitro kit	2	
covid-19 otc antigen 2-pack in vitro kit	2	
covid-19 specimen collection kit	2	
covid-19 testing by pharmacist kit	2	
<b>CUE COVID-19 TEST IN VITRO CARTRIDGE</b>	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
<b>CUE HEALTH MONITORING SYSTEM IN VITRO</b>	2	
cvs covid-19 at home test kit in vitro kit	2	
<b>DIATRUST COVID-19 HOME TEST IN VITRO KIT</b>	2	
<b>DXTERITY COVID-19 HOME TEST IN VITRO KIT</b>	2	
ellume covid-19 home test in vitro kit	2	
<b>EVERLYWELL COVID-19 HOME TEST IN VITRO KIT</b>	2	
<b>FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT</b>	2	
<b>GENABIO COVID-19 RAPID TEST IN VITRO KIT</b>	2	
gnp urinary tract test strips in vitro strip	2	
<b>HOME ACCESS EXPRESS HIV-1 TEST IN VITRO KIT</b>	2	
<b>HOME ACCESS HIV-1 TEST SYSTEM IN VITRO KIT</b>	2	
<b>ID NOW COVID-19 2.0 CONTROL IN VITRO KIT</b>	2	
<b>ID NOW COVID-19 2.0 TEST IN VITRO KIT</b>	3	
<b>IHEALTH COVID-19 RAPID TEST IN VITRO KIT</b>	2	
<b>INDICAID COVID-19 RAPID TEST IN VITRO KIT</b>	2	
<b>INTELISWAB COVID-19 RAPID TEST IN VITRO KIT</b>	2	
<b>LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT</b>	2	
<b>LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT</b>	3	

Drug Name	Tier	Notes
<b>ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT</b>	2	
<b>ON/GO ONE COVID-19 HOME TEST IN VITRO KIT</b>	2	
<b>ORAQUICK IN VITRO KIT</b>	2	
<b>PILOT COVID-19 AT-HOME TEST IN VITRO KIT</b>	2	
<b>PIXEL COVID-19 PCR HOME TEST IN VITRO KIT</b>	2	
<b>QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT</b>	2	
<b>QUICKVUE SARS ANTIGEN TEST IN VITRO KIT</b>	3	
ra urinary tract infection in vitro strip	2	
<b>SIMPLICITY COVID-19 AT-HOME IN VITRO KIT</b>	2	
<b>SOFIA SARS ANTIGEN FIA IN VITRO KIT</b>	3	
<b>SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT</b>	2	
<b>UTI HOME IN VITRO DIAGNOSTIC TEST</b>	2	
<b>XPRT XPRESS SARS-COV-2 IN VITRO KIT</b>	3	
<b>*MISCELLANEOUS CONTRAST MEDIA***</b>		
<b>CLARISCAN INTRAVENOUS SOLUTION</b>	1 or 1b*	
<b>CLARISCAN INTRAVENOUS SOLUTION PREFILLED SYRINGE</b>	1 or 1b*	
<b>DEFINITY INTRAVENOUS SUSPENSION 6.52 MG/ML</b>	3	
<b>DEFINITY RT INTRAVENOUS SUSPENSION</b>	3	

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

Drug Name	Tier	Notes
DOTAREM INTRAVENOUS SOLUTION	3	
DOTAREM INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
ELUCIREM INTRAVENOUS SOLUTION	3	
EOVIST INTRAVENOUS SOLUTION	3	
EXEM INTRAUTERINE FOAM	3	
GDAVIST INTRAVENOUS SOLUTION	3	
GDAVIST INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
gadoterate meglumine intravenous solution	1 or 1b*	
LUMASON INJECTION SUSPENSION RECONSTITUTED	3	
MULTIHANCE INTRAVENOUS SOLUTION	3	
OMNISCAN INTRAVENOUS SOLUTION	3	
OPTISON INTRAVENOUS SUSPENSION	3	
PROHANCE INTRAVENOUS SOLUTION	3	
VUEWAY INTRAVENOUS SOLUTION	3	
<b>*MULTIPLE SKIN TESTS***</b>		
T.R.U.E. TEST EXTERNAL DIAGNOSTIC TEST	3	
<b>*MULTIPLE URINE TESTS***</b>		
CHEMSTRIP 10 MD IN VITRO STRIP	2	

Drug Name	Tier	Notes
CHEMSTRIP 10/SG IN VITRO STRIP	2	
CHEMSTRIP 2 GP IN VITRO STRIP	2	
CHEMSTRIP 5 OB IN VITRO STRIP	2	
CHEMSTRIP 7 IN VITRO STRIP	2	
CHEMSTRIP 9 IN VITRO STRIP	2	
CHEMSTRIP UGK IN VITRO STRIP	2	
CVS KETONE CARE IN VITRO STRIP	2	
KETO-DIASTIX IN VITRO STRIP	2	
MULTISTIX 10 SG IN VITRO STRIP	2	
<b>*RADIOGRAPHIC CONTRAST MEDIA - BARIUM***</b>		
barium sulfate powder	3	
E-Z-HD ORAL SUSPENSION RECONSTITUTED	3	
E-Z-PAQUE ORAL SUSPENSION RECONSTITUTED	3	
LIQUID E-Z-PAQUE ORAL SUSPENSION	3	
READI-CAT 2 ORAL SUSPENSION 2 %	3	
TAGITOL V ORAL SUSPENSION	3	
VARIBAR NECTAR ORAL SUSPENSION	3	
VARIBAR THIN LIQUID ORAL SUSPENSION RECONSTITUTED	3	
<b>*RADIOGRAPHIC CONTRAST MEDIA - IODINATED***</b>		
CONRAY INJECTION SOLUTION	3	
CYSTO-CONRAY II URETHRAL SOLUTION	3	
CYSTOGRAFIN URETHRAL SOLUTION	3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION	3	

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

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Drug Name	Tier	Notes
<b>GASTROGRAFIN ORAL SOLUTION</b>	3	
iodixanol intravenous solution	1 or 1b*	
<b>ISOVUE-200 INTRAVENOUS SOLUTION</b>	3	
<b>ISOVUE-250 INTRAVENOUS SOLUTION</b>	3	
<b>ISOVUE-300 INTRAVENOUS SOLUTION</b>	3	
<b>ISOVUE-370 INTRAVENOUS SOLUTION</b>	3	
<b>ISOVUE-M 200 INJECTION SOLUTION</b>	3	
<b>ISOVUE-M 300 INJECTION SOLUTION</b>	3	
<b>LIPIODOL INJECTION OIL 480 MG/ML</b>	3	
<b>OMNIPAQUE INJECTION SOLUTION</b>	3	
<b>OMNIPAQUE INTRAVENOUS SOLUTION 140 MG/ML, 350 MG/ML</b>	3	
<b>OMNIPAQUE ORAL SOLUTION</b>	3	
<b>ULTRAVIST INJECTION SOLUTION 62 %, 77 %</b>	3	
<b>VISIPAQUE INTRAVENOUS SOLUTION</b>	3	
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*</b>		
<b>*DIETARY MANAGEMENT PRODUCT COMBINATIONS***</b>		
<b>CULTURELLE IBS COMPLETE ORAL PACKET</b>	2	
<b>DENOVO PLUS B12 ORAL CAPSULE</b>	2	
<b>FDGARD ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
<b>NEOPHE ORAL POWDER</b>	2	
<b>NUFOLA ORAL CAPSULE 3.5-1-25-300 MG</b>	2	
<b>TEARS AGAIN HYDRATE ORAL CAPSULE 250-125-10 MG</b>	2	
<b>TYR SPHERE 20 ORAL PACKET</b>	2	
<b>ZYTAZE ORAL CAPSULE</b>	2	
<b>*DIETARY MANAGEMENT PRODUCTS***</b>		
5-mthf es oral capsule	2	
5-mthf oral capsule 1700 mcg	1 or 1b*	
cytose oral powder	2	
d-ribose oral powder	2	
<b>FOLAFY ER ORAL TABLET EXTENDED RELEASE</b>	2	
methylfolate oral capsule	2	
methyl-folate oral capsule	1 or 1b*	
pregnenolone oral tablet	2	
<b>URE-NA ORAL PACKET</b>	2	
<b>*INFANT FOODS***</b>		
<b>ADVANTAGE INFANT FORMULA/IRON ORAL POWDER</b>	2	
<b>ALFAMINO INFANT ORAL POWDER</b>	2	
<b>ALIMENTUM ORAL LIQUID</b>	2	
<b>ALIMENTUM ORAL POWDER</b>	2	
<b>ALSOY SOY FORMULA ORAL CONCENTRATE</b>	2	
<b>ALSOY SOY FORMULA ORAL LIQUID</b>	2	
<b>ALSOY SOY FORMULA ORAL POWDER</b>	2	
<b>BABYS ONLY ORGANIC/DAIRY ORAL POWDER</b>	2	
<b>BABYS ONLY ORGANIC/DHA &amp; ARA ORAL POWDER</b>	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
BABYS ONLY ORGANIC/SOY ORAL POWDER	2	
BABYS ONLY ORGNIC/GENT DHA-ARA ORAL POWDER	2	
BABYS ONLY ORGNIC/GENTLE DAIRY ORAL POWDER	2	
BABYS ONLY ORGNIC/SENS DHA-ARA ORAL POWDER	2	
CALCILO XD ORAL POWDER	2	
cvs advantage/iron oral powder	2	
cvs gentle infant formula/iron oral powder	2	
cvs infant formula/iron oral powder	2	
cvs sensitivity/iron oral powder	2	
cvs tender/iron oral powder	2	
cvs toddler & infant/iron oral powder	2	
cvs toddler beginnings-iron oral powder	2	
ELECARE DHA/ARA/IRON INFANT ORAL POWDER	2	
ENFAGROW NEUROPRO TODDLER ORAL LIQUID	2	
ENFAGROW NEXT STEP ORAL LIQUID	2	
ENFAGROW PREMIUM LIPIL ORAL POWDER	2	
ENFAGROW PREMIUM OLDER TODDLER ORAL POWDER	2	
ENFAGROW PREMIUM TODDLER GENTL ORAL POWDER	2	
ENFAGROW PREMIUM TODDLER ORAL POWDER	2	
ENFAGROW TODDLER GENTLEASE ORAL POWDER	2	
ENFAGROW TODDLER SOY ORAL POWDER	2	

Drug Name	Tier	Notes
ENFAGROW TODDLER TRANSITIONS ORAL POWDER	2	
ENFAMIL 24 ORAL LIQUID	2	
ENFAMIL AR LIPIL ORAL LIQUID	2	
ENFAMIL AR SPIT-UP ORAL LIQUID	2	
ENFAMIL AR SPIT-UP ORAL POWDER	2	
ENFAMIL ENFACARE LIPIL ORAL POWDER	2	
ENFAMIL ENFACARE ORAL LIQUID	2	
ENFAMIL ENSPIRE GENTLEASE ORAL POWDER	2	
ENFAMIL ENSPIRE/IRON ORAL POWDER	2	
ENFAMIL GENTLEASE LIPIL ORAL LIQUID	2	
ENFAMIL GENTLEASE ORAL LIQUID	2	
ENFAMIL GENTLEASE ORAL PACKET	2	
ENFAMIL GENTLEASE ORAL POWDER	2	
ENFAMIL HUMAN MILK FORTIFIER ORAL LIQUID	2	
ENFAMIL HUMAN MILK FORTIFIER ORAL PACKET	2	
ENFAMIL INFANT ORAL LIQUID	2	
ENFAMIL INFANT ORAL POWDER	2	
ENFAMIL LIPIL ENFACARE ORAL LIQUID	2	
ENFAMIL NEUROPRO ENFACARE ORAL LIQUID	2	
ENFAMIL NEUROPRO ENFACARE ORAL POWDER	2	
ENFAMIL NEUROPRO GENTLEASE ORAL LIQUID	2	

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

Drug Name	Tier	Notes
ENFAMIL NEUROPRO GENTLEASE ORAL POWDER	2	
ENFAMIL NEUROPRO INFANT ORAL LIQUID	2	
ENFAMIL NEUROPRO INFANT ORAL PACKET	2	
ENFAMIL NEUROPRO INFANT ORAL POWDER	2	
ENFAMIL NEUROPRO SENSITIVE ORAL POWDER	2	
ENFAMIL NUTRAMIGEN LIPIL ORAL CONCENTRATE	2	
ENFAMIL NUTRAMIGEN LIPIL ORAL LIQUID	2	
ENFAMIL NUTRAMIGEN ORAL LIQUID	2	
ENFAMIL NUTRAMIGEN PROBIOT LGG ORAL POWDER	2	
ENFAMIL NUTRAMIGEN TOD/ENF LGG ORAL POWDER	2	
ENFAMIL PREGESTIMIL LIPIL ORAL LIQUID	2	
ENFAMIL PREMATURE ORAL LIQUID	2	
ENFAMIL PREMIUM INFANT ORAL CONCENTRATE	2	
ENFAMIL PREMIUM INFANT ORAL LIQUID	2	
ENFAMIL PREMIUM INFANT ORAL POWDER	2	
ENFAMIL PREMIUM LIPIL ORAL CONCENTRATE	2	
ENFAMIL PREMIUM LIPIL ORAL LIQUID	2	
ENFAMIL PREMIUM NEWBORN ORAL LIQUID	2	
ENFAMIL PREMIUM NEWBORN ORAL POWDER	2	

Drug Name	Tier	Notes
ENFAMIL PROSOBEE LIPIL ORAL CONCENTRATE	2	
ENFAMIL PROSOBEE LIPIL ORAL LIQUID	2	
ENFAMIL PROSOBEE SOY ORAL POWDER	2	
ENFAMIL PROSOBEE/SENSITIVE ORAL LIQUID	2	
ENFAMIL REGULINE-IRON ORAL POWDER	2	
ENFAMIL SOY PROSOBEE ORAL LIQUID	2	
ENFAPORT ORAL LIQUID	2	
FORTINI INFANT FORMULA ORAL LIQUID	2	
GERBER EXTENSIVE HA ORAL POWDER	2	
GERBER GOOD START A2-IRON ORAL POWDER	2	
GERBER GOOD START A2-TODDLER ORAL POWDER	2	
GERBER GOOD START GENTLE 2 ORAL POWDER	2	
GERBER GOOD START GENTLE ORAL CONCENTRATE	2	
GERBER GOOD START GENTLE ORAL LIQUID	2	
GERBER GOOD START GENTLE ORAL POWDER	2	
GERBER GOOD START GENTLEPRO 2 ORAL POWDER	2	
GERBER GOOD START GENTLEPRO/FE ORAL CONCENTRATE	2	
GERBER GOOD START GENTLEPRO/FE ORAL POWDER	2	
GERBER GOOD START GROW 3 ORAL POWDER	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
GERBER GOOD START NOURISH ORAL LIQUID	2	
GERBER GOOD START NOURISH ORAL POWDER	2	
GERBER GOOD START PREMATURE ORAL LIQUID	2	
GERBER GOOD START PREMATURE ORAL POWDER	2	
GERBER GOOD START PROTECT/IRON ORAL POWDER	2	
GERBER GOOD START SOOTHE 1 ORAL POWDER	2	
GERBER GOOD START SOOTHE 2 ORAL POWDER	2	
GERBER GOOD START SOOTHE ORAL POWDER	2	
GERBER GOOD START SOOTHEPRO/FE ORAL POWDER	2	
GERBER GOOD START SOY ORAL POWDER	2	
GERBER GOOD START SOY/IRON ORAL CONCENTRATE	2	
GERBER GOOD START SOY/IRON ORAL LIQUID	2	
GERBER GOOD START SOY/IRON ORAL POWDER	2	
GERBER GOOD START SUPREME/IRON ORAL CONCENTRATE	2	
GERBER GOOD START SUPREME/IRON ORAL LIQUID	2	
GERBER GOOD START SUPREME/IRON ORAL POWDER	2	
GERBER GOOD START SUPREME/IRON ORAL POWDER	2	
GERBER GRADUATES GENTLE/IRON ORAL POWDER	2	
GERBER GRADUATES PROTECT/IRON ORAL POWDER	2	

Drug Name	Tier	Notes
GERBER GRADUATES SOOTHE ORAL POWDER	2	
GERBER GRADUATES SOY/IRON ORAL POWDER	2	
GERBER NATURA STAGE 1 ORAL POWDER	2	
GERBER NATURA STAGE 2 ORAL POWDER	2	
GERBER NATURA STAGE 3 ORAL POWDER	2	
GOOD START 2 ESSENTIALS SOY/FE ORAL POWDER	2	
GOOD START 2 ESSENTIALS/IRON ORAL CONCENTRATE	2	
GOOD START 2 ESSENTIALS/IRON ORAL LIQUID	2	
GOOD START 2 SUPREME/IRON ORAL CONCENTRATE	2	
GOOD START 2 SUPREME/IRON ORAL LIQUID	2	
GOOD START 2 SUPREME/IRON ORAL POWDER	2	
GOOD START ESSENTIALS SOY/IRON ORAL CONCENTRATE	2	
GOOD START ESSENTIALS SOY/IRON ORAL LIQUID	2	
GOOD START ESSENTIALS SOY/IRON ORAL POWDER	2	
GOOD START ESSENTIALS/IRON ORAL POWDER	2	
GOOD START GENTLE PLUS ORAL CONCENTRATE	2	
GOOD START GENTLE PLUS ORAL POWDER	2	

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

Drug Name	Tier	Notes
GOOD START NATURAL CULTURES ORAL POWDER	2	
GOOD START ORAL LIQUID	2	
GOOD START ORAL POWDER	2	
GOOD START SOY PLUS 2 ORAL POWDER	2	
GOOD START SUPREME/IRON ORAL CONCENTRATE	2	
GOOD START SUPREME/IRON ORAL LIQUID	2	
GOOD START SUPREME/IRON ORAL POWDER	2	
GOOD START/FE ORAL CONCENTRATE	2	
GOOD START/FE ORAL LIQUID	2	
GOOD START/FE ORAL POWDER	2	
ISOMIL 2 ORAL POWDER	2	
ISOMIL ADVANCE SOY FORMULA-FE ORAL LIQUID	2	
ISOMIL DF ORAL LIQUID	2	
ISOMIL SF/IRON ORAL CONCENTRATE	2	
ISOMIL SOY FORMULA/IRON ORAL LIQUID	2	
ISOMIL SOY/IRON ORAL POWDER	2	
ISOMIL/IRON ORAL CONCENTRATE	2	
ISOMIL/IRON ORAL LIQUID	2	
ISOMIL/IRON ORAL POWDER	2	
MSUD ANALOG ORAL POWDER	2	
NEOCATE SYNEO INFANT ORAL POWDER	2	
NEOSURE ADVANCE ORAL LIQUID	2	

Drug Name	Tier	Notes
NESTLE NAN PRO 1-IRON ORAL POWDER	2	
NESTLE NAN PRO-TODDLER ORAL POWDER	2	
PEPTICATE ORAL POWDER	2	
PERIFLEX INFANT ORAL POWDER	2	
PHENYL-FREE 1 ORAL POWDER	2	
PREGESTIMIL ORAL POWDER	2	
premium infant formula/iron oral powder	2	
protein fortifier oral liquid	2	
PURAMINO DHA/ARA ORAL POWDER	2	
PURAMINO JR ORAL POWDER	2	
PURAMINO TODDLER ORAL POWDER	2	
RCF LOW-IRON ORAL CONCENTRATE	2	
RCF ORAL CONCENTRATE	2	
SIMILAC 2 ADVANCE ORAL POWDER	2	
SIMILAC 2-IRON ORAL POWDER	2	
SIMILAC 360 TOT CARE SENS 5HMO ORAL LIQUID	2	
SIMILAC 360 TOTAL CARE 5 HMO ORAL LIQUID	2	
SIMILAC 360 TOTAL CARE 5 HMO ORAL POWDER	2	
SIMILAC 360 TOTAL CARE ORAL POWDER	2	
SIMILAC 360 TOTAL CARE SENS ORAL POWDER	2	
SIMILAC ADVANCE COMPLETE ORAL LIQUID	2	
SIMILAC ADVANCE COMPLETE ORAL POWDER	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
SIMILAC ADVANCE EARLY SHIELD ORAL CONCENTRATE	2	
SIMILAC ADVANCE EARLY SHIELD ORAL LIQUID	2	
SIMILAC ADVANCE EARLY SHIELD ORAL POWDER	2	
SIMILAC ADVANCE KOSHER ORAL LIQUID	2	
SIMILAC ADVANCE LAMEHADRIIN ORAL POWDER	2	
SIMILAC ADVANCE NON-GMO ORAL POWDER	2	
SIMILAC ADVANCE ON-THE-GO ORAL LIQUID	2	
SIMILAC ADVANCE OPTIGRO/IRON ORAL POWDER	2	
SIMILAC ADVANCE ORGANIC ORAL LIQUID	2	
SIMILAC ADVANCE ORGANIC ORAL POWDER	2	
SIMILAC ADVANCE/IRON ORAL PACKET	2	
SIMILAC ADVANCE-IRON ORAL LIQUID	2	
SIMILAC ADVANCE-IRON ORAL POWDER	2	
SIMILAC ALIMENTUM ADVANCE-IRON ORAL LIQUID	2	
SIMILAC ALIMENTUM-IRON ORAL POWDER	2	
SIMILAC EXPERT CARE ALIMENTUM ORAL LIQUID	2	
SIMILAC EXPERT CARE DIARRHEA ORAL LIQUID	2	
SIMILAC EXPERT CARE NEOSURE/FE ORAL LIQUID	2	
SIMILAC FOR SPIT-UP ORAL LIQUID	2	

Drug Name	Tier	Notes
SIMILAC FOR SPIT-UP ORAL POWDER	2	
SIMILAC FOR SPIT-UP/OPTIGRO ORAL POWDER	2	
SIMILAC FOR SUPPLEMENTATION ORAL LIQUID	2	
SIMILAC FOR SUPPLEMENTATION ORAL POWDER	2	
SIMILAC GO & GROW EARLY SHIELD ORAL POWDER	2	
SIMILAC GO & GROW HMO ORAL POWDER	2	
SIMILAC GO & GROW NON-GMO ORAL POWDER	2	
SIMILAC GO & GROW OPTIGRO ORAL POWDER	2	
SIMILAC GO & GROW TODDLER ORAL PACKET	2	
SIMILAC GO & GROW TODDLER ORAL POWDER	2	
SIMILAC HUMAN MILK FORTIFIER ORAL CONCENTRATE	2	
SIMILAC HUMAN MILK FORTIFIER ORAL POWDER	2	
SIMILAC LACTOSE FREE ADVANCE ORAL LIQUID	2	
SIMILAC LACTOSE FREE ADVANCE ORAL POWDER	2	
SIMILAC LACTOSE FREE ORAL POWDER	2	
SIMILAC LOW-IRON ORAL CONCENTRATE	2	
SIMILAC LOW-IRON ORAL LIQUID	2	
SIMILAC LOW-IRON ORAL POWDER	2	
SIMILAC NATURAL CARE ORAL LIQUID	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
SIMILAC NEOSURE ADVANCE/IRON ORAL LIQUID	2	
SIMILAC NEOSURE OPTIGRO ORAL LIQUID	2	
SIMILAC NEOSURE OPTIGRO ORAL POWDER	2	
SIMILAC NEOSURE ORAL POWDER	2	
SIMILAC ORAL LIQUID	2	
SIMILAC ORAL POWDER	2	
SIMILAC ORGANIC/A2 MILK/IRON ORAL POWDER	2	
SIMILAC ORGANIC/IRON ORAL LIQUID	2	
SIMILAC ORGANIC/IRON ORAL POWDER	2	
SIMILAC PM ORAL POWDER	2	
SIMILAC PRO-ADVANCE OPTIGRO ORAL LIQUID	2	
SIMILAC PRO-ADVANCE OPTIGRO ORAL POWDER	2	
SIMILAC PRO-ADVANCE WITH IRON ORAL LIQUID	2	
SIMILAC PRO-ADVANCE WITH IRON ORAL POWDER	2	
SIMILAC PRO-SENSITIVE OPTIGRO ORAL LIQUID	2	
SIMILAC PRO-SENSITIVE OPTIGRO ORAL POWDER	2	
SIMILAC PRO-SENSITIVE ORAL LIQUID	2	
SIMILAC PRO-SENSITIVE/IRON ORAL POWDER	2	
SIMILAC PRO-TOTAL COMFORT ORAL LIQUID	2	

Drug Name	Tier	Notes
SIMILAC PRO-TOTAL COMFORT ORAL POWDER	2	
SIMILAC PURE BLISS ORAL POWDER	2	
SIMILAC PURE BLISS/IRON ORAL POWDER	2	
SIMILAC SENSITIVE EARLY SHIELD ORAL CONCENTRATE	2	
SIMILAC SENSITIVE EARLY SHIELD ORAL LIQUID	2	
SIMILAC SENSITIVE EARLY SHIELD ORAL POWDER	2	
SIMILAC SENSITIVE FUSSINESS ORAL POWDER	2	
SIMILAC SENSITIVE NON-GMO ORAL POWDER	2	
SIMILAC SENSITIVE OPTIGRO ORAL LIQUID	2	
SIMILAC SENSITIVE OPTIGRO/IRON ORAL POWDER	2	
SIMILAC SENSITIVE ORAL CONCENTRATE	2	
SIMILAC SENSITIVE ORAL LIQUID	2	
SIMILAC SENSITIVE ORAL POWDER	2	
SIMILAC SENSITIVE SPIT-UP ORAL LIQUID	2	
SIMILAC SOY ISOMIL ORAL CONCENTRATE	2	
SIMILAC SOY ISOMIL ORAL LIQUID	2	
SIMILAC SOY ISOMIL ORAL PACKET	2	
SIMILAC SOY ISOMIL ORAL POWDER	2	
SIMILAC SPECIAL CARE ORAL LIQUID	2	
SIMILAC SPECIAL CARE PREMATURE ORAL LIQUID	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
SIMILAC SPECIAL CARE/IRON ORAL LIQUID	2	
SIMILAC SPECIAL CARE/LOW IRON ORAL LIQUID	2	
SIMILAC SPIT-UP OPTIGRO/IRON ORAL POWDER	2	
SIMILAC TOTAL CMFRT OPTIGRO/FE ORAL POWDER	2	
SIMILAC TOTAL COMFORT ORAL LIQUID	2	
SIMILAC TOTAL COMFORT ORAL POWDER	2	
SIMILAC/IRON ORAL CONCENTRATE	2	
SIMILAC/IRON ORAL LIQUID	2	
SIMILAC/IRON ORAL PACKET	2	
SIMILAC/IRON ORAL POWDER	2	
SOD ANAMIX EARLY YEARS ORAL POWDER	2	
water oral oral liquid	2	
XLEU ANALOG ORAL POWDER	2	
XLYS XTRP ANALOG ORAL POWDER	2	
XMET ANALOG ORAL POWDER	2	
XMTVI ANALOG ORAL POWDER	2	
XPHE-XTYR ANALOG ORAL POWDER	2	
XPTM ANALOG ORAL POWDER	2	
<b>*NUTRITIONAL SUPPLEMENTS - DIET AIDS***</b>		
CARB INTERCEPT/PHASE 2 ORAL CAPSULE	2	
DEXATRIM MAX COMPLEX 7 ORAL CAPSULE	2	

Drug Name	Tier	Notes
DEXATRIM MAX DAYTIME CONTROL ORAL TABLET EXTENDED RELEASE	2	
DEXATRIM MAX ORAL PACKET	2	
DEXATRIM MAX ORAL TABLET	2	
DEXATRIM NATURAL EXTRA ENERGY ORAL TABLET	2	
DEXATRIM NATURAL ORAL TABLET	2	
DIABETITRIM ORAL POWDER	2	
dieters detox oral capsule	2	
dietex forte oral capsule	2	
FAT BLOCKER PLUS ORAL TABLET	2	
fat burner therapy oral capsule	2	
meta appetite control oral powder	2	
minus weight plus energy oral capsule	2	
ultra diet aid oral capsule	2	
<b>*NUTRITIONAL SUPPLEMENTS***</b>		
3232a infant formula oral powder	2	
5-htp tryptophan oral tablet	2	
A/G PRO ORAL TABLET	2	
ACERFLEX ORAL POWDER	2	
acid blockers depletion oral	2	
acid blockers support oral	2	
ACTIVESSENTIALS/CALCIUM ORAL	2	
adult growth hormone support oral	2	
ADVERA ORAL LIQUID	2	
ALFAMINO JUNIOR ORAL POWDER	2	
ALITRAQ ORAL PACKET	2	
ANGINOX ORAL POWDER EFFERVESCENT	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
anti-inflammatory enzyme oral capsule	2	
antioxidant formula oral capsule	2	
anti-seizure depletion oral	2	
anti-seizure support oral	2	
<b>ARGINAID EXTRA ORAL LIQUID</b>	2	
<b>ARGINAID ORAL PACKET</b>	2	
balanced nutritional drink oral liquid	2	
balanced nutritional drink pls oral liquid	2	
balanced nutritional shake pls oral liquid	2	
<b>BCAD 1 ORAL POWDER</b>	2	
<b>BCAD 2 ORAL POWDER</b>	2	
beef/potatoes/spinach oral liquid	2	
<b>BENECALORIE ORAL LIQUID</b>	2	
bio-immunex oral capsule	2	
bladder 2.2 oral tablet	2	
<b>BOOST BREEZE ORAL LIQUID</b>	2	
<b>BOOST GLUCOSE CONTROL ORAL LIQUID</b>	2	
<b>BOOST GLUCOSE CTRL MAX PROTEIN ORAL LIQUID</b>	2	
<b>BOOST HIGH PROTEIN ORAL LIQUID</b>	2	
<b>BOOST KID ESSENTIALS 1.0 CAL ORAL LIQUID</b>	2	
<b>BOOST KID ESSENTIALS 1.5 CAL ORAL LIQUID</b>	2	
<b>BOOST KID ESSENTIALS 1.5/FIBER ORAL LIQUID</b>	2	
<b>BOOST MAX 30G PROTEIN ORAL LIQUID</b>	2	
<b>BOOST ORAL LIQUID</b>	2	
<b>BOOST PLUS ORAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>BOOST PUDDING ORAL PUDDING</b>	2	
<b>BOOST VERY HIGH CALORIE ORAL LIQUID</b>	2	
<b>BOOST VHC ORAL LIQUID</b>	2	
<b>BOOST WOMEN ORAL LIQUID</b>	2	
<b>BRAINSUSTAIN FOR KIDS ORAL POWDER</b>	2	
<b>BRIGHT BEGINNINGS PEDIATRIC ORAL LIQUID</b>	2	
cardio complete oral capsule	2	
<b>CARNATION BREAKFAST ESSENTIALS ORAL LIQUID</b>	2	
<b>CARNATION BREAKFAST ESSENTIALS ORAL PACKET</b>	2	
<b>CFPREOP ORAL LIQUID</b>	2	
chicken/carrots/brown rice oral liquid	2	
chicken/peas/carrots oral powder	2	
chlorella-spirulina complex oral tablet	2	
cholesterol defense oral tablet	2	
chronic kidney disease support oral	2	
chronic pain support oral	2	
chrono-basic oral	2	
chrono-bone builder oral	2	
chronoflex oral	2	
chronoflex oral tablet	2	
chrono-immune shield oral	2	
chrono-mature oral	2	
chronovision oral capsule	2	
click espresso protein drink oral powder	2	
cold and flu oral	2	
<b>COMPLEAT ORAL LIQUID</b>	2	
<b>COMPLEAT ORGANIC BLENDS ORAL LIQUID</b>	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
COMPLEAT PEDI PEPTIDE 1.5 ORAL LIQUID	2	
COMPLEAT PEDI STANDARD 1.0 ORAL LIQUID	2	
COMPLEAT PEDI STANDARD 1.4 ORAL LIQUID	2	
COMPLEAT PEDIATRIC ORAL LIQUID	2	
COMPLEAT PEDIATRIC ORG BLENDS ORAL LIQUID	2	
COMPLEAT PEPTIDE 1.5 ORAL LIQUID	2	
COMPLEAT STANDARD 1.4 ORAL LIQUID	2	
CONCEPTIONXR REPRODUCTIVE ORAL TABLET	2	
corticosteroids depletion oral	2	
corticosteroids support oral	2	
crohns disease support oral	2	
cvs nutrition liquid oral liquid	2	
cvs nutrition plus chocolate oral liquid	2	
cvs nutrition plus oral liquid	2	
cvs nutrition plus vanilla oral liquid	2	
cvs nutritional shake oral liquid	2	
CYCLINEX-1 ORAL POWDER	2	
CYCLINEX-2 ORAL POWDER	2	
cystic fibrosis support oral	2	
diabetes support oral therapy pack	2	
DIABETISOURCE AC ORAL LIQUID	2	
DIARESQ CHILDRENS ORAL PACKET	2	
DIARESQ GENTLE RELIEF TODDLERS ORAL PACKET	2	
DIARESQ ORAL PACKET	2	

Drug Name	Tier	Notes
DUOCAL ORAL POWDER	2	
EAA SUPPLEMENT ORAL PACKET	2	
echinacea/goldenseal immune oral capsule	1 or 1b*	
EGG/PRO ORAL POWDER	2	
eggs/apples/oats oral liquid	2	
ELECARE DHA/ARA INFANT ORAL POWDER	2	
ELECARE DHA/ARA ORAL POWDER	2	
ELECARE JR ORAL POWDER	2	
ELECARE ORAL POWDER	2	
ENCALA ORAL PACKET	2	
ENCALA ORAL POWDER	2	
ENLIVE ORAL LIQUID	2	
ENSURE ACTIVE HEART HEALTH ORAL LIQUID	2	
ENSURE ACTIVE HIGH PROTEIN ORAL LIQUID	2	
ENSURE ACTIVE LIGHT ORAL LIQUID	2	
ENSURE ACTIVE ORAL LIQUID	2	
ENSURE BONE HEALTH REVIGOR ORAL LIQUID	2	
ENSURE CLEAR ORAL LIQUID	2	
ENSURE CLINICAL ST REVIGOR ORAL LIQUID	2	
ENSURE COMPACT ORAL LIQUID	2	
ENSURE COMPLETE ORAL LIQUID	2	
ENSURE COMPLETE SHAKE ORAL LIQUID	2	
ENSURE ENLIVE ORAL LIQUID	2	
ENSURE HARVEST 1.2 CAL ENTERAL LIQUID	2	
ENSURE HEALTHY MOM ORAL BAR	2	

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

Drug Name	Tier	Notes
ENSURE HEALTHY MOM ORAL LIQUID	2	
ENSURE HIGH CALCIUM ORAL LIQUID	2	
ENSURE HIGH PROTEIN ORAL LIQUID	2	
ENSURE HIGH PROTEIN ORAL POWDER	2	
ENSURE IMMUNE HEALTH ORAL LIQUID	2	
ENSURE MAX PROTEIN ORAL LIQUID	2	
ENSURE MUSCLE HEALTH REVIGOR ORAL LIQUID	2	
ENSURE NUTRA SHAKE HI-CAL ORAL LIQUID	2	
ENSURE NUTRITION SHAKE ORAL LIQUID	2	
ENSURE ORAL BAR	2	
ENSURE ORAL LIQUID	2	
ENSURE ORAL POWDER	2	
ENSURE ORIG THERAPEUTIC NUTRI ORAL LIQUID	2	
ENSURE ORIGINAL ORAL LIQUID	2	
ENSURE PLANT-BASED PROTEIN ORAL LIQUID	2	
ENSURE PLUS HIGH PROTEIN ORAL LIQUID	2	
ENSURE PLUS HN ORAL LIQUID	2	
ENSURE PLUS ORAL LIQUID	2	
ENSURE PRE-SURGERY ORAL LIQUID	2	
ENSURE PUDDING ORAL PUDDING	2	
ENSURE SURGERY ORAL LIQUID	2	
ENSURE SURGICAL NUTRITION ORAL LIQUID	2	
ENSURE/FIBER ORAL LIQUID	2	

Drug Name	Tier	Notes
ENTERADE IBS-D ORAL LIQUID	2	
ENTERADE ORAL LIQUID	2	
ENU COMPLETE NUTRITION SHAKE ORAL LIQUID	2	
ENU NUTRITIONAL SHAKE ORAL LIQUID	2	
EO28 SPLASH ORAL LIQUID	2	
EQ ESTROBLEND MENOPAUSE ORAL TABLET	2	
eq nutritional shake oral liquid	2	
eq nutritional shake plus oral liquid	2	
eq weight loss shake oral liquid	2	
EQUATE ORAL LIQUID	2	
EQUATE PLUS ORAL LIQUID	2	
ESTRONATURAL EXTRA STRENGTH ORAL TABLET	1 or 1b*	
ESTRONATURAL ORAL TABLET	1 or 1b*	
ESTROVEN NIGHTTIME ORAL TABLET	2	
ESTROVEN WEIGHT MANAGEMENT ORAL CAPSULE	2	
EXPEDITE ORAL LIQUID	2	
female infertility support oral	2	
FIBER FLOW ORAL LIQUID	2	
FITFOOD LEAN COMPLETE ORAL PACKET	2	
flavor packets oral packet	2	
FORTA DRINK ORAL POWDER	2	
FORTA SHAKE ORAL POWDER	2	
foundation essentials oral	2	
fruit & vegetable daily 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
FRUITIVITS ORAL PACKET	2	
GA EXPRESS15 ORAL PACKET	2	
GA GEL ORAL PACKET	2	
GA ORAL POWDER	2	
GA-1 ANAMIX EARLY YEARS ORAL POWDER	2	
GELATEIN MCT ORAL LIQUID	2	
GLUCERNA 1.0 CAL ORAL LIQUID	2	
GLUCERNA 1.0 CAL/CARBSTEADY ORAL LIQUID	2	
GLUCERNA 1.0 CAL/FIBER ORAL LIQUID	2	
GLUCERNA 1.2 CAL ORAL LIQUID	2	
GLUCERNA 1.5 CAL ORAL LIQUID	2	
GLUCERNA 1.5 CAL/CARBSTEADY ORAL LIQUID	2	
GLUCERNA ADVANCE SHAKE ORAL LIQUID	2	
GLUCERNA CARBSTEADY ORAL LIQUID	2	
GLUCERNA CEREAL ORAL	2	
GLUCERNA CRISPY DELIGHTS ORAL BAR	2	
GLUCERNA HUNGER SMART SHAKE ORAL LIQUID	2	
GLUCERNA MEAL ORAL BAR	2	
GLUCERNA MEAL REPLACEMENT ORAL BAR	2	
GLUCERNA MINI SNACK ORAL BAR	2	
GLUCERNA MINI SNACKS ORAL BAR	2	
GLUCERNA ORAL BAR	2	
GLUCERNA ORAL LIQUID	2	

Drug Name	Tier	Notes
GLUCERNA OS ORAL LIQUID	2	
GLUCERNA SELECT ORAL LIQUID	2	
GLUCERNA SHAKE ORAL LIQUID	2	
GLUCERNA SNACK ORAL BAR	2	
GLUCERNA SNACK SHAKE ORAL LIQUID	2	
GLUCERNA WEIGHT LOSS SHAKE ORAL LIQUID	2	
glucose management oral tablet	2	
GLUTAREX-1 ORAL POWDER	2	
GLUTAREX-2 ORAL POWDER	2	
GLYCOSADE ORAL PACKET	2	
GLYTACTIN BETTERMILK 15 ORAL PACKET	3	
GLYTACTIN BETTERMILK ORAL POWDER	3	
GLYTACTIN BUILD 10PE ORAL PACKET	2	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET	2	
GLYTACTIN RESTORE 5 ORAL PACKET	2	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET	2	
GLYTROL PREBIO1 ORAL LIQUID	2	
goodsense nutrisure original oral liquid	2	
goodsense nutrisure plus oral liquid	2	
haelan 951 fermented soy oral liquid	2	
haelan htpi fermented soy oral liquid	2	
HCU ANAMIX EARLY YEARS ORAL POWDER	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
HCU ANAMIX NEXT ORAL POWDER	2	
HCU COOLER ORAL LIQUID	2	
HCU GEL ORAL PACKET	2	
HCU LOPHLEX LQ ORAL LIQUID	2	
HCU MAXAMUM ORAL POWDER	2	
HCY 1 ORAL POWDER	2	
HCY 2 ORAL POWDER	2	
HEALTH SOURCE ORAL POWDER	2	
HEALTHY ACCENTS NUTRA FIT ORAL LIQUID	2	
HEALTHY ACCENTS NUTRA FIT PLUS ORAL LIQUID	2	
hemophilia support oral	2	
HI-CAL ORAL LIQUID	2	
high-protein nutritional shake oral liquid	2	
hiv support oral	2	
hm nutrisure oral liquid	2	
hm nutrisure plus oral liquid	2	
HOM 2 ORAL POWDER	2	
HOMACTIN AA PLUS ORAL PACKET	2	
HOMINEX-1 ORAL POWDER	2	
HOMINEX-2 ORAL POWDER	2	
homocysteine support oral capsule	2	
HORMONE PROTECT ORAL CAPSULE	2	
hrt support oral	2	
I5 ORAL PACKET	2	
ibs support oral	2	
IMMULIFE ORAL POWDER	2	
immune enhance oral tablet	2	
IMPACT ADVANCED RECOVERY ORAL LIQUID	2	
IMPACT ORAL LIQUID	2	

Drug Name	Tier	Notes
IMPACT PEPTIDE 1.5 ORAL LIQUID	2	
INNOVACIN ORAL LIQUID	2	
INTROLITE ORAL LIQUID	2	
ISOSOURCE 1.5 CAL ORAL LIQUID	2	
ISOSOURCE HN ORAL LIQUID	2	
IVA ANAMIX EARLY YEARS ORAL POWDER	2	
IVA ANAMIX NEXT ORAL POWDER	2	
IVA MAXAMUM ORAL POWDER	2	
I-VALEX-1 ORAL POWDER	2	
I-VALEX-2 ORAL POWDER	2	
JEVITY 1 CAL ORAL LIQUID	2	
JEVITY 1 CAL/FIBER ORAL LIQUID	2	
JEVITY 1.2 CAL ORAL LIQUID	2	
JEVITY 1.2 CAL/FIBER ORAL LIQUID	2	
JEVITY 1.5 CAL/FIBER ORAL LIQUID	2	
JUICE PLUS FIBRE ORAL LIQUID	2	
JUVEN NUTRIVIGOR ORAL PACKET	2	
JUVEN ORAL PACKET	2	
JUVEN ORAL POWDER	2	
JUVEN REVIGOR ORAL PACKET	2	
kale/quinoa/berries oral powder	2	
KATE FARMS GLUCOSE SUPPORT 1.2 ORAL LIQUID	2	
KATE FARMS PED PEPTIDE 1.0 ORAL LIQUID	2	
KATE FARMS PED PEPTIDE 1.5 ORAL LIQUID	2	

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

Drug Name	Tier	Notes
KATE FARMS PED STANDARD 1.2 ORAL LIQUID	2	
KATE FARMS PEPTIDE 1.0 ORAL LIQUID	2	
KATE FARMS PEPTIDE 1.5 ENTERAL LIQUID	2	
KATE FARMS PEPTIDE 1.5 ORAL LIQUID	2	
KATE FARMS RENAL SUPPORT 1.8 ORAL LIQUID	2	
KATE FARMS STANDARD 1.0 ORAL LIQUID	2	
KATE FARMS STANDARD 1.4 ENTERAL LIQUID	2	
KATE FARMS STANDARD 1.4 ORAL LIQUID	2	
keto oral liquid	2	
KETOCAL 2.5:1 LQ MULTI FIBER ORAL LIQUID	2	
KETOCAL 3:1 ORAL POWDER	2	
KETOCAL 4:1 LQ MULTI FIBER ORAL LIQUID	2	
KETOCAL 4:1 ORAL LIQUID	2	
KETOCAL 4:1 ORAL POWDER	2	
ketogen oral powder	2	
KETONEX-1 ORAL POWDER	2	
KETONEX-2 ORAL POWDER	2	
KETOVIE 4:1 ORAL LIQUID	2	
KETOVIE ORAL LIQUID	2	
KFLO ORAL LIQUID	2	
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID	2	
KINDERSPROUT PLANT PROTEIN ORAL LIQUID	2	

Drug Name	Tier	Notes
K-PAX PROTEIN BLEND IMMUNE ORAL POWDER	2	
LANAFLEX ORAL PACKET	2	
LEPTIN MANAGER ORAL CAPSULE	2	
LIPISTART ORAL POWDER	2	
LIQUID HOPE ORAL LIQUID	2	
LIQUID HOPE PEPTIDE HP ENTERAL LIQUID	2	
LIQUID HOPE PEPTIDE ORAL LIQUID	2	
liver defense oral tablet	2	
LMD ORAL POWDER	2	
LOPHLEX LQ 20 ORAL LIQUID	2	
LOPHLEX ORAL PACKET	2	
LPS CRITICAL CARE SUGAR FREE ORAL LIQUID	2	
LPS SUGAR FREE ORAL LIQUID	2	
LUTRISH CHOCOLATE SHAKE ORAL PACKET	2	
LUTRISH VANILLA SHAKE ORAL PACKET	2	
male infertility support oral	2	
male support oral capsule	2	
MCT PRO-CAL ORAL PACKET	2	
METHIONAID ORAL POWDER	2	
METHIONINE-200 ORAL CAPSULE	2	
MMA/PA ANAMIX EARLY YEARS ORAL POWDER	2	
MMA/PA ANAMIX NEXT ORAL POWDER	2	
MMA/PA COOLER15 ORAL LIQUID	2	
MMA/PA GEL ORAL PACKET	2	
MMA/PA MAXAMUM ORAL POWDER	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
MODULEN ORAL POWDER	2	
MONOGEN ORAL POWDER	2	
MSUD 2 ORAL POWDER	2	
MSUD AID ORAL POWDER	2	
MSUD ANAMIX EARLY YEARS ORAL POWDER	2	
MSUD COOLER ORAL LIQUID	2	
MSUD EXPRESS 15 PLUS ORAL PACKET	2	
MSUD EXPRESS 20 PLUS ORAL PACKET	2	
MSUD GEL ORAL PACKET	2	
MSUD LOPHLEX LQ ORAL LIQUID	2	
MSUD MAXAMAID ORAL POWDER	2	
MSUD MAXAMUM ORAL POWDER	2	
multiple sclerosis support oral	2	
NEOCATE INFANT DHA/ARA ORAL POWDER	2	
NEOCATE JUNIOR ORAL POWDER	2	
NEOCATE JUNIOR PREBIOTICS ORAL POWDER	2	
NEOCATE NUTRA ORAL POWDER	2	
NEOCATE SPLASH ORAL LIQUID	2	
NEPRO ORAL LIQUID	2	
NEPRO/CARBSTEADY ORAL LIQUID	2	
NEWPHASE COMPLETE ES ORAL TABLET	2	
NEWPHASE COMPLETE ORAL TABLET	2	
NOURISH PEPTIDE BERRY MEDLEY ENTERAL LIQUID	2	

Drug Name	Tier	Notes
NOURISH PEPTIDE FORMULA ORAL LIQUID	2	
NOVASOURCE RENAL ORAL LIQUID	2	
NUTRA BALANCE DIABETIC/FIBER ORAL BAR	2	
NUTRA BALANCE FIBER COOKIE ORAL	2	
NUTRA BALANCE PROTEIN COOKIE ORAL	2	
NUTRA SHAKE ORAL LIQUID	2	
NUTRA SHAKE/SUPREME ORAL LIQUID	2	
NUTRA/BALANCE RE/GEN FREE ORAL LIQUID	2	
NUTRA/BALANCE RE/GEN ORAL LIQUID	2	
NUTRA/SHAKE FRUIT PLUS ORAL LIQUID	2	
NUTRA/SHAKE ORAL LIQUID	2	
NUTRA/SHAKE SUPREME ORAL LIQUID	2	
NUTRAMINE AMINO BITES ORAL PACKET	2	
NUTRAMINE ORAL PACKET	2	
NUTREN 1.0 ORAL LIQUID	2	
NUTREN 1.0/FIBER ORAL LIQUID	2	
NUTREN 1.5 ENTERAL LIQUID	2	
NUTREN 1.5 ORAL LIQUID	2	
NUTREN 2.0 ORAL LIQUID	2	
NUTREN JR FIBER ORAL LIQUID	2	
NUTREN JR ORAL LIQUID	2	
NUTREN JUNIOR 1.0 ORAL LIQUID	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
<b>NUTREN JUNIOR/FIBER ORAL LIQUID</b>	2	
<b>NUTREN PULMONARY ORAL LIQUID</b>	2	
nutricia preop oral packet	2	
nutrifocus oral liquid	2	
<b>NUTRIHEP 1.5 CAL ORAL LIQUID</b>	2	
nutritional drink mix oral powder	2	
nutritional drink oral liquid	2	
nutritional drink plus oral liquid	2	
nutritional drink shake mix oral powder	2	
nutritional shake complete oral liquid	2	
nutritional shake high protein oral liquid	2	
nutritional shake oral liquid	2	
nutritional shake plus oral liquid	2	
nutritional shake plus protein oral liquid	2	
nutritional supplement oral liquid	2	
nutritional supplement plus oral liquid	2	
<b>OA 1 ORAL POWDER</b>	2	
<b>OA 2 ORAL POWDER</b>	2	
oncology support oral	2	
<b>OPTICLEANSE GHI ORAL PACKET</b>	2	
<b>OPTICLEANSE GHI ORAL POWDER</b>	2	
<b>OPTIMENTAL ORAL LIQUID</b>	2	
<b>OPTIMETABOLIX 2:1 ORAL PACKET</b>	2	
<b>OPTIMETABOLIX ORAL PACKET</b>	2	
<b>ORGANIC NUTRITION SHAKE ORAL LIQUID</b>	2	
<b>ORGANIC PEDIA SMART ORAL POWDER</b>	2	
<b>OS 2 ORAL POWDER</b>	2	
<b>OSAPLEX MK-7 ORAL PACKET</b>	2	

Drug Name	Tier	Notes
<b>OSAPLEX ORAL CAPSULE THERAPY PACK</b>	2	
<b>OSMOLITE 1 CAL ORAL LIQUID</b>	2	
<b>OSMOLITE 1.2 CAL ORAL LIQUID</b>	2	
<b>OSMOLITE 1.5 CAL ORAL LIQUID</b>	2	
<b>OSMOLITE HN ORAL LIQUID</b>	2	
<b>OSMOLITE ORAL LIQUID</b>	2	
osteo advance oral tablet	2	
osteoporosis support oral	2	
<b>OXEPA 1.5 ORAL LIQUID</b>	2	
<b>OXEPA ORAL LIQUID</b>	2	
<b>PEDIASART PEA PROTEIN ORAL POWDER</b>	2	
<b>PEDIASURE 1.0 CAL/FIBER ORAL LIQUID</b>	2	
<b>PEDIASURE 1.5 CAL ORAL LIQUID</b>	2	
<b>PEDIASURE 1.5 CAL/FIBER ENTERAL LIQUID</b>	2	
<b>PEDIASURE 1.5 CAL/FIBER ORAL LIQUID</b>	2	
<b>PEDIASURE ENTERAL 1.0 CAL ENTERAL LIQUID</b>	2	
<b>PEDIASURE ENTERAL 1.0CAL/FIBER ENTERAL LIQUID</b>	2	
<b>PEDIASURE GROW &amp; GAIN ORAL LIQUID</b>	2	
<b>PEDIASURE GROW &amp; GAIN ORAL POWDER</b>	2	
<b>PEDIASURE GROW &amp; GAIN ORGANIC ORAL LIQUID</b>	2	
<b>PEDIASURE GROW &amp; GAIN/FIBER ORAL LIQUID</b>	2	

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



Drug Name	Tier	Notes
PEDIASURE HARVEST 1.0 CAL ENTERAL LIQUID	2	
PEDIASURE HARVEST 1.0 CAL ORAL LIQUID	2	
PEDIASURE NUTRIPALS ORAL BAR	2	
PEDIASURE NUTRIPALS ORAL LIQUID	2	
PEDIASURE ORAL LIQUID	2	
PEDIASURE PEDIATRIC ORAL LIQUID	2	
PEDIASURE PEPTIDE 1.0 CAL ENTERAL LIQUID	2	
PEDIASURE PEPTIDE 1.0 CAL ORAL LIQUID	2	
PEDIASURE PEPTIDE 1.5 CAL ENTERAL LIQUID	2	
PEDIASURE PEPTIDE 1.5 CAL ORAL LIQUID	2	
PEDIASURE REDUCED CALORIE ORAL LIQUID	2	
PEDIASURE SHAKE MIX ORAL POWDER	2	
PEDIASURE SHAKE/FIBER ORAL LIQUID	2	
PEDIASURE SIDEKICKS CLEAR ORAL LIQUID	2	
PEDIASURE SIDEKICKS ORAL LIQUID	2	
PEDIASURE SIDEKICKS ORAL POWDER	2	
PEDIASURE SIDEKICKS SHAKE ORAL LIQUID	2	
PEDIASURE/FIBER ORAL LIQUID	2	
pediatric drink oral liquid	2	
PEPTAMEN 1 CAL/PREBIO1 ORAL LIQUID	2	
PEPTAMEN 1.5 CAL ORAL LIQUID	2	
PEPTAMEN 1.5 CAL/PREBIO1 ORAL LIQUID	2	
PEPTAMEN AF ORAL LIQUID	2	

Drug Name	Tier	Notes
PEPTAMEN INTENSE VHP ORAL LIQUID	2	
PEPTAMEN JUNIOR 1 CAL ORAL LIQUID	2	
PEPTAMEN JUNIOR 1 CAL/PREBIO1 ORAL LIQUID	2	
PEPTAMEN JUNIOR 1.5 CAL ORAL LIQUID	2	
PEPTAMEN JUNIOR 1.5 ORAL LIQUID	2	
PEPTAMEN JUNIOR FIBER ORAL LIQUID	2	
PEPTAMEN JUNIOR HP ORAL LIQUID	2	
PEPTAMEN JUNIOR PHGG 1.2 ORAL LIQUID	2	
PEPTAMEN JUNIOR/PREBIO1 ORAL LIQUID	2	
PEPTAMEN ORAL LIQUID	2	
PEPTAMEN/PREBIO1 ORAL LIQUID	2	
PERATIVE 1.3 CAL ORAL LIQUID	2	
PERATIVE ORAL LIQUID	2	
PERIFLEX ADVANCE ORAL POWDER	2	
PERIFLEX JUNIOR ORAL POWDER	2	
PFD 2 ORAL POWDER	2	
PFD TODDLER ORAL POWDER	2	
PHENEX CHEWS ORAL TABLET CHEWABLE	2	
PHENEX-1 ORAL POWDER	2	
PHENEX-2 ORAL POWDER	2	
PHENYLADE DRINK MIX ORAL POWDER	2	
PHENYLADE ESSENTIAL DRINK MIX ORAL PACKET	2	
PHENYLADE ESSENTIAL DRINK MIX ORAL POWDER	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
PHENYLADE ESSENTIAL MIX/FIBER ORAL PACKET	2	
PHENYLADE ESSENTIAL MIX/FIBER ORAL POWDER	2	
PHENYLADE GMP MIX-IN ORAL PACKET	2	
PHENYLADE GMP MIX-IN ORAL POWDER	2	
PHENYLADE GMP ORAL PACKET	2	
PHENYLADE GMP ORAL POWDER	2	
PHENYLADE GMP READY ORAL LIQUID	2	
PHENYLADE GMP ULTRA ORAL PACKET	2	
PHENYLADE RTD PKU 10 ORAL LIQUID	2	
PHENYLADE60 DRINK MIX ORAL PACKET	2	
PHENYLADE60 DRINK MIX ORAL POWDER	2	
PHENYL-FREE 2 ORAL POWDER	2	
PHENYL-FREE 2HP ORAL POWDER	2	
PHLEXY-10 ORAL PACKET	2	
PIVOT 1.5 CAL ORAL LIQUID	2	
PKU 2 ORAL POWDER	2	
PKU 3 ORAL POWDER	2	
PKU AIR20 GOLD ORAL LIQUID	2	
PKU AIR20 GREEN ORAL LIQUID	2	
PKU AIR20 YELLOW ORAL LIQUID	2	
PKU COOLER 10 ORAL LIQUID	2	
PKU COOLER 15 ORAL LIQUID	2	
PKU COOLER 20 ORAL LIQUID	2	
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE	2	

Drug Name	Tier	Notes
PKU EXPLORE10 ORAL PACKET	2	
PKU EXPLORE5 ORAL PACKET	2	
PKU GEL ORAL PACKET	2	
PKU LOPHLEX LQ 20 ORAL LIQUID	2	
PKU PERIFLEX EARLY YEARS ORAL POWDER	2	
PKU PERIFLEX JUNIOR PLUS ORAL POWDER	2	
PKU SPHERE 15 ORAL PACKET	2	
PKU SPHERE 20 ORAL LIQUID	2	
PKU SPHERE 20 ORAL PACKET	2	
PKU START ORAL POWDER	2	
pku trio oral powder	2	
POLYCAL ORAL POWDER	2	
PORTAGEN ORAL POWDER	2	
PPA/MMA EXPRESS ORAL PACKET	2	
PROMOD ORAL LIQUID	2	
PROMOD ORAL POWDER	2	
PROMOTE 1.0 ORAL LIQUID	2	
PROMOTE 1.0 WITH FIBER ORAL LIQUID	2	
PROMOTE ORAL LIQUID	2	
PROMOTE/FIBER ORAL LIQUID	2	
PRO-PHREE ORAL POWDER	2	
PROPIMEX-1 ORAL POWDER	2	
PROPIMEX-2 ORAL POWDER	2	
PROSOURCE NO CARB ORAL LIQUID	2	
PROSOURCE ORAL LIQUID	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
<b>PROSOURCE ORAL POWDER</b>	2	
<b>PROSOURCE PLUS ORAL LIQUID</b>	2	
<b>PROSOURCE TF ORAL LIQUID</b>	2	
<b>PROSOURCE ZAC ORAL LIQUID</b>	2	
prostate 2.4 oral capsule	2	
<b>PROSURE ORAL LIQUID</b>	2	
<b>PROTEIN FORTIFIED COOKIE ORAL</b>	2	
<b>PROTEOLIN ORAL CAPSULE</b>	2	
<b>PROVIMIN ORAL POWDER</b>	2	
psoriasis support oral	2	
<b>PULMOCARE 1.5 ORAL LIQUID</b>	2	
<b>PULMOCARE ORAL LIQUID</b>	2	
pulmonary hypertension support oral	2	
px vanilla plus oral liquid	2	
quinoa/kale/hemp oral liquid	2	
<b>RE/GEN PROTEIN COOKIE ORAL</b>	2	
<b>RE/NEPH LP/HC ORAL LIQUID</b>	2	
<b>RE/NEPH ORAL LIQUID</b>	2	
<b>RE/NEPH REDUCED SUGAR ORAL LIQUID</b>	2	
<b>REAL FOOD BLENDS ENTERAL LIQUID</b>	2	
<b>REASON ORAL LIQUID</b>	2	
regular nutritional shake oral liquid	2	
<b>RENALCAL ORAL LIQUID</b>	2	
<b>RENASTART ORAL POWDER</b>	2	
<b>RENASTEP ORAL LIQUID</b>	2	
<b>REPLETE FIBER 1 CAL ORAL LIQUID</b>	2	
<b>REPLETE FIBER ORAL LIQUID</b>	2	
<b>REPLETE ORAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>RESOURCE 2.0 ORAL LIQUID</b>	2	
restore fusion renal support oral powder	2	
restore renal support oral powder	2	
<b>RESURGEX ORAL PACKET</b>	2	
<b>RESURGEX PLUS ORAL PACKET</b>	2	
<b>RESURGEX SELECT ORAL PACKET</b>	2	
rheumatoid arthritis support oral	2	
<b>S.O.S. 20 ORAL PACKET</b>	2	
<b>S.O.S. 25 ORAL PACKET</b>	2	
salmon/oats/squash oral liquid	2	
sb complete nutrition oral liquid	2	
sb complete nutrition plus oral liquid	2	
<b>SCANDICAL ORAL POWDER</b>	2	
<b>SCANDISHAKE ORAL POWDER</b>	2	
sm estro vital nutrients ex st oral tablet	1 or 1b*	
<b>SM ESTROPLUS EXTRA STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>SM NUTRI-DRINK + ORAL LIQUID</b>	2	
<b>SM NUTRI-DRINK ORAL LIQUID</b>	2	
sol carb oral powder	2	
statins depletion oral	2	
statins support oral	2	
stress shield oral tablet	2	
<b>SUPLENA 1.8/CARBSTEADY ORAL LIQUID</b>	2	
<b>SUPLENA ORAL LIQUID</b>	2	
<b>SUPLENA/CARB STEADY ORAL LIQUID</b>	2	
<b>THERALITH XR ORAL TABLET</b>	2	

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

Drug Name	Tier	Notes
<b>THICK-IT CHICKEN A LA KING ORAL</b>	2	
<b>THICK-IT MIXED FRUIT/BERRY ORAL</b>	2	
<b>THICK-IT PUREES BEEF LASAGNA ORAL</b>	2	
<b>THICK-IT PUREES CHICKEN PATTY ORAL</b>	2	
<b>THICK-IT PUREES FRENCH TOAST ORAL</b>	2	
<b>THICK-IT PUREES SWEET CORN ORAL</b>	2	
<b>THICK-IT THICKENED CRANBERRY ORAL LIQUID</b>	2	
<b>TOLEREX ORAL PACKET</b>	2	
turkey/sweet potatoes/peaches oral liquid	2	
<b>TWOCAL HN 2.0 ORAL LIQUID</b>	2	
<b>TWOCAL HN ORAL LIQUID</b>	2	
<b>TYLACTIN BUILD 20PE TYR ORAL PACKET</b>	3	
<b>TYLACTIN RESTORE 5PE ORAL PACKET</b>	2	
<b>TYR ANAMIX EARLY YEARS ORAL POWDER</b>	2	
<b>TYR ANAMIX NEXT ORAL POWDER</b>	2	
<b>TYR COOLER ORAL LIQUID</b>	2	
<b>TYR GEL ORAL PACKET</b>	2	
<b>TYR LOPHLEX GMP MIX-IN ORAL PACKET</b>	2	
<b>TYR LOPHLEX LQ ORAL LIQUID</b>	2	
<b>TYREX-1 ORAL POWDER</b>	2	
<b>TYREX-2 ORAL POWDER</b>	2	
<b>TYROS 1 ORAL POWDER</b>	2	
<b>TYROS 2 ORAL POWDER</b>	2	
<b>UCD 2 ORAL POWDER</b>	2	

Drug Name	Tier	Notes
<b>UCD ANAMIX JUNIOR ORAL POWDER</b>	2	
ucd trio oral powder	2	
ultra energy oral tablet	2	
ultramino soy protein oral powder	2	
<b>ULTRIENT 1.5 SAFE-T FEED ORAL LIQUID</b>	2	
<b>UTYMAX ORAL PACKET</b>	2	
<b>VILACTIN AA PLUS ORAL LIQUID</b>	2	
<b>VITAL 1.0 CAL ORAL LIQUID</b>	2	
<b>VITAL 1.5 CAL ORAL LIQUID</b>	2	
<b>VITAL AF 1.2 CAL ADV FORMULA ORAL LIQUID</b>	2	
<b>VITAL AF 1.2 CAL ORAL LIQUID</b>	2	
<b>VITAL HIGH PROTEIN ORAL LIQUID</b>	2	
<b>VITAL HN ORAL PACKET</b>	2	
<b>VITAL HP 1.0 CAL ORAL LIQUID</b>	2	
<b>VITAL JR ORAL LIQUID</b>	2	
<b>VITAL PEPTIDE 1.5 CAL ORAL LIQUID</b>	2	
vitamin d booster oral	2	
vitamin d maintenance oral	2	
vitamin d plus cofactors oral tablet	2	
<b>VITEYES TEAR SUPPORT ORAL CAPSULE</b>	2	
<b>VIVONEX PEDIATRIC ORAL PACKET</b>	2	
<b>VIVONEX PLUS ORAL POWDER</b>	2	
<b>VIVONEX RTF ORAL LIQUID</b>	2	
<b>VIVONEX T.E.N. ORAL PACKET</b>	2	
<b>WELLNESS ESSENTIALS AI ORAL KIT</b>	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
WELLNESS ESSENTIALS BLOOD SUGR ORAL KIT	2	
WELLNESS ESSENTIALS FOR JOINT ORAL KIT	2	
WELLNESS ESSENTIALS FOR MEN ORAL KIT	2	
WELLNESS ESSENTIALS FOR WOMEN ORAL KIT	2	
WELLNESS ESSENTIALS ORAL KIT	2	
WELLNESS ESSENTIALS PREGNANCY ORAL KIT	2	
WND 1 ORAL POWDER	2	
WND 2 ORAL POWDER	2	
womens health support oral	2	
XLEU MAXAMAID ORAL POWDER	2	
XLYS-XTRP MAXAMAID ORAL POWDER	2	
XLYS-XTRP MAXAMUM ORAL POWDER	2	
XMET MAXAMAID ORAL POWDER	2	
XMET XCYS MAXAMAID ORAL POWDER	2	
XMTVI MAXAMAID ORAL POWDER	2	
XPHE MAXAMAID ORAL POWDER	2	
XPHE-XTYR MAXAMAID ORAL POWDER	2	
XTRACAL PLUS ORAL LIQUID	2	
<b>*SWEETENERS***</b>		
aspartame (for compounding) powder	3	
ASPARTAME (NUTRASWEET) POWDER	3	
DIABETISWEET BROWN SUGAR ORAL POWDER	2	

Drug Name	Tier	Notes
DIABETISWEET ORAL PACKET	2	
DIABETISWEET ORAL POWDER	2	
PEARSON SAKRIN ORAL SOLUTION	2	
saccharin powder	2	
sodium saccharin granules	3	
sodium saccharin powder	2	
<b>*DIGESTIVE AIDS*</b>		
<b>*DIGESTIVE AIDS - MIXTURES***</b>		
BILE ACID FACTORS ORAL CAPSULE	2	
<b>*DIGESTIVE ENZYME COMBINATIONS***</b>		
ABATRACE ORAL CAPSULE	2	
betaine hcl oral capsule	1 or 1b*	
BEVITROL ORAL CAPSULE	2	
biohm prebiotic supplement oral capsule	2	
BIO-ZYME ORAL TABLET	2	
DIGAZ ORAL CAPSULE	2	
digestive enzyme oral capsule	1 or 1b*	
digestive enzymes oral capsule	1 or 1b*	
digestive enzymes oral tablet	2	
digestive support oral capsule	2	
enzyme digest oral capsule	1 or 1b*	
eql digestive enzymes oral tablet	2	
GASTRACE DIGESTIVE SUPPORT ORAL CAPSULE	2	
GASTRACID ORAL CAPSULE	2	
hepatitis support oral	2	
lipase concentrate-hp oral capsule 110 mg	2	
OMNIGEST EZ ORAL TABLET	2	
panplex 2-phase oral tablet delayed release	2	

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Drug Name	Tier	Notes
<b>PANXYME PH ORAL CAPSULE</b>	2	
papaya and enzymes oral tablet chewable	2	
papaya/pineapple enzymes oral tablet chewable	2	
parvenzyme digestive enzyme oral tablet	2	
<b>PROTEOXYME ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>SIMILASE LIPO ORAL CAPSULE</b>	2	
super enzymes oral tablet	2	
<b>TYLER SIMILASE ORAL CAPSULE</b>	1 or 1b*	
<b>TYLER SIMILASE SENSITIVE ORAL CAPSULE</b>	1 or 1b*	
<b>XYMOZYME ORAL CAPSULE</b>	2	
<b>*DIGESTIVE ENZYMES***</b>		
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	2	QL
cvs dairy relief ex st oral tablet	2	
cvs dairy relief fast acting oral tablet	1 or 1b*	
cvs dairy relief oral tablet	1 or 1b*	
cvs dairy relief oral tablet chewable	1 or 1b*	
cvs lactase enzyme ultra str oral tablet	1 or 1b*	
dairy digestive oral tablet 9000 unit	1 or 1b*	
dairy digestive supplement oral tablet 9000 unit	1 or 1b*	
dairy digestive ultra oral tablet	1 or 1b*	
dairy relief oral tablet	1 or 1b*	
dairy-digestive oral tablet chewable	1 or 1b*	
eq dairy digestive fast acting oral tablet	1 or 1b*	
eq dairy digestive fast acting oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
eql dairy digest fast acting oral tablet	1 or 1b*	
gnp dairy relief oral tablet	1 or 1b*	
gnp fast acting dairy relief oral tablet chewable	1 or 1b*	
<b>HISTDAO ORAL CAPSULE</b>	2	
<b>LACTAID FAST ACT ORAL TABLET</b>	2	
<b>LACTAID FAST ACT ORAL TABLET CHEWABLE</b>	2	
<b>LACTAID ORAL TABLET</b>	2	
lactase enzyme oral tablet	1 or 1b*	
lactase fast acting oral tablet	1 or 1b*	
lactose fast acting relief oral tablet	1 or 1b*	
lactose fast acting relief oral tablet chewable	1 or 1b*	
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT</b>	3	ST; QL
pepsin powder	3	
<b>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	3	ST; QL
px dairy digestive oral tablet	1 or 1b*	
ra dairy aid oral tablet	1 or 1b*	
ra dairy relief fast acting oral tablet	1 or 1b*	
ra dairy relief fast acting oral tablet chewable	1 or 1b*	
sb dairy relief oral tablet	1 or 1b*	
sb lactase oral tablet	1 or 1b*	
sm ultra dairy digestive oral tablet	1 or 1b*	
<b>SUCRAID ORAL SOLUTION</b>	3	PA; QL
surelac oral tablet	1 or 1b*	
<b>VIOKACE ORAL TABLET</b>	3	QL

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Drug Name	Tier	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	QL
<b>*GASTRIC ACIDIFIERS***</b>		
betaine hcl oral tablet	2	
l-glutamic acid hcl powder	3	
<b>*DIURETICS*</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS***</b>		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
dichlorphenamide oral tablet	1 or 1b*	PA; QL
<b>KEVEYIS ORAL TABLET</b>	3	PA; QL
methazolamide oral tablet	1 or 1b*	
methazolamide powder	3	
<b>*DIURETIC COMBINATIONS***</b>		
<b>ALDACTAZIDE ORAL TABLET 25-25 MG</b>	3	DO
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
<b>MAXZIDE ORAL TABLET</b>	3	
<b>MAXZIDE-25 ORAL TABLET</b>	3	
spironolactone-hctz oral tablet	1 or 1b*	DO
triamterene-hctz oral capsule 37.5-25 mg	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
<b>*DIURETICS - MISCELLANEOUS***</b>		
cvs diuretic maximum strength oral capsule	2	

Drug Name	Tier	Notes
<b>DIUREX MAX ORAL TABLET</b>	2	
<b>*LOOP DIURETICS***</b>		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
<b>BUMEX ORAL TABLET 0.5 MG</b>	3	
<b>EDECIN ORAL TABLET</b>	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
<b>FUROSCIX SUBCUTANEOUS CARTRIDGE KIT</b>	3	PA; QL
furosemide injection solution 10 mg/ml	1 or 1a*	
furosemide oral solution 10 mg/ml, 8 mg/ml	1 or 1a*	
furosemide oral tablet	1 or 1a*	
furosemide powder	3	
<b>LASIX ORAL TABLET</b>	3	
<b>SODIUM EDECIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
torseamide oral tablet	1 or 1b*	
<b>*NON PRESCRIPTION DIURETICS***</b>		
hydro-tabs oral tablet	1 or 1b*	
natural herbal diuretic oral tablet	2	
water tabs oral tablet	1 or 1b*	
<b>*OSMOTIC DIURETICS***</b>		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
osmitrol intravenous solution 10 %, 15 %, 20 %	1 or 1b*	
<b>*POTASSIUM SPARING DIURETICS***</b>		
<b>ALDACTONE ORAL TABLET 100 MG</b>	3	QL
<b>ALDACTONE ORAL TABLET 25 MG, 50 MG</b>	3	DO
amiloride hcl oral tablet	1 or 1b*	
amiloride hcl powder	3	

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Drug Name	Tier	Notes
<b>CAROSPIR ORAL SUSPENSION</b>	3	QL
spironolactone oral tablet 100 mg	1 or 1a*	QL
spironolactone oral tablet 25 mg, 50 mg	1 or 1a*	DO
spironolactone powder	3	
triamterene oral capsule	1 or 1b*	
triamterene powder	3	
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS***</b>		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
<b>DIURIL ORAL SUSPENSION</b>	3	
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
hydrochlorothiazide powder	3	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
<b>THALITONE ORAL TABLET</b>	3	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***</b>		
<b>MIFEPREX ORAL TABLET</b>	3	
mifepristone oral tablet	1 or 1b*	
<b>*ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS***</b>		
<b>XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>*BISPHOSPHONATES***</b>		
<b>ACTONEL ORAL TABLET 150 MG, 35 MG</b>	3	QL

Drug Name	Tier	Notes
alendronate sodium oral solution	1 or 1b*	QL
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1 or 1b*	QL
<b>ATELVIA ORAL TABLET DELAYED RELEASE</b>	3	QL
<b>BINOSTO ORAL TABLET EFFERVESCENT</b>	3	QL
<b>FOSAMAX ORAL TABLET 70 MG</b>	3	QL
<b>FOSAMAX PLUS D ORAL TABLET</b>	2	QL
ibandronate sodium intravenous solution 3 mg/3ml	1 or 1b*	
ibandronate sodium oral tablet	1 or 1b*	QL
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	1 or 1b*	SP
<b>PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML</b>	3	SP
<b>RECLAST INTRAVENOUS SOLUTION</b>	3	PA; SP; QL
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1 or 1b*	QL
risedronate sodium oral tablet delayed release	1 or 1b*	QL
zoledronic acid intravenous concentrate	1 or 1b*	PA; SP
<b>ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML</b>	3	PA; SP
zoledronic acid intravenous solution 5 mg/100ml	1 or 1b*	PA; SP; QL
<b>*CALCIMIMETIC AGENTS***</b>		
cinacalcet hcl oral tablet	1 or 1b*	PA; QL
<b>PARSABIV INTRAVENOUS SOLUTION</b>	3	PA
<b>*CALCITONINS***</b>		
calcitonin (salmon) injection 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
calcitonin (salmon) nasal solution	1 or 1b*	QL
<b>MICALCIN INJECTION SOLUTION</b>	3	
<b>*CARNITINE REPLENISHER - AGENTS***</b>		
<b>CARNITOR INTRAVENOUS SOLUTION</b>	3	
<b>CARNITOR ORAL SOLUTION</b>	3	
<b>CARNITOR ORAL TABLET</b>	3	
<b>CARNITOR SF ORAL SOLUTION</b>	3	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
<b>*CORTICOTROPIN***</b>		
<b>ACTHAR INJECTION GEL</b>	3	PA; SP
<b>CORTROPHIN INJECTION GEL</b>	3	PA; SP
<b>*CORTISOL SYNTHESIS INHIBITORS***</b>		
<b>ISTURISA ORAL TABLET</b>	3	PA; QL
<b>*DOPAMINE RECEPTOR AGONISTS***</b>		
cabergoline oral tablet	1 or 1b*	QL
<b>*FABRY DISEASE - AGENTS***</b>		
<b>FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>GALAFOLD ORAL CAPSULE</b>	3	PA; QL
<b>*GAA DEFICIENCY TREATMENT - AGENTS***</b>		
<b>LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP

Drug Name	Tier	Notes
<b>*GNRH/LHRH ANTAGONISTS***</b>		
<b>CETROTIDE SUBCUTANEOUS KIT 0.25 MG</b>	3	PA; SP
fyremadel subcutaneous solution prefilled syringe	1 or 1b*	PA; SP
<b>GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP
<b>ORILISSA ORAL TABLET</b>	2	PA; QL
<b>*GROWTH HORMONE RECEPTOR ANTAGONISTS***</b>		
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP; QL
<b>*GROWTH HORMONE RELEASING HORMONES (GHRH)***</b>		
<b>EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; QL
<b>*GROWTH HORMONES***</b>		
<b>HUMATROPE INJECTION CARTRIDGE</b>	3	PA; SP; QL
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; SP; QL
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; SP; QL
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; SP; QL
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>	3	PA; LD; QL
<b>ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP; 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
<b>*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**</b>		
<b>XURIDEN ORAL PACKET</b>	3	PA; QL
<b>*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***</b>		
nitisinone oral capsule	1 or 1b*	PA; SP
<b>NITYR ORAL TABLET</b>	3	PA
<b>ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG</b>	3	PA; SP
<b>ORFADIN ORAL CAPSULE 20 MG</b>	3	PA
<b>ORFADIN ORAL SUSPENSION</b>	3	PA
<b>*HOMOCYSTINURIA TREATMENT - AGENTS***</b>		
betaine oral powder	1 or 1b*	LD
<b>CYSTADANE ORAL POWDER</b>	3	LD
<b>*HYPERAMMONEMIA TREATMENT - AGENTS***</b>		
carglumic acid oral tablet soluble	1 or 1b*	PA
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***</b>		
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	1 or 1b*	PA
doxercalciferol intravenous solution	1 or 1b*	PA
doxercalciferol oral capsule	1 or 1b*	PA
<b>HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML</b>	3	PA
paricalcitol intravenous solution	1 or 1b*	PA
paricalcitol oral capsule	1 or 1b*	PA
<b>RAYALDEE ORAL CAPSULE EXTENDED RELEASE</b>	3	PA; QL
<b>ZEMPLAR INTRAVENOUS SOLUTION</b>	3	PA

Drug Name	Tier	Notes
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	3	PA
<b>*HYPOPHOSPHATASIA (HPP) AGENTS***</b>		
<b>STRENSIQ SUBCUTANEOUS SOLUTION</b>	3	PA
<b>*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***</b>		
<b>TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; QL
<b>*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***</b>		
<b>INCRELEX SUBCUTANEOUS SOLUTION</b>	3	PA; SP
<b>*LEPTIN ANALOGUES***</b>		
<b>MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***</b>		
<b>FENSOLVI (6 MONTH) SUBCUTANEOUS KIT</b>	3	PA; SP; QL
<b>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT</b>	3	PA; SP; QL
<b>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT</b>	3	PA; SP; QL
<b>SUPPRELIN LA SUBCUTANEOUS KIT</b>	3	PA; SP; QL
<b>SYNAREL NASAL SOLUTION</b>	3	PA; SP; QL
<b>TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	3	PA; QL

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

Drug Name	Tier	Notes
<b>*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***</b>		
<b>KANUMA INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS***</b>		
<b>NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>*MUCOPOLYSACCHARI DOSIS I (MPS I) - AGENTS***</b>		
<b>ALDURAZYME INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MUCOPOLYSACCHARI DOSIS II (MPS II) - AGENTS***</b>		
<b>ELAPRASE INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS***</b>		
<b>VIMIZIM INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MUCOPOLYSACCHARI DOSIS VI (MPS VI) - AGENTS***</b>		
<b>NAGLAZYME INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS***</b>		
<b>MEPSEVII INTRAVENOUS SOLUTION</b>	3	PA
<b>*NATRIURETIC PEPTIDES***</b>		
<b>VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP; QL

Drug Name	Tier	Notes
<b>*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS***</b>		
<b>KERENDIA ORAL TABLET</b>	3	PA; QL
<b>*OVULATION STIMULANTS-GONADOTROPINS***</b>		
<b>CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>GONAL-F INJECTION SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>GONAL-F RFF REDJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; SP
<b>GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	2	PA; SP
<b>OVIDREL SUBCUTANEOUS INJECTABLE</b>	3	PA; SP
<b>PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*OVULATION STIMULANTS-SYNTHETIC***</b>		
<b>CLOMID ORAL TABLET</b>	1 or 1b*	PA
clomiphene citrate powder	3	

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Drug Name	Tier	Notes
<b>*PARATHYROID HORMONE AND DERIVATIVES***</b>		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	3	SP; QL
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SP; QL
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SP; QL
<b>*PHENYLKETONURIA TREATMENT - AGENTS***</b>		
JAVYGTOR ORAL PACKET	1 or 1b*	PA
JAVYGTOR ORAL TABLET	1 or 1b*	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	3	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; SP; QL
sapropterin dihydrochloride oral packet	1 or 1b*	PA; SP
sapropterin dihydrochloride oral tablet	1 or 1b*	PA; SP
<b>*RANK LIGAND (RANKL) INHIBITORS***</b>		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
XGEVA SUBCUTANEOUS SOLUTION	3	PA; SP; QL
<b>*SCLEROSTIN INHIBITORS***</b>		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL

Drug Name	Tier	Notes
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***</b>		
EVISTA ORAL TABLET	3	\$0; QL
OSPHEHA ORAL TABLET	3	PA; QL
raloxifene hcl oral tablet	1 or 1b*	\$0; QL
<b>*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS***</b>		
JYNARQUE ORAL TABLET	3	PA; SP; QL
JYNARQUE ORAL TABLET THERAPY PACK	3	PA; QL
tolvaptan oral tablet	1 or 1b*	PA; SP; QL
<b>*SOMATOSTATIC AGENTS***</b>		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	3	PA; LD; SP; QL
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA; QL
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1 or 1b*	PA; SP
octreotide acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	3	PA; SP; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA; LD; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; LD; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	3	PA; LD; SP; QL

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

Drug Name	Tier	Notes
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML</b>	3	PA; SP; QL
<b>*UREA CYCLE DISORDER - AGENTS***</b>		
<b>AMMONUL INTRAVENOUS SOLUTION</b>	3	
citrulline easy oral tablet extended release	2	
<b>PHEBURANE ORAL PELLETT</b>	3	PA; QL
<b>RAVICTI ORAL LIQUID</b>	3	PA; SP; QL
sod benz-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder 3 gm/tsp	1 or 1b*	PA; SP; QL
sodium phenylbutyrate oral tablet	1 or 1b*	PA; SP; QL
<b>*V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS***</b>		
<b>VAPRISOL INTRAVENOUS SOLUTION</b>	3	
<b>*VASOPRESSIN***</b>		
<b>DDAVP INJECTION SOLUTION 4 MCG/ML</b>	3	
<b>DDAVP ORAL TABLET 0.1 MG</b>	3	DO
<b>DDAVP ORAL TABLET 0.2 MG</b>	3	QL
<b>DDAVP PF INJECTION SOLUTION</b>	3	
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	
<b>DESMOPRESSIN ACETATE NASAL SOLUTION</b>	3	
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	DO
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	QL
desmopressin acetate pf injection solution	1 or 1b*	

Drug Name	Tier	Notes
desmopressin acetate spray nasal solution	1 or 1b*	
<b>NOC DURNA SUBLINGUAL TABLET SUBLINGUAL</b>	3	PA; QL
<b>TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
vasopressin intravenous solution	1 or 1b*	
<b>VASOSTRICT INTRAVENOUS SOLUTION</b>	3	
<b>*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***</b>		
<b>CRYSVITA SUBCUTANEOUS SOLUTION</b>	3	PA; SP; QL
<b>*ESTROGENS*</b>		
<b>*ESTROGEN &amp; PROGESTIN***</b>		
<b>ACTIVELLA ORAL TABLET 1-0.5 MG</b>	3	
amabelz oral tablet	1 or 1b*	
<b>ANGELIQ ORAL TABLET</b>	3	
<b>BIJUVA ORAL CAPSULE</b>	2	QL
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>	2	QL
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</b>	2	QL
estradiol-norethindrone acet oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
<b>PREFEST ORAL TABLET</b>	3	
<b>PREMPHASE ORAL TABLET</b>	2	
<b>PREMPRO ORAL TABLET</b>	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
<b>*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***</b>		
MYFEMBREE ORAL TABLET	3	PA; QL
<b>*ESTROGENS***</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DIVIGEL TRANSDERMAL GEL	3	QL
dotti transdermal patch twice weekly	1 or 1b*	QL
ELESTRIN TRANSDERMAL GEL	3	QL
estradiol oral tablet	1 or 1b*	
estradiol transdermal gel	1 or 1b*	QL
estradiol transdermal patch twice weekly	1 or 1b*	QL
estradiol transdermal patch weekly	1 or 1b*	QL
estradiol valerate intramuscular oil	1 or 1b*	
ESTROGEL TRANSDERMAL GEL	3	QL
ethinyl estradiol powder	3	
EVAMIST TRANSDERMAL SOLUTION	2	QL
lyllana transdermal patch twice weekly	1 or 1b*	QL
MENEST ORAL TABLET	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	QL

Drug Name	Tier	Notes
<b>*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***</b>		
DUAVEE ORAL TABLET	3	PA; QL
<b>*FLUOROQUINOLONES*</b>		
<b>*FLUOROQUINOLONES***</b>		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet	1 or 1b*	
ciprofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	
levofloxacin oral solution	1 or 1b*	
levofloxacin oral tablet	1 or 1b*	
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1 or 1b*	
ofloxacin oral tablet 300 mg, 400 mg	1 or 1b*	
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*ANTIFLATULENTS***</b>		
anti-gas oral capsule	1 or 1b*	
BEANO MELTAWAYS ORAL TABLET DISPERSIBLE 450 UNIT	2	
BEANO ULTRA 800 ORAL TABLET	2	
BICARSIM ORAL TABLET 80 MG	2	

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Drug Name	Tier	Notes
<b>CVS BEANAID ORAL CAPSULE</b>	1 or 1b*	
cvs gas relief extra strength oral tablet chewable	1 or 1b*	
cvs gas relief infants oral suspension	1 or 1b*	
cvs gas relief oral tablet chewable	1 or 1b*	
cvs gas relief ultra strength oral capsule	1 or 1b*	
cvs infants gas relief oral suspension	1 or 1b*	
drxchoice gas relief oral tablet chewable	1 or 1b*	
eq gas relief extra strength oral capsule	1 or 1b*	
eq gas relief extra strength oral tablet chewable	1 or 1b*	
eq gas relief oral capsule	1 or 1b*	
eq infants gas relief oral suspension	1 or 1b*	
eql gas gone oral tablet chewable	1 or 1b*	
eql gas prevention oral capsule	1 or 1b*	
eql gas relief oral capsule	1 or 1b*	
eql gas relief ultra strength oral capsule	1 or 1b*	
eql infants gas relief oral suspension	1 or 1b*	
gas relief & prevention oral capsule	1 or 1b*	
gas relief extra strength oral capsule	1 or 1b*	
gas relief extra strength oral tablet chewable	1 or 1b*	
gas relief infants oral liquid	1 or 1b*	
gas relief infants oral suspension	1 or 1b*	
gas relief oral liquid	1 or 1b*	
gas relief oral tablet chewable	1 or 1b*	
gas relief ultra strength oral capsule	1 or 1b*	
<b>GAS-X CHILDRENS ORAL STRIP</b>	2	
<b>GAS-X EXTRA STRENGTH ORAL CAPSULE</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>GAS-X EXTRA STRENGTH ORAL STRIP</b>	2	
<b>GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE</b>	2	
<b>GAS-X INFANT DROPS ORAL LIQUID</b>	1 or 1b*	
<b>GAS-X PREVENTION ORAL CAPSULE</b>	2	
<b>GAS-X ULTRA STRENGTH ORAL CAPSULE</b>	1 or 1b*	
gnp anti-gas oral capsule 180 mg	1 or 1b*	
gnp gas relief extra strength oral capsule	1 or 1b*	
gnp gas relief extra strength oral tablet chewable	1 or 1b*	
gnp gas relief oral tablet chewable	1 or 1b*	
gnp infant gas relief oral suspension	1 or 1b*	
goodsense gas relief oral tablet chewable	1 or 1b*	
heartland gas relief oral tablet chewable	1 or 1b*	
hm gas relief extra strength oral capsule	1 or 1b*	
hm gas relief infants drops oral suspension	1 or 1b*	
hm gas relief oral tablet chewable 80 mg	1 or 1b*	
infants gas relief oral suspension	1 or 1b*	
<b>LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION</b>	1 or 1b*	
<b>LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION</b>	1 or 1b*	
<b>MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION</b>	1 or 1b*	
<b>MYLANTA GAS MINIS ORAL TABLET CHEWABLE</b>	2	
<b>MYLICON INFANTS GAS RELIEF ORAL SUSPENSION</b>	2	

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

Drug Name	Tier	Notes
<b>PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION</b>	1 or 1b*	
<b>PHAZYME MAXIMUM STRENGTH ORAL CAPSULE</b>	2	
<b>PHAZYME ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>PHAZYME ULTIMATE ORAL CAPSULE</b>	2	
<b>PHAZYME ULTRA STRENGTH ORAL CAPSULE</b>	2	
px gas relief extra strength oral capsule	1 or 1b*	
px gas relief infants oral suspension	1 or 1b*	
px gas relief ultra strength oral capsule	1 or 1b*	
qc anti-gas oral capsule	1 or 1b*	
qc gas relief extra strength oral capsule	1 or 1b*	
qc gas relief extra strength oral tablet chewable	1 or 1b*	
qc gas relief oral capsule 250 mg	1 or 1b*	
qc gas relief oral tablet chewable	1 or 1b*	
ra gas relief extra strength oral tablet chewable	1 or 1b*	
ra gas relief oral capsule	1 or 1b*	
ra gas relief oral tablet chewable	1 or 1b*	
ra gas relief ultra strength oral capsule	1 or 1b*	
sb anti-gas oral capsule	1 or 1b*	
sb gas relief oral suspension	1 or 1b*	
sb gas relief oral tablet chewable	1 or 1b*	
simeped oral suspension	1 or 1b*	
simethicone drops infants oral suspension	1 or 1b*	
simethicone extra strength oral capsule	1 or 1b*	
simethicone liquid	3	
simethicone oral capsule	1 or 1b*	
simethicone oral suspension 40 mg/0.6ml	1 or 1b*	

Drug Name	Tier	Notes
simethicone oral tablet chewable	1 or 1b*	
simethicone ultra strength oral capsule	1 or 1b*	
sm gas relief extra strength oral capsule	1 or 1b*	
sm gas relief infants drops oral suspension	1 or 1b*	
sm gas relief infants oral suspension	1 or 1b*	
sm gas relief oral capsule	1 or 1b*	
sm gas relief oral tablet chewable	1 or 1b*	
<b>*BILE ACID SYNTHESIS DISORDER AGENTS***</b>		
<b>CHOLBAM ORAL CAPSULE</b>	3	PA; QL
<b>*GALLSTONE SOLUBILIZING AGENTS***</b>		
<b>URSO 250 ORAL TABLET</b>	3	
<b>URSO FORTE ORAL TABLET</b>	3	
ursodiol oral capsule 300 mg	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
<b>*GASTROINTESTINAL ANTIALLERGY AGENTS***</b>		
cromolyn sodium oral concentrate	1 or 1b*	
<b>GASTROCROM ORAL CONCENTRATE</b>	3	
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***</b>		
lubiprostone oral capsule	1 or 1b*	QL
<b>*GASTROINTESTINAL STIMULANTS***</b>		
<b>GIMOTI NASAL SOLUTION</b>	3	PA; QL
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl monohydrate powder	3	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	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
metoclopramide hcl oral tablet	1 or 1a*	QL
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	ST; QL
metoclopramide hcl powder	3	
<b>REGLAN ORAL TABLET</b>	3	QL
<b>*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS***</b>		
<b>GATTEX SUBCUTANEOUS KIT</b>	3	PA; SP
<b>*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***</b>		
<b>LINZESS ORAL CAPSULE</b>	2	QL
<b>*ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS***</b>		
<b>BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE</b>	3	PA; QL
<b>BYLVAY ORAL CAPSULE</b>	3	PA; QL
<b>LIVMARLI ORAL SOLUTION</b>	3	PA; QL
<b>*INFLAMMATORY BOWEL AGENTS***</b>		
aminosalicylic acid-5 powder	3	
<b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
<b>AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE</b>	3	QL
<b>AZULFIDINE ORAL TABLET</b>	3	QL
balsalazide disodium oral capsule	1 or 1b*	QL
<b>CANASA RECTAL SUPPOSITORY</b>	3	QL
mesalamine er oral capsule extended release	1 or 1b*	QL
mesalamine er oral capsule extended release 24 hour	1 or 1b*	QL
mesalamine powder	3	
mesalamine rectal enema	1 or 1b*	QL
mesalamine rectal suppository	1 or 1b*	QL

Drug Name	Tier	Notes
mesalamine-cleanser rectal kit	1 or 1b*	QL
<b>ROWASA RECTAL KIT</b>	3	QL
<b>SFROWASA RECTAL ENEMA</b>	3	QL
sulfasalazine oral tablet	1 or 1b*	QL
sulfasalazine oral tablet delayed release	1 or 1b*	QL
sulfasalazine powder	3	
<b>*INTEGRIN RECEPTOR ANTAGONISTS***</b>		
<b>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP; QL
<b>*INTERLEUKIN ANTAGONISTS***</b>		
<b>SKYRIZI INTRAVENOUS SOLUTION</b>	3	PA; QL
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	PA; QL
<b>STELARA INTRAVENOUS SOLUTION</b>	3	PA; SP; QL
<b>*INTESTINAL ACIDIFIERS***</b>		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
<b>*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS***</b>		
alvimopan oral capsule	1 or 1b*	
<b>ENTEREG ORAL CAPSULE</b>	3	
<b>MOVANTIK ORAL TABLET</b>	2	QL
<b>RELISTOR ORAL TABLET</b>	3	ST; QL
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	3	ST; QL
<b>SYMPROIC ORAL TABLET</b>	3	ST; QL
<b>*PHOSPHATE BINDER AGENTS***</b>		
calcium acetate (phos binder) oral capsule	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
calcium acetate (phos binder) oral tablet	1 or 1b*	QL
calcium acetate oral tablet 667 mg	1 or 1b*	QL
<b>CALPHRON ORAL TABLET</b>	1 or 1b*	
<b>FOSRENOL ORAL PACKET</b>	3	ST; QL
lanthanum carbonate oral tablet chewable	1 or 1b*	QL
sevelamer carbonate oral packet	1 or 1b*	QL
<b>*TRYPTOPHAN HYDROXYLASE INHIBITORS***</b>		
<b>XERMELO ORAL TABLET</b>	3	PA; QL
<b>*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***</b>		
<b>AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*GENERAL ANESTHETICS*</b>		
<b>*ANESTHETICS - MISC.***</b>		
<b>AMIDATE INTRAVENOUS SOLUTION</b>	3	
<b>ANESTHESIA S/I-40A INTRAVENOUS KIT</b>	3	
<b>ANESTHESIA S/I-40H INTRAVENOUS KIT</b>	3	
<b>ANESTHESIA S/I-40S INTRAVENOUS KIT</b>	3	
<b>DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML</b>	3	

Drug Name	Tier	Notes
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
<b>KETALAR INJECTION SOLUTION</b>	3	
ketamine hcl injection solution 100 mg/ml, 50 mg/ml	1 or 1b*	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
propofol-lipuro intravenous emulsion	1 or 1b*	
<b>*BARBITURATE ANESTHETICS***</b>		
<b>BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG</b>	3	
<b>*VOLATILE ANESTHETICS***</b>		
desflurane inhalation solution	1 or 1b*	
<b>FORANE INHALATION SOLUTION</b>	3	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
<b>SUPRANE INHALATION SOLUTION</b>	3	
terrell inhalation solution	1 or 1b*	
<b>ULTANE INHALATION SOLUTION</b>	3	
<b>*GENTOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS***</b>		
dutasteride oral capsule	1 or 1b*	QL
finasteride oral tablet 5 mg	1 or 1b*	QL
<b>PROSCAR ORAL TABLET</b>	3	QL
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***</b>		
alfuzosin hcl er oral tablet extended release 24 hour	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
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
silodosin oral capsule	1 or 1b*	QL
tamsulosin hcl oral capsule	1 or 1b*	QL
<b>*ANTI-INFECTIVE GENITOURINARY IRRIGANTS***</b>		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
<b>*CITRATES***</b>		
pot & sod cit-cit ac oral solution	1 or 1b*	
potassium citrate er oral tablet extended release	1 or 1b*	
potassium citrate granules	2	
potassium citrate monohydrate granules	3	
potassium citrate powder	3	
sodium citrate anhydrous powder	3	
sodium citrate crystals	3	
sodium citrate granules	3	
<b>UROCIT-K 10 ORAL TABLET EXTENDED RELEASE</b>	3	
<b>UROCIT-K 15 ORAL TABLET EXTENDED RELEASE</b>	3	
<b>UROCIT-K 5 ORAL TABLET EXTENDED RELEASE</b>	3	
<b>*CYSTINOSIS AGENTS***</b>		
<b>CYTAGON ORAL CAPSULE</b>	3	PA; LD; SP
<b>PROCYSBI ORAL CAPSULE DELAYED RELEASE</b>	3	PA; LD
<b>PROCYSBI ORAL PACKET</b>	3	PA; LD
<b>*GENITOURINARY IRRIGANTS***</b>		
acetic acid irrigation solution	1 or 1b*	
argyle sterile saline irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	1 or 1b*	
glycine irrigation solution	1 or 1b*	

Drug Name	Tier	Notes
glycine powder	3	
glycine urologic irrigation solution	1 or 1b*	
<b>RENACIDIN IRRIGATION SOLUTION</b>	3	
sodium chloride irrigation solution 0.9 %	1 or 1b*	
<b>SORBITOL IRRIGATION SOLUTION 3 %</b>	3	
<b>SORBITOL-MANNITOL IRRIGATION SOLUTION</b>	3	
<b>*INTERSTITIAL CYSTITIS AGENTS***</b>		
<b>RIMSO-50 INTRAVESICAL SOLUTION</b>	3	
<b>*PHOSPHATES***</b>		
<b>K-PHOS NO 2 ORAL TABLET</b>	3	
<b>*PROSTATIC HYPERTROPHY AGENT COMBINATIONS***</b>		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL
<b>JALYN ORAL CAPSULE</b>	3	QL
<b>*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)***</b>		
<b>OXLUMO SUBCUTANEOUS SOLUTION</b>	3	PA
<b>*URINARY ANALGESIC COMBINATIONS***</b>		
<b>URISTAT ULTRA UTI RELIEF PAK COMBINATION THERAPY PAK</b>	2	
<b>URISTAT UTI RELIEF PAK COMBINATION THERAPY PAK</b>	2	
<b>*URINARY ANALGESICS***</b>		
azo tabs oral tablet	1 or 1a*	
<b>AZO URINARY PAIN RELIEF ORAL TABLET 95 MG</b>	1 or 1a*	
<b>AZO URINARY PAIN RELIEF ORAL TABLET 99.5 MG</b>	2	

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

Drug Name	Tier	Notes
cvs urinary pain relief max st oral tablet	1 or 1a*	
cvs urinary pain relief oral tablet	1 or 1a*	
eq urinary pain relief max st oral tablet	1 or 1a*	
eq urinary pain relief oral tablet	1 or 1a*	
gnp urinary pain relief max st oral tablet	1 or 1b*	
gnp urinary pain relief oral tablet	1 or 1a*	
hm urinary pain relief oral tablet 95 mg	1 or 1a*	
hm urinary pain relief oral tablet 99.5 mg	1 or 1b*	
<b>PHENAZO ORAL TABLET 95 MG</b>	1 or 1a*	
phenazopyridine hcl powder	3	
qc azo oral tablet	1 or 1a*	
qc urinary pain relief max st oral tablet 97.5 mg	1 or 1a*	
qc urinary pain relief max st oral tablet 99.5 mg	1 or 1b*	
qc urinary pain relief oral tablet 95 mg	1 or 1a*	
ra urinary pain relief oral tablet	1 or 1a*	
sb urinary pain relief max st oral tablet	1 or 1a*	
sb urinary pain relief oral tablet	1 or 1a*	
sm urinary pain relief max st oral tablet	1 or 1a*	
sm urinary pain relief oral tablet 95 mg	1 or 1a*	
sm urinary pain relief oral tablet 99.5 mg	1 or 1b*	
urinary pain relief max st oral tablet	1 or 1a*	
urinary pain relief oral tablet 95 mg	1 or 1a*	
urinary pain relief oral tablet 99.5 mg	1 or 1b*	
<b>URISTAT ULTRA ORAL TABLET</b>	1 or 1b*	
<b>VH ESSENTIALS UTI RELIEF ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>*URINARY STONE AGENTS***</b>		
<b>LITHOSTAT ORAL TABLET</b>	3	
<b>THIOLA EC ORAL TABLET DELAYED RELEASE</b>	3	PA; QL
tiopronin oral tablet	1 or 1b*	PA; QL
<b>*VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS***</b>		
<b>DEFLUX INJECTION PREFILLED SYRINGE</b>	3	
<b>*GOUT AGENTS*</b>		
<b>*GOUT AGENT COMBINATIONS***</b>		
colchicine-probenecid oral tablet	1 or 1b*	
<b>*GOUT AGENTS***</b>		
allopurinol oral tablet 100 mg, 300 mg	1 or 1a*	QL
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
<b>ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
colchicine oral tablet	2	QL
colchicine powder	3	
febuxostat oral tablet	1 or 1b*	ST; QL
<b>KRYSTEXXA INTRAVENOUS SOLUTION</b>	3	PA; LD; SP; QL
<b>ZYLOPRIM ORAL TABLET</b>	3	QL
<b>*URICOSURICS***</b>		
probenecid oral tablet	1 or 1b*	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***</b>		
<b>GIVLAARI SUBCUTANEOUS SOLUTION</b>	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
<b>*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***</b>		
<b>HEMLIBRA SUBCUTANEOUS SOLUTION</b>	3	PA; SP
<b>*ANTIHEMOPHILIC PRODUCTS***</b>		
<b>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>AFSTYLA INTRAVENOUS KIT</b>	3	PA; SP
<b>ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	3	PA; LD; SP
<b>ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>BENEFIX INTRAVENOUS KIT</b>	3	PA; SP
<b>COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>CORIFACT INTRAVENOUS KIT</b>	3	PA; SP
<b>ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP

Drug Name	Tier	Notes
<b>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT</b>	3	PA; LD; SP
<b>FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT</b>	3	PA; LD; SP
<b>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT</b>	3	PA; SP
<b>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>	3	PA; SP
<b>IDELVION INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>JIVI INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>KCENTRA INTRAVENOUS KIT</b>	3	
<b>KOATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT</b>	3	PA; LD; SP
<b>KOGENATE FS INTRAVENOUS KIT</b>	3	PA; LD; SP
<b>KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP

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Drug Name	Tier	Notes
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
NUWIQ INTRAVENOUS KIT	3	PA; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	3	PA; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
WILATE INTRAVENOUS KIT	3	PA; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	PA; SP

Drug Name	Tier	Notes
XYNTHA SOLOFUSE INTRAVENOUS KIT	3	PA; SP
<b>*ANTI-VON WILLEBRAND FACTOR AGENTS***</b>		
CABLIVI INJECTION KIT	3	PA
<b>*BRADYKININ B2 RECEPTOR ANTAGONISTS***</b>		
icatibant acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; SP; QL
sajazir subcutaneous solution prefilled syringe	1 or 1b*	PA; SP; QL
<b>*C1 ESTERASE INHIBITORS***</b>		
BERINERT INTRAVENOUS KIT	3	PA; SP; QL
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
<b>*COMPLEMENT C1 INHIBITORS***</b>		
ENJAYMO INTRAVENOUS SOLUTION	3	
<b>*COMPLEMENT C3 INHIBITORS***</b>		
EMPAVELI SUBCUTANEOUS SOLUTION	3	PA; QL
<b>*COMPLEMENT C5 INHIBITORS***</b>		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	3	PA; QL
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	3	PA; QL

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

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Drug Name	Tier	Notes
<b>*COMPLEMENT C5A RECEPTOR INHIBITORS***</b>		
TAVNEOS ORAL CAPSULE	3	
<b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>		
BRILINTA ORAL TABLET	2	QL
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS***</b>		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	3	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*	
<b>*HEMATORHEOLOGIC AGENTS***</b>		
pentoxifylline er oral tablet extended release	1 or 1b*	
<b>*HEMIN***</b>		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
<b>*HUMAN PROTEIN C***</b>		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
<b>*PHOSPHODIESTERASE III INHIBITORS***</b>		
cilostazol oral tablet	1 or 1b*	
<b>*PLASMA EXPANDERS***</b>		
HESPAN INTRAVENOUS SOLUTION	3	
hetastarch-nacl intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
HEXTEND INTRAVENOUS SOLUTION	3	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
<b>*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA; SP; QL
<b>*PLASMA KALLIKREIN INHIBITORS***</b>		
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; SP; QL
ORLADEYO ORAL CAPSULE	3	PA; QL
<b>*PLASMA PROTEINS***</b>		
ALBUKED 25 INTRAVENOUS SOLUTION	3	
ALBUKED 5 INTRAVENOUS SOLUTION	3	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
ALBURX INTRAVENOUS SOLUTION	3	
ALBUTEIN INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
FLEXBUMIN INTRAVENOUS SOLUTION	3	
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	3	
PLASBUMIN-25 INTRAVENOUS SOLUTION	3	
PLASBUMIN-5 INTRAVENOUS SOLUTION	3	
PLASMANATE INTRAVENOUS SOLUTION	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*PLATELET AGGREGATION INHIBITOR COMBINATIONS***</b>		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL
YOSPRALA ORAL TABLET DELAYED RELEASE	3	PA; QL

Drug Name	Tier	Notes
<b>*PLATELET AGGREGATION INHIBITORS***</b>		
dipyridamole oral tablet	1 or 1b*	
<b>*PROTAMINE***</b>		
protamine sulfate intravenous solution	1 or 1b*	
<b>*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***</b>		
ZONTIVITY ORAL TABLET	3	PA; QL
<b>*PYRUVATE KINASE ACTIVATORS***</b>		
PYRUKYND ORAL TABLET	3	PA; QL
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	3	PA; QL
<b>*QUINAZOLINE AGENTS***</b>		
AGRYLIN ORAL CAPSULE	3	QL
anagrelide hcl oral capsule	1 or 1b*	QL
<b>*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***</b>		
TAVALISSE ORAL TABLET	3	PA; QL
<b>*THIENOPYRIDINE DERIVATIVES***</b>		
clopidogrel bisulfate oral tablet	1 or 1b*	QL
prasugrel hcl oral tablet	1 or 1b*	QL
<b>*THROMBOLYTIC AGENT - MISC***</b>		
DEFITELIO INTRAVENOUS SOLUTION	3	
<b>*TISSUE PLASMINOGEN ACTIVATORS***</b>		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED	3	

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

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Drug Name	Tier	Notes
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	3	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	3	
TNKASE INTRAVENOUS KIT	3	
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*AGENTS FOR GAUCHER DISEASE***</b>		
CERDELGA ORAL CAPSULE	2	PA; SP; QL
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	3	PA; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
miglustat oral capsule	1 or 1b*	PA; SP; QL
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*AMINO ACIDS***</b>		
ENDARI ORAL PACKET	3	PA
<b>*COBALAMIN COMBINATIONS***</b>		
5-mthf plus b12 oral tablet dispersible	2	
b-12 + folic acid oral tablet dispersible	2	
b-12 plus folic acid oral tablet dispersible	2	
b-12 sublingual tablet sublingual 1000-400 mcg	2	
b-12 sublingual tablet sublingual 100-5000 mcg	1 or 1b*	
b-12 ultra oral tablet dispersible	2	
COGNIQUIL ORAL CAPSULE	2	
MTX SUPPORT ORAL TABLET	2	
natures truth b-12 sublingual liquid	2	

Drug Name	Tier	Notes
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	3	
NEURIVA PLUS ORAL CAPSULE	2	
NEURIVA PLUS ORAL TABLET CHEWABLE	2	
OPURITY B12/FOLIC ACID ORAL TABLET	2	
ra b-12 mouth/throat lozenge	2	
vitamin b12-folic acid oral tablet	2	
<b>*COBALAMINS***</b>		
b-12 (methylcobalamin) sublingual tablet sublingual	1 or 1b*	
<b>B-12 DOTS ORAL TABLET DISPERSIBLE</b>	2	
b12 fast dissolve oral tablet dispersible	1 or 1b*	
b-12 fast dissolve sublingual tablet sublingual	1 or 1b*	
b-12 methylcobalamin oral tablet dispersible	2	
<b>B-12 MICROLOZENGE SUBLINGUAL TABLET SUBLINGUAL</b>	1 or 1a*	
b-12 oral capsule	2	
b-12 oral lozenge	2	
b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 50 mcg, 500 mcg	1 or 1a*	
b-12 oral tablet 2000 mcg, 2500 mcg	2	
b-12 oral tablet dispersible	2	
b-12 oral tablet extended release 1000 mcg	1 or 1a*	
b12 sublingual tablet sublingual	1 or 1b*	
b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg, 5000 mcg	1 or 1a*	
b-12 sublingual tablet sublingual 3000 mcg	1 or 1b*	
b-12 super strength sublingual liquid	2	
b-12 tr oral tablet extended release	1 or 1a*	
<b>B12-ACTIVE ORAL TABLET CHEWABLE</b>	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
b-12-sl sublingual tablet sublingual	1 or 1a*	
cvs b12 gummies oral tablet chewable	2	
cvs b-12 oral liquid	1 or 1a*	
cvs b-12 oral tablet	1 or 1a*	
cvs b12 oral tablet chewable	2	
cvs b12 quick dissolve oral lozenge	1 or 1b*	
cvs vitamin b12 oral tablet	1 or 1a*	
cvs vitamin b-12 oral tablet 1000 mcg	1 or 1a*	
cvs vitamin b12 oral tablet extended release	1 or 1a*	
cvs vitamin b-12 oral tablet extended release	1 or 1a*	
cvs vitamin b-12 sublingual tablet sublingual	1 or 1a*	
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
dodex injection solution	1 or 1a*	
energy b12 oral tablet chewable	2	
eql b-12 oral tablet	1 or 1a*	
eql vitamin b-12 oral tablet	1 or 1a*	
eql vitamin b-12 tr oral tablet extended release	1 or 1a*	
fast acting b12 sublingual tablet sublingual	2	
gnp b-12 sublingual tablet sublingual	1 or 1a*	
gnp vitamin b-12 oral tablet	1 or 1a*	
gnp vitamin b-12 oral tablet extended release	1 or 1a*	
hm vitamin b-12 oral tablet	1 or 1a*	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
kp vitamin b-12 oral tablet	1 or 1a*	
methyl b-12 oral lozenge	2	
methyl b-12 oral tablet chewable	2	
methylcobalamin oral tablet dispersible	1 or 1b*	
<b>MM VITAMIN B12 SUBLINGUAL TABLET DISPERSIBLE</b>	1 or 1b*	
qc vitamin b12 oral tablet	1 or 1a*	

Drug Name	Tier	Notes
qc vitamin b12 oral tablet extended release	1 or 1a*	
qc vitamin b12 sublingual tablet sublingual	1 or 1a*	
ra vitamin b-12 oral liquid	2	
ra vitamin b-12 oral tablet	1 or 1a*	
ra vitamin b12 oral tablet extended release	1 or 1a*	
ra vitamin b-12 tr oral tablet extended release	1 or 1a*	
<b>RAPID B-12 ENERGY ORAL LIQUID</b>	2	
sm vitamin b-12 oral tablet	1 or 1a*	
sm vitamin b12 tr oral tablet extended release	1 or 1a*	
sv vitamin b-12 er oral tablet extended release	1 or 1a*	
<b>VB12 MAX ORAL LIQUID</b>	2	
<b>VITAMELTS ENERGY VITAMIN B-12 ORAL TABLET DISPERSIBLE</b>	2	
vitamin b 12 oral lozenge	2	
vitamin b 12 oral tablet	1 or 1a*	
vitamin b-12 er oral tablet extended release 1000 mcg, 2000 mcg	1 or 1a*	
vitamin b-12 er oral tablet extended release 1500 mcg	2	
vitamin b-12 oral liquid	1 or 1a*	
vitamin b-12 oral lozenge 50 mcg	2	
vitamin b-12 oral lozenge 500 mcg, 5000 mcg	1 or 1b*	
vitamin b-12 oral tablet	1 or 1a*	
vitamin b12 oral tablet 100 mcg	1 or 1a*	
vitamin b-12 oral tablet dispersible	1 or 1b*	
vitamin b12 oral tablet extended release	1 or 1a*	
vitamin b12 sublingual liquid	2	
vitamin b-12 sublingual liquid	2	
vitamin b12 sublingual tablet sublingual	1 or 1b*	

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

Drug Name	Tier	Notes
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg, 5000 mcg	1 or 1a*	
vitamin b-12 sublingual tablet sublingual 3000 mcg	1 or 1b*	
vitamin b-12 sublingual tablet sublingual 6000 mcg	2	
vitamin b12 tr oral tablet extended release 2000 mcg	1 or 1a*	
<b>*CXCR4 RECEPTOR ANTAGONIST***</b>		
MOZOBI SUBCUTANEOUS SOLUTION	3	PA; SP
<b>*CYTOTOXIC AGENTS***</b>		
DROXIA ORAL CAPSULE	2	
SIKLOS ORAL TABLET	3	PA; SP
<b>*ERYTHROID MATURATION AGENTS***</b>		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; SP; QL
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP; QL

Drug Name	Tier	Notes
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	3	PA; QL
PROCRIT INJECTION SOLUTION	3	PA; SP; QL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA; SP; QL
<b>*FOLIC ACID/FOLATE COMBINATIONS***</b>		
ABATREX ORAL TABLET	2	
b complex-folic acid oral tablet	2	
btrex oral tablet extended release	2	
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	
FOLGARD RX ORAL TABLET	3	
folic acid-vit b6-vit b12 oral tablet	2	
folinic-plus oral tablet	2	
foltabs 800 oral tablet	1 or 1b*	\$0
homocysteine formula oral tablet	2	
INTRINSI B12-FOLATE ORAL TABLET	2	
millguard oral tablet	1 or 1b*	\$0
NEUROPHX DPN ORAL CAPSULE	2	
RX SUPPORT HB/REFLUX/ALOE ORAL TABLET	2	
<b>*FOLIC ACID/FOLATES***</b>		
cvs folic acid oral tablet 800 mcg	1 or 1a*	\$0
fa-8 oral capsule	1 or 1b*	\$0
folate oral tablet	1 or 1a*	\$0
folic acid injection 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
folic acid oral capsule 0.8 mg	1 or 1b*	\$0
folic acid oral capsule 20 mg, 5 mg	2	
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	\$0
folic acid powder	3	
gnp folic acid oral tablet	1 or 1a*	\$0
hm folic acid oral tablet	1 or 1a*	\$0
kp folic acid oral tablet 1 mg	1 or 1a*	
kp folic acid oral tablet 800 mcg	1 or 1a*	\$0
px folic acid oral tablet	1 or 1a*	\$0
qc folic acid oral tablet	1 or 1a*	\$0
ra folic acid oral tablet	1 or 1a*	\$0
sm folic acid oral tablet	1 or 1a*	\$0
yl folic acid oral tablet	1 or 1a*	\$0
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***</b>		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
GRANIX SUBCUTANEOUS SOLUTION	3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; SP; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP

Drug Name	Tier	Notes
NIVESTYM INJECTION SOLUTION	3	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
RELEUKO INJECTION SOLUTION	3	PA; SP
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
<b>*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)***</b>		
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
<b>*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***</b>		
OXBRYTA ORAL TABLET 300 MG	3	PA; QL
OXBRYTA ORAL TABLET SOLUBLE	3	PA; SP; QL
<b>*IRON COMBINATIONS***</b>		
ABATRON AF ORAL TABLET	1 or 1b*	
ABATRON ORAL LIQUID	2	
ACTIRON ORAL TABLET	2	

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

Drug Name	Tier	Notes
<b>BIFERA ORAL TABLET</b>	2	
chewable iron oral tablet chewable	2	
fe c tab oral tablet	1 or 1b*	
fe c tab plus oral tablet	1 or 1a*	
<b>FE CAPS/STOOL SOFTENER ORAL TABLET</b>	2	
<b>FEOSOL BIFERA ORAL TABLET</b>	2	
<b>FERREX 150 PLUS ORAL CAPSULE</b>	2	
<b>FERRO-SEQUELS ORAL TABLET EXTENDED RELEASE 65-25 MG</b>	2	
<b>FOLITAB 500 ORAL TABLET EXTENDED RELEASE</b>	2	
foltrin oral capsule	1 or 1b*	
<b>FUSION ORAL CAPSULE</b>	2	
gentle iron oral capsule	1 or 1b*	
<b>HEMATOGEN FORTE ORAL CAPSULE</b>	1 or 1b*	
<b>HEMATOGEN ORAL CAPSULE</b>	1 or 1b*	
<b>HEMAX EZY-DOSE ORAL TABLET</b>	2	
<b>HEMAX ORAL TABLET</b>	1 or 1b*	
<b>ICAR-C ORAL TABLET</b>	2	
<b>INTEGRA ORAL CAPSULE</b>	2	
iron 100 plus oral tablet	1 or 1a*	
iron 100/c oral tablet	1 or 1b*	
iron complex oral capsule	1 or 1b*	
iron-vitamin c oral tablet	1 or 1b*	
iro-plex oral liquid	2	
iro-plex oral tablet	2	
<b>MAXFE ORAL LIQUID</b>	2	
<b>MAXFE ORAL TABLET 160-1.7 MG</b>	2	
<b>PROTECTIRON ORAL TABLET</b>	3	
<b>TANDEM ORAL CAPSULE 53-53 MG</b>	2	
<b>TANDEM PLUS ORAL CAPSULE</b>	1 or 1b*	
vitabex iron oral capsule	2	

Drug Name	Tier	Notes
<b>VITRON-C ORAL TABLET 65-125 MG</b>	2	
<b>*IRON W/ FOLIC ACID***</b>		
<b>PROFERRIN-FORTE ORAL TABLET</b>	2	
<b>*IRON***</b>		
<b>ACCRUFER ORAL CAPSULE</b>	3	
<b>BPROTECTED PEDIA IRON ORAL SOLUTION</b>	1 or 1a*	
cvs iron oral tablet 240 (27 fe) mg	1 or 1b*	
cvs iron oral tablet 325 (65 fe) mg	1 or 1a*	
cvs slow release iron oral tablet extended release	1 or 1a*	
easy iron oral capsule	2	
eq slow-release iron oral tablet extended release	1 or 1a*	
eql carbonyl iron oral tablet	1 or 1b*	
eql iron supplement therapy oral tablet 325 mg	1 or 1a*	
eql slow release iron oral tablet extended release	1 or 1a*	
<b>EZFE 200 ORAL CAPSULE</b>	2	
fe tabs oral tablet delayed release	1 or 1a*	
<b>FEOSOL NATURAL RELEASE ORAL TABLET</b>	2	
<b>FEOSOL ORAL TABLET 200 (65 FE) MG</b>	2	
<b>FERAHEME INTRAVENOUS SOLUTION</b>	3	PA; SP; QL
<b>FERATE ORAL TABLET 240 (27 FE) MG</b>	1 or 1b*	
<b>FERGON ORAL TABLET</b>	1 or 1b*	
<b>FER-IN-SOL ORAL SOLUTION</b>	2	
<b>FEROSUL ORAL TABLET</b>	1 or 1a*	
ferretts chewable iron oral tablet chewable	2	
<b>FERRETTS IPS ORAL CAPSULE</b>	2	
ferretts ips oral solution	2	

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

Drug Name	Tier	Notes
ferretts oral tablet	2	
<b>FERREX 150 ORAL CAPSULE</b>	1 or 1b*	
ferric x-150 oral capsule	1 or 1b*	
<b>FERRIMIN 150 ORAL TABLET</b>	2	
<b>FERRLECIT INTRAVENOUS SOLUTION</b>	3	PA; SP; QL
<b>FERROCITE ORAL TABLET</b>	1 or 1b*	
ferrotabs oral tablet	1 or 1b*	
ferrous fumarate oral tablet 29 mg	2	
ferrous fumarate oral tablet 324 (106 fe) mg	1 or 1b*	
ferrous gluconate oral tablet 239 (27 fe) mg, 324 (38 fe) mg	2	
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg	1 or 1b*	
ferrous sulfate er oral tablet extended release 140 (45 fe) mg	2	
ferrous sulfate er oral tablet extended release 50 mg	1 or 1a*	
ferrous sulfate granules	2	
ferrous sulfate oral elixir	1 or 1a*	
ferrous sulfate oral liquid	2	
ferrous sulfate oral solution 300 mg/6.8ml	2	
ferrous sulfate oral solution 75 (15 fe) mg/ml	1 or 1a*	
ferrous sulfate oral syrup	1 or 1b*	
ferrous sulfate oral tablet 27 mg, 325 (65 fe) mg	1 or 1a*	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg	2	
ferrous sulfate oral tablet delayed release 325 (65 fe) mg	1 or 1a*	
ferrous sulfate powder	2	
ferumoxytol intravenous solution	3	PA; SP; QL
fe-vite iron oral solution	1 or 1a*	
gnp iron oral tablet 200 (65 fe) mg	1 or 1a*	

Drug Name	Tier	Notes
gnp iron oral tablet extended release	1 or 1a*	
<b>GOODSENSE IRON ORAL TABLET</b>	1 or 1a*	
<b>HEMATEX IRON COMPLEX ORAL TABLET</b>	2	
<b>HEMATEX ORAL LIQUID</b>	2	
high potency iron oral capsule	2	
high potency iron oral tablet 65 mg	2	
<b>ICAR ORAL SUSPENSION</b>	2	
<b>IFEREX 150 ORAL CAPSULE</b>	1 or 1b*	
iron (ferrous sulfate) oral solution	1 or 1a*	
iron (ferrous sulfate) oral tablet	1 or 1a*	
iron 27 oral tablet	1 or 1b*	
iron chews pediatric oral tablet chewable	2	
iron high-potency oral tablet	1 or 1a*	
iron high-potency oral tablet extended release	1 or 1a*	
iron infant & toddler oral solution	1 or 1a*	
iron infant/toddler oral solution	1 or 1a*	
iron oral tablet 240 (27 fe) mg	1 or 1b*	
iron oral tablet 28 mg, 90 (18 fe) mg	2	
iron oral tablet 325 (65 fe) mg	1 or 1a*	
iron slow release oral tablet extended release 140 (45 fe) mg	2	
iron slow release oral tablet extended release 142 (45 fe) mg, 143 (45 fe) mg	1 or 1a*	
iron supplement childrens oral solution	1 or 1a*	
iron supplement oral elixir	1 or 1a*	
iron supplement oral solution	1 or 1a*	
<b>IRON UP ORAL LIQUID</b>	2	

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

Drug Name	Tier	Notes
kp ferrous gluconate oral tablet	1 or 1b*	
kp ferrous sulfate oral tablet	1 or 1a*	
meijer ferrous sulfate oral tablet	1 or 1a*	
na ferric gluc cplx in sucrose intravenous solution	1 or 1b*	PA; SP; QL
nat-rul iron oral tablet	1 or 1a*	
<b>NOVAFERRUM ORAL LIQUID</b>	2	
<b>NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID</b>	2	
<b>NU-IRON ORAL CAPSULE</b>	1 or 1b*	
pc pediatric iron drops oral solution	1 or 1a*	
<b>POLY-IRON 150 ORAL CAPSULE</b>	1 or 1b*	
polysaccharide iron complex oral capsule	1 or 1b*	
polysaccharide-iron complex oral capsule	1 or 1b*	
<b>PROFE ORAL CAPSULE</b>	2	
<b>PROFERRIN ES ORAL TABLET</b>	2	
px iron oral tablet	1 or 1a*	
qc ferrous sulfate oral tablet	1 or 1a*	
ra high potency iron oral tablet	1 or 1a*	
ra iron oral tablet	1 or 1a*	
ra slow release iron oral tablet extended release 45 mg	1 or 1a*	
<b>SLOW FE ORAL TABLET EXTENDED RELEASE 142 (45 FE) MG</b>	2	
slow iron oral tablet extended release	1 or 1a*	
slow release iron oral tablet extended release 160 (50 fe) mg, 45 mg, 50 mg	1 or 1a*	
slow release iron oral tablet extended release 47.5 mg	2	
sm iron oral tablet 325 (65 fe) mg	1 or 1a*	
sm iron slow release oral tablet extended release 160 (50 fe) mg	1 or 1a*	

Drug Name	Tier	Notes
sm slow release iron oral tablet extended release 142 (45 fe) mg, 45 mg	1 or 1a*	
sm slow release iron oral tablet extended release 143 (45 fe) mg	2	
<b>SPATONE PUR-ABSORB IRON ORAL LIQUID</b>	2	
sv iron oral tablet	1 or 1a*	
<b>TRIFERIC AVNU INTRAVENOUS SOLUTION</b>	3	PA
<b>TRIFERIC HEMODIALYSIS PACKET</b>	3	PA
<b>TRIFERIC HEMODIALYSIS SOLUTION</b>	3	PA
<b>VENOFER INTRAVENOUS SOLUTION</b>	3	PA; SP; QL
wee care oral suspension	1 or 1b*	
<b>*SELECTIN BLOCKERS***</b>		
<b>ADAKVEO INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***</b>		
<b>DOPTELET ORAL TABLET 20 MG</b>	3	PA; SP; QL
<b>MULPLETA ORAL TABLET</b>	3	PA; SP; QL
<b>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>PROMACTA ORAL PACKET 12.5 MG</b>	3	PA; DO; SP
<b>PROMACTA ORAL PACKET 25 MG</b>	3	PA; SP; QL
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG</b>	3	PA; DO; SP
<b>PROMACTA ORAL TABLET 50 MG, 75 MG</b>	3	PA; SP; 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
<b>*HEMOSTATICS*</b>		
<b>*HEMOSTATIC COMBINATIONS - TOPICAL***</b>		
ARTISS EXTERNAL SOLUTION	3	
THROMBI-GEL 10 EXTERNAL PAD	3	
THROMBI-GEL 100 EXTERNAL PAD	3	
THROMBI-GEL 40 EXTERNAL PAD	3	
THROMBI-PAD EXTERNAL PAD	3	
TISSEEL EXTERNAL KIT	3	
TISSEEL EXTERNAL SOLUTION	3	
<b>*HEMOSTATICS - SYSTEMIC***</b>		
AMICAR ORAL SOLUTION	3	QL
AMICAR ORAL TABLET 1000 MG	3	
AMICAR ORAL TABLET 500 MG	3	QL
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	1 or 1b*	QL
aminocaproic acid oral tablet 1000 mg	1 or 1b*	
aminocaproic acid oral tablet 500 mg	1 or 1b*	QL
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	3	
tranexamic acid intravenous solution 1000 mg/10ml	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	QL
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
<b>*HEMOSTATICS - TOPICAL***</b>		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	3	

Drug Name	Tier	Notes
AVITENE EXTERNAL PAD	3	
AVITENE FLOUR EXTERNAL POWDER	3	
BLEEDCEASE EXTERNAL	2	
ENDO AVITENE EXTERNAL	3	
GELFILM EXTERNAL FILM	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL	3	
GELFOAM MOUTH/THROAT POWDER	3	
GELFOAM SPONGE EXTERNAL	3	
GELFOAM SPONGE SIZE 100 EXTERNAL	3	
GELFOAM SPONGE SIZE 200 EXTERNAL	3	
GELFOAM SPONGE SIZE 50 EXTERNAL	3	
INSTAT EXTERNAL PAD	3	
INTERCEED (TC7) EXTERNAL PAD	3	
INTERCEED EXTERNAL PAD	3	
NASALCEASE EXTERNAL	2	
NOSEBLEEDQR NASAL POWDER	2	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	3	
SURGICEL FIBRILLAR EXTERNAL PAD	3	
SURGICEL NU-KNIT EXTERNAL PAD	3	

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

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Drug Name	Tier	Notes
SURGICEL SNOW 1"X2" EXTERNAL PAD	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD	3	
SYRINGE AVITENE EXTERNAL	3	
TACHOSIL EXTERNAL PATCH	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	3	
THROMBOGEN EXTERNAL KIT	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	3	
WOUNDSEAL EXTERNAL POWDER	2	
<b>*HYPNOTICS/SEDATIVE S/SLEEP DISORDER AGENTS*</b>		
<b>*ANTIHISTAMINE HYPNOTIC COMBINATIONS***</b>		
acetaminophen pm ex st oral tablet 500-25 mg	1 or 1b*	
acetaminophen pm oral tablet	1 or 1b*	
ADVIL PM ORAL CAPSULE	2	
ADVIL PM ORAL TABLET	2	
ALEVE PM ORAL TABLET	2	

Drug Name	Tier	Notes
cvs acetaminophen pm ext st oral tablet	1 or 1b*	
cvs ibuprofen pm oral tablet	1 or 1b*	
cvs non-aspirin headache pm oral tablet	1 or 1b*	
cvs pain relief pm ex st oral tablet	1 or 1b*	
eq acetaminophen pm oral tablet 500-25 mg	1 or 1b*	
eq ibuprofen pm oral tablet	1 or 1b*	
eql acetaminophen pm oral tablet	1 or 1b*	
eql ibuprofen pm oral tablet	1 or 1b*	
eql pain relief pm ex st oral tablet	1 or 1b*	
<b>EXCEDRIN PM ORAL TABLET</b>	2	
gnp pain relief nighttime oral tablet	2	
gnp pain relief pm ex st oral tablet 25-500 mg	1 or 1b*	
goodsense ibuprofen pm oral tablet	1 or 1b*	
goodsense pain relief pm ex st oral tablet 25-500 mg	1 or 1b*	
<b>GOODYS PM ORAL PACKET</b>	2	
headache relief pm oral tablet 500-38 mg	1 or 1b*	
<b>HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET</b>	1 or 1b*	
hm ibuprofen pm oral tablet	1 or 1b*	
hm pain reliever pm ex st oral tablet 25-500 mg	1 or 1b*	
ibuprofen pm oral capsule	1 or 1b*	
ibuprofen pm oral tablet	1 or 1b*	
kls rapid release apap pm oral tablet	1 or 1b*	
<b>MEDI-TABS PM EXTRA STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>MOTRIN PM ORAL TABLET</b>	1 or 1b*	
night time pain medicine ex st oral tablet	1 or 1b*	
non-aspirin pm extra strength 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
non-aspirin pm oral tablet	1 or 1b*	
pain relief pm extra strength oral tablet	1 or 1b*	
pain reliever pm ex st oral tablet	1 or 1b*	
pain reliever pm oral liquid	2	
pain reliever pm oral tablet	1 or 1b*	
<b>PANADOL PM EXTRA STRENGTH ORAL TABLET</b>	1 or 1b*	
px pain relief pm ex st oral tablet	1 or 1b*	
qc acetaminophen pm ex st oral tablet	1 or 1b*	
qc headache relief pm oral tablet	1 or 1b*	
qc ibuprofen pm oral capsule	1 or 1b*	
qc ibuprofen-diphenhydramine oral capsule	1 or 1b*	
qc pain relief extra strength oral tablet 500-25 mg	1 or 1b*	
ra acetaminophen pm ex st oral tablet	1 or 1b*	
ra ibuprofen pm oral tablet	1 or 1b*	
ra naproxen sodium pm oral tablet	1 or 1b*	
sb non-asa night time oral tablet	1 or 1b*	
sb non-aspirin nighttime oral tablet	1 or 1b*	
sb pain reliever pm oral tablet	1 or 1b*	
sm headache relief pm oral tablet	1 or 1b*	
sm ibuprofen pm oral tablet	1 or 1b*	
sm pain reliever pm ex st oral tablet	1 or 1b*	
<b>TYLENOL PM EXTRA STRENGTH ORAL TABLET</b>	2	
<b>UNISOM PM PAIN ORAL TABLET</b>	2	
<b>*ANTI-HISTAMINE HYPNOTICS***</b>		
cvs sleep aid nighttime oral tablet	1 or 1a*	
cvs sleep aid oral tablet 25 mg	1 or 1a*	

Drug Name	Tier	Notes
cvs sleep-aid (doxylamine) oral tablet	1 or 1b*	
cvs sleep-aid nighttime oral capsule 25 mg	1 or 1b*	
cvs sleep-aid nighttime oral capsule 50 mg	1 or 1a*	
cvs ultra sleep oral tablet	1 or 1b*	
diphenhydramine hcl (sleep) oral tablet 50 mg	1 or 1a*	
eq nighttime sleep aid max st oral capsule	1 or 1a*	
eq sleep-aid nighttime oral capsule	1 or 1b*	
eql nighttime sleep aid oral capsule	1 or 1b*	
eql nighttime sleep aid oral tablet	1 or 1a*	
eql sleep aid oral capsule	1 or 1a*	
eql sleep aid oral liquid	1 or 1b*	
gnp sleep aid nighttime oral tablet	1 or 1a*	
gnp sleep aid oral tablet	1 or 1b*	
goodsense sleep aid oral capsule	1 or 1a*	
goodsense sleeptime oral capsule	1 or 1b*	
goodsense sleeptime oral liquid	1 or 1b*	
hm nighttime sleep aid oral tablet	1 or 1a*	
kls sleep aid oral tablet	1 or 1b*	
night time sleep aid oral tablet	1 or 1a*	
nighttime sleep aid oral tablet 25 mg	1 or 1a*	
<b>NYTOL QUICKCAPS ORAL TABLET</b>	1 or 1a*	
qc rest simply oral tablet	1 or 1a*	
qc sleep aid max st oral capsule	1 or 1a*	
qc sleep-aid max st oral capsule	1 or 1a*	
qc sleep-aid nighttime oral capsule	1 or 1b*	
ra night sleep aid oral tablet	1 or 1b*	
ra nighttime sleep aid oral tablet	1 or 1a*	

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

Drug Name	Tier	Notes
ra sleep aid (diphenhydramine) oral tablet	1 or 1a*	
ra sleep aid oral capsule	1 or 1a*	
ra sleep aid oral tablet	1 or 1b*	
sb sleep oral tablet	1 or 1a*	
<b>SIMPLY SLEEP ORAL TABLET</b>	1 or 1a*	
sleep aid (diphenhydramine) oral tablet	1 or 1a*	
sleep aid oral liquid	1 or 1b*	
sleep aid oral tablet	1 or 1b*	
sleep tabs oral tablet 25 mg	1 or 1a*	
sleep-aid oral capsule 25 mg	1 or 1b*	
sleep-aid oral capsule 50 mg	1 or 1a*	
sleep-aid oral tablet	1 or 1b*	
sleep-tabs oral tablet	1 or 1a*	
sm nighttime sleep aid oral tablet	1 or 1a*	
sm sleep aid oral tablet	1 or 1b*	
<b>SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET</b>	1 or 1a*	
<b>UNISOM SLEEPGELS ORAL CAPSULE</b>	2	
<b>UNISOM SLEEPMELTS ORAL TABLET DISPERSIBLE</b>	2	
<b>UNISOM SLEEPTABS ORAL TABLET</b>	2	
<b>WAL-SLEEP Z LIQUID SHOTS ORAL LIQUID</b>	2	
<b>WAL-SLEEP Z ORAL CAPSULE</b>	1 or 1b*	
<b>WAL-SLEEP Z ORAL LIQUID</b>	1 or 1b*	
<b>WAL-SLEEP Z ORAL TABLET DISPERSIBLE</b>	1 or 1b*	
wal-som maximum strength oral capsule	1 or 1a*	
wal-som oral tablet	1 or 1b*	
wal-som oral tablet dispersible	1 or 1b*	
<b>ZZZQUIL ORAL CAPSULE</b>	2	
<b>ZZZQUIL ORAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>*BARBITURATE HYPNOTICS***</b>		
<b>NEMBUTAL INJECTION SOLUTION</b>	3	
pentobarbital sodium injection solution	1 or 1b*	
pentobarbital sodium powder	3	
phenobarbital oral elixir	1 or 1b*	QL
phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg	1 or 1b*	QL
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg	1 or 1b*	DO
phenobarbital powder	3	
phenobarbital sodium injection solution	1 or 1b*	
phenobarbital sodium powder	3	
<b>*BENZODIAZEPINE HYPNOTICS***</b>		
<b>BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>DORAL ORAL TABLET</b>	3	ST; QL
estazolam oral tablet	1 or 1b*	QL
<b>HALCION ORAL TABLET</b>	3	QL
midazolam hcl (pf) injection solution	1 or 1b*	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	1 or 1b*	
midazolam hcl oral syrup	1 or 1b*	QL
<b>MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 MG/50ML-%</b>	3	
quazepam oral tablet	1 or 1b*	QL
<b>RESTORIL ORAL CAPSULE</b>	3	QL
temazepam oral capsule	1 or 1b*	QL
triazolam oral tablet	1 or 1b*	QL
<b>*HYPNOTICS - TRICYCLIC AGENTS***</b>		
doxepin hcl oral tablet	1 or 1b*	ST; QL

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

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Drug Name	Tier	Notes
<b>*NON-BARBITURATE HYPNOTICS***</b>		
chloral hydrate crystals	3	
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***</b>		
<b>EDLUAR SUBLINGUAL TABLET SUBLINGUAL</b>	3	ST; QL
eszopiclone oral tablet	1 or 1b*	QL
zaleplon oral capsule	1 or 1b*	QL
zolpidem tartrate er oral tablet extended release	1 or 1b*	QL
zolpidem tartrate oral tablet	1 or 1b*	QL
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL
<b>ZOLPIMIST ORAL SOLUTION</b>	3	ST; QL
<b>*OREXIN RECEPTOR ANTAGONISTS***</b>		
<b>BELSOMRA ORAL TABLET</b>	3	ST; QL
<b>DAYVIGO ORAL TABLET</b>	3	ST; QL
<b>*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES***</b>		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1 or 1b*	
<b>DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML</b>	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	
<b>DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION</b>	3	
<b>IGALMI SUBLINGUAL FILM</b>	3	PA; QL

Drug Name	Tier	Notes
<b>PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML</b>	3	
<b>*SELECTIVE MELATONIN RECEPTOR AGONISTS***</b>		
<b>HETLIOZ LQ ORAL SUSPENSION</b>	3	PA; QL
<b>HETLIOZ ORAL CAPSULE</b>	3	PA; QL
ramelteon oral tablet	1 or 1b*	ST; QL
tasimelteon oral capsule	1 or 1b*	PA; QL
<b>*LAXATIVES*</b>		
<b>*BOWEL EVACUANT COMBINATIONS***</b>		
<b>CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML</b>	3	QL
<b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED</b>	1 or 1a*	\$0; QL
gavilyte-g oral solution reconstituted	1 or 1a*	\$0; QL
<b>GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM</b>	3	QL
<b>MOVIPREP ORAL SOLUTION RECONSTITUTED</b>	3	QL
na sulfate-k sulfate-mg sulf oral solution	1 or 1b*	\$0; QL
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes/ascorbic acid oral solution reconstituted	1 or 1b*	\$0; QL
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	\$0; QL
<b>PEG-PREP ORAL KIT</b>	3	QL
<b>PLENVU ORAL SOLUTION RECONSTITUTED</b>	3	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
SUTAB ORAL TABLET	2	QL
<b>*BULK LAXATIVES***</b>		
advanced fiber complex oral capsule	2	
BANATROL TF ENTERAL LIQUID	2	
BENEFIBER DRINK MIX ORAL PACKET	2	
BENEFIBER FOR CHILDREN ORAL POWDER	2	
BENEFIBER HEALTHY SHAPE ORAL POWDER	2	
BENEFIBER ON THE GO ORAL PACKET	2	
BENEFIBER ON THE GO ORAL POWDER	1 or 1b*	
BENEFIBER ORAL POWDER	2	
BENEFIBER ORAL TABLET CHEWABLE	2	
bran oral tablet	2	
CITRUCEL ORAL POWDER	2	
CITRUCEL ORAL TABLET	2	
clear fiber powder oral powder	1 or 1b*	
clear soluble fiber oral powder	1 or 1b*	
cvs daily fiber oral capsule	1 or 1b*	
cvs daily fiber oral packet	2	
cvs easy fiber oral powder	1 or 1b*	
cvs fiber gummies oral tablet chewable 2 gm	1 or 1b*	
cvs fiber gummy bears children oral tablet chewable	1 or 1b*	
cvs fiber laxative oral tablet	1 or 1b*	
cvs fiber oral capsule	1 or 1b*	
cvs natural daily fiber oral powder	1 or 1b*	
cvs natural fiber supplement oral powder 100 %	1 or 1b*	
cvs soluble fiber therapy oral tablet	1 or 1b*	
cvs yogurt + fiber gummies oral tablet chewable	1 or 1b*	
daily fiber oral capsule	1 or 1b*	

Drug Name	Tier	Notes
daily fiber oral packet	2	
daily fiber oral powder	1 or 1b*	
eq daily fiber oral capsule	1 or 1b*	
eq daily fiber oral powder 51.7 %	1 or 1b*	
eq fiber powder oral powder	1 or 1b*	
eq fiber supplement oral tablet chewable	1 or 1b*	
eq fiber therapy oral capsule	1 or 1b*	
eq fiber therapy oral tablet	1 or 1b*	
eq fiber laxative oral tablet	1 or 1b*	
eq fiber supplement oral powder	1 or 1b*	
eq fiber therapy oral powder	1 or 1b*	
eq fiber therapy oral tablet	1 or 1b*	
eq natural fiber oral powder 28.3 %, 58.6 %	1 or 1b*	
eq smooth texture fiber oral powder	1 or 1b*	
EQUALACTIN ORAL TABLET CHEWABLE	2	
EVAC ORAL POWDER	2	
fiber (corn dextrin) oral powder	1 or 1b*	
fiber adult gummies oral tablet chewable	1 or 1b*	
FIBER CHOICE FRUITY BITES ORAL TABLET CHEWABLE	2	
FIBER CHOICE ORAL TABLET CHEWABLE	2	
FIBER CHOICE PREBIOTIC FIBER ORAL TABLET CHEWABLE	2	
FIBER COMPLETE ORAL TABLET	2	
FIBER DIET ORAL TABLET	2	
fiber formula oral capsule	2	
fiber laxative + calcium oral tablet	1 or 1b*	
fiber laxative oral tablet	1 or 1b*	
fiber oral powder 28.3 %	1 or 1b*	
fiber oral tablet	1 or 1b*	
FIBER SELECT GUMMIES ORAL TABLET CHEWABLE	1 or 1b*	

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

Drug Name	Tier	Notes
fiber therapy oral tablet	1 or 1b*	
<b>FIBERCEL ORAL POWDER</b>	2	
<b>FIBERCON ORAL TABLET</b>	1 or 1b*	
<b>FIBEREX F15 ORAL LIQUID</b>	2	
fiber-lax oral tablet	1 or 1b*	
geri-mucil oral powder 25 %, 51.7 %	1 or 1b*	
gnp best fiber oral powder	1 or 1b*	
gnp fiber therapy oral tablet	1 or 1b*	
gnp fiber-caps oral tablet	1 or 1b*	
gnp natural fiber oral capsule	1 or 1b*	
gnp natural fiber oral powder	1 or 1b*	
goodsense fiber oral tablet	1 or 1b*	
goodsense psyllium fiber oral powder	1 or 1b*	
hm fiber oral capsule 400 mg	1 or 1b*	
hm fiber oral powder 51.7 %	1 or 1b*	
hm fiber powder oral powder	1 or 1b*	
hm trueplus fiber oral tablet chewable	1 or 1b*	
<b>HYDROCIL ORAL PACKET</b>	2	
<b>HYDROCIL ORAL POWDER</b>	2	
<b>HYFIBER WITH FOS ORAL LIQUID 12 GM/30ML</b>	2	
konsyl daily fiber oral packet 100 %	2	
konsyl daily fiber oral powder 28.3 %	1 or 1b*	
konsyl daily fiber oral powder 60.3 %	2	
<b>KONSYL DAILY PSYLLIUM FIBER ORAL POWDER</b>	1 or 1b*	
konsyl original daily fiber oral packet	2	
<b>MEDI-MUCIL ORAL CAPSULE</b>	1 or 1b*	
<b>METAMUCIL FIBER ORAL PACKET</b>	2	
<b>METAMUCIL FIBER ORAL TABLET CHEWABLE</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>METAMUCIL FREE &amp; NATURAL ORAL POWDER</b>	2	
<b>METAMUCIL MULTIHEALTH FIBER ORAL PACKET</b>	2	
<b>METAMUCIL MULTIHEALTH FIBER ORAL POWDER 63 %</b>	2	
<b>METAMUCIL ORAL CAPSULE</b>	2	
<b>METAMUCIL ORAL PACKET</b>	2	
<b>METAMUCIL ORAL POWDER 48.57 %</b>	2	
<b>METAMUCIL ORAL WAFER</b>	2	
<b>METAMUCIL PREMIUM BLEND ORAL POWDER</b>	2	
<b>METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %</b>	1 or 1b*	
natural fiber laxative oral powder 28.3 %, 48.57 %, 58.6 %	1 or 1b*	
natural fiber laxative oral powder 30.9 %	2	
natural fiber oral powder 58.6 %	1 or 1b*	
natural psyllium seed oral powder	1 or 1b*	
natural vegetable fiber oral powder 48.57 %	1 or 1b*	
<b>NUTRISOURCE FIBER ORAL PACKET</b>	2	
<b>NUTRISOURCE FIBER ORAL POWDER</b>	2	
<b>ONELAX DAILY FIBER ORAL POWDER</b>	2	
<b>ONELAX FIBER THERAPY ORAL POWDER</b>	1 or 1b*	
<b>OPTIFIBER LEAN ORAL CAPSULE</b>	2	
<b>PEDIA-LAX FIBER GUMMIES ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>PHILLIPS FIBER GOOD ORAL TABLET CHEWABLE</b>	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
<b>PROFIBER ORAL LIQUID</b>	2	
psyldex oral powder	1 or 1b*	
psyllium fiber oral capsule	1 or 1b*	
px fiber oral capsule	1 or 1b*	
px fiber oral tablet	1 or 1b*	
qc fiber laxative oral capsule	1 or 1b*	
qc fiber oral tablet	1 or 1b*	
qc fiber therapy oral powder	1 or 1b*	
qc fiber therapy oral tablet	1 or 1b*	
qc natural vegetable oral powder	1 or 1b*	
ra multihealth fiber oral powder	1 or 1b*	
<b>REGULOID ORAL CAPSULE 0.52 GM</b>	1 or 1b*	
<b>REGULOID ORAL POWDER 28.3 %, 43 %, 48.57 %, 51.7 %</b>	1 or 1b*	
<b>REGULOID ORAL POWDER 57.6 %</b>	2	
sb fib lax orange oral powder	1 or 1b*	
sb fiber laxative oral powder	1 or 1b*	
sb fiber laxative oral tablet	1 or 1b*	
sb natural fiber laxative oral powder	1 or 1b*	
sm fiber laxative oral tablet 500 mg	1 or 1b*	
sm fiber oral powder	1 or 1b*	
sm fiber oral tablet	1 or 1b*	
sm fiber powder oral powder 25 %	1 or 1b*	
sm fiber powder oral powder 27 %	2	
<b>SOLFIBER ORAL POWDER</b>	2	
<b>SOLUBLE FIBER THERAPY ORAL POWDER</b>	1 or 1b*	
<b>UNIFIBER ORAL POWDER</b>	2	
<b>WAL-MUCIL ORAL CAPSULE</b>	1 or 1b*	
<b>WAL-MUCIL ORAL POWDER</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>*LAXATIVE COMBINATIONS***</b>		
<b>BENEFIBER PLUS B VITS &amp; FA ORAL TABLET</b>	2	
<b>BENEFIBER PLUS CALCIUM ORAL POWDER</b>	2	
<b>BENEFIBER PLUS CALCIUM ORAL TABLET CHEWABLE</b>	2	
<b>BENEFIBER PLUS HEART HEALTH ORAL POWDER</b>	2	
biohm colon cleanser oral capsule	2	
cvs easy fiber/calcium oral tablet chewable	1 or 1b*	
fiber/d3 adult gummies oral tablet chewable	2	
<b>METAMUCIL PLUS CALCIUM ORAL CAPSULE</b>	2	
natural vegetable laxative oral tablet	2	
<b>PHILLIPS DAILY CARE FIBER GOOD ORAL TABLET CHEWABLE</b>	2	
<b>SENOKOT LAXATIVE ORAL</b>	2	
<b>WAL-MUCIL PLUS CALCIUM ORAL CAPSULE</b>	1 or 1b*	
<b>*LAXATIVES - MISCELLANEOUS***</b>		
<b>AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY</b>	1 or 1b*	
<b>CEO-TWO RECTAL SUPPOSITORY</b>	2	
clearlax oral powder	1 or 1b*	\$0
constulose oral solution	1 or 1b*	
cvs glycerin adult rectal suppository	1 or 1b*	
cvs glycerin child rectal suppository 1 gm	1 or 1b*	
cvs purelax oral packet	1 or 1b*	\$0
cvs purelax oral powder	1 or 1b*	\$0

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

Drug Name	Tier	Notes
<b>DOVER ENEMA BAG AND TUBE 24FR RECTAL KIT</b>	2	
eq clearlax oral powder	1 or 1b*	\$0
eql clearlax oral powder	1 or 1b*	\$0
gavilax oral powder	1 or 1b*	\$0
gentlelax oral powder	1 or 1b*	\$0
glycerin (adult) rectal suppository 2 gm, 2.1 gm	1 or 1b*	
glycerin (child) rectal suppository	1 or 1b*	
glycerin (infants & children) rectal suppository	1 or 1b*	
glycerin (pediatric) rectal suppository 1.2 gm	1 or 1b*	
glycerin adult rectal suppository	1 or 1b*	
glycerin childrens rectal suppository	1 or 1b*	
glycolax oral powder	1 or 1b*	\$0
gnp clearlax oral packet	1 or 1b*	\$0
gnp clearlax oral powder	1 or 1b*	\$0
gnp glycerin (adult) rectal suppository	1 or 1b*	
gnp glycerin child rectal suppository	1 or 1b*	
goodsense clearlax oral powder	1 or 1b*	\$0
healthylax oral packet	1 or 1b*	\$0
hm clearlax oral powder	1 or 1b*	\$0
kls laxaclear oral powder	1 or 1b*	\$0
<b>KRISTALOSE ORAL PACKET</b>	3	
<b>LACTULOSE ORAL PACKET</b>	3	
lactulose oral solution	1 or 1b*	
<b>MIRALAX MIX-IN PAX ORAL PACKET</b>	2	
<b>MIRALAX ORAL PACKET</b>	2	
<b>MIRALAX ORAL POWDER</b>	2	
mm clearlax oral powder	1 or 1b*	\$0
<b>PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM</b>	2	
peg 3350 oral packet	1 or 1b*	\$0
peg 3350 oral powder	1 or 1b*	\$0

Drug Name	Tier	Notes
polyethylene glycol 3350 oral packet 17 gm	1 or 1b*	\$0
polyethylene glycol 3350 oral powder	1 or 1b*	\$0
px glycerin rectal suppository	1 or 1b*	
qc natura-lax oral powder	1 or 1b*	\$0
ra glycerin adult rectal suppository	1 or 1b*	
ra glycerin child rectal suppository	1 or 1b*	
ra laxative oral powder	1 or 1b*	\$0
sb glycerin adult rectal suppository	1 or 1b*	
sb glycerin pediatric rectal suppository	1 or 1b*	
sb polyethylene glycol 3350 oral powder	1 or 1b*	\$0
sm clearlax oral powder	1 or 1b*	\$0
sm glycerin pediatric rectal suppository	1 or 1b*	
smooth lax oral packet	1 or 1b*	\$0
smooth lax oral powder	1 or 1b*	\$0
sorbitol oral solution	2	
sorbitol rectal solution	2	
<b>*LAXATIVES &amp; DSS***</b>		
<b>COLACE 2-IN-1 ORAL TABLET</b>	1 or 1b*	
cvs senna plus oral tablet	1 or 1b*	
cvs stool softener/laxative oral tablet	1 or 1b*	
docuzen oral tablet	1 or 1b*	
easy-lax plus oral tablet	1 or 1b*	
eq senna-s oral tablet	1 or 1b*	
eq stool softener/laxative oral tablet	1 or 1b*	
eql senna-s oral tablet	1 or 1b*	
gnp senna plus oral tablet	1 or 1b*	
gnp stool softener/laxative oral tablet	1 or 1b*	
goodsense stimulant laxative oral tablet	1 or 1b*	
hm stool softener/laxative oral tablet	1 or 1b*	
laxacin oral tablet	1 or 1b*	
medi-natural plus oral tablet	1 or 1b*	

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



Drug Name	Tier	Notes
qc senna-s oral tablet	1 or 1b*	
qc stool softener pls laxative oral tablet	1 or 1b*	
ra 2-in-1 lax/stool softener oral tablet	1 or 1b*	
ra p col-rite oral tablet	1 or 1b*	
sb docusate sodium/senna oral tablet	1 or 1b*	
<b>SENEXON-S ORAL TABLET</b>	1 or 1b*	
senna plus oral capsule	2	
senna plus oral tablet	1 or 1b*	
senna s oral tablet	1 or 1b*	
senna-docusate sodium oral tablet	1 or 1b*	
senna-plus oral tablet	1 or 1b*	
senna-s oral tablet	1 or 1b*	
senna-time s oral tablet	1 or 1b*	
senosides-docusate sodium oral tablet	1 or 1b*	
<b>SENOKOT S ORAL TABLET</b>	2	
sm senna-s oral tablet	1 or 1b*	
sm stool softener/laxative oral tablet	1 or 1b*	
stimulant laxative oral tablet	1 or 1b*	
stool softener laxative oral tablet	1 or 1b*	
stool softener plus laxative oral tablet	1 or 1b*	
stool softener/laxative oral capsule	2	
stool softener/laxative oral tablet	1 or 1b*	
vegetable lax+stool softener oral tablet	1 or 1b*	
<b>*LUBRICANT LAXATIVES***</b>		
cvs mineral oil enema rectal enema	1 or 1b*	
cvs mineral oil oral oil	1 or 1b*	
enema mineral oil rectal enema	1 or 1b*	
eq mineral oil oral oil	1 or 1b*	
<b>FLEET OIL RECTAL ENEMA</b>	2	
gnp mineral oil oral oil	1 or 1b*	

Drug Name	Tier	Notes
goodsense mineral oil oral oil	1 or 1b*	
hm enema mineral oil rectal enema	1 or 1b*	
<b>KONDREMUL ORAL EMULSION</b>	2	
mineral oil heavy oil	2	
mineral oil heavy oral oil	1 or 1b*	
mineral oil light oil	3	
mineral oil oil	2	
mineral oil oral oil	1 or 1b*	
<b>MURI-LUBE OIL</b>	3	
qc mineral oil heavy oral oil	1 or 1b*	
ra mineral oil oral oil	1 or 1b*	
sm mineral oil oral oil	1 or 1b*	
sm mineral oil rectal enema	1 or 1b*	
<b>*SALINE LAXATIVE MIXTURES***</b>		
cvs enema disposable rectal enema 19-7 gm/118ml	1 or 1b*	
cvs enema ready-to-use rectal enema	1 or 1b*	
enema disposable rectal enema	1 or 1b*	
enema pediatric rectal enema	1 or 1b*	
enema ready-to-use rectal enema	1 or 1b*	
enema rectal enema	1 or 1b*	
eq enema rectal enema	1 or 1b*	
eq ready-to-use enema rectal enema	1 or 1b*	
<b>FLEET ENEMA RECTAL ENEMA</b>	2	
<b>FLEET PEDIATRIC RECTAL ENEMA</b>	2	
goodsense enema rectal enema	1 or 1b*	
hm enema rectal enema	1 or 1b*	
qc enema rectal enema	1 or 1b*	
ra enema rectal enema	1 or 1b*	
ra saline enema rectal enema	1 or 1b*	
sm enema rectal enema , 7-19 gm/118ml	1 or 1b*	
<b>*SALINE LAXATIVES***</b>		
citrate of magnesia oral solution	1 or 1a*	\$0
citroma oral solution	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
cvs epsom salt granules	3	
cvs epsom salt oral granules	1 or 1b*	
cvs laxative dietary supplement oral tablet	1 or 1b*	
cvs magnesium citrate oral solution	1 or 1a*	\$0
cvs milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	\$0
dulcolax milk of magnesia oral suspension	1 or 1b*	\$0
dulcolax oral suspension	1 or 1b*	\$0
<b>DULCOLAX SOFT CHEWS ORAL TABLET CHEWABLE</b>	2	
epsom salt granules	3	
epsom salt oral granules	1 or 1b*	
epsom salt powder	2	
eq magnesium citrate oral solution	1 or 1a*	\$0
eql epsom salt granules	3	
eql milk of magnesia oral suspension	1 or 1b*	\$0
gnp epsom salt oral granules	1 or 1b*	
gnp milk of magnesia oral suspension	1 or 1b*	\$0
goodsense epsom salt oral granules	1 or 1b*	
goodsense magnesium citrate oral solution	1 or 1a*	\$0
goodsense milk of magnesia oral suspension	1 or 1b*	\$0
hm magnesium citrate oral solution	1 or 1a*	\$0
hm milk of magnesia oral suspension	1 or 1b*	\$0
magnesium citrate oral solution 1.745 gm/30ml	1 or 1a*	\$0
magnesium sulfate powder	2	
milk of magnesia concentrate oral suspension	2	
milk of magnesia oral suspension	1 or 1b*	\$0
<b>ONELAX MAGNESIUM CITRATE ORAL SOLUTION</b>	1 or 1a*	\$0
<b>PEDIA-LAX ORAL TABLET CHEWABLE</b>	2	

Drug Name	Tier	Notes
phillips milk of magnesia oral suspension 400 mg/5ml	1 or 1b*	\$0
<b>PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 800 MG/5ML</b>	2	
<b>PHILLIPS MILK OF MAGNESIA ORAL TABLET CHEWABLE</b>	2	
<b>PHILLIPS ORAL TABLET</b>	2	
px milk of magnesia oral suspension	1 or 1b*	\$0
qc epsom salt oral granules	1 or 1b*	
qc magnesium citrate oral solution	1 or 1a*	\$0
qc milk of magnesia oral suspension	1 or 1b*	\$0
ra epsom salt granules	3	
ra epsom salt oral granules	1 or 1b*	
ra magnesium citrate oral solution	1 or 1a*	\$0
ra milk of magnesia oral suspension	1 or 1b*	\$0
sb magnesium citrate oral solution	1 or 1a*	\$0
sb milk of magnesia oral suspension	1 or 1b*	\$0
sm epsom salt oral granules	1 or 1b*	
sm magnesium citrate oral solution	1 or 1a*	\$0
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	\$0
<b>*STIMULANT LAXATIVES***</b>		
alophen oral tablet delayed release	1 or 1a*	\$0
bisacodyl ec oral tablet delayed release	1 or 1a*	\$0
bisacodyl laxative rectal suppository	1 or 1a*	
bisacodyl oral tablet delayed release	1 or 1a*	\$0
bisacodyl powder	3	
bisacodyl rectal suppository	1 or 1a*	
caspara sagrada oral capsule	2	
caspara sagrada oral tablet	2	
castor oil oral oil 100 %	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
castor oil stimulant laxative oral oil	1 or 1b*	
chocolated laxative oral tablet chewable	1 or 1b*	
<b>COATS ALOE JUICE DRINK ORAL LIQUID</b>	2	
<b>CORRECTOL HERBAL TEA ORAL</b>	2	
correctol oral tablet delayed release	1 or 1a*	\$0
cvs castor oil oral oil	1 or 1b*	
cvs chocolate laxative pieces oral tablet chewable	1 or 1b*	
cvs c-lax laxative oral tablet delayed release	1 or 1a*	\$0
cvs gentle laxative oral tablet delayed release	1 or 1a*	\$0
cvs gentle laxative rectal suppository	1 or 1a*	
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	\$0
cvs laxative pills max st oral tablet	1 or 1b*	
cvs senna oral tablet	1 or 1b*	
cvs senna-extra oral tablet	1 or 1b*	
<b>DULCOLAX ORAL TABLET DELAYED RELEASE</b>	2	
<b>DULCOLAX PINK LAXATIVE ORAL TABLET DELAYED RELEASE</b>	2	
<b>DULCOLAX RECTAL SUPPOSITORY</b>	2	
eq gentle laxative oral tablet delayed release	1 or 1a*	\$0
eq laxative maximum strength oral tablet	1 or 1b*	
eq natural vegetable laxative oral tablet	1 or 1b*	
eq vegetable laxative oral tablet	1 or 1b*	
eql castor oil oral oil	1 or 1b*	
eql gentle laxative oral tablet delayed release	1 or 1a*	\$0
eql laxative maximum strength oral tablet	1 or 1b*	
eql laxative oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
eql laxative oral tablet delayed release	1 or 1a*	\$0
eql senna laxative oral tablet	1 or 1b*	
<b>EVAC-U-GEN ORAL TABLET</b>	1 or 1b*	
<b>EX-LAX MAXIMUM STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>EX-LAX ORAL TABLET CHEWABLE</b>	2	
ex-lax ultra oral tablet delayed release	1 or 1a*	\$0
feenamint oral tablet delayed release	1 or 1a*	\$0
<b>FLEET BISACODYL RECTAL ENEMA</b>	2	
gentle laxative oral tablet delayed release	1 or 1a*	\$0
gentle laxative rectal suppository	1 or 1a*	
geri-kot oral tablet	1 or 1b*	
gnp castor oil oral oil 100 %	1 or 1b*	
gnp gentle laxative oral tablet delayed release	1 or 1a*	\$0
gnp gentle laxative rectal suppository	1 or 1a*	
gnp senna lax oral tablet	1 or 1b*	
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	\$0
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	\$0
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*	\$0
goodsense castor oil oral oil	1 or 1b*	
goodsense laxative pills oral tablet	1 or 1b*	
goodsense senna laxative oral tablet 8.6 mg	1 or 1b*	
goodsense womens laxative oral tablet delayed release	1 or 1a*	\$0
hm gentle laxative rectal suppository	1 or 1a*	
hm laxative oral tablet delayed release	1 or 1a*	\$0
hm senna oral tablet	1 or 1b*	
kp bisacodyl oral tablet delayed release	1 or 1a*	\$0
kp senna 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
laxative max str oral tablet	1 or 1b*	
laxative oral tablet delayed release	1 or 1a*	\$0
laxative rectal suppository	1 or 1a*	
laxative regular strength oral tablet	1 or 1b*	
<b>MEDI-LAX ORAL TABLET</b>	1 or 1b*	
medi-natural oral tablet	1 or 1b*	
natural senna laxative oral tablet 8.6 mg	1 or 1b*	
<b>ONELAX RECTAL SUPPOSITORY</b>	1 or 1a*	
<b>ONELAX SENNA ORAL SYRUP</b>	1 or 1b*	
<b>PERDIEM OVERNIGHT RELIEF ORAL TABLET</b>	1 or 1b*	
px laxative oral tablet delayed release	1 or 1a*	\$0
px vegetable laxative oral tablet	1 or 1b*	
qc chocolated laxative oral tablet chewable	1 or 1b*	
qc gentle laxative oral tablet delayed release	1 or 1a*	\$0
qc gentle laxative rectal suppository	1 or 1a*	
qc gentle laxative womens oral tablet delayed release	1 or 1a*	\$0
qc laxative oral tablet delayed release	1 or 1a*	\$0
qc senna oral tablet	1 or 1b*	
qc vegetable laxative oral tablet	1 or 1b*	
ra fast relief laxative rectal suppository	1 or 1a*	
ra laxative oral tablet chewable	1 or 1b*	
ra laxative oral tablet delayed release	1 or 1a*	\$0
ra womens laxative oral tablet delayed release	1 or 1a*	\$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	\$0
sb gentle lax-women oral tablet delayed release	1 or 1a*	\$0
sb laxative rectal suppository	1 or 1a*	
sb senna-lax oral tablet	1 or 1b*	

Drug Name	Tier	Notes
senna laxative oral tablet 8.6 mg	1 or 1b*	
senna oral capsule	1 or 1b*	
senna oral liquid	1 or 1b*	
senna oral syrup 176 mg/5ml	2	
senna oral syrup 8.8 mg/5ml	1 or 1b*	
senna oral tablet 8.6 mg	1 or 1b*	
<b>SENNA SMOOTH ORAL TABLET</b>	1 or 1b*	
senna-lax oral tablet	1 or 1b*	
senna-tabs oral tablet	1 or 1b*	
senna-time oral tablet	1 or 1b*	
sennazon oral syrup	1 or 1b*	
<b>SEKOKOT EXTRA STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>SEKOKOT KIDS GUMMIES ORAL TABLET CHEWABLE</b>	2	
<b>SEKOKOT LAXATIVE GUMMIES ORAL TABLET CHEWABLE</b>	2	
<b>SEKOKOT ORAL TABLET</b>	2	
sm gentle laxative oral tablet delayed release	1 or 1a*	\$0
sm laxative rectal suppository	1 or 1a*	
sm senna laxative oral tablet	1 or 1b*	
<b>THE MAGIC BULLET RECTAL SUPPOSITORY</b>	1 or 1a*	
womans laxative oral tablet delayed release	1 or 1a*	\$0
womens laxative oral tablet delayed release	1 or 1a*	\$0
<b>*SURFACTANT LAXATIVES***</b>		
<b>COLACE CLEAR ORAL CAPSULE</b>	2	
<b>COLACE ORAL CAPSULE 100 MG</b>	2	
<b>CORRECTOL EXTRA GENTLE ORAL CAPSULE</b>	1 or 1b*	
cvs mini enema kids rectal enema	1 or 1b*	
cvs stool softener oral capsule	1 or 1b*	

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

Drug Name	Tier	Notes
docusate calcium oral capsule	1 or 1b*	
docusate mini rectal enema	1 or 1b*	
docusate sodium oral capsule	1 or 1b*	
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	1 or 1b*	
docusate sodium oral syrup	2	
docusate sodium powder	3	
<b>DOCUSOL KIDS RECTAL ENEMA</b>	2	
<b>DOCUSOL MINI RECTAL ENEMA</b>	1 or 1b*	
<b>DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA</b>	2	
<b>DOK ORAL TABLET</b>	1 or 1b*	
dss oral capsule	1 or 1b*	
<b>DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE</b>	1 or 1b*	
<b>DULCOLAX STOOL SOFTENER ORAL CAPSULE</b>	1 or 1b*	
easy-lax oral capsule	1 or 1b*	
<b>ENEMEEZ MINI RECTAL ENEMA</b>	1 or 1b*	
<b>ENEMEEZ PLUS RECTAL ENEMA</b>	2	
eq stool softener oral capsule 100 mg	1 or 1b*	
eql stool softener oral capsule	1 or 1b*	
gnp stool softener oral capsule	1 or 1b*	
goodsense stool softener oral capsule	1 or 1b*	
<b>HEALTHY MAMA MOVE IT ALONG ORAL TABLET</b>	1 or 1b*	
hm stool softener oral capsule	1 or 1b*	
mm stool softener laxative oral capsule	1 or 1b*	
<b>PEDIA-LAX ORAL LIQUID</b>	2	
<b>PHILLIPS STOOL SOFTENER ORAL CAPSULE</b>	1 or 1b*	

Drug Name	Tier	Notes
px docusate sodium oral capsule	1 or 1b*	
qc docusate calcium oral capsule	1 or 1b*	
qc stool softener oral capsule	1 or 1b*	
ra col-rite oral capsule 100 mg, 250 mg	1 or 1b*	
ra stool softener oral capsule	1 or 1b*	
sb docusate sodium oral capsule	1 or 1b*	
sb stool softener oral capsule	1 or 1b*	
sm docusate calcium oral capsule	1 or 1b*	
sm stool softener oral capsule 100 mg, 250 mg	1 or 1b*	
sm stool softener oral tablet 100 mg	1 or 1b*	
stool softener laxative oral capsule 100 mg	1 or 1b*	
stool softener oral capsule	1 or 1b*	
stool softener oral liquid	1 or 1b*	
stool softener oral tablet	1 or 1b*	
<b>SURFAK ORAL CAPSULE</b>	1 or 1b*	
<b>*LOCAL ANESTHETICS-PARENTERAL*</b>		
<b>*LOCAL ANESTHETIC &amp; SYMPATHOMIMETIC**</b>		
*		
articadent dental injection solution cartridge 4 %-1:100000	3	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000, 2 %-1:50000	1 or 1b*	
<b>MARCAINE/EPINEPHRI NE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000</b>	3	

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

Drug Name	Tier	Notes
<b>MARCAINE/EPINEPHRINE PF INJECTION SOLUTION</b>	3	
<b>ORABLOC INJECTION SOLUTION CARTRIDGE</b>	3	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% - 1:200000	1 or 1b*	
<b>SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %</b>	3	
<b>XYLOCAINE/EPINEPHRINE INJECTION SOLUTION</b>	3	
<b>XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION</b>	3	
<b>*LOCAL ANESTHETIC COMBINATIONS***</b>		
<b>POINT OF CARE LM-2.5 INJECTION KIT</b>	3	
<b>*LOCAL ANESTHETICS - AMIDES***</b>		
<b>BUPIVACAINE FISIOPHARMA INJECTION SOLUTION</b>	3	
bupivacaine hcl (bulk) solution	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1 or 1b*	
bupivacaine hcl powder	3	
bupivacaine in dextrose intrathecal solution	1 or 1b*	
bupivacaine spinal intrathecal solution	1 or 1b*	
<b>EXPAREL INJECTION SUSPENSION</b>	3	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
<b>MARCAINE INJECTION SOLUTION</b>	3	

Drug Name	Tier	Notes
<b>MARCAINE PRESERVATIVE FREE INJECTION SOLUTION</b>	3	
<b>MARCAINE SPINAL INTRATHECAL SOLUTION</b>	3	
mepivacaine hcl powder	3	
<b>MONOJECT BONE MARROW BIOPSY INJECTION KIT</b>	3	
<b>NAROPIN INJECTION SOLUTION</b>	3	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
<b>POSIMIR INJECTION SOLUTION</b>	3	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
<b>XARACOLL IMPLANT IMPLANT</b>	3	
<b>XYLOCAINE INJECTION SOLUTION</b>	3	
<b>XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %</b>	3	
<b>ZINGO INTRADERMAL JET-INJECTOR</b>	3	
<b>*LOCAL ANESTHETICS - ESTERS***</b>		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
<b>CLOROTEKAL INTRATHECAL SOLUTION</b>	3	
<b>NESACAINE INJECTION SOLUTION</b>	3	
<b>NESACAINE-MPF INJECTION SOLUTION</b>	3	
procaine hcl crystals	3	
procaine hcl powder	3	

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

Drug Name	Tier	Notes
<b>*MACROLIDES*</b>		
<b>*AZITHROMYCIN***</b>		
azithromycin intravenous solution reconstituted 500 mg	1 or 1b*	
azithromycin oral packet	1 or 1b*	
azithromycin oral suspension reconstituted	1 or 1b*	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	
<b>ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>ZITHROMAX ORAL PACKET</b>	3	
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>ZITHROMAX ORAL TABLET 250 MG, 500 MG</b>	3	
<b>ZITHROMAX TRI-PAK ORAL TABLET</b>	3	
<b>ZITHROMAX Z-PAK ORAL TABLET</b>	3	
<b>*CLARITHROMYCIN***</b>		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
<b>*ERYTHROMYCINS***</b>		
e.e.s. 400 oral tablet	1 or 1b*	
ery-tab oral tablet delayed release	1 or 1b*	
<b>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	3	
erythrocin stearate oral tablet 250 mg	1 or 1b*	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	

Drug Name	Tier	Notes
erythromycin base powder	3	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin ethylsuccinate powder	3	
erythromycin lactobionate intravenous solution reconstituted	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
erythromycin powder	3	
<b>*FIDAXOMICIN***</b>		
<b>DIFICID ORAL SUSPENSION RECONSTITUTED</b>	3	QL
<b>DIFICID ORAL TABLET</b>	3	QL
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*ACUPRESSURE THERAPY SUPPLIES***</b>		
motion sickness relief band device	2	
<b>*ADHESIVE BANDAGES***</b>		
adhesive bandages	2	
adhesive bandages antibacteria	2	
adhesive bandages clear	2	
adhesive bandages flexible	2	
adhesive bandages foam	2	
adhesive bandages health aware	2	
adhesive bandages plastic	2	
adhesive bandages sheer	2	
adhesive bandages strong strip	2	
adhesive bandages water shield	2	
adhesive/large/3"x4" pad	2	
adhesive/medium/2"x3" pad	2	
antibacterial bandages	2	
antibacterial clear bandage	2	
antibacterial clear spot 7/8"	2	
antibacterial plastic bandages	2	
<b>BAND-AID</b>	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
BAND-AID ALL-IN-ONE GAUZE LG PAD	2	
BAND-AID BABY SHARK	2	
BAND-AID BUTTERFLY CLOSURE	2	
BAND-AID CLEAR SPOTS	2	
BAND-AID FAMILY PACK	2	
BAND-AID FLEXIBLE	2	
BAND-AID FLEXIBLE ASSORTED	2	
BAND-AID FLEXIBLE FABRIC	2	
BAND-AID GLOW IN THE DARK	2	
BAND-AID HOT COLORS	2	
BAND-AID HURT-FREE NON-STICK PAD	2	
BAND-AID HYDRO SEAL	2	
BAND-AID HYDRO SEAL ACNE	2	
BAND-AID LIGHTYEAR	2	
BAND-AID MEDICATED STRIPS	2	
BAND-AID OURTONE	2	
BAND-AID PIXAR	2	
BAND-AID PLASTIC	2	
BAND-AID PLASTIC STRIPS	2	
BAND-AID RUGRATS	2	
BAND-AID SENSITIVE SKIN	2	
BAND-AID SHEER COMFORT-FLEX	2	
BAND-AID SHEER STRIPS	2	
BAND-AID SKIN-FLEX	2	
BAND-AID SPORT STRIP EX WIDE	2	
BAND-AID SUPER STRIPS	2	
BAND-AID THAT GIRL LAY-LAY	2	
BAND-AID TOUGH-STRIPS	2	

Drug Name	Tier	Notes
BAND-AID VARIETY PACK	2	
BAND-AID WATER BLOCK FLEX	2	
blister relief bandage	2	
butterfly closures	2	
CARPAL AID EMPLOYEE SURVIVAL LG	2	
CARPAL AID EMPLOYEE SURVIVAL SM	2	
CARPAL AID LARGE	2	
CARPAL AID PRACTITIONER PACK LG	2	
CARPAL AID PRACTITIONER PACK SMAL	2	
CARPAL AID SMALL	2	
COVERLET STRIPS	2	
CRAYON BANDAGES STRIPS	2	
cvs adhesive bandages	2	
cvs adhesive pad 4"x4" pad	2	
cvs adhesive pad 6"x6" pad	2	
cvs adhesive pads 2.25"x3" pad	2	
cvs advance healing bandages	2	
cvs anti-bact bandages child	2	
cvs anti-bact bandages waterpr	2	
cvs anti-bacterial bandages	2	
cvs butterfly closures	2	
cvs clear bandages	2	
cvs flexible fabric bandage	2	
cvs plastic bandages	2	
cvs sheer bandages	2	
cvs sheer bandages extra large	2	
cvs spot bandage sheer	2	
eq flexible fabric bandages	2	
EQ STRONG STRIPS BANDAGES	2	
eql adhesive bandages pack	2	
eql adhesive pads	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
eql advanced healing	2	
eql animal print strips	2	
eql antibacterial fabric strip	2	
eql butterfly closures	2	
eql first aid bandages	2	
eql flexible fabric bandages	2	
eql flexible foam strips	2	
eql gentle strips	2	
eql heavy duty bandages	2	
eql heavy duty fabric strips	2	
eql plastic strips	2	
eql sheer spots small	2	
eql sheer strips	2	
eql sheer strips extra large	2	
eql strips	2	
eql strong strips waterproof fabric bandages	2	
flexible fabric bandages	2	
gentle adhesive bandages xl	2	
gnp butterfly closures	2	
gnp clear bandages	2	
gnp clear waterproof bandages	2	
gnp extra hold bandages	2	
gnp flexible fabric bandages	2	
gnp plastic bandages	2	
gnp sheer adhesive pad	2	
gnp sheer bandages	2	
gnp variety pack bandages	2	
gnp waterproof bandages ex st	2	
hm adhesive antibacterial pad	2	
hm adhesive bandages	2	
hm butterfly closures	2	
<b>J &amp; J ADHESIVE LARGE PAD</b>	2	
<b>J &amp; J NON-STICK LARGE PAD</b>	2	
<b>LEUKOSTRIP 1/2"X4"</b>	2	
<b>LEUKOSTRIP 1/4"X3"</b>	2	
<b>LEUKOSTRIP 1/4"X4"</b>	2	
<b>LEUKOSTRIP 1/8"X1-1/2"</b>	2	

Drug Name	Tier	Notes
moleskin foam pad	2	
<b>NEXCARE ABSOLUTE WATERPROOF PAD</b>	2	
<b>NEXCARE ACTIVE BRIGHTS BANDAGE</b>	2	
<b>NEXCARE ACTIVE SPORT BANDAGES</b>	2	
<b>NEXCARE COMFORT FABRIC BANDAGE</b>	2	
<b>NEXCARE HEAVY DUTY CLR BANDAGE</b>	2	
<b>NEXCARE HEAVY DUTY FAB BANDAGE</b>	2	
<b>NEXCARE SOFT 'N FLEX BANDAGES</b>	2	
<b>NEXCARE TATTOO BANDAGES</b>	2	
<b>NEXCARE WATERPROOF BANDAGES</b>	2	
<b>PEANUTS BANDAGES</b>	2	
plastic adhesive bandages	2	
<b>POLYMEM FILM DOT PAD</b>	2	
<b>PROXI-STRIPS</b>	2	
px superstrip 1"x3"	2	
ra adhesive bandages	2	
ra bandages flexible fabric	2	
ra bandages/extra long fabric	2	
ra first aid non-stick pad	2	
ra sheer adhesive large pad	2	
<b>SELF-ADHESIVE RETENTION SHEET</b>	2	
sheer adhesive bandages	2	
sheer bandages	2	
sm adhesive pads 2"x3" pad	2	
sm adhesive pads 3"x4" pad	2	
sm bandages clear spots	2	
sm bandages fabric 3/4"	2	
sm bandages fabric extra large	2	
sm bandages foam	2	
sm bandages foam extra large	2	
sm bandages plastic	2	
sm bandages sheer	2	

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

Drug Name	Tier	Notes
sm bandages sheer extra large	2	
sm bandages strong strips 1"	2	
<b>SM BANDAGES WATERSHIELD</b>	2	
<b>SM BANDAGES/ANTIBACTERIAL</b>	2	
sm bandages/clear/assorted	2	
sm bandages/flexible/assorted	2	
sm fabric knuckle/fingertip	2	
sm hypo-allergenic bandages	2	
<b>SM STRONG STRIPS</b>	2	
<b>SM STURDY STRIP FABRIC BANDAGE</b>	2	
<b>SORESPOT BLISTER/SKIN BANDAGES</b>	2	
<b>STERI-STRIP</b>	2	
<b>STERI-STRIP DRESSING</b>	2	
<b>SURESEAL</b>	2	
<b>*ADHESIVE TAPE***</b>		
adhesive 1"x6yd tape	2	
adhesive 1/2"x6yd tape	2	
adhesive paper tape	2	
adhesive tape 1/2"x10yd tape	2	
adhesive tape 1/2"x12yd tape	2	
adhesive tape 1/2"x5yd tape	2	
adhesive tape 1/2"x6yd tape	2	
athletic tape 1.5"x10yds tape	2	
athletic tape tape	2	
<b>BAND-AID HURT-FREE WRAP MEDIUM TAPE</b>	2	
<b>BAND-AID PAPER SMALL TAPE</b>	2	
<b>BAND-AID WATER BLOCK TAPE TAPE</b>	2	
<b>BLENDERM SURGICAL 1"X5YD TAPE</b>	2	
<b>BLENDERM SURGICAL 1/2"X5YD TAPE</b>	2	
<b>BLENDERM SURGICAL 2"X5YD TAPE</b>	2	
clear tape 1"x10yds tape	2	

Drug Name	Tier	Notes
cloth adhesive surg 1"x10yd tape	2	
cloth adhesive surg 1/2"x10yd tape	2	
cloth adhesive surg 2"x10yd tape	2	
cloth adhesive surg 3"x10yd tape	2	
cloth tape 1"x10yd tape	2	
cotton kinesiology tape/strips tape	2	
cvs adhesive tape 1"x10yd tape	2	
cvs adhesive tape 1/2"x10yd tape	2	
cvs adhesive tape 2"x2.2yd tape	2	
cvs adhesive tape 2"x360" tape	2	
cvs clear breathable tape	2	
cvs cloth tape durable 1"x10yd tape	2	
cvs durable hold cloth tape tape	2	
cvs kinesiology tape	2	
cvs sensitive skin paper tape tape	2	
cvs sports tape	2	
<b>DERMICEL CLOTH TAPE</b>	2	
<b>DERMIFORM HYPO-ALLERGENIC TAPE</b>	2	
<b>DURAPORE CLOTH TAPE</b>	2	
<b>DURAPORE SURGICAL 1"X10YD TAPE</b>	2	
<b>DURAPORE SURGICAL 1"X1-1/2YD TAPE</b>	2	
<b>DURAPORE SURGICAL 1/2"X10YD TAPE</b>	2	
<b>DURAPORE SURGICAL 2"X10YD TAPE</b>	2	
<b>DURAPORE SURGICAL 2"X1-1/2YD TAPE</b>	2	
<b>DURAPORE SURGICAL 3"X10YD TAPE</b>	2	
elastic foam tape 1"x5yd tape	2	
eql adhesive 1"x5yds tape	2	

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

Drug Name	Tier	Notes
eql adhesive 1/2"x10yds tape	2	
eql first aid 1"x2.3yds tape	2	
eql first aid 2"x2.3yds tape	2	
eql paper 1"x10yds tape	2	
eql paper tape dispenser tape	2	
first aid tape paper tape	2	
<b>FUTURO SPORT TAPING KIT TAPE</b>	2	
gnp grip flex tape	2	
gnp kinesiology tape	2	
gnp self-adhering tape	2	
gnp waterproof tape 1/2"x10yds tape	2	
<b>J &amp; J WATERPROOF TAPE TAPE</b>	2	
<b>KENDALL CLOTH TAPE 1"X10YD TAPE</b>	2	
<b>KENDALL CLOTH TAPE 2"X10YD TAPE</b>	2	
<b>KENDALL CLOTH TAPE 3"X10YD TAPE</b>	2	
<b>KENDALL CLOTH TAPE 4"X10YD TAPE</b>	2	
<b>KENDALL CLOTH TAPE 6"X10YD TAPE</b>	2	
<b>KENDALL PAPER 1"X10YD TAPE</b>	2	
<b>KENDALL PAPER 1"X-1-1/2YD TAPE</b>	2	
<b>KENDALL PAPER 1/2"X10YD TAPE</b>	2	
<b>KENDALL PAPER 2"X10YD TAPE</b>	2	
<b>KENDALL PAPER 2"X1-1/2YD TAPE</b>	2	
<b>KENDALL PAPER 3"X10YD TAPE</b>	2	
<b>KINESIO FAN CUT TAPE</b>	2	
<b>KINESIO TEX CLASSIC TAPE</b>	2	
<b>KINESIO TEX GOLD FP TAPE</b>	2	
kinesiology tape tape	2	
<b>KT FLEX KNEE SUPPORT TAPE</b>	2	
<b>KT PRO EXTREME TAPE</b>	2	

Drug Name	Tier	Notes
<b>KT PROX TAPE</b>	2	
<b>KT RECOVERY + TAPE</b>	2	
<b>KT TAPE GENTLE TAPE</b>	2	
<b>KT TAPE ORIGINAL TAPE</b>	2	
<b>KT TAPE PRO TAPE</b>	2	
<b>KT TAPE PRO USA TAPE</b>	2	
<b>MEDIPORE DRESS-IT 3-7/8"X4-5/8 TAPE</b>	2	
<b>MEDIPORE DRESS-IT 3-7/8"X7-7/8 TAPE</b>	2	
<b>MEDIPORE DRESS-IT 5-7/8"X11" TAPE</b>	2	
<b>MEDIPORE DRESS-IT 5-7/8"X5-7/8 TAPE</b>	2	
<b>MEDIPORE DRESS-IT 7-7/8"X11" TAPE</b>	2	
<b>MEDIPORE H SURGICAL 1"X10YD TAPE</b>	2	
<b>MEDIPORE H SURGICAL 2"X10YD TAPE</b>	2	
<b>MEDIPORE H SURGICAL 2"X2YD TAPE</b>	2	
<b>MEDIPORE H SURGICAL 3"X10YD TAPE</b>	2	
<b>MEDIPORE H SURGICAL 4"X10YD TAPE</b>	2	
<b>MEDIPORE H SURGICAL 4"X2YD TAPE</b>	2	
<b>MEDIPORE H SURGICAL 6"X10YD TAPE</b>	2	
<b>MEDIPORE H SURGICAL 6"X2YD TAPE</b>	2	
<b>MEDIPORE H SURGICAL 8"X10YD TAPE</b>	2	
<b>MEDIPORE SURGICAL 1"X10YD TAPE</b>	2	
<b>MEDIPORE SURGICAL 2"X10YD TAPE</b>	2	
<b>MEDIPORE SURGICAL 2"X2YD TAPE</b>	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
MEDIPORE SURGICAL 3"X10YD TAPE	2	
MEDIPORE SURGICAL 4"X10YD TAPE	2	
MEDIPORE SURGICAL 4"X2YD TAPE	2	
MEDIPORE SURGICAL 6"X10YD TAPE	2	
MEDIPORE SURGICAL 6"X2YD TAPE	2	
MEDIPORE SURGICAL 8"X10YD TAPE	2	
MICROFOAM PATCH 4"X7" TAPE	2	
MICROFOAM SURGICAL 1"X5-1/2YD TAPE	2	
MICROFOAM SURGICAL 2"X5-1/2YD TAPE	2	
MICROFOAM SURGICAL 3"X5-1/2YD TAPE	2	
MICROFOAM SURGICAL 4"X5-1/2YD TAPE	2	
MICROPORE SURGICAL 1"X10YD TAPE	2	
MICROPORE SURGICAL 1"X1-1/2YD TAPE	2	
MICROPORE SURGICAL 1/2"X10YD TAPE	2	
MICROPORE SURGICAL 2"X10YD TAPE	2	
MICROPORE SURGICAL 2"X1-1/2YD TAPE	2	
MICROPORE SURGICAL 3"X10YD TAPE	2	
MICROPORE TAPE	2	
MUELLER ATHLETIC TAPE	2	
mueller kinesiology tape	2	
NEXCARE ADV HOLD CLOTH 1"X6YD TAPE	2	
NEXCARE ATHLETIC 1-1/2"X10YD TAPE	2	
NEXCARE ATHLETIC 1-1/2"X12.5YD TAPE	2	

Drug Name	Tier	Notes
NEXCARE DURABLE CLOTH 1"X10YD TAPE	2	
NEXCARE DURABLE CLOTH 2"X10YD TAPE	2	
NEXCARE DURABLE CLOTH 3/4"X6YD TAPE	2	
NEXCARE FLEXIBLE CLEAR 1"X10YD TAPE	2	
NEXCARE FLEXIBLE CLEAR 2"X10YD TAPE	2	
NEXCARE FLEXIBLE TAPE 3/4"X7YD TAPE	2	
NEXCARE GENTLE PAPER 1"X10YD TAPE	2	
NEXCARE GENTLE PAPER 1/2"X10YD TAPE	2	
NEXCARE GENTLE PAPER 2"X10YD TAPE	2	
NEXCARE GENTLE PAPER 3/4"X8YD TAPE	2	
NEXCARE NO HURT 1"X2.2YD TAPE	2	
NEXCARE STERI-STRIP 1/2"X4" TAPE	2	
NEXCARE STERI-STRIP 1/4"X4" TAPE	2	
NEXCARE WATERPROOF 1"X5YD TAPE	2	
no hurt tape 3"x2.2yd tape	2	
paper tape 1"x10yd tape	2	
paper tape 1"x12yd tape	2	
paper tape dispenser 1"x10yd tape	2	
paper tape with dispenser tape	2	
ra adhesive 1"x10yd tape	2	
ra adhesive tape tape	2	
ra gentle paper tape	2	
ra paper tape/dispenser tape	2	
ra pro sports tape	2	
SCANPOR TAPE TAPE	2	
skin closure strips tape	2	
sm waterproof adh 1/2"x10yd tape	2	
sm waterproof adhesive 1"x5yd tape	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
TRANSPORE PLASTIC TAPE	2	
TRANSPORE SURGICAL 1"X10YD TAPE	2	
TRANSPORE SURGICAL 1"X1-1/2YD TAPE	2	
TRANSPORE SURGICAL 1/2"X10YD TAPE	2	
TRANSPORE SURGICAL 2"X10YD TAPE	2	
TRANSPORE SURGICAL 2"X1-1/2YD TAPE	2	
TRANSPORE SURGICAL 3"X10YD TAPE	2	
TRANSPORE WHITE 1"X10YD TAPE	2	
TRANSPORE WHITE 1/2"X10YD TAPE	2	
TRANSPORE WHITE 2"X10YD TAPE	2	
TRANSPORE WHITE 3"X10YD TAPE	2	
waterproof tape tape	2	
ZONAS POROUS TAPE	2	
<b>*AIR CLEANERS***</b>		
KAZ REPLACEMENT FILTER	2	
VICKS AIR PURIFIER/HEPA	2	
<b>*APPLICATORS,COTTON BALLS,ETC***</b>		
ADVOCATE ALCOHOL PREP PADS PAD	2	
alcohol prep pad	2	
alcohol prep pads pad	2	
alcohol swabs pad	2	
BD SWAB SINGLE USE REGULAR PAD	2	
CARETOUCH ALCOHOL PREP PAD	2	
COMFORT TOUCH ALCOHOL PREP PAD	2	
cotton balls	2	
cotton bandage roll 4.5"x4yd	2	
cotton squares	2	
cotton swabs swab	2	
CURITY ALCOHOL PREPS PAD	2	

Drug Name	Tier	Notes
CURITY COTTON PREP BALLS LG	2	
CURITY COTTON PREP BALLS MED	2	
CURITY COTTON TIPPED APPLIC 6"	2	
CURITY COTTON TIPPED APPLICATR	2	
cvs absorbent cotton/rolled	2	
cvs alcohol prep pads pad	2	
cvs baby safety swabs swab	2	
cvs beauty 360 cotton balls	2	
cvs cotton balls	2	
cvs cotton swabs swab	2	
cvs plastic swabs swab	2	
cvs prep pad	2	
cvs rolled cotton	2	
cvs sterile cotton balls	2	
DROPSAFE ALCOHOL PREP PAD	2	
easy comfort alcohol pads pad	2	
EASY TOUCH ALCOHOL PREP MEDIUM PAD	2	
eql alcohol swabs pad	2	
eql cotton balls	2	
eql cotton balls jumbo	2	
eql cotton ovals	2	
eql cotton rounds	2	
eql cotton squares	2	
eql cotton swabs swab	2	
essentra wipes 9x9" sheet	3	
FIFTY50 ALCOHOL PREP PAD	2	
gnp alcohol swabs pad 70 %	2	
gnp cotton balls	2	
gnp cotton bandage roll	2	
gnp cotton rounds quilted pads	2	
gnp cotton rounds/exfoliating	2	
gnp cotton swabs swab	2	
h-e-b incontrol alcohol pad	2	
hm cotton balls	2	
hm sterile alcohol prep pad	2	

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

Drug Name	Tier	Notes
<b>JOHNSONS SAFETY SWABS SWAB</b>	2	
meijer alcohol swabs pad	2	
pure comfort alcohol prep pad	2	
qc alcohol swabs pad	2	
<b>Q-TIPS/SINGLE-TIP APPLICATOR SWAB</b>	2	
<b>Q-TIPS/SINGLE-TIP SWAB</b>	2	
ra alcohol swabs pad	2	
reality swabs pad	2	
red cross cotton sterile	2	
<b>RELION ALCOHOL SWABS PAD</b>	2	
saps health alcohol prep pad	2	
saps health care alcohol prep pad	2	
sb alcohol prep pad	2	
sm alcohol prep pad	2	
sm cosmetic puffs jumbo	2	
sm cotton balls	2	
sm cotton squares	2	
sm cotton swabs swab	2	
sure comfort alcohol prep pad	2	
<b>SURECARE OB SPONGES 4"X4"</b>	2	
true comfort alcohol prep pads pad	2	
true comfort pro alcohol prep pad	2	
<b>ULTICARE ALCOHOL SWABS PAD</b>	2	
ultilet alcohol swabs pad	2	
ultra-care alcohol prep pads pad	2	
<b>WEBCOL ALCOHOL PREP LARGE PAD</b>	2	
<b>WEBCOL ALCOHOL PREP MEDIUM PAD</b>	2	
zevrx sterile alcohol prep pad pad	2	

Drug Name	Tier	Notes
<b>*BLOOD CHOLESTEROL MONITORING SUPPLIES***</b>		
<b>ACCUTREND CHOLESTEROL CONTROL IN VITRO SOLUTION</b>	2	
<b>*BLOOD COAGULATION TEST SUPPLIES***</b>		
<b>COAGUCHEK XS PLUS SYSTEM KIT</b>	2	
<b>COAGUCHEK XS PRO SYSTEM KIT</b>	2	
<b>COAGUCHEK XS SYSTEM KIT</b>	2	
<b>*BLOOD PRESSURE DEVICES***</b>		
<b>3 SERIES BP MONITOR/WRIST DEVICE</b>	2	
adult blood pressure cuff lg kit	2	
<b>ADVOCATE ARM BPM DEVICE</b>	2	
blood pressure cuff	2	
blood pressure digital add-on kit	2	
blood pressure digital soln kit	2	
blood pressure kit	2	
blood pressure kit device	2	
blood pressure kit kit	2	
blood pressure mon/auto/wrist device	2	
blood pressure monitor	2	
<b>BLOOD PRESSURE MONITOR 3 DEVICE</b>	2	
blood pressure monitor automat device	2	
blood pressure monitor deluxe kit	2	
blood pressure monitor device	2	
blood pressure monitor/arm device	2	
blood pressure monitor/prm arm device	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
blood pressure monitor/wrist device	2	
blood pressure monitor/wrist kit	2	
blood pressure monitoring soln kit	2	
blood pressure unit	2	
<b>CARETOUCH BP ARM MONITOR DEVICE</b>	2	
<b>CARETOUCH BP WRIST MONITOR DEVICE</b>	2	
<b>CARETOUCH SLIM BP WRIST MONITO DEVICE</b>	2	
<b>CARETOUCH VERSA BP ARM MONITOR DEVICE</b>	2	
<b>CLEVER CHOICE BP MONITOR/ARM DEVICE</b>	2	
<b>CLEVER CHOICE BP MONITOR/WRIST DEVICE</b>	2	
<b>COMFORT TOUCH BP CUFF/LARGE</b>	2	
<b>COMFORT TOUCH BP CUFF/MEDIUM</b>	2	
<b>CRITIKON CUFF</b>	2	
<b>CRITIKON CUFF COMPLETE SYSTEM</b>	2	
<b>CRITIKON CUFF NEO SOFT #2</b>	2	
<b>CRITIKON CUFF NEO SOFT #3</b>	2	
<b>CRITIKON CUFF NEO SOFT #4</b>	2	
<b>CRITIKON CUFF NEO SOFT #5</b>	2	
<b>CRITIKON CUFF NEONATAL #1</b>	2	
<b>CRITIKON CUFF NEONATAL #2</b>	2	
<b>CRITIKON CUFF NEONATAL #3</b>	2	
<b>CRITIKON CUFF NEONATAL #4</b>	2	
<b>CRITIKON CUFF NEONATAL #5</b>	2	
cvs advanced bp monitor device	2	
cvs blood pressure cuff	2	

Drug Name	Tier	Notes
cvs blood pressure monitor	2	
cvs manual blood pressure kit	2	
cvs series 100 blood pressure device	2	
cvs series 400 blood pressure device	2	
cvs series 400w blood pressure device	2	
cvs series 600 blood pressure device	2	
cvs series 600w blood pressure device	2	
cvs series 800 blood pressure device	2	
<b>DURA-CUF</b>	2	
<b>DURA-CUF COMPLETE SYSTEM</b>	2	
eq bp monitor wrist device	2	
fora p20 blood pressure cuff	2	
<b>FORA P20 BP MONITOR SYSTEM DEVICE</b>	2	
<b>FORA TEST N' GO BP DEVICE</b>	2	
gnp blood pressure mon/wrist kit	2	
gnp blood pressure monitor device	2	
gnp blood pressure monitor kit	2	
<b>GOJJI BLOOD PRESSURE MONITOR KIT</b>	2	
health sense bp monitor device	2	
<b>HEALTHSMART BP MONITOR/WRIST DEVICE</b>	2	
<b>H-E-B INCONTROL BP MONITOR</b>	2	
<b>H-E-B INCONTROL BP MONITOR KIT</b>	2	
h-e-b incontrol deluxe auto bp device	2	
h-e-b incontrol premium bp device	2	
hm blood pressure monitor device	2	

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

Drug Name	Tier	Notes
hm blood pressure series 200 device	2	
<b>KENDALL SCD EXPRESS FOOT CUFF</b>	3	
croger blood pressure monitor device	2	
microlife bluetooth bp monitor kit	2	
microlife bp monitor device	2	
<b>MICROLIFE BPM1 BP MONITOR KIT</b>	2	
<b>MICROLIFE BPM2 BP MONITOR KIT</b>	2	
<b>MICROLIFE BPM3 DELUXE MONITOR KIT</b>	2	
<b>MICROLIFE BPM6 PREMIUM MONITOR DEVICE</b>	2	
microlife deluxe bp monitor device	2	
microlife deluxe bp monitor kit	2	
microlife wrist bp monitor device	2	
<b>OMRON 10 SERIES BP MONITOR DEVICE</b>	2	
<b>OMRON 3 SERIES BP MONITOR DEVICE</b>	2	
<b>OMRON 5 SERIES BP MONITOR DEVICE</b>	2	
<b>OMRON 7 SERIES BP MONITOR DEVICE</b>	2	
<b>OMRON WRIST BP MONITOR DEVICE</b>	2	
<b>PRO HEALTH MINI TALKING MONITR DEVICE</b>	2	
pro health track bp monitor device	2	
<b>PROCARE UPPER ARM BP MONITOR DEVICE</b>	2	
<b>PROCARE WRIST BP MONITOR DEVICE</b>	2	
qc blood pressure monitor	2	
ra blood pressure cuff monitor	2	
ra blood pressure cuff monitor device	2	

Drug Name	Tier	Notes
<b>RELION BLOOD PRESSURE CUFF</b>	2	
<b>RELION BLOOD PRESSURE MONITOR DEVICE</b>	2	
<b>RELION BLOOD PRESSURE MONITOR KIT</b>	2	
<b>RELION PREMIUM MONITOR DEVICE</b>	2	
self-taking blood pressure kit	2	
sm blood pressure monitor	2	
sm blood pressure monitor device	2	
sm blood pressure series 200 device	2	
sm blood pressure series 200w device	2	
sm blood pressure series 600w device	2	
sm blood pressure series 800 device	2	
sm bp monitor-stethoscope kit	2	
sm wrist cuff bp monitor	2	
sphygmomanometer	2	
<b>SURELIFE BP MONITOR/ARM DEVICE</b>	2	
<b>SURELIFE BP MONITOR/WRIST DEVICE</b>	2	
talking sense bp monitor device	2	
tgt blood pressure monitor device	2	
<b>*CASTS, SPLINTS &amp; ACCESSORIES***</b>		
<b>TCC-EZ TOTAL CONTACT CAST SYS</b>	2	
<b>*CATHETERS***</b>		
<b>ADVANCE EX EXTERNAL CATHETER</b>	2	
<b>ADVANCE HYDRO SOFT 10F/15CM</b>	2	
<b>ADVANCE HYDRO SOFT 10F/25CM</b>	2	
<b>ADVANCE HYDRO SOFT 10F/40CM</b>	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
ADVANCE HYDRO SOFT 12F/15CM	2	
ADVANCE HYDRO SOFT 12F/40CM	2	
ADVANCE HYDRO SOFT 14F/15CM	2	
ADVANCE HYDRO SOFT 14F/40CM	2	
ADVANCE HYDRO SOFT 16F/15CM	2	
ADVANCE HYDRO SOFT 16F/40CM	2	
ADVANCE HYDRO SOFT 18F/15CM	2	
ADVANCE HYDRO SOFT 18F/40CM	2	
ADVANCE HYDRO SOFT 8F/25CM	2	
ADVANCE PLUS COUDE 12FR/40CM KIT	2	
ADVANCE PLUS COUDE 14FR/40CM KIT	2	
ADVANCE PLUS COUDE 16FR/40CM KIT	2	
ADVANCE PLUS STRAIGHT 10FR/40 KIT	2	
ADVANCE PLUS STRAIGHT 12FR/40 KIT	2	
ADVANCE PLUS STRAIGHT 14FR/40 KIT	2	
ADVANCE PLUS STRAIGHT 16FR/40 KIT	2	
ADVANCE PLUS STRAIGHT 18FR/40 KIT	2	
ADVANCE PLUS STRAIGHT 6FR/40CM KIT	2	
ADVANCE PLUS STRAIGHT 8FR/40CM KIT	2	
apogee hc catheter 10fr/10"	2	
apogee hc catheter 10fr/6"	2	
apogee hc catheter 12fr/16"	2	
apogee hc catheter 12fr/6"	2	
apogee hc catheter 14fr/16"	2	
apogee hc catheter 14fr/6"	2	
apogee hc catheter 16fr/16"	2	
apogee hc catheter 18fr/16"	2	

Drug Name	Tier	Notes
apogee hc catheter 8fr/10"	2	
apogee ic catheter 14fr/6"	2	
ARGYLE OPEN SUCTION MINI TRAY	2	
ARGYLE SUCTION CATHETER 14FR	2	
ARGYLE SUCTION CATHETER 18FR	2	
ARGYLE SUCTION CATHETER 6FR	2	
ARGYLE SUCTION CATHETER 8FR	2	
BARD CLEAN-CATH	2	
BARD COUDE TIP CATHETER	2	
BARD DISPOSABLE URO-SHEATH	2	
BARD FEMALE INTERMITTENT CATH	2	
BARD LUBRICATH FOLEY CATHETER	2	
BARD LUBRICATH FOLEY TRAY 16FR KIT	2	
BARD LUBRICATH FOLEY TRAY 18FR KIT	2	
BARD LUBRICATH FOLEY TRAY KIT	2	
BARD MALE EXTERNAL CATHETER	2	
BARD RUBBER UTILITY CATHETER	2	
BARD TIEMANN MODEL CATHETER	2	
BARD UNIVERSAL FOLEY CATH TRAY KIT	2	
BARD URETHRAL CATHETER	2	
BARD URETHRAL CATHETER 16"	2	
BARD URETHRAL CATHETER TRAY KIT	2	
BARDEX ALL-SILICONE FOLEY CATH	2	
BARDEX FOLEY CATHETER	2	
BARDEX I.C. FOLEY CATH 14FR	2	
BARDEX LUBRICATH CATHETER	2	

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

Drug Name	Tier	Notes
BARDEX LUBRICATH FOLEY CATH	2	
BARDEX URETHRAL CATH TRAY KIT	2	
BARDIA ALL-SILICONE FOLEY CATH	2	
BARDIA COMPLETE FOLEY KIT	2	
BARDIA FOLEY CATH INSERT TRAY KIT	2	
BARDIA FOLEY CATHETER TRAY KIT	2	
BARDIA SILICONE FOLEY CATHETER	2	
BARDIA UNIVERSAL CATH TRAY KIT	2	
BARDIA URETHRAL CATH TRAY KIT	2	
BARDIA URETHRAL CATHETER 12FR	2	
BARDIA URETHRAL CATHETER 14FR	2	
BARDIA URETHRAL CATHETER 16FR	2	
BARDIC URO-SHEATH EXT CATHETER	2	
BD HYDROPHILIC CATHETER 14FR	2	
catheter self-adhesive urinary	2	
CLEAN-CATH/COUDE TIP/14FR	2	
CURITY ADD-A-FOLEY CATH TRAY KIT	2	
CURITY FOLEY CATHETER TRAY KIT	2	
DAVOL URETHRAL CATHETER	2	
DOVER 3-WAY FOLEY CATHETER	2	
DOVER ADD-A-FOLEY TRAY KIT	2	
DOVER ALL SILICONE FOLEY CATH	2	
DOVER CLOSED URETHRAL TRAY KIT	2	
DOVER ELASTOMER FOLEY CATHETER	2	
DOVER FOLEY INSERTION TRAY	2	

Drug Name	Tier	Notes
DOVER HYDROGEL FOLEY CATH 12FR	2	
DOVER HYDROGEL FOLEY CATH 14FR	2	
DOVER HYDROGEL FOLEY CATH 16FR	2	
DOVER HYDROGEL FOLEY CATH 18FR	2	
DOVER HYDROGEL FOLEY CATH 20FR	2	
DOVER HYDROGEL FOLEY CATH 22FR	2	
DOVER HYDROGEL FOLEY CATH 24FR	2	
DOVER HYDROGEL FOLEY CATH 26FR	2	
DOVER HYDROGEL FOLEY CATH 28FR	2	
DOVER HYDROGEL FOLEY CATH 30FR	2	
DOVER HYDROGEL FOLEY CATH KIT KIT	2	
DOVER HYDROGEL FOLEY TRAY 14FR KIT	2	
DOVER HYDROGEL FOLEY TRAY 16FR KIT	2	
DOVER HYDROGEL FOLEY TRAY 18FR KIT	2	
DOVER HYDROGEL INSERTION TRAY	2	
DOVER MALE EXTERNAL CATHETER	2	
DOVER OPEN URETHRAL TRAY 14FR KIT	2	
DOVER PVC URETHRAL CATH 10FR	2	
DOVER PVC URETHRAL CATH 12FR	2	
DOVER PVC URETHRAL CATH 14FR	2	
DOVER PVC URETHRAL CATH 16FR	2	
DOVER ROBINSON CATHETER	2	
DOVER SILICONE FOLEY CATH 14FR	2	
DOVER SILICONE FOLEY CATH 16FR	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
DOVER SILICONE FOLEY CATH 18FR	2	
DOVER SILICONE FOLEY CATH 20FR	2	
DOVER SILICONE FOLEY CATH 22FR	2	
DOVER SILICONE FOLEY CATH 24FR	2	
DOVER SILICONE FOLEY CATH 26FR	2	
DOVER SILICONE FOLEY CATH 28FR	2	
DOVER SILICONE FOLEY CATH 30FR	2	
DOVER SILICONE FOLEY CATH TRAY KIT	2	
DOVER SILICONE FOLEY CATHETER	2	
DOVER SILICONE FOLEY CATHETER KIT	2	
DOVER SILICONE FOLEY KIT	2	
DOVER SILICONE FOLEY TRAY 18FR KIT	2	
DOVER SILICONE URINE METER KIT	2	
DOVER SILICONE/LATEX CATHETER	2	
DOVER TEXAS MALE EXTERNAL CATH	2	
DOVER UNI CATHETERIZATION TRAY KIT	2	
DOVER UNIVERSAL TRAY KIT	2	
DOVER URETHRAL CATH TRAY KIT	2	
DOVER URETHRAL CATHETER	2	
DOVER URETHRAL PVC CATH 18FR	2	
DOVER URETHRAL UNIVERSAL TRAY KIT	2	
DOVER URI-DRAIN MALE EXT CATH	2	
DOVER VINYL CATHETER 14FR KIT	2	

Drug Name	Tier	Notes
DOVER VINYL URETHRAL CATH 14FR	2	
DOVER VINYL URETHRAL CATH 16FR	2	
DOVER VINYL URETHRAL CATH 8FR	2	
everyday male external cath/sm	2	
extended wear self-adhesive	2	
extended wear self-adhesive kit	2	
extended wear urinary catheter	2	
foley catheter 2-way	2	
GENTLECATH URINARY CATHETER	2	
IN CARE STRAIGHT 6FR/20CM	2	
INCARE STRAIGHT 10FR/20CM	2	
INCARE STRAIGHT 10FR/40CM	2	
INCARE STRAIGHT 12FR/20CM	2	
INCARE STRAIGHT 12FR/40CM	2	
INCARE STRAIGHT 14FR/20CM	2	
INCARE STRAIGHT 14FR/40CM	2	
INCARE STRAIGHT 16FR/40CM	2	
INCARE STRAIGHT 18FR/40CM	2	
INCARE STRAIGHT 8FR/20CM	2	
intermittent 14fr/40cm	2	
INVIEW EXTRA EXTERNAL 25MM	2	
INVIEW EXTRA EXTERNAL 29MM	2	
INVIEW EXTRA EXTERNAL 32MM	2	
INVIEW EXTRA EXTERNAL 36MM	2	
INVIEW EXTRA EXTERNAL 41MM	2	
INVIEW SPECIAL EXTERNAL 25MM	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
INVIEW SPECIAL EXTERNAL 29MM	2	
INVIEW SPECIAL EXTERNAL 32MM	2	
INVIEW SPECIAL EXTERNAL 36MM	2	
INVIEW SPECIAL EXTERNAL 41MM	2	
INVIEW STANDARD EXTERNAL 25MM	2	
INVIEW STANDARD EXTERNAL 29MM	2	
INVIEW STANDARD EXTERNAL 32MM	2	
INVIEW STANDARD EXTERNAL 36MM	2	
INVIEW STANDARD EXTERNAL 41MM	2	
KENGUARD ADD-A-FOLEY CATH TRAY KIT	2	
LOFRIC COUDE URINARY CATHETER	2	
LOFRIC NELATON PAEDIATRIC CATH	2	
LOFRIC NELATON URINARY CATH	2	
LOFRIC ORIGO NELATON CATHETER	2	
LOFRIC ORIGO PAED CATHETER	2	
LOFRIC ORIGO URINARY CATHETER	2	
LOFRIC PRIMO NELATON CATHETER	2	
LOFRIC SENSE NELATON	2	
MAGIC3 GO INTERMITTENT CATH	2	
MAGIC3 INTERMITTENT CATHETER	2	
male external catheter medium	2	
MEN'S LIBERTY MALE EXT CATH	2	
PERSONAL INTERMITTENT CATHETER	2	

Drug Name	Tier	Notes
POP-ON INTERMEDIATE MALE CATH	2	
PRECISION 400 CATH TRAY KIT	2	
RUSCH FLOCATH QUICK 16FR	2	
RUSCH MMG CATHETER SYSTEM	2	
RUSCH TIEMANN PVC CATHETER	2	
SILASTIC FOLEY CATHETER	2	
SPIRIT HYDROCOLLOID ADH SHEATH	2	
TOUCH-TROL SUCTION CATHETER	2	
urethral catheter	2	
vapro plus catheter 12fr/16"	2	
vapro plus catheter 12fr/8"	2	
vapro plus catheter 14fr/16"	2	
vapro plus catheter 14fr/8"	2	
vinyl catheter	2	
WIDE BAND MALE CATHETER	2	
<b>*CERVICAL CAPS***</b>		
FEMCAP VAGINAL DEVICE	2	\$0
<b>*COLD PACKS***</b>		
ACE COLD COMPRESS REUSABLE	2	
back pad cold pack	2	
cold pack reusable	2	
cold packs	2	
cold pak	2	
cvs cold pain relief pack	2	
CVS CRYOMAX COLD PACK	2	
cvs instant cold pack	2	
cvs instant cold therapy wrap	2	
DUNLAP ICE BAG	2	
DUNLAP INSTANT ICE PACK	2	
eq cold compress	2	
FUTURO REUSABLE COLD 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
gnp cold pack reusable	2	
gnp cold packs	2	
gnp ice bag	2	
ice bag	2	
ICE IT 11"X14"	2	
ICE IT 4.25"X8.25"	2	
ICE IT 6"X9"	2	
ICE IT COLD COMFORT SYS/KNEE	2	
ICE IT COLD COMFORT SYS/SHOULD	2	
ICE IT COLD COMFORT SYSTEM	2	
ICE IT COLLAR W/COVER 4.5"X10"	2	
ICE IT DOUBLE PACK 4.25"X4.5"	2	
ICE IT REUSABLE COLD/B-PK DOUB	2	
ICE IT REUSABLE COLD/C-PACK	2	
ICE IT REUSABLE COLD/D-PACK	2	
ICE IT REUSABLE COLD/E-PACK	2	
ICE IT REUSABLE COLD/E-PK DOUB	2	
ICE IT REUSABLE COLD/F-PACK	2	
ICE IT W/COVER/STRAP 6"X18"	2	
ICE IT W/COVER/STRAP 6"X9"	2	
ICE IT W/COVER/STRAP 9"X20"	2	
ICE IT WRAP/WRIST 4.25"X8.25"	2	
instant cold pack	2	
MEDI-BEAR FREEZER FRIEND	2	
multi-purpose cold compress	2	
NEXCARE INSTANT COLD PACK	2	
NEXCARE INSTANT/REUSE COLD PAK	2	
NEXCARE REUSABLE COLD PACK	2	

Drug Name	Tier	Notes
ra back & neck cold pad	2	
ra multi-use cold pad reusable	2	
SMARTTEMP INSTANT ICE	2	
THERMACARE COLD JOINT THERAPY	2	
THERMACARE COLD MUSCLE THERAPY	2	
<b>*COMPRESSION BANDAGES***</b>		
DUNLAP COLD COMPRESSION WRAP KIT	2	
GELICAST 3"X10YD	2	
KT RECOVERY + ICE/HEAT KIT	2	
PROFORE	2	
PROFORE LITE	2	
PROFORE WCL 5-1/2"X8"	2	
ra hot/cold gel sleeve	2	
sm deluxe reusable compress	2	
SUREPRESS HI COMPRESS BANDAGE	2	
<b>*CONCEPTION ASSISTANCE SUPPLIES***</b>		
CLEARBLUE FERTILITY DEVICE	2	
conception kit kit	3	
<b>*CONDOMS - FEMALE***</b>		
FC2 FEMALE CONDOM	2	\$0; QL
<b>*CONDOMS - MALE***</b>		
aimsco lubricated	2	\$0
condoms	2	\$0
DUREX REALFEEL DEVICE	2	\$0
FANTASY LUBRICATED	2	\$0
FANTASY LUBRICATED/SPERMIC IDE	2	\$0
KAMELEON LUBRICATED	2	\$0
kimono	2	\$0
KIMONO COLORS DEVICE	2	\$0

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

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Drug Name	Tier	Notes
kimono micro thin	2	\$0
kimono micro thin plus	2	\$0
kimono plus	2	\$0
kimono ps	2	\$0
kimono ps plus	2	\$0
kimono sensation	2	\$0
kimono sensation plus	2	\$0
<b>KIMONO SPECIAL DEVICE</b>	2	\$0
<b>K-Y ME &amp; YOU EXTRA LUBRICATED DEVICE</b>	2	\$0
<b>K-Y ME &amp; YOU INTENSE DEVICE</b>	2	\$0
maxx	2	\$0
maxx plus	2	\$0
<b>REALITY LATEX CONDOMS</b>	2	\$0
<b>REALITY LATEX/ULTRA TEXTURED DEVICE</b>	2	\$0
<b>REALITY LATEX/ULTRA THIN DEVICE</b>	2	\$0
<b>TRUSTEX COLOR CONDOMS + LUBE</b>	2	\$0
<b>TRUSTEX LUB/RIBBED/STUDED</b>	2	\$0
<b>TRUSTEX LUB/SPERMICIDE EX ST</b>	2	\$0
<b>TRUSTEX LUB/SPERMICIDE XL</b>	2	\$0
<b>TRUSTEX LUBRICATED</b>	2	\$0
<b>TRUSTEX LUBRICATED EX LARGE</b>	2	\$0
<b>TRUSTEX LUBRICATED EXTRA ST</b>	2	\$0
<b>TRUSTEX LUBRICATED/SPERMICIDE</b>	2	\$0
<b>TRUSTEX NATURAL CONDOMS + LUBE</b>	2	\$0
<b>TRUSTEX NON-LUBRICATED</b>	2	\$0
<b>TRUSTEX RIA LUB/SPERMICIDE</b>	2	\$0
<b>TRUSTEX RIA LUBRICATED</b>	2	\$0

Drug Name	Tier	Notes
<b>TRUSTEX RIA NON-LUBRICATED</b>	2	\$0
<b>TRUSTEX-NONOXYNOL-9/RIB/STUD</b>	2	\$0
<b>*CONTACT LENS CARE SUPPLIES***</b>		
<b>SOF/PRO CLEANER</b>	2	
<b>*DENTAL DESENSITIZING PRODUCTS***</b>		
<b>HURRISEAL DENTAL SOLUTION</b>	2	
<b>HURRISEAL SNAP-N-GO DENTAL SWAB</b>	2	
<b>REMESENSE DENTAL</b>	3	
<b>*DENTAL WHITENING PRODUCTS***</b>		
<b>CREST WHITESTRIPS DENTAL STRIP</b>	2	
<b>EQL XTREME WHITENING WRAPS DENTAL STRIP</b>	2	
<b>LUMINEUX WHITENING DENTAL STRIP</b>	2	
qc 5 minute whitening dental gel	2	
<b>*DENTIFRICES***</b>		
<b>AQUAFRESH CAVITY PROTECTION DENTAL PASTE 0.25 %</b>	2	
<b>AQUAFRESH EXTREME CLEAN DENTAL PASTE 0.25 %</b>	2	
<b>AQUAFRESH WHITE TRAYS DENTAL</b>	2	
<b>BIOTENE DRY MOUTH GENTLE DENTAL PASTE</b>	2	
<b>CREST DENTAL GEL</b>	2	
<b>CREST DENTAL PASTE</b>	2	
<b>CREST TARTAR CONTROL DENTAL GEL</b>	2	
<b>CREST TARTAR CONTROL DENTAL PASTE</b>	2	
<b>CREST TC/BAKING SODA DENTAL GEL</b>	2	

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

Drug Name	Tier	Notes
<b>CREST TC/BAKING SODA DENTAL PASTE</b>	2	
eql drytouch whitening trays dental	1 or 1b*	
<b>LUMINEUX CLEAN/FRESH TOOTHPASTE DENTAL PASTE</b>	2	
<b>LUMINEUX KIDS TOOTHPASTE DENTAL PASTE</b>	2	
<b>LUMINEUX SENSITIVITY TOOTHPASTE DENTAL PASTE</b>	2	
<b>LUMINEUX WHITENING TOOTHPASTE DENTAL PASTE</b>	2	
<b>MI PASTE DENTAL PASTE</b>	3	
<b>MI PASTE PLUS DENTAL PASTE</b>	3	
qc sensitive extreme dental paste	2	
sensitive extra whitening dental paste	2	
sensitive toothpaste/fluoride dental paste	2	
<b>SENSODYNE EXTRA WHITENING DENTAL PASTE</b>	2	
<b>SENSODYNE MAX ST/FLUORIDE DENTAL PASTE</b>	2	
<b>SENSODYNE MAXIMUM STRENGTH DENTAL GEL</b>	2	
<b>SENSODYNE MAXIMUM STRENGTH DENTAL PASTE 5-0.13 %, 5-0.25 %</b>	2	
<b>SENSODYNE PRONAMEL DENTAL PASTE</b>	2	
<b>*DENTURE CARE PRODUCTS***</b>		
control denture adhesive cream	2	
cvs denture adhesive cream cream	2	
denture adhesive cream	2	

Drug Name	Tier	Notes
<b>EFFERGRIP CREAM</b>	2	
eq denture adhesive cream	2	
eql denture brush/pick	2	
eql denture cleanser tablet effervescent	2	
<b>FIXODENT COMPLETE CREAM</b>	2	
<b>FIXODENT EXTRA HOLD POWDER</b>	2	
<b>FIXODENT FREE CREAM</b>	2	
<b>FIXODENT ORIGINAL CREAM</b>	2	
gnp denture adhesive cream	2	
<b>KLUTCH POWDER</b>	2	
<b>PLATE-WELD DENTURE REPAIR KIT</b>	2	
<b>POLIDENT 3 MINUTE TABLET EFFERVESCENT</b>	2	
<b>POLIDENT DENTU-CREME CREAM</b>	2	
<b>POLIGRIP SUPER STRONG CREAM</b>	2	
<b>POLIGRIP SUPER STRONG EX ST POWDER</b>	2	
<b>POLIGRIP SUPER STRONG FREE CREAM</b>	2	
qc denture cleanser 3 minute tablet effervescent	2	
qc denture cleanser tablet effervescent	2	
qc denture cleanser whitening tablet effervescent	2	
ra denture bath	2	
<b>SEA BOND BRIGHTENING CLEANSER GEL</b>	2	
<b>SEA BOND DENTURE BATH</b>	2	
<b>SEA BOND DENTURE BRUSH</b>	2	
<b>SEA BOND QUICK FIX</b>	2	
<b>SEA BOND WAFER</b>	2	
sm denture cleanser tablet effervescent	2	

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

Drug Name	Tier	Notes
SUPER POLIGRIP COMFORT SEAL STRIP	2	
SUPER POLIGRIP CREAM	2	
<b>*DIAPERS***</b>		
ALL-DRY SIZE 3	2	
ALL-DRY SIZE 4	2	
ALL-DRY SIZE 5	2	
ALL-DRY SIZE 6	2	
COMFEES DRI NITE JR YOUTH PANT	2	
COMFEES GIRLS TRAIN PANTS 2-3T	2	
COMFEES PREMIUM DIAPERS SIZE 1	2	
COMFEES PREMIUM DIAPERS SIZE 2	2	
COMFEES PREMIUM DIAPERS SIZE 3	2	
COMFEES PREMIUM DIAPERS SIZE 4	2	
COMFEES PREMIUM DIAPERS SIZE 5	2	
COMFEES PREMIUM DIAPERS SIZE 6	2	
COMFEES PREMIUM DIAPERS SIZE 7	2	
COMFEES PREMIUM DIAPERS SIZENB	2	
COMFEES TRAINING PANTS 2T-3T	2	
COMFEES TRAINING PANTS 3T-4T	2	
COMFEES TRAINING PANTS 4T-5T	2	
comfort-stretch cloth newborn	2	
comfort-stretch cloth size 4	2	
comfort-stretch cloth size 6	2	
comfort-stretch premium size 3	2	
comfort-stretch premium size 4	2	
comfort-stretch premium size 5	2	
comfort-stretch premium size 6	2	
comfort-stretch size 1	2	

Drug Name	Tier	Notes
comfort-stretch size 2	2	
comfort-stretch size 3	2	
comfort-stretch size 4	2	
comfort-stretch size 5	2	
comfort-stretch size 6	2	
comfort-stretch training pants	2	
CURITY BABY DIAPERS	2	
CURITY TRAINING PANTS	2	
CUTIE PANTS-BOYS SIZE 2T-3T	2	
CUTIE PANTS-BOYS SIZE 3T-4T	2	
CUTIE PANTS-BOYS SIZE 4T-5T	2	
CUTIE PANTS-GIRLS SIZE 2T-3T	2	
CUTIE PANTS-GIRLS SIZE 3T-4T	2	
CUTIE PANTS-GIRLS SIZE 4T-5T	2	
CUTIES COMPLETE CARE NEWBORN	2	
CUTIES COMPLETE CARE SIZE 1	2	
CUTIES COMPLETE CARE SIZE 2	2	
CUTIES COMPLETE CARE SIZE 3	2	
CUTIES COMPLETE CARE SIZE 4	2	
CUTIES COMPLETE CARE SIZE 5	2	
CUTIES COMPLETE CARE SIZE 6	2	
CUTIES COMPLETE CARE SIZE 7	2	
CUTIES NEWBORN	2	
CUTIES SIZE 1	2	
CUTIES SIZE 2	2	
CUTIES SIZE 3	2	
CUTIES SIZE 4	2	
CUTIES SIZE 5	2	
CUTIES SIZE 6	2	
CUTIES SIZE 7	2	
CVS I AM A CAREFREE KID 4T-5T	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
CVS I CRAWL AND SCOOT SIZE 3	2	
CVS I LIKE TO PLAY SIZE 5	2	
CVS I LOVE TO CUDDLE SIZE 1	2	
CVS I LOVE TO DANCE SIZE 4T-5T	2	
CVS I LOVE TO ROCK SIZE 3T-4T	2	
CVS I LOVE TO RUN SIZE 6	2	
CVS I PLAY SPORTS SIZE 3T-4T	2	
CVS I PLAYED ALL DAY BOYS L/XL	2	
CVS I PLAYED ALL DAY L/XL	2	
CVS I TUCK MYSELF IN S/M	2	
CVS IM A BUSY BABY SIZE 2	2	
CVS IM A CAREFREE KID SZ 4T-5T	2	
CVS IM ON THE MOVE SIZE 3	2	
CVS IM ON THE MOVE SIZE 4	2	
CVS ITS TIME TO SLEEP SIZE 3	2	
CVS ITS TIME TO SLEEP SIZE 4	2	
CVS ITS TIME TO SLEEP SIZE 5	2	
cvs its time to sleep smartfit	2	
cvs kidpant boys medium	2	
cvs kidpant girls medium	2	
CVS SLEEP COMFORTS UNISEX S/M	2	
FQ CUTIES BABY DIAPERS LARGE	2	
FQ CUTIES BABY DIAPERS MEDIUM	2	
FQ CUTIES BABY DIAPERS XL	2	
GOODNITES BED MATS	2	
GOODNITES BEDTIME GIRLS S/M	2	

Drug Name	Tier	Notes
GOODNITES BEDTIME UNDERWEAR	2	
GOODNITES NIGHTTIME UNDERWEAR	2	
GOODNITES SLEEP BOXER BOY L/XL	2	
GOODNITES SLEEP BOXER BOYS S/M	2	
GOODNITES SLEEP SHORT GIRL S/M	2	
GOODNITES SLEEP SHORT GRL L/XL	2	
GOODNITES TRUFIT	2	
GOODNITES TRUFIT BOYS L/XL	2	
GOODNITES TRUFIT GIRLS L/XL	2	
GOODNITES UNDERPANTS BOYS L/XL	2	
GOODNITES UNDERPANTS BOYS S/M	2	
GOODNITES UNDERPANTS GIRL L/XL	2	
GOODNITES UNDERPANTS GIRLS S/M	2	
GOODNITES UNDERWEAR BOYS L/XL	2	
GOODNITES UNDERWEAR BOYS S/M	2	
GOODNITES UNDERWEAR GIRL L/XL	2	
GOODNITES UNDERWEAR GIRL S/M	2	
GOODNITES YOUTH PANTS BOYS L/X	2	
GOODNITES YOUTH PANTS BOYS S/M	2	
GOODNITES YOUTH PANTS GIRL L/X	2	
GOODNITES YOUTH PANTS GIRL S/M	2	
GOODNITES YOUTH PANTS GIRL XS	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
HUGGIES CHANGING PADS	2	
HUGGIES CONVERTIBLES SIZE 4	2	
HUGGIES LITTLE MOVERS SIZE 3	2	
HUGGIES LITTLE MOVERS SIZE 4	2	
HUGGIES LITTLE MOVERS SIZE 5	2	
HUGGIES LITTLE MOVERS SIZE 6	2	
HUGGIES LITTLE MOVERS STEP 3	2	
HUGGIES LITTLE MOVERS STEP 5	2	
HUGGIES LITTLE MOVERS STEP 6	2	
HUGGIES LITTLE SNUGLERS	2	
HUGGIES LITTLE SNUGLERS SZ 1	2	
HUGGIES LITTLE SNUGLERS SZ 2	2	
HUGGIES LITTLE SNUGLERS SZ3	2	
HUGGIES LITTLE SWIMMERS LARGE	2	
HUGGIES LITTLE SWIMMERS MEDIUM	2	
HUGGIES LITTLE SWIMMERS SMALL	2	
HUGGIES OVERNITES SIZE 5	2	
HUGGIES OVERNITES SIZE 6	2	
HUGGIES OVERNITES STEP 3	2	
HUGGIES OVERNITES STEP 4	2	
HUGGIES OVERNITES STEP 5	2	
HUGGIES OVERNITES STEP 6	2	
HUGGIES PULL-UPS	2	
HUGGIES PULL-UPS 2T-3T	2	
HUGGIES PULL-UPS 3T-4T	2	

Drug Name	Tier	Notes
HUGGIES PULL-UPS 4T-5T	2	
HUGGIES PULL-UPS BOYS 2T-3T	2	
HUGGIES PULL-UPS BOYS 3T-4T	2	
HUGGIES PULL-UPS BOYS 4T-5T	2	
HUGGIES PULL-UPS GIRLS 2T-3T	2	
HUGGIES PULL-UPS GIRLS 3T-4T	2	
HUGGIES PULL-UPS GIRLS 4T-5T	2	
HUGGIES PULL-UPS PROTECT 3T-4T	2	
HUGGIES PULL-UPS PROTECT 4T-5T	2	
HUGGIES PURE & NATURAL NEWBORN	2	
HUGGIES PURE & NATURAL SIZE 1	2	
HUGGIES PURE & NATURAL SIZE 2	2	
HUGGIES PURE & NATURAL SIZE 3	2	
HUGGIES PURE & NATURAL SIZE 4	2	
HUGGIES PURE & NATURAL SIZE 5	2	
HUGGIES SNUG & DRY SIZE 4	2	
HUGGIES SNUG & DRY SIZE 6	2	
HUGGIES SNUG & DRY STEP 1	2	
HUGGIES SNUG & DRY STEP 2	2	
HUGGIES SNUG & DRY STEP 3	2	
HUGGIES SNUG & DRY STEP 4	2	
HUGGIES SNUG & DRY STEP 5	2	
HUGGIES SNUG & DRY STEP 6	2	
HUGGIES SOFT SKIN WASHCLOTHS	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
HUGGIES SUPREME GENTLE NEWBORN	2	
HUGGIES SUPREME GENTLE SIZE 1	2	
HUGGIES SUPREME GENTLE SIZE 2	2	
HUGGIES SUPREME NAT FIT SIZE 3	2	
HUGGIES SUPREME NAT FIT SIZE 4	2	
HUGGIES SUPREME NAT FIT SIZE 5	2	
HUGGIES SUPREME NAT FIT SIZE 6	2	
HUGGIES SUPREME STEP 5	2	
HUGGIES ULTRATRIM PREEMIE	2	
HUGGIES ULTRATRIM STEP 1	2	
HUGGIES ULTRATRIM STEP 1/2	2	
HUGGIES ULTRATRIM STEP 2	2	
HUGGIES ULTRATRIM STEP 3	2	
HUGGIES ULTRATRIM STEP 4	2	
HUGGIES ULTRATRIM STEP 5	2	
HUGGIES ULTRATRIM STEP 6	2	
HUGGIES WASHCLOTHS	2	
LAND BEFORE TIME DIAPER 2T/3T	2	
LAND BEFORE TIME DIAPER 3T/4T	2	
LAND BEFORE TIME DIAPER SIZE 1	2	
LAND BEFORE TIME DIAPER SIZE 3	2	
LAND BEFORE TIME DIAPER SIZE 4	2	
LAND BEFORE TIME DIAPER SIZE 5	2	
LAND BEFORE TIME DIAPER SIZE 6	2	
LUVS SIZE 3	2	

Drug Name	Tier	Notes
LUVS SIZE 4	2	
LUVS SIZE 5	2	
LUVS SIZE 6	2	
LUVS ULTRA LEAKGUARDS NEWBORN	2	
LUVS ULTRA LEAKGUARDS SIZE 1	2	
LUVS ULTRA LEAKGUARDS SIZE 2	2	
LUVS ULTRA LEAKGUARDS SIZE 3	2	
LUVS ULTRA LEAKGUARDS SIZE 4	2	
LUVS ULTRA LEAKGUARDS SIZE 5	2	
LUVS ULTRA LEAKGUARDS SIZE 6	2	
PAMPERS BABY DRY SIZE 3	2	
PAMPERS BABY DRY SIZE 5	2	
PAMPERS BABY DRY SIZE 6	2	
PAMPERS BABY-DRY NEWBORN	2	
PAMPERS BABY-DRY SIZE 1	2	
PAMPERS BABY-DRY SIZE 2	2	
PAMPERS BABY-DRY SIZE 3	2	
PAMPERS BABY-DRY SIZE 4	2	
PAMPERS BABY-DRY SIZE 5	2	
PAMPERS BABY-DRY SIZE 6	2	
PAMPERS CRUISERS SIZE 3	2	
PAMPERS CRUISERS SIZE 4	2	
PAMPERS CRUISERS SIZE 5	2	
PAMPERS CRUISERS SIZE 6	2	
PAMPERS CRUISERS SIZE 7	2	

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

Drug Name	Tier	Notes
PAMPERS EASY UPS BOYS SIZE 4	2	
PAMPERS EASY UPS BOYS SIZE 5	2	
PAMPERS EASY UPS BOYS SZ 2T-3T	2	
PAMPERS EASY UPS BOYS SZ 3T-4T	2	
PAMPERS EASY UPS BOYS SZ 4T-5T	2	
PAMPERS EASY UPS GIRL SZ 2T-3T	2	
PAMPERS EASY UPS GIRL SZ 3T-4T	2	
PAMPERS EASY UPS GIRL SZ 4T-5T	2	
PAMPERS EASY UPS GIRLS SIZE 4	2	
PAMPERS EXTRA PROTECTION SZ 3	2	
PAMPERS EXTRA PROTECTION SZ 4	2	
PAMPERS EXTRA PROTECTION SZ 5	2	
PAMPERS EXTRA PROTECTION SZ 6	2	
PAMPERS PREMIE	2	
PAMPERS SPLASHERS SIZE 3-4	2	
PAMPERS SPLASHERS SIZE 5	2	
PAMPERS SPLASHERS SIZE 6	2	
PAMPERS SWADDLERS NEWBORN	2	
PAMPERS SWADDLERS PREEMIE	2	
PAMPERS SWADDLERS SENS SZ 1	2	
PAMPERS SWADDLERS SENS SZ 2	2	
PAMPERS SWADDLERS SENS SZ 3	2	
PAMPERS SWADDLERS SENS SZ 4	2	
PAMPERS SWADDLERS SENSITIVE NB	2	
PAMPERS SWADDLERS SIZE 1	2	

Drug Name	Tier	Notes
PAMPERS SWADDLERS SIZE 2	2	
PAMPERS SWADDLERS SIZE 3	2	
PAMPERS SWADDLERS SIZE 4	2	
PAMPERS SWADDLERS SIZE 6	2	
PAMPERS UNDERJAMS BOYS L/XL	2	
PAMPERS UNDERJAMS BOYS S/M	2	
PAMPERS UNDERJAMS GIRLS L/XL	2	
PAMPERS UNDERJAMS GIRLS S/M	2	
PAMPERS UNDERJAMS L/XL	2	
PAMPERS UNDERJAMS S/M	2	
PAMPERS UNISEX BABY-DRY	2	
premium baby diapers newborn	2	
premium baby diapers size 1	2	
premium baby diapers size 2	2	
premium baby diapers size 3	2	
premium baby diapers size 4	2	
premium baby diapers size 5	2	
premium baby diapers size 6	2	
premium comfort-stretch 2t/3t	2	
premium comfort-stretch 3t/4t	2	
premium comfort-stretch 4t/5t	2	
premium comfort-stretch size 3	2	
premium comfort-stretch size 4	2	
premium comfort-stretch size 5	2	
premium comfort-stretch size 6	2	
premium training pants 2t-3t	2	
premium training pants 3t-4t	2	
premium training pants 4t-5t	2	
PREVENT PLUS BOYS	2	

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

Drug Name	Tier	Notes
PREVENT PLUS GIRLS	2	
PREVENT PLUS SUPER TRAINING PAD	2	
RA TUGABOOS BOYS 2T-3T	2	
RA TUGABOOS BOYS 3T-4T	2	
RA TUGABOOS BOYS 4T-5T	2	
RA TUGABOOS DIAPERS SIZE 3	2	
RA TUGABOOS DIAPERS SIZE 5	2	
RA TUGABOOS DIAPERS SIZE 6	2	
RA TUGABOOS GIRLS 2T-3T	2	
RA TUGABOOS GIRLS 3T-4T	2	
RA TUGABOOS GIRLS 4T-5T	2	
RA TUGABOOS OVERNIGHTS UNISEX	2	
SECURE BOY BABY DIAPERS	2	
SECURE BOY TRAINING PANTS	2	
SECURE GIRL BABY DIAPERS	2	
SECURE GIRL TRAINING PANTS	2	
SLEEP OVERS LARGE/X-LARGE	2	
SLEEP OVERS SMALL/MEDIUM	2	
SLEEP OVERS YOUTH PANTS XL	2	
SLEEP PANTS FOR BOYS L/XL	2	
SLEEP PANTS FOR BOYS S/M	2	
SLEEP PANTS FOR GIRLS L/XL	2	
SLEEP PANTS FOR GIRLS S/M	2	
SWIMMATES DISPOSABLE SWIMWEAR	2	
training pants his/her xl	2	

Drug Name	Tier	Notes
wegmans supreme diapers size 5	2	
wegmans training pants 2t-3t	2	
wegmans training pants 4t-5t	2	
WELL BEGINNINGS SIZE 3	2	
WELL BEGINNINGS SIZE 4	2	
WELL BEGINNINGS SIZE 6	2	
WELL BEGINNINGS SIZE 7	2	
WELL BEGINNINGS SLEEP PANTS	2	
WELL BEGINNINGSTRAINING PANTS	2	
WONDERPANTS UNISEX LG 3T-4T	2	
WONDERPANTS UNISEX MED 2T-3T	2	
WONDERPANTS UNISEX XL 4T-5T	2	
<b>*DIAPHRAGMS***</b>		
CAYA VAGINAL DIAPHRAGM	2	\$0
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	\$0

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

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Drug Name	Tier	Notes
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</b>	2	\$0
<b>*DISPOSABLE GLOVES***</b>		
<b>ALLERGARD SURGICAL GLOVES</b>	2	
<b>ASSURANCE VINYL EXAM GLOVES</b>	2	
<b>CAREMATES LATEX-PF GLOVE LARGE</b>	2	
<b>CAREMATES LATEX-PF GLOVE MED</b>	2	
<b>CAREMATES LATEX-PF GLOVE SMALL</b>	2	
<b>CAREMATES LATEX-PF GLOVE XL</b>	2	
<b>CAREMATES NITRILE GLOVES LARGE</b>	2	
<b>CAREMATES NITRILE GLOVES MED</b>	2	
<b>CAREMATES NITRILE GLOVES SMALL</b>	2	
<b>CAREMATES NITRILE GLOVES XL</b>	2	
<b>CHEMOPLUS LATEX GLOVES</b>	3	
<b>CHEMOPLUS NEOPRENE GLOVE</b>	3	
<b>CHEMOPLUS NITRILE GLOVES</b>	3	
<b>CLEVER CHOICE COMFORT EZ GLOVE</b>	2	
<b>COMFORT TOUCH VINYL GLOVES/L</b>	2	
<b>COMFORT TOUCH VINYL GLOVES/M</b>	2	
<b>COMFORT TOUCH VINYL GLOVES/S</b>	2	
cotton gloves medium	2	
cvs gloves	2	
cvs gloves vinyl	2	
cvs latex gloves small	2	
cvs nitrile exam gloves	2	
cvs nyplex gloves	2	
cvs super-soft vinyl gloves	2	
<b>DIGITEX EXAM GLOVES</b>	2	

Drug Name	Tier	Notes
eql latex exam gloves	2	
eql nitrile exam gloves	2	
eql vinyl exam gloves	2	
eql vinyl gloves one size	2	
gnp latex exam gloves	2	
gnp nitrile exam gloves	2	
gnp vinyl exam gloves	2	
<b>J &amp; J HEALTH CARE GLOVES</b>	2	
latex gloves	2	
latex gloves large	2	
latex gloves medium	2	
latex gloves one size	2	
latex gloves small	2	
lavender nitrile gloves/medium	2	
<b>MAXXUS ORTHO SURGICAL GLOVES</b>	2	
<b>MICRO-TOUCH GLOVES</b>	2	
<b>MICRO-TOUCH XP GLOVES</b>	2	
<b>NEUTRALON 50 BROWN LATEX GLOVE</b>	2	
<b>NEUTRALON BROWN SURGICAL GLOVE</b>	2	
nitrile exam gloves large	2	
nitrile exam gloves medium	2	
nitrile gloves large	3	
nitrile gloves medium	3	
nitrile gloves small	3	
nitrile gloves x-large	3	
nitrile gloves/one size	2	
nitrile gloves/size 10	2	
nitrile gloves/size 6	2	
nitrile gloves/size 6.5	2	
nitrile gloves/size 7	2	
nitrile gloves/size 7.5	2	
nitrile gloves/size 8	2	
nitrile gloves/size 8.5	2	
nitrile gloves/size 9	2	
nitrile gloves/size 9.5 medium	2	
powder free nitrile gloves lg	2	

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

Drug Name	Tier	Notes
powder free nitrile gloves med	2	
powder free nitrile gloves sm	3	
powder free nitrile gloves xl	2	
pro comfort gloves large	2	
pro comfort gloves medium	2	
pro comfort gloves x-large	2	
pro-comfort examination gloves	2	
<b>PURE-COMFORT DISPOSABLE VINYL</b>	2	
<b>PURE-COMFORT NITRILE EXAM</b>	2	
<b>PURE-COMFORT SYNTHETIC NITRILE</b>	2	
ra extended cuff nitrile glove	2	
ra heavy duty latex gloves	2	
ra vinyl gloves	2	
<b>RELION NITRILE EXAM GLOVES</b>	2	
<b>SAFE-SENSE GLOVE-BLK-NITRL-L</b>	2	
<b>SAFE-SENSE GLOVE-BLK-NITRL-M</b>	2	
<b>SAFE-SENSE GLOVE-BLK-NITRL-S</b>	2	
<b>SAFE-SENSE GLOVE-BLK-NITRL-XL</b>	2	
<b>SAFE-SENSE GLOVE-BLUE-NITRL-L</b>	3	
<b>SAFE-SENSE GLOVE-BLUE-NITRL-M</b>	3	
<b>SAFE-SENSE GLOVE-BLUE-NITRL-S</b>	3	
<b>SAFE-SENSE GLOVE-BLUE-NITRL-XL</b>	3	
<b>SAFE-SENSE GLOVES-NITRILE-L</b>	2	
<b>SAFE-SENSE GLOVES-NITRILE-M</b>	2	
<b>SAFE-SENSE GLOVES-NITRILE-S</b>	2	
<b>SAFE-SENSE GLOVES-NITRILE-XL</b>	2	
<b>SAFESKIN NITRILE EXAM GLOVES</b>	2	
<b>SECURE GLOVES</b>	2	

Drug Name	Tier	Notes
<b>SHAMROCK LATEX EXAM GLOVES</b>	2	
<b>SHAMROCK VINYL EXAM GLOVES</b>	2	
<b>SURGIKOS LATEX SURGICAL GLOVES</b>	2	
synthetic vinyl exam gloves	2	
<b>TRANQUILITY VINYL GLOVES LARGE</b>	2	
<b>TRANQUILITY VINYL GLOVES MED</b>	2	
<b>TRANQUILITY VINYL GLOVES SMALL</b>	2	
ultra-soft gloves	2	
vinyl gloves	2	
vinyl gloves medium	2	
vinyl gloves one size	2	
<b>*ELASTIC BANDAGES &amp; SUPPORTS***</b>		
abdominal binder 10"	2	
abdominal binder/elastic 2xl	2	
abdominal binder/elastic 3xl	2	
abdominal binder/elastic large	2	
abdominal binder/elastic med	2	
abdominal binder/elastic small	2	
abdominal binder/elastic xl	2	
abdominal support 2x/3x large	2	
abdominal support/l-xl	2	
<b>ACE ABDOMEN SURGICAL BINDER</b>	2	
<b>ACE ANKLE BRACE</b>	2	
<b>ACE ANKLE BRACE DELUXE LACED</b>	2	
<b>ACE ANKLE BRACE LARGE</b>	2	
<b>ACE ANKLE BRACE LEFT/RIGHT</b>	2	
<b>ACE ANKLE BRACE MEDIUM</b>	2	
<b>ACE ANKLE BRACE W/STABILIZERS</b>	2	
<b>ACE ANKLE STABILIZER DELUXE</b>	2	

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

Drug Name	Tier	Notes
ACE ANKLE SUPPORT SPANDEX LG	2	
ACE ANKLE SUPPORT SPANDEX MED	2	
ACE ARM SLING	2	
ACE BACK STABILIZER	2	
ACE BACK SUPPORT	2	
ACE BANDAGE SELF-ADHERING	2	
ACE COMFORT LIFT ANKLE SUPP/SM	2	
ACE CONTOURED BACK SUPPORT	2	
ACE DELUXE WRIST STABILIZER	2	
ACE ELASTIC BANDAGE 4"	2	
ACE ELASTIC BANDAGE/CLIPS	2	
ACE ELASTIC BANDAGE/E-Z CLIPS	2	
ACE ELBOW BRACE	2	
ACE ELBOW BRACE LARGE/X-LARGE	2	
ACE ELBOW BRACE SMALL/MEDIUM	2	
ACE ELBOW STRAP	2	
ACE ELBOW STRAP ONE SIZE	2	
ACE ELBOW SUPPORT LARGE	2	
ACE ELBOW SUPPORT MEDIUM	2	
ACE ELBOW SUPPORT ONE SIZE	2	
ACE HAND SUPPORT GLOVE	2	
ACE HAND SUPPORT GLOVE SM/MED	2	
ACE KNEE BRACE HINGED	2	
ACE KNEE BRACE LARGE	2	
ACE KNEE BRACE LARGE/X-LARGE	2	
ACE KNEE BRACE MEDIUM	2	

Drug Name	Tier	Notes
ACE KNEE BRACE SMALL/MEDIUM	2	
ACE KNEE BRACE W/STABILIZERS	2	
ACE KNEE STABILIZER	2	
ACE KNEE STABILIZER LARGE	2	
ACE KNEE STABILIZER MEDIUM	2	
ACE KNEE SUPPORT ADJUSTABLE	2	
ACE KNEE SUPPORT KNITTED	2	
ACE KNEE SUPPORT KNITTED XL	2	
ACE KNEE SUPPORT LARGE/XL	2	
ACE KNEE SUPPORT SM/MED	2	
ACE NEOPRENE ELBOW SUPPORT	2	
ACE TENNIS ELBOW BRACE	2	
ACE TENNIS ELBOW STRAP	2	
ACE TENNIS ELBOW SUPPORT	2	
ACE THUMB STABILIZER LEFT/RIGHT	2	
ACE WRIST BRACE	2	
ACE WRIST BRACE DELUXE LEFT	2	
ACE WRIST BRACE DELUXE RIGHT	2	
ACE WRIST BRACE/REVERSIBLE	2	
ACE WRIST BRACE/SPLINT	2	
ACE WRIST IMMOBILIZER	2	
ACE WRIST SLEEP SUPPORT/NIGHT	2	
ACE WRIST STABILIZER DELUXE	2	
ACE WRIST STABILIZER/DIAL SYS	2	
ACE WRIST SUPPORT	2	

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



Drug Name	Tier	Notes
ACTIVA ANTI-EMBOLOISM SOCKINGS	2	
ACTIVA CASUAL SOCKS LARGE	2	
ACTIVA CASUAL SOCKS MEDIUM	2	
ACTIVA CASUAL SOCKS SMALL	2	
ACTIVA CASUAL SOCKS X-LARGE	2	
ACTIVA COOLMAX SOCKS LARGE	2	
ACTIVA COOLMAX SOCKS MEDIUM	2	
ACTIVA COOLMAX SOCKS SMALL	2	
ACTIVA COOLMAX SOCKS X-LARGE	2	
ACTIVA DRESS SOCKS LARGE	2	
ACTIVA DRESS SOCKS MEDIUM	2	
ACTIVA DRESS SOCKS SMALL	2	
ACTIVA DRESS SOCKS X-LARGE	2	
ACTIVA DRESS TROUSER SOCKS LG	2	
ACTIVA DRESS TROUSER SOCKS MD	2	
ACTIVA DRESS TROUSER SOCKS SM	2	
ACTIVA DRESS TROUSER SOCKS XL	2	
ACTIVA GRADUATED THERAPY	2	
ACTIVA MICROFIBER DRESS SOCKS	2	
ACTIVA SHEER THERAPY 15-20MMHG	2	
ACTIVA SHEER THERAPY PANTYHOSE	2	
ACTIVA SHEER THERAPY SOCKS LG	2	
ACTIVA SHEER THERAPY SOCKS MD	2	
ACTIVA SHEER THERAPY SOCKS SM	2	

Drug Name	Tier	Notes
ACTIVA SHEER THERAPY SOCKS XL	2	
ACTIVA SOFT FIT 20-30MMHG	2	
ACTIVA SOFT FIT PANTYHOSE	2	
ACTIVA SURGICAL WEIGHT	2	
ACTIVA ULTRA SHEER 9-12MMHG	2	
ACTIVA ULTRA SHEER PANTYHOSE	2	
acu-strap	2	
ADJUSTABLE ARM SLING	2	
adjustable wrist brace	2	
AIRCAST AIRSPORT ANKLE BRACE	2	
AIRCAST SPORT ANKLE BRACE/LEFT	2	
AIRCAST SPORT ANKLE BRACE/RGHT	2	
ankle brace deluxe laced/l-xl	2	
ankle brace deluxe laced/s-m	2	
ankle brace/flexible stays lg	2	
ankle brace/flexible stays med	2	
ankle brace/flexible stays sm	2	
ankle brace/flexible stays xl	2	
ankle brace/high perform 2xl	2	
ankle brace/high performance l	2	
ankle brace/high performance m	2	
ankle brace/high performance s	2	
ankle brace/high performnce xl	2	
ankle brace/high performnce xs	2	
ankle brace/side stabilizers	2	
ankle knitted compression	2	
ankle lace-up brace	2	
ankle splint/canvas large	2	
ankle splint/canvas medium	2	
ankle splint/canvas small	2	
ankle splint/canvas xl	2	

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

Drug Name	Tier	Notes
ankle splint/canvas xs	2	
ankle splint/night airform	2	
ankle stabilizer	2	
ankle stabilizer 2xl	2	
ankle stabilizer adjustable	2	
ankle stabilizer large	2	
ankle stabilizer medium	2	
ankle stabilizer small	2	
ankle stabilizer xl	2	
ankle stabilizer xs	2	
ankle stirrup brace/left	2	
ankle stirrup brace/pony/left	2	
ankle stirrup brace/pony/right	2	
ankle stirrup brace/right	2	
ankle support	2	
<b>ANKLE SUPPORT 4-WAY STRETCH</b>	2	
ankle support adjustable	2	
ankle support/elastic/firm lg	2	
ankle support/elastic/firm med	2	
ankle support/elastic/firm sm	2	
ankle support/elastic/firm xl	2	
ankle support/elastic/sheer lg	2	
ankle support/elastic/sheer m	2	
ankle support/elastic/sheer sm	2	
ankle support/elastic/sheer xl	2	
ankle support/figure-8 large	2	
ankle support/figure-8 medium	2	
ankle support/figure-8 small	2	
ankle support/figure-8 vl	2	
ankle support/figure-8 xl	2	
ankle support/slip on/ped	2	
ankle support/slip on/youth	2	
ankle support/slip-on large	2	
ankle support/slip-on medium	2	
ankle support/slip-on small	2	
ankle support/slip-on xl	2	
ankle support/spiral stays lg	2	
ankle support/spiral stays med	2	

Drug Name	Tier	Notes
ankle support/spiral stays sm	2	
ankle support/spiral stays xl	2	
ankle support/spiral stays xs	2	
ankle support/viscoelastic lg	2	
ankle support/viscoelastic med	2	
ankle support/viscoelastic sm	2	
ankle support/viscoelastic xl	2	
ankle support/wraparound lg	2	
ankle support/wraparound med	2	
ankle support/wraparound small	2	
ankle support/wraparound xl	2	
ankle wrap	2	
anti-embolism stocking/knee/lg	2	
anti-embolism stockings medium	2	
<b>AQUA ARMOR ADULT/SHORT LEG</b>	2	
<b>AQUA ARMOR PEDI/MED ARM</b>	2	
arch bandage	2	
arm sling/thumb loop/one size	2	
arthritis glove large	2	
arthritis glove medium	2	
arthritis glove small	2	
arthritis glove xl	2	
arthritis glove xsmall	2	
athletic bandage	2	
athletic recovery socks	2	
aum diabetic gel socks	2	
back support	2	
back support l/xl	2	
back support m/l	2	
back support s/m	2	
bandage roll 4.5" x 144"	2	
bandage roll 4.5"x4yd	2	
<b>BAND-AID SECURE-FLEX WRAP</b>	2	
<b>BAND-IT FOREARM BAND</b>	2	
baseball splint	2	

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

Drug Name	Tier	Notes
<b>BEYOND SUPPORT PANTYHOSE</b>	2	
bilateral hernia support large	2	
bilateral hernia support med	2	
bilateral hernia support small	2	
bilateral hernia support xl	2	
carpal tunnel wrist stabilizer	2	
cast and bandage cover	2	
cast protector/full-arm adult	2	
cast protector/full-arm youth	2	
cast protector/full-leg adult	2	
cast protector/full-leg youth	2	
cast protector/half-arm adult	2	
cast protector/half-arm youth	2	
cast protector/half-leg adult	2	
cast protector/half-leg youth	2	
cast shoe infant	2	
cast shoe pediatric	2	
cast/bandage protector	2	
casual socks	2	
cervical collar	2	
cervical collar adjustable	2	
cervical collar infant	2	
cervical collar pediatric	2	
cervical collar youth	2	
cervical collar/average large	2	
cervical collar/average medium	2	
cervical collar/average small	2	
cervical collar/average univ	2	
cervical collar/average xl	2	
cervical collar/average xs	2	
cervical collar/narrow large	2	
cervical collar/narrow medium	2	
cervical collar/narrow small	2	
cervical collar/narrow univ	2	
cervical collar/narrow xl	2	
cervical collar/narrow xs	2	
cervical collar/wide large	2	
cervical collar/wide medium	2	
cervical collar/wide small	2	
cervical collar/wide universal	2	

Drug Name	Tier	Notes
cervical collar/wide xl	2	
cervical collar/wide xs	2	
clavicle strap/figure-8 large	2	
clavicle strap/figure-8 medium	2	
clavicle strap/figure-8 small	2	
clavicle strap/figure-8 xl	2	
clavicle strap/figure-8 xs	2	
<b>CLEVER CHOICE ANKLE BRACE</b>	2	
<b>CLEVER CHOICE COMFORT FIT</b>	2	
<b>CLEVER CHOICE COMFORT GLOVES</b>	2	
<b>CLEVER CHOICE COPPER GLOVES</b>	2	
<b>CLEVER CHOICE ELBOW BRACE-UNIV</b>	2	
<b>CLEVER CHOICE KNEE BRACE-LARGE</b>	2	
<b>CLEVER CHOICE LUMBAR BACK</b>	2	
<b>CLEVER CHOICE SPINAL ORTHOSIS</b>	2	
<b>CLEVER CHOICE WRIST BRACE-RIGH</b>	2	
clip bandage	2	
<b>COACH ELASTIC BANDAGE</b>	2	
<b>COBAN 2 LAYER COMPRESSION SYST</b>	2	
<b>COBAN ACTION WRAP</b>	2	
<b>COBAN LF SELF-ADHERENT WRAP</b>	2	
<b>COBAN SELF-ADHERENT WRAP</b>	2	
comfort fit maternity supp lg	2	
comfort fit maternity supp med	2	
comfort fit maternity supp sm	2	
compression & support gloves l	2	
<b>COOL-WEAVE ANKLE SUPPORT L/XL</b>	2	
<b>COOL-WEAVE ANKLE SUPPORT S/M</b>	2	

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

Drug Name	Tier	Notes
<b>COOL-WEAVE ELBOW SUPPORT LARGE</b>	2	
<b>COOL-WEAVE ELBOW SUPPORT MED</b>	2	
<b>COOL-WEAVE ELBOW SUPPORT SMALL</b>	2	
<b>COOL-WEAVE KNEE SUPPORT LARGE</b>	2	
<b>COOL-WEAVE KNEE SUPPORT MEDIUM</b>	2	
<b>COOL-WEAVE KNEE SUPPORT SMALL</b>	2	
<b>COOL-WEAVE KNEE SUPPORT XL</b>	2	
<b>COOL-WEAVE TENNIS ELBOW SUPPRT</b>	2	
<b>COOL-WEAVE WRIST SUPPORT L/XL</b>	2	
<b>COOL-WEAVE WRIST SUPPORT MED</b>	2	
<b>COOL-WEAVE WRIST SUPPORT S/M</b>	2	
<b>COOL-WEAVE WRIST SUPPORT SMALL</b>	2	
cotton socks/cushioned	2	
cotton socks/golf	2	
cotton socks/maternity	2	
cotton thigh-high	3	
cradle arm sling	2	
cradle arm sling infant	2	
cradle arm sling pediatric	2	
cradle arm sling youth	2	
c-section recovery 1x/2x	2	
c-section recovery l/xl	2	
c-section recovery s/m	2	
<b>CURITY ELASTIC BANDAGE W/CLIP</b>	2	
<b>CURITY STRETCH BANDAGE</b>	2	
curved finger splint	2	
cvs ankle support sleeve	2	
cvs arm sling/adult	2	
cvs arm sling/universal	2	
cvs bandage roll 4.5"x108"	2	
cvs cast & wound protector	2	

Drug Name	Tier	Notes
cvs copper compression sleeve	2	
cvs elastic bandage 4"	2	
cvs elastic bandage 6"	2	
cvs finger injury kit	2	
cvs finger splint deluxe	2	
cvs firm compression socks	2	
cvs knee sup sleeve mild compr	2	
cvs knee support sleeve	2	
cvs lumbar/back support brace	2	
cvs pain-free wrap	2	
cvs self-grip athletic tape tape	2	
cvs wrist support strap	2	
diabetic crew socks/mens/xl	2	
diabetic crew socks/women/xl	2	
diabetic socks large	2	
diabetic socks medium	2	
<b>DMI DELUXE CAST-BAND PROTECTOR</b>	2	
dress socks	2	
elastic bandage	2	
elastic bandage 2"	2	
elastic bandage 3"	2	
elastic bandage 4"	2	
elastic bandage 6"	2	
<b>ELASTIKON ELASTIC TAPE</b>	2	
elbow brace	2	
elbow compression	2	
elbow copper-infused sleeve	2	
elbow strap left/right	2	
elbow support	2	
elbow support left/right	2	
elbow support l-r/large-xl	2	
elbow support l-r/small-medium	2	
elbow support/countour lg	2	
elbow support/countour med	2	
elbow support/countour small	2	
elbow support/countour xl	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
elbow support/firm large	2	
elbow support/firm medium	2	
elbow support/firm small	2	
elbow support/firm xl	2	
elbow support/neoprene large	2	
elbow support/neoprene medium	2	
elbow support/neoprene small	2	
elbow support/neoprene xl	2	
elbow support/pressure pads	2	
elbow support/viscoelastic lg	2	
elbow support/viscoelastic med	2	
elbow support/viscoelastic sm	2	
elbow support/viscoelastic xl	2	
eversheer pantyhose	3	
eversheer stockings	3	
eversheer thigh high	3	
<b>EXOLITE WRIST BRACE LEFT</b>	2	
<b>EXOLITE WRIST BRACE RIGHT</b>	2	
finger cots	2	
finger splint medium	2	
finger splint small	2	
finger-toe splint	2	
fitrite back brace with pulley	2	
fitrite hinged knee support	2	
fitrite lumbar back brace	2	
<b>FLEXLITE KNEE BRACE</b>	2	
four-sided finger protector	2	
frog splint	2	
<b>FUTURO ABDOMINAL SUPPORT</b>	2	
<b>FUTURO ADJUST ANKLE SUPPORT</b>	2	
<b>FUTURO ADJUST ELBOW SUPPORT</b>	2	
<b>FUTURO ADJUST WRIST SUPPORT</b>	2	
<b>FUTURO ANKLE BRACE</b>	2	
<b>FUTURO ANKLE SUPPORT</b>	2	

Drug Name	Tier	Notes
<b>FUTURO ANTI-EMBOLOISM STOCKINGS</b>	2	
<b>FUTURO ATHLETIC SOCKS</b>	2	
<b>FUTURO COMFORT LIFT ANKLE SUPP</b>	2	
<b>FUTURO CUP SUPPORTER</b>	2	
<b>FUTURO DELUXE ANKLE STABILIZER</b>	2	
<b>FUTURO DELUXE WRIST STABILIZER</b>	2	
<b>FUTURO DRESS SOCKS FOR MEN</b>	2	
<b>FUTURO ELASTIC BANDAGE</b>	2	
<b>FUTURO ELBOW BRACE</b>	2	
<b>FUTURO ELBOW SUPPORT</b>	2	
<b>FUTURO ENERGIZ TROUSER SOCK LG</b>	2	
<b>FUTURO ENERGIZ TROUSER SOCK M</b>	2	
<b>FUTURO ENERGIZING KNEE HIGH SM</b>	2	
<b>FUTURO FEMALE RIB BELT</b>	2	
<b>FUTURO FIRM COMPRESSION HOSE</b>	2	
<b>FUTURO HERNIA AID</b>	2	
<b>FUTURO KNEE BRACE</b>	2	
<b>FUTURO KNEE HI SHEER HOSE</b>	2	
<b>FUTURO KNEE HIGHS</b>	2	
<b>FUTURO KNEE STABILIZER</b>	2	
<b>FUTURO KNEE SUPPORT ADJUSTABLE</b>	2	
<b>FUTURO KNEE SUPPORT LARGE</b>	2	
<b>FUTURO KNEE SUPPORT MEDIUM</b>	2	
<b>FUTURO KNEE SUPPORT SMALL</b>	2	
<b>FUTURO LACE-UP ANKLE BRACE</b>	2	
<b>FUTURO LEFT HAND WRIST BRACE</b>	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
FUTURO MALE RIB BELT	2	
FUTURO MENS DRESS SOCKS	2	
FUTURO MENS SUPER SOX	2	
FUTURO OVER KNEE FULL FOOT	2	
FUTURO OVER KNEE OPEN TOE	2	
FUTURO PANTYHOSE	2	
FUTURO PATELLA KNEE SUPPORT	2	
futuro patterned tights	2	
FUTURO POUCH ARM SLING	2	
FUTURO RESTORING DRESS SOCKS	2	
FUTURO REVERSIBLE WRIST BRACE	2	
FUTURO RIGHT HAND WRIST BRACE	2	
FUTURO SACROILIAC BRACE	2	
FUTURO SHEER SUPPORT HOSE	2	
FUTURO SHEEREST SUPPORT P/HOSE	2	
FUTURO SOFT CERVICAL COLLAR	2	
FUTURO SPORT ADJUST KNEE STRAP	2	
FUTURO SPORT ADJUSTABLE KNEE	2	
FUTURO SPORT ANKLE STABILIZER	2	
FUTURO SPORT ELASTIC BANDAGE	2	
FUTURO SPORT KNEE STABILIZER	2	
FUTURO SPORT KNEE STRAP	2	
FUTURO SPORT KNEE SUPPORT	2	
FUTURO SPORT SHIN SPLINT	2	
FUTURO SPORT TENNIS ELBOW SUP	2	

Drug Name	Tier	Notes
FUTURO SPORT WRIST SUPPORT/ADJ	2	
FUTURO SPORTS-3 SUPPORTER	2	
FUTURO STABILIZ BACK SUPPORT	2	
FUTURO STABILIZ KNEE SUPPORT	2	
FUTURO SUPPORT GLOVE LARGE	2	
FUTURO SUPPORT GLOVE MEDIUM	2	
FUTURO SUPPORT GLOVE SMALL	2	
FUTURO SUSPENSORY	2	
FUTURO TENNIS ELBOW SUPPORT	2	
FUTURO THERAPEUTIC STOCKING	2	
FUTURO THUMB STABILIZER	2	
FUTURO TROUSER SOCKS	2	
FUTURO UNDER KNEE OPEN TOE	2	
FUTURO UNDER KNEE OPEN TOEHEEL	2	
FUTURO WRIST BRACE	2	
FUTURO WRIST BRACE WATER RES	2	
FUTURO WRIST SLEEP SUPP/NIGHT	2	
FUTURO WRIST STABILIZER/DIAL	2	
FUTURO WRIST SUPPORT L-XL	2	
FUTURO YOUTH CUP SUPPORT	2	
FUTURO YOUTH SPORTS-3 SUPPORT	2	
gait/transfer belt	2	
garter belt 2" womens large	2	
garter belt 2" womens medium	2	
garter belt 2" womens small	2	
garter belt 2" womens xl	2	
garter belt 3" large	2	
garter belt 3" medium	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
garter belt 3" medium-large	2	
garter belt 3" small	2	
garter belt 3" xl	2	
garter belt 3" xs	2	
garter belt 6" large	2	
garter belt 6" medium	2	
garter belt 6" medium-large	2	
garter belt 6" small	2	
garter belt 6" x-large	2	
garter belt 6" x-small	2	
gnp adjustable thumb support	2	
gnp ankle support	2	
gnp anti-embolism stockings	2	
gnp daily comfort socks large	2	
gnp daily comfort socks medium	2	
gnp daily comfort socks xl	2	
gnp diabetic socks large	2	
gnp diabetic socks medium	2	
gnp diabetic socks unisex lg	2	
gnp diabetic socks unisex med	2	
gnp diabetic socks unisex xl	2	
gnp diabetic socks xl	2	
gnp footless tights large	2	
gnp footless tights medium	2	
gnp footless tights small	2	
gnp knee brace neoprene	2	
gnp knee strap universal	2	
gnp medical socks mens large	2	
gnp medical socks mens medium	2	
gnp medical socks mens xl	2	
gnp sheer pantyhose medium	2	
gnp sheer pantyhose queen	2	
gnp sheer pantyhose queen plus	2	
gnp sheer pantyhose tall	2	
gnp sheer thigh stockings lg	2	
gnp sheer thigh stockings med	2	
gnp sheer thigh stockings xl	2	
gnp slip-on knee	2	

Drug Name	Tier	Notes
gnp stockings	2	
gnp support stockings unisex	2	
gnp thigh high stockings lg	2	
gnp thigh high stockings med	2	
gnp thigh high stockings xl	2	
gnp wrist splint	2	
heel/ankle protector	2	
hernia belt double large	2	
hernia belt double medium	2	
hernia belt double small	2	
hernia belt double xl	2	
hernia support left large	2	
hernia support left medium	2	
hernia support left small	2	
hernia support left xl	2	
hernia support right large	2	
hernia support right medium	2	
hernia support right small	2	
hernia support right xl	2	
<b>HG80 TENNIS ELBOW SUPPORT</b>	2	
<b>HIGH WAIST INCISION CARE 1X/2X</b>	2	
<b>HIGH WAIST INCISION CARE L/XL</b>	2	
<b>HIGH WAIST INCISION CARE S/M</b>	2	
<b>IMAK COMPRESSION GLOVES</b>	2	
industrial belt ex sm	2	
industrial belt regular	2	
industrial belt xl	2	
industrial belt xxl	2	
industrial belt/shoulder strap	2	
<b>INNER LOK8 ANKLE BRACE</b>	2	
<b>J &amp; J TRIANGULAR BANDAGE</b>	2	
jewel socks	2	
j-hook armsleeve	2	
j-hook ct men size 5	2	
j-hook knee ct	2	
j-hook knee hinge	2	
j-hook ultrasheer thigh high	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
JOBST 20-30MMHG COMPRESSION SM	2	
JOBST 30-40MMHG COMPRESSION SM	2	
JOBST ACTIVE 15-20MMHG MEDIUM	2	
JOBST ACTIVE 15-20MMHG X-LARGE	2	
JOBST ACTIVE 20-30MMHG MEDIUM	2	
JOBST ACTIVEWEAR 15-20MMHG	2	
JOBST ANTI-EM KNEE HIGH MED	2	
JOBST ANTI-EM KNEE LENGTH LG	2	
JOBST ANTI-EM KNEE LENGTH MED	2	
JOBST ANTI-EM THIGH HIGH LARGE	2	
JOBST ANTI-EM THIGH HIGH MED	2	
JOBST ANTI-EM THIGH HIGH SMALL	2	
JOBST ANTI-EM THIGH HIGH XL	2	
JOBST CASUAL 8-15MMHG MEDIUM	2	
JOBST FOR MEN 15-20MMHG LG	2	
JOBST FOR MEN 15-20MMHG MED	2	
JOBST FOR MEN 15-20MMHG XL	2	
JOBST FOR MEN 20-30MMHG LG	2	
JOBST FOR MEN 30-40MMHG LG	2	
JOBST FOR MEN 30-40MMHG MED	2	
JOBST FOR MEN 30-40MMHG SM	2	
JOBST FOR MEN 8-15MMHG LG	2	
JOBST OPAQUE KNEE 15-20MMHG SM	2	
JOBST OPAQUE KNEE 15-20MMHG XL	2	

Drug Name	Tier	Notes
JOBST OPAQUE KNEE 20-30MMHG LG	2	
JOBST OPAQUE KNEE 20-30MMHG MD	2	
JOBST OPAQUE KNEE 20-30MMHG SM	2	
JOBST OPAQUE KNEE 20-30MMHG XL	2	
JOBST OPAQUE SOFTFIT KNEE SM	2	
JOBST RELIEF 15-20MMHG LG	2	
JOBST RELIEF 20-30MMHG LG	2	
JOBST RELIEF 20-30MMHG MEDIUM	2	
JOBST RELIEF 20-30MMHG SMALL	2	
JOBST RELIEF 20-30MMHG XL	2	
JOBST RELIEF 30-40MMHG LARGE	2	
JOBST RELIEF 30-40MMHG MEDIUM	2	
JOBST RELIEF 30-40MMHG XL	2	
jobst rib belt/men/elastic/xxl	2	
JOBST SENSIFOOT CREW MEDIUM	2	
JOBST SENSIFOOT KNEE	2	
JOBST SPORT 15-20MMHG SMALL	2	
JOBST SPORT 20-30MMHG SMALL	2	
JOBST ULTRASHEER 15-20MMHG LG	2	
JOBST ULTRASHEER 15-20MMHG SM	2	
JOBST ULTRASHEER 15-20MMHG XL	2	
JOBST ULTRASHEER 20-30MMHG	2	
JOBST ULTRASHEER 20-30MMHG LG	2	
JOBST ULTRASHEER 20-30MMHG MED	2	
JOBST ULTRASHEER 20-30MMHG SM	2	

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



Drug Name	Tier	Notes
<b>JOBST ULTRASHEER 20-30MMHG XL</b>	2	
<b>JOBST ULTRASHEER 30-40MMHG MED</b>	2	
<b>JOBST ULTRASHEER 30-40MMHG SM</b>	2	
<b>JOBST ULTRASHEER 30-40MMHG XL</b>	2	
<b>JOBST ULTRASHEER 8-15MMHG LG</b>	2	
<b>JOBST ULTRASHEER 8-15MMHG SM</b>	2	
<b>JOBST ULTRASHEER THIGH HIGH MD</b>	2	
knee brace	2	
knee brace adjustable hinged	2	
knee brace hinged adjust s/m	2	
knee brace/cushion/l-xl	2	
knee brace/cushion/s/m	2	
knee brace/flex stays large	2	
knee brace/flex stays medium	2	
knee brace/flex stays small	2	
knee brace/flex stays xl	2	
knee brace/hinged bars 2xl	2	
knee brace/hinged bars 3xl	2	
knee brace/hinged bars large	2	
knee brace/hinged bars medium	2	
knee brace/hinged bars small	2	
knee brace/hinged bars xl	2	
knee brace/hinged bars xs	2	
knee brace/hinged l/xl	2	
knee brace/hinged s/m	2	
knee brace/hinged/large	2	
knee brace/hinged/regular	2	
knee brace/hor-shu supp pad lg	2	
knee brace/hor-shu supp pad m	2	
knee brace/hor-shu supp pad sm	2	
knee brace/hor-shu supp pad xl	2	
knee compression sleeve/l/xl	2	
knee compression sleeve/s/m	2	

Drug Name	Tier	Notes
knee compression xl	2	
knee immobilizer 22"	2	
knee sleeve/kids large	2	
knee sleeve/kids medium	2	
knee sleeve/kids small	2	
knee sleeve/medium	2	
knee sleeve-side stabilizers	2	
knee slip-on open patella	2	
knee stabilizer one size	2	
knee stabilizer w/hinged bars	2	
knee stabilizer wrap 2xl	2	
knee stabilizer wrap 3xl	2	
knee stabilizer wrap 4xl	2	
knee stabilizer wrap 5xl	2	
knee stabilizer wrap large	2	
knee stabilizer wrap medium	2	
knee stabilizer wrap small	2	
knee stabilizer wrap xl	2	
knee stabilizer wrap xs	2	
knee stabilizer/elastic/sm/med	2	
knee stabilizer/self-adjusting	2	
knee stabilizer/spiral stays	2	
knee strap/universal	2	
knee support	2	
<b>KNEE SUPPORT 4-WAY STRETCH</b>	2	
knee support w/stabilizer pad	2	
knee support/contour large	2	
knee support/contour medium	2	
knee support/contour small	2	
knee support/contour v-large	2	
knee support/contour xl	2	
knee support/elastic/firm lg	2	
knee support/elastic/firm med	2	
knee support/elastic/firm sm	2	
knee support/elastic/firm xl	2	
knee support/elastic/sheer lg	2	
knee support/elastic/sheer med	2	
knee support/elastic/sheer sm	2	
knee support/elastic/sheer xl	2	

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

Drug Name	Tier	Notes
knee support/hinged bars lg	2	
knee support/hinged bars med	2	
knee support/hinged bars sm	2	
knee support/hinged bars xl	2	
knee support/hor-shu stabilize	2	
knee support/neoprene/hor-shu	2	
knee support/neoprene/oval lg	2	
knee support/neoprene/oval med	2	
knee support/neoprene/oval sm	2	
knee support/neoprene/oval xl	2	
knee support/open patella 4-xl	2	
knee support/open patella lg	2	
knee support/open patella med	2	
knee support/open patella sm	2	
knee support/open patella xl	2	
knee support/open patella xxl	2	
knee support/open patella xxxl	2	
knee support/pressure pads 2xl	2	
knee support/pressure pads 3xl	2	
knee support/pressure pads lg	2	
knee support/pressure pads med	2	
knee support/pressure pads sm	2	
knee support/pressure pads xl	2	
knee support/pressure pads xs	2	
knee support/spiral stays lg	2	
knee support/spiral stays med	2	
knee support/spiral stays sm	2	
knee support/spiral stays xl	2	
knee support/viscoelastic lg	2	
knee support/viscoelastic med	2	
knee support/viscoelastic sm	2	

Drug Name	Tier	Notes
knee support/viscoelastic xl	2	
knee wrap/patellar stabilizing	2	
<b>KNEED-IT KNEE GUARD</b>	2	
lifestylecomfort compres stock	2	
lumbar back brace/support pad	2	
lumbosacral supp abdominal 2xl	2	
lumbosacral supp abdominal l	2	
lumbosacral supp abdominal m	2	
lumbosacral supp abdominal s	2	
lumbosacral supp abdominal uni	2	
lumbosacral supp abdominal xl	2	
lumbosacral supp abdominal xs	2	
lumbosacral supp elastic 2xl	2	
lumbosacral supp elastic univ	2	
lumbosacral supp lightweight l	2	
lumbosacral supp lightweight m	2	
lumbosacral supp lightweight s	2	
lumbosacral supp lightweight u	2	
lumbosacral supp lightwght xl	2	
lumbosacral supp petite univ	2	
lumbosacral support elastic l	2	
lumbosacral support elastic m	2	
lumbosacral support elastic s	2	
lumbosacral support elastic xl	2	
lumbosacral support petite	2	
lumbosacral support petite l	2	
lumbosacral support petite m	2	
lumbosacral support petite s	2	
lumbotek lumbosacral supp 2xl	2	

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

Drug Name	Tier	Notes
lumbotek lumbosacral supp 3xl	2	
lumbotek lumbosacral supp l	2	
lumbotek lumbosacral supp m	2	
lumbotek lumbosacral supp s	2	
lumbotek lumbosacral supp xl	2	
lumbotek2 lumbosac supp 2xl	2	
lumbotek2 lumbosac supp 3xl	2	
lumbotek2 lumbosac supp l	2	
lumbotek2 lumbosac supp m	2	
lumbotek2 lumbosac supp s	2	
lumbotek2 lumbosac supp xl	2	
lumbotek3 lumbosac supp 2xl	2	
lumbotek3 lumbosac supp 3xl	2	
lumbotek3 lumbosac supp l	2	
lumbotek3 lumbosac supp m	2	
lumbotek3 lumbosac supp s	2	
lumbotek3 lumbosac supp xl	2	
medical compression pantyhose	3	
medical compression socks	3	
medical compression stockings	3	
medical compression thigh high	3	
medical legwear/knee high	2	
medical legwear/waist high	3	
medical therapy socks	3	
<b>MUELLER ADJUSTABLE BACK BRACE</b>	2	
<b>MUELLER ADJUSTABLE ELBOW</b>	2	
<b>MUELLER COMPRESSION &amp; RECOVERY</b>	2	
<b>MUELLER FASCIADERM</b>	2	
<b>MUELLER JUMPERS KNEE STRAP</b>	2	

Drug Name	Tier	Notes
<b>MWRAP MULTI-PURPOSE WRAP</b>	2	
natural rubber pantyhose	3	
natural rubber stockings	3	
neoprene ankle support	2	
neoprene ankle wrap	2	
neoprene elbow support	2	
neoprene knee brace	2	
neoprene knee stabilizer	2	
neoprene knee wrap/stabilizer	2	
neoprene patella knee support	2	
<b>NEOPRENE TENNIS ELBOW SLEEVE</b>	2	
neoprene wrist support	2	
<b>NEXCARE COBAN WRAP 1"X5YD</b>	2	
<b>NEXCARE COBAN WRAP 2"X5YD</b>	2	
<b>NEXCARE COBAN WRAP 3"X5YD</b>	2	
occupational wrist supprt/l lg	2	
occupational wrist supprt/l md	2	
occupational wrist supprt/l sm	2	
occupational wrist supprt/l xl	2	
occupational wrist supprt/l xs	2	
occupational wrist supprt/r lg	2	
occupational wrist supprt/r md	2	
occupational wrist supprt/r sm	2	
occupational wrist supprt/r xl	2	
occupational wrist supprt/r xs	2	
open nail finger protector	2	
orthotex knee wrap/hinged 2xl	2	
orthotex knee wrap/hinged 3xl	2	
orthotex knee wrap/hinged 4xl	2	
orthotex knee wrap/hinged 5xl	2	
orthotex knee wrap/hinged lg	2	

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

Drug Name	Tier	Notes
orthotex knee wrap/hinged med	2	
orthotex knee wrap/hinged sm	2	
orthotex knee wrap/hinged xl	2	
orthotex knee wrap/hinged xs	2	
orthotex knee wrap/spiral 2xl	2	
orthotex knee wrap/spiral 3xl	2	
orthotex knee wrap/spiral 4xl	2	
orthotex knee wrap/spiral 5xl	2	
orthotex knee wrap/spiral lg	2	
orthotex knee wrap/spiral med	2	
orthotex knee wrap/spiral sm	2	
orthotex knee wrap/spiral xl	2	
orthotex knee wrap/spiral xs	2	
orthotex knee/hinged bars 2xl	2	
orthotex knee/hinged bars 3xl	2	
orthotex knee/hinged bars 4xl	2	
orthotex knee/hinged bars lg	2	
orthotex knee/hinged bars med	2	
orthotex knee/hinged bars sm	2	
orthotex knee/hinged bars xl	2	
orthotex knee/spiral stays 2xl	2	
orthotex knee/spiral stays 3xl	2	
orthotex knee/spiral stays 4xl	2	
orthotex knee/spiral stays lg	2	
orthotex knee/spiral stays med	2	
orthotex knee/spiral stays sm	2	
orthotex knee/spiral stays xl	2	
orthotex knee/spiral stays xs	2	
orthotex knee/stablzr pad 2xl	2	
orthotex knee/stablzr pad 3xl	2	
orthotex knee/stablzr pad 4xl	2	
orthotex knee/stablzr pad lg	2	
orthotex knee/stablzr pad med	2	
orthotex knee/stablzr pad sm	2	
orthotex knee/stablzr pad xl	2	
orthotex stabilizer wrap/l 2xl	2	

Drug Name	Tier	Notes
orthotex stabilizer wrap/l 3xl	2	
orthotex stabilizer wrap/l 4xl	2	
orthotex stabilizer wrap/l 5xl	2	
orthotex stabilizer wrap/l lg	2	
orthotex stabilizer wrap/l med	2	
orthotex stabilizer wrap/l sm	2	
orthotex stabilizer wrap/l xl	2	
orthotex stabilizer wrap/l xs	2	
orthotex stabilizer wrap/r 2xl	2	
orthotex stabilizer wrap/r 3xl	2	
orthotex stabilizer wrap/r 4xl	2	
orthotex stabilizer wrap/r 5xl	2	
orthotex stabilizer wrap/r lg	2	
orthotex stabilizer wrap/r med	2	
orthotex stabilizer wrap/r sm	2	
orthotex stabilizer wrap/r xl	2	
orthotex stabilizer wrap/r xs	2	
performance socks	3	
plantar fasciitis arch sleeve	2	
<b>PLANTAR FASCIITIS SUPPORT</b>	2	
plastic finger guard large	2	
plastic finger guard medium	2	
plastic finger guard small	2	
post-op shoe/soft top men	2	
post-op shoe/soft top women	2	
posture support/elastic large	2	
posture support/elastic medium	2	
posture support/elastic small	2	
posture support/elastic xl	2	
posture support/elastic xs	2	
pouch arm sling	2	
pro comfort lumb spin orthosis	2	
<b>PROCARE MAXTRAX AIR ANKLE WALK</b>	2	
prolite 3d ankle support	2	
prolite ankle stirrup brace	2	
prolite arm sling	2	
prolite lumbar support	2	
prolite wrist splint	2	

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

Drug Name	Tier	Notes
pure comfort posture corrector	2	
ra athletic bandage	2	
ra athletic bandage ultrawrap	2	
ra finger injury kit	2	
ra multi-purpose sports wrap	2	
ra wrist brace adj left l/xl	2	
ra wrist brace adj right l/xl	2	
<b>RELIEF KNEE</b>	2	
relief knee stocking	2	
<b>RELIEF MEDICAL LEG KNEE HIGH</b>	2	
<b>RESTON HIGH SUPT 7-7/8"X11-3/4 PAD</b>	2	
<b>RESTON LIGHT SUPT ROLL 4"X196</b>	2	
<b>RESTON MED SUPT 7-7/8"X11-3/4" PAD</b>	2	
<b>REVERSIBLE WRIST BRACE</b>	2	
rib belt/mens large	2	
rib belt/mens medium	2	
rib belt/mens small	2	
rib belt/mens xl	2	
rib belt/mens/elastic large	2	
rib belt/mens/elastic regular	2	
rib belt/womens large	2	
rib belt/womens medium	2	
rib belt/womens small	2	
rib belt/womens xl	2	
rib belt/womens/elastic large	2	
rib belt/womens/elastic reg	2	
sacro brace	2	
sacro brace/thermo-pad	2	
sacro-cushion	2	
<b>SAFE-T-SPORT KNEE SLEEVE SMALL</b>	2	
<b>SAFE-T-SPORT KNEE SUPPORT 2XL</b>	2	
select comfort pantyhose	3	
select comfort socks	3	
select comfort thigh high	3	
self adherent wrap	2	
self-adhering elastic bandage	2	

Drug Name	Tier	Notes
<b>SELFGRIP 2"X1.9YD</b>	2	
<b>SELFGRIP 3"X1.9YD</b>	2	
<b>SENSIFOOT CREW SOCKS LARGE</b>	2	
<b>SHEER FASHION MATERNITY</b>	2	
<b>SHEER FASHION PANTYHOSE</b>	2	
sheer fashion stockings	2	
shoulder brace large	2	
shoulder brace medium	2	
shoulder brace small	2	
shoulder brace xl	2	
shoulder support/neoprene lg	2	
shoulder support/neoprene med	2	
shoulder support/neoprene sm	2	
<b>SKINEEZ SKIN-REPARATIVE SOCKS</b>	2	
sling & swathe shldr immobiliz	2	
sm elastic bandage	2	
sm elastic bandage self adh	2	
sm knee high 20-30mmhg	2	
sm tender 2"x5yd tape	2	
<b>SOF-BAND</b>	2	
splint wrist brace/left-right	2	
sport wrap reversible 3"x2.2yd	2	
sports brief large	2	
sports brief regular	2	
sports support large	2	
sports support medium	2	
sports support small	2	
sports support xl	2	
sports support youth	2	
stirrup ankle brace/left-right	2	
support compression sock mens	2	
suspensory large	2	
suspensory medium	2	
suspensory small	2	
suspensory xl	2	
suspensory xxl	2	

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

Drug Name	Tier	Notes
SWEDE-O INNER LOK 8 ANKLE	2	
T.E.D. ANTI-EMBOLISM STOCKINGS	3	
T.E.D. BELOW KNEE/L X-LGTH	2	
T.E.D. BELOW KNEE/LARGE	2	
T.E.D. BELOW KNEE/L-REGULAR	2	
T.E.D. BELOW KNEE/M X-LGTH	2	
T.E.D. BELOW KNEE/MEDIUM	2	
T.E.D. BELOW KNEE/M-REGULAR	2	
T.E.D. BELOW KNEE/S X-LGTH	2	
T.E.D. BELOW KNEE/SMALL	2	
T.E.D. BELOW KNEE/S-REGULAR	2	
T.E.D. BELOW KNEE/XL	2	
T.E.D. BELOW KNEE/XL X-LGTH	2	
T.E.D. BELOW KNEE/X-LARGE	2	
T.E.D. BELTED THIGH/L-LONG	3	
T.E.D. BELTED THIGH/M-REGULAR	3	
T.E.D. BELTED THIGH/S-LONG	3	
T.E.D. BELTED THIGH/XL-LONG	3	
T.E.D. BELTED THIGH/XL-REGULAR	3	
T.E.D. BELTED THIGH/XS-LONG	3	
T.E.D. BELTED THIGH/XS-REGULAR	2	
T.E.D. KNEE LENGTH/L-LONG	2	
T.E.D. KNEE LENGTH/L-REGULAR	3	
T.E.D. KNEE LENGTH/MEDIUM	2	
T.E.D. KNEE LENGTH/M-LONG	2	

Drug Name	Tier	Notes
T.E.D. KNEE LENGTH/M-REGULAR	3	
T.E.D. KNEE LENGTH/S-LONG	3	
T.E.D. KNEE LENGTH/S-REGULAR	2	
T.E.D. KNEE LENGTH/XL-LONG	2	
T.E.D. KNEE LENGTH/XL-REGULAR	2	
T.E.D. THIGH LENGTH/L-LONG	3	
T.E.D. THIGH LENGTH/L-REGULAR	2	
T.E.D. THIGH LENGTH/L-SHORT	3	
T.E.D. THIGH LENGTH/M-LONG	2	
T.E.D. THIGH LENGTH/M-REGULAR	2	
T.E.D. THIGH LENGTH/M-SHORT	2	
T.E.D. THIGH LENGTH/S-LONG	2	
T.E.D. THIGH LENGTH/S-REGULAR	2	
T.E.D. THIGH LENGTH/S-SHORT	3	
TENDER 1"X6YD TAPE	2	
TENDER 2"X6YD TAPE	2	
TENNIS ELBOW ANTIMICROBIAL	2	
tennis elbow strap	2	
tennis elbow strap/air pad	2	
tennis elbow strap/gel pad	2	
tennis elbow strap/support pad	2	
tennis elbow support	2	
tennis elbow support/l-r	2	
TENSOR ELASTIC BANDAGE	2	
therapeutic knee guard	2	
THERMO KNEE COMFORTER	2	
thigh support w/oval patch lg	2	
thigh support w/oval patch med	2	

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

Drug Name	Tier	Notes
thigh support w/oval patch sm	2	
thigh support w/oval patch xl	2	
three-panel binder for men 2xl	2	
three-panel binder for men lg	2	
three-panel binder for men med	2	
three-panel binder for men sm	2	
three-panel binder for men xl	2	
three-panel binder/women 2xl	2	
three-panel binder/women lg	2	
three-panel binder/women med	2	
three-panel binder/women small	2	
three-panel binder/women xl	2	
thumb brace	2	
thumb splint/left large	2	
thumb splint/left medium	2	
thumb splint/left small	2	
thumb splint/left xl	2	
thumb splint/neoprene large	2	
thumb splint/neoprene medium	2	
thumb splint/neoprene small	2	
thumb splint/right large	2	
thumb splint/right medium	2	
thumb splint/right small	2	
thumb splint/right xl	2	
thumb stabilizer/adjustable	2	
thumb stabilizer/left large	2	
thumb stabilizer/left medium	2	
thumb stabilizer/left small	2	
thumb stabilizer/left xl	2	
thumb stabilizer/left xsmall	2	
thumb stabilizer/reversible	2	
thumb stabilizer/right large	2	
thumb stabilizer/right medium	2	
thumb stabilizer/right small	2	
thumb stabilizer/right xl	2	
thumb stabilizer/right xsmall	2	

Drug Name	Tier	Notes
total comfort elbow support	2	
total comfort knee support	2	
true comfort back compression	2	
true comfort knee compression	2	
true support neck compression	2	
true support wrist brace/left	2	
<b>TRU-FIT AIR KNEE STABILIZER</b>	2	
<b>TRUFORM ARM SLEEVE L 15-20MMHG</b>	2	
<b>TRUFORM ARM SLEEVE L 20-30MMHG</b>	2	
<b>TRUFORM ARM SLEEVE M 15-20MMHG</b>	2	
<b>TRUFORM ARM SLEEVE M 20-30MMHG</b>	2	
<b>TRUFORM ARM SLEEVE S 15-20MMHG</b>	2	
<b>TRUFORM ARM SLEEVE S 20-30MMHG</b>	2	
<b>TRUFORM ATHLETIC CREW MENS</b>	2	
<b>TRUFORM GAUNTLET L 15-20MMHG</b>	2	
<b>TRUFORM GAUNTLET L 20-30MMHG</b>	2	
<b>TRUFORM GAUNTLET M 15-20MMHG</b>	2	
<b>TRUFORM GAUNTLET M 20-30MMHG</b>	2	
<b>TRUFORM GAUNTLET S 15-20MMHG</b>	2	
<b>TRUFORM GAUNTLET S 20-30MMHG</b>	2	
<b>TRUFORM LITES KNEE HIGH</b>	2	
<b>TRUFORM LITES MATERNITY HOSE</b>	2	
<b>TRUFORM LITES PANTYHOSE</b>	2	
<b>TRUFORM LITES THIGH HIGH</b>	2	
<b>TRUFORM MATERNITY PANTYHOSE</b>	2	
<b>TRUFORM PANTYHOSE 20-30MMHG</b>	2	

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

Drug Name	Tier	Notes
TRUFORM STOCKINGS 10-20MMHG	2	
TRUFORM STOCKINGS 18MMHG	2	
TRUFORM STOCKINGS 20-30MMHG	2	
TRUFORM STOCKINGS 30-40MMHG	2	
TRUFORM SUPPORT SOCK 10-20MMHG	2	
TRUFORM SUPPORT SOCK 15-20MMHG	2	
TRUFORM SUPPORT SOCK 20-30MMHG	2	
TRUFORM SUPPORT SOCK 30-40MMHG	2	
TRUFORM SUPPORT SOCK 8-15MMHG	2	
TRUFORM TRUSHEER MATERN HOSE	2	
truly transparent pantyhose	3	
truly transparent stockings	3	
truly transparent thigh high	3	
trusheer pantyhose 20-30mmhg	2	
trusheer pantyhose 30-40mmhg	2	
trusheer stockings 20-30mmhg	2	
trusheer stockings 30-40mmhg	2	
TRUSOFT CALF LENGTH 8-15MMHG	2	
TRUSOFT SOCK CREW 8-15MMHG	2	
TRUSOFT SOCK MINI-CREW/LARGE	2	
TRUSOFT SOCK MINI-CREW/MEDIUM	2	
TRUSOFT SOCK MINI-CREW/SMALL	2	
TRUSOFT SOCK MINI-CREW/XLARGE	2	
TRUSOFT SOCK MINI-CREW/XSMALL	2	
tubular stretch bandage	2	
ultra support heated socks	2	
ultra support spinal orthosis	2	

Drug Name	Tier	Notes
universal arm sling	2	
UPSPRING POST OP PANTY	2	
V-2 HIGH COMPRESSION HOSE	2	
V-4 HIGH COMPRESSION HOSE	2	
VASCURA ANTI-EMBOLISM/KNEE LG	2	
VENES CUSTOM 1-LEG LEOTARD	2	
VENES CUSTOM FEMALE LEOTARD	2	
VENES CUSTOM MALE LEOTARD	2	
VENES CUSTOM MATERNITY LEOTARD	2	
VENES CUSTOM MEDICAL STOCKINGS	2	
VITAWEAR COMPRESSION SOCKS	2	
VITAWEAR DIABETIC DRESS SOCKS	2	
wrap/multipurpose 2.75"x21.4yd	2	
wrap/pain free	2	
wraparound wrist support	2	
wrist brace deluxe/left l-xl	2	
wrist brace deluxe/left s/m	2	
wrist brace deluxe/right l-xl	2	
wrist brace deluxe/right s/m	2	
wrist brace//left large	2	
wrist brace/left medium	2	
wrist brace/left small	2	
wrist brace/left xl	2	
wrist brace/left xsmall	2	
wrist brace/right large	2	
wrist brace/right medium	2	
wrist brace/right small	2	
wrist brace/right xl	2	
wrist brace/right xsmall	2	
wrist splint	2	
wrist splint/cock-up/left 2xsm	2	
wrist splint/cock-up/left l	2	
wrist splint/cock-up/left m	2	

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



Drug Name	Tier	Notes
wrist splint/cock-up/left sm	2	
wrist splint/cock-up/left xl	2	
wrist splint/cock-up/left xsm	2	
wrist splint/cock-up/right 2xs	2	
wrist splint/cock-up/right l	2	
wrist splint/cock-up/right m	2	
wrist splint/cock-up/right sm	2	
wrist splint/cock-up/right xl	2	
wrist splint/cock-up/right xsm	2	
wrist splint/elastic left lg	2	
wrist splint/elastic left med	2	
wrist splint/elastic left sm	2	
wrist splint/elastic left xl	2	
wrist splint/elastic left xs	2	
wrist splint/elastic right lg	2	
wrist splint/elastic right med	2	
wrist splint/elastic right sm	2	
wrist splint/elastic right xl	2	
wrist splint/elastic right xs	2	
wrist splint/left infant	2	
wrist splint/left large	2	
wrist splint/left medium	2	
wrist splint/left pediatric	2	
wrist splint/left small	2	
wrist splint/left xl	2	
wrist splint/left xsmall	2	
wrist splint/left youth	2	
wrist splint/neoprene left lg	2	
wrist splint/neoprene left med	2	
wrist splint/neoprene left sm	2	
wrist splint/neoprene left xl	2	
wrist splint/neoprene right lg	2	
wrist splint/neoprene right md	2	
wrist splint/neoprene right sm	2	
wrist splint/neoprene right xl	2	
wrist splint/neoprene right xs	2	
wrist splint/neoprene/left xsm	2	
wrist splint/reversible large	2	

Drug Name	Tier	Notes
wrist splint/reversible medium	2	
wrist splint/reversible small	2	
wrist splint/reversible xl	2	
wrist splint/right infant	2	
wrist splint/right large	2	
wrist splint/right medium	2	
wrist splint/right pediatric	2	
wrist splint/right small	2	
wrist splint/right xl	2	
wrist splint/right xsmall	2	
wrist splint/right youth	2	
wrist splint/right/one size	2	
wrist stabilizer left l-xl	2	
wrist stabilizer right l/xl	2	
wrist support	2	
wrist support/elastic large	2	
wrist support/elastic medium	2	
wrist support/elastic small	2	
wrist support/elastic xl	2	
wrist support/elastic/firm lg	2	
wrist support/elastic/firm med	2	
wrist support/elastic/firm sm	2	
wrist support/elastic/firm xl	2	
wrist support/elastic/pullover	2	
wrist wrap	2	
wrist wrap/adjustable kids	2	
wrist/thumb splint/left large	2	
wrist/thumb splint/left medium	2	
wrist/thumb splint/left small	2	
wrist/thumb splint/left univ	2	
wrist/thumb splint/left xl	2	
wrist/thumb splint/left xsmall	2	
wrist/thumb splint/right large	2	
wrist/thumb splint/right med	2	
wrist/thumb splint/right small	2	
wrist/thumb splint/right univ	2	
wrist/thumb splint/right xl	2	
wrist/thumb splint/right xsm	2	
wrist-thumb support/neoprene l	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
wrist-thumb support/neoprene m	2	
wrist-thumb support/neoprene s	2	
<b>*ENTERAL NUTRITION SUPPLIES***</b>		
COMPAT CONTAINER/GRAVITY SET	2	
COMPAT CONTAINER/PUMP SET	2	
COMPAT DUAL-FLO PUMP	2	
COMPAT DUAL-FLO SPIKE SET	2	
COMPAT DUAL-FLO VINYL BAG	2	
COMPAT ENTERAL FEEDING PUMP	2	
COMPAT PUMP SPIKE SET	2	
COMPAT PUMP/DOSE LIMIT/MEMORY	2	
COMPAT PUMP/VINYL BAG SET	2	
COMPAT SELECT FLO BAGGLE CASE	2	
COMPAT SELECT FLO PUMP	2	
COMPAT SELECT TRANSPORT CASE	2	
COMPAT VINYL BAG GRAVITY SET	2	
COMPAT YSET	2	
enteral delivery gravity bag	2	
enteral feeding piston syringe	2	
HIDE-A-PORT STOMA MEASURING	2	
KANGAROO STOMA MEASURING DEV	2	
MONOJECT ENTERAL SYRINGE CAP	2	
MONOJECT ENTERAL SYRINGE/12ML	2	
MONOJECT ENTERAL SYRINGE/1ML	2	
MONOJECT ENTERAL SYRINGE/35ML	2	

Drug Name	Tier	Notes
MONOJECT ENTERAL SYRINGE/3ML	2	
MONOJECT ENTERAL SYRINGE/60ML	2	
MONOJECT ENTERAL SYRINGE/6ML	2	
<b>*EYE GLASS CARE SUPPLIES***</b>		
B & L ACCESSORIES LENS CASE	2	
CARETOUCH LENS-SCREEN WIPES	2	
CLEAN SIGHTS	2	
CLEAN SIGHTS SOLUTION	2	
cleaning cloth universal	2	
eyeglass screwdriver kit	2	
gnp eyeglass lens cleaning solution	2	
gnp eyewear repair kit kit	2	
gnp lens & screen cloth	2	
gnp pre-moistened lens wipes	2	
lens cleaner solution	2	
lens towelettes	2	
lens wipes	2	
LENS-CLEAR CLOTHS	2	
LENS-CLEAR SOLUTION	2	
microfiber cleaning cloths	2	
SIGHT SAVERS LENS CLEANER CLOT	2	
SIGHT SAVERS LIQUID CLEANER SOLUTION	2	
SIGHT SAVERS PRE-MOISTENED TIS	2	
SIGHT SAVERS REPAIR KIT	2	
SIGHT SAVERS SUPER SOFT CLOTH	2	
<b>*EYE PATCHES***</b>		
convex eye protector	2	
COVERLET EYE OCCLUSOR JUNIOR	2	
CURITY EYE PAD	2	
cvs eye patch	2	
eye patch	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
NEXCARE OPTICLUDE EYE PATCH JR	2	
NEXCARE OPTICLUDE EYE PTCH REG	2	
OPTICLUDE EYE PATCH JUNIOR	2	
OPTICLUDE EYE PATCH REGULAR	2	
sleep eye shield	2	
<b>*FEEDING SUPPLIES***</b>		
AMEDA BREAST MILK STORAGE	2	
AMEDA LOCKING RING/DISC	2	
AMEDA MILK STORAGE BAGS	2	
AMEDA NIPPLE SHIELD	2	
AMEDA PURELY YOURS TOTE BAG	2	
AMEDA STORE N POUR STARTER KIT	3	
AMEDA STORE N POUR STORAGE BAG	2	
breastmilk storage bags	2	
breastmilk storage bottles	2	
ENFAMIL CROSS-CUT TPE NIPPLE	2	
ENFAMIL SLOW-FLOW NIPPLE	2	
ENFAMIL STANDARD-FLOW NIPPLE	2	
feeding bottles/standard neck	2	
GERBER GOOD START NURSER	2	
GOOD START NURSER NIPPLES	2	
GOOD START PREMATURE NIPPLES	2	
LANSINOH BREASTMILK STORAGE BAG	2	
LANSINOH CONTACT NIPPLE SHIELD	2	
LANSINOH NATURALWAVE NIPPLES	2	
LANSINOH PRIMO-LACTO COLOSTRUM	2	

Drug Name	Tier	Notes
LANSINOH PRIMO-LACTO HAND EXPR	2	
LANSINOH PRIMO-LACTO SLIP TIP	2	
MOMMA BOTTLE 5OZ	2	
MOMMA BOTTLE 8OZ	2	
MOMMA NATURALWAVE/MEDIUM FLOW	2	
MOMMA NATURALWAVE/SLOW FLOW	2	
NESTLE GOOD START DUAL FEEDER	2	
NESTLE GOOD START PREM NIPPLE	2	
plastic bottle/nipple	2	
SNAPPIES STORAGE CONTAINERS	2	
TOMMEE TIPPEE BREAST MILK BTL	2	
TOMMEE TIPPEE BREAST MILK PCH	2	
TOMMEE TIPPEE BREAST MILK SET KIT	2	
<b>*FEEDING TUBES***</b>		
clearstar pump	2	
COMPAT 7FR NCJ KIT	2	
DURA-G GASTROSTOMY TUBE 18FR	2	
EMBRACE ENTERAL PUMP SET	2	
ENTRIFLEX FEEDING TB 10FR/43"	2	
ENTRIFLEX FEEDING TB 10FR/55"	2	
ENTRIFLEX FEEDING TB 12FR/36"	2	
ENTRIFLEX FEEDING TB 12FR/43"	2	
ENTRIFLEX FEEDING TB 12FR/55"	2	
ENTRIFLEX FEEDING TUBE 8FR/36"	2	
ENTRIFLEX FEEDING TUBE 8FR/43"	2	
ENTRIFLEX FEEDING TUBE 8FR/55"	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
ENTRISTAR PEG ENTERAL CONNECT	2	
ENTRISTAR SAFETY PEG KIT 16FR	2	
ENTRISTAR SAFETY PEG KIT 20FR	2	
ENTRISTAR/NUTRIPORT BOLUS FEED	2	
ENTRISTAR/NUTRIPORT CONTINUOUS	2	
feeding tube attachment device	2	
FLEXIFLO BAG-PUMP SET	2	
FLEXIFLO COMPANION COLORMARK	2	
FLEXIFLO COMPANION PUMP SET	2	
FLEXIFLO EASY-FEED BAG SET	2	
FLEXIFLO ENTERAL PUMP	2	
FLEXIFLO FEEDING TUBE	2	
FLEXIFLO FEEDING TUBE 10FR	2	
FLEXIFLO GASTROSTOMY TUBE	2	
FLEXIFLO INVERTA-PEG GASTRO KIT	2	
FLEXIFLO IRRIGATION ADAPTOR	2	
FLEXIFLO JEJUNAL FEEDING TUBE	2	
FLEXIFLO MAGNA-PORT	2	
FLEXIFLO OVER-THE-GUIDEWIRE	2	
FLEXIFLO OVER-THEGUIDEWIRE SET	2	
FLEXIFLO PATROL COLORMARK	2	
FLEXIFLO QUANTUM	2	
FLEXIFLO QUANTUM 40MM PUMP SET	2	
FLEXIFLO QUANTUM COLORMARK	2	
FLEXIFLO STOMATE	2	

Drug Name	Tier	Notes
FLEXIFLO STOMATE 26 KIT	2	
FLEXIFLO STOMATE DECOMP TUBE	2	
FLEXIFLO STOMATE EXT TUBE	2	
FLEXIFLO STOMATE TUBE	2	
FLEXIFLO T-FASTENER SET	2	
FLEXIFLO TOPTAINER ENTERAL BAG	2	
FLEXIFLO TOPTAINER FEED SET	2	
FLEXIFLO TOPTAINER/ATTACH PUMP	2	
FLEXIFLO TOPTAINER/PUMP SET	2	
FLEXIFLO VERSA-PED KIT	2	
FLEXIFLO Y-PORT CONNECTOR	2	
FLEXIFLO/PIERCING PIN	2	
FLEXIFLO/PREATTACHED FLEXICO	2	
FLEXIFLO-III COLORMARK	2	
FLEXIFLO-III ENTERAL PUMP	2	
FLEXIFLO-III ENTERAL PUMP SET	2	
FLEXITAINER ENTERAL CONTAINER	2	
HIDE-A-PORT CUSTOM 14FR/0.8CM	2	
HIDE-A-PORT CUSTOM 14FR/1.2CM	2	
HIDE-A-PORT CUSTOM 14FR/1.5CM	2	
HIDE-A-PORT CUSTOM 14FR/1.7CM	2	
HIDE-A-PORT CUSTOM 14FR/2.3CM	2	
HIDE-A-PORT CUSTOM 14FR/2.5CM	2	
HIDE-A-PORT CUSTOM 14FR/2.7CM	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
HIDE-A-PORT CUSTOM 14FR/3.5CM	2	
HIDE-A-PORT CUSTOM 14FR/4.5CM	2	
HIDE-A-PORT CUSTOM 14FR/5.5CM	2	
HIDE-A-PORT CUSTOM 18FR/0.8CM	2	
HIDE-A-PORT CUSTOM 18FR/1.2CM	2	
HIDE-A-PORT CUSTOM 18FR/1.5CM	2	
HIDE-A-PORT CUSTOM 18FR/1.7CM	2	
HIDE-A-PORT CUSTOM 18FR/5.5CM	2	
HIDE-A-PORT CUSTOM 24FR/1.5CM	2	
HIDE-A-PORT CUSTOM 24FR/1.7CM	2	
HIDE-A-PORT CUSTOM 24FR/2.3CM	2	
HIDE-A-PORT CUSTOM 24FR/2.5CM	2	
HIDE-A-PORT CUSTOM 24FR/2.7CM	2	
HIDE-A-PORT CUSTOM 24FR/2CM	2	
HIDE-A-PORT CUSTOM 24FR/3.5CM	2	
HIDE-A-PORT CUSTOM 24FR/3CM	2	
HIDE-A-PORT CUSTOM 24FR/4.5CM	2	
HIDE-A-PORT CUSTOM 24FR/4CM	2	
HIDE-A-PORT CUSTOM KIT 14F/1CM	2	
HIDE-A-PORT CUSTOM KIT 14F/2CM	2	
HIDE-A-PORT CUSTOM KIT 14F/3CM	2	
HIDE-A-PORT CUSTOM KIT 14F/4CM	2	
HIDE-A-PORT CUSTOM KIT 14F/5CM	2	
HIDE-A-PORT CUSTOM KIT 18F/1CM	2	

Drug Name	Tier	Notes
HIDE-A-PORT CUSTOM KIT 18F/2CM	2	
HIDE-A-PORT CUSTOM KIT 18F/5CM	2	
HIDE-A-PORT EXTENSION TUBE	2	
HIDE-A-PORT FLUSH 20FR/3.5CM	2	
HIDE-A-PORT FLUSH KIT 14FR/1.2	2	
HIDE-A-PORT FLUSH KIT 16FR/1.2	2	
HIDE-A-PORT FLUSH KIT 16FR/1.5	2	
HIDE-A-PORT FLUSH KIT 16FR/1CM	2	
HIDE-A-PORT FLUSH KIT 16FR/2.3	2	
HIDE-A-PORT FLUSH KIT 16FR/2.7	2	
HIDE-A-PORT FLUSH KIT 16FR/2CM	2	
HIDE-A-PORT FLUSH KIT 16FR/3CM	2	
HIDE-A-PORT FLUSH KIT 16FR/4CM	2	
hide-a-port flush kit 18fr/1.7	2	
HIDE-A-PORT FLUSH KIT 20FR/0.8	2	
HIDE-A-PORT FLUSH KIT 20FR/1.2	2	
HIDE-A-PORT FLUSH KIT 20FR/1.5	2	
HIDE-A-PORT FLUSH KIT 20FR/1.7	2	
HIDE-A-PORT FLUSH KIT 20FR/1CM	2	
HIDE-A-PORT FLUSH KIT 20FR/2.3	2	
HIDE-A-PORT FLUSH KIT 20FR/2.5	2	
HIDE-A-PORT FLUSH KIT 20FR/2.7	2	
HIDE-A-PORT FLUSH KIT 20FR/2CM	2	
HIDE-A-PORT FLUSH KIT 20FR/3CM	2	
HIDE-A-PORT FLUSH KIT 20FR/4.5	2	

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

Drug Name	Tier	Notes
HIDE-A-PORT FLUSH KIT 20FR/4CM	2	
HIDE-A-PORT FLUSH TIP 16F/1.7	2	
HIDE-A-PORT FLUSH TIP 16F/2.3	2	
HIDE-A-PORT FLUSH TIP 16F/2.5	2	
HIDE-A-PORT FLUSH TIP 16FR/0.8	2	
HIDE-A-PORT FLUSH TIP 16FR/1.5	2	
HIDE-A-PORT FLUSH TIP 16FR/1.7	2	
HIDE-A-PORT FLUSH TIP 16FR/1CM	2	
HIDE-A-PORT FLUSH TIP 16FR/2.5	2	
HIDE-A-PORT FLUSH TIP 16FR/2CM	2	
HIDE-A-PORT FLUSH TIP 16FR/3.5	2	
HIDE-A-PORT FLUSH TIP 16FR/4.5	2	
HIDE-A-PORT FLUSH TIP 18FR/1CM	2	
HIDE-A-PORT FLUSH TIP 18FR/2.3	2	
HIDE-A-PORT KIT 18FR/2.3CM	2	
HIDE-A-PORT KIT 18FR/2.5CM	2	
HIDE-A-PORT KIT 18FR/2.7CM	2	
HIDE-A-PORT KIT 18FR/3.5CM	2	
HIDE-A-PORT KIT 18FR/3CM	2	
HIDE-A-PORT KIT 18FR/4.5CM	2	
HIDE-A-PORT KIT 18FR/4CM	2	
INVERTA-PEG GASTROSTOMY 20FR KIT	2	
INVERTA-PEG GASTROSTOMY KIT	2	
INVERTA-PEG KIT	2	

Drug Name	Tier	Notes
INVERTA-PEG KIT OVER THE WIRE	2	
KANGAROO 924 SAFETY SCREW SET	2	
KANGAROO BALLOON 16FR/2.5CM	2	
KANGAROO BALLOON 20FR/2.5CM	2	
KANGAROO BALLOON 20FR/2.7CM	2	
KANGAROO BALLOON 20FR/3.5CM	2	
KANGAROO BALLOON 20FR/3CM	2	
KANGAROO BALLOON 20FR/4.5CM	2	
KANGAROO BALLOON 20FR/4CM	2	
KANGAROO BALLOON 20FR/5CM	2	
KANGAROO BALLOON 24FR/0.8CM	2	
KANGAROO BALLOON 24FR/1.2CM	2	
KANGAROO BALLOON 24FR/1.5CM	2	
KANGAROO BALLOON 24FR/1.7CM	2	
KANGAROO BALLOON 24FR/1CM	2	
KANGAROO BALLOON 24FR/2.3CM	2	
KANGAROO BALLOON 24FR/2.5CM	2	
KANGAROO BALLOON 24FR/2.7CM	2	
KANGAROO BALLOON 24FR/2CM	2	
KANGAROO BALLOON 24FR/3.5CM	2	
KANGAROO BALLOON 24FR/3CM	2	
KANGAROO DELUXE EZ CAP PUMP	2	
KANGAROO DELUXE EZ PUMP SET	2	
KANGAROO ENTRIFLUSH PUMP SET	2	

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

Drug Name	Tier	Notes
KANGAROO EPUMP JOEY BURETTE	2	
KANGAROO EPUMP PROXIMAL SET	2	
KANGAROO EPUMP PUMP SET/1000ML	2	
KANGAROO EPUMP PUMP SET/100ML	2	
KANGAROO EPUMP SET 1000ML	2	
KANGAROO EPUMP SET 500ML	2	
KANGAROO EXTENSION SET	2	
KANGAROO EZ CAP PUMP SET/500ML	2	
KANGAROO FEED/IRRIGATION KIT	2	
KANGAROO FEEDING TUBE 10FR/36"	2	
KANGAROO FEEDING TUBE 10FR/43"	2	
KANGAROO FEEDING TUBE 12FR/36"	2	
KANGAROO FEEDING TUBE 12FR/43"	2	
KANGAROO FEEDING TUBE 14FR/36"	2	
KANGAROO FEEDING TUBE 6FR/20"	2	
KANGAROO FEEDING TUBE 6FR/36"	2	
KANGAROO FEEDING TUBE 8FR/36"	2	
KANGAROO FEEDING TUBE 8FR/42"	2	
KANGAROO FEEDING TUBE 8FR/43"	2	
KANGAROO FEEDING TUBE 8FR/55"	2	
KANGAROO GASTROSTOMY TUBE	2	
KANGAROO GASTROSTOMY TUBE/12FR	2	
KANGAROO GASTROSTOMY TUBE/14FR	2	

Drug Name	Tier	Notes
KANGAROO GASTROSTOMY TUBE/16FR	2	
KANGAROO GASTROSTOMY TUBE/18FR	2	
KANGAROO GASTROSTOMY TUBE/20FR	2	
KANGAROO GASTROSTOMY TUBE/22FR	2	
KANGAROO GASTROSTOMY TUBE/24FR	2	
KANGAROO GASTROSTOMY TUBE/26FR	2	
KANGAROO GASTROSTOMY TUBE/28FR	2	
KANGAROO GRAVITY FEEDING BAG	2	
KANGAROO GRAVITY FEEDING SET	2	
KANGAROO GRAVITY SET	2	
KANGAROO JEJUNAL FEED TUBE 9FR	2	
KANGAROO JOEY ENTERAL PUMP	2	
KANGAROO JOEY PUMP SET	2	
KANGAROO JOEY PUMP SET/500ML	2	
KANGAROO MULTI-FUNCTIONAL PORT	2	
KANGAROO NASO-JEJUNAL TB 12FR	2	
KANGAROO NASO-JEJUNAL TB 16FR	2	
KANGAROO PED NG STYLET 20"	2	
KANGAROO PED NG STYLET 36"	2	
KANGAROO PROXIMAL SPIKE PUMP	2	
KANGAROO PROXIMAL SPIKE SET	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
KANGAROO PUMP SET 1600ML	2	
KANGAROO PUMP SET EXT TUBING	2	
KANGAROO RIGID CONTAINER PUMP	2	
KANGAROO SAFETY PEG KIT 16FR	2	
KANGAROO SAFETY PEG KIT 20FR	2	
KANGAROO SPIKE PUMP SET	2	
KANGAROO Y-SITE EXTENSION	2	
MAGNA-PORT ADAPTER	2	
MAGNA-PORT GASTROSTOMY TUBE	2	
MIC GASTROSTOMY TUBE 20FR	2	
MIC-KEY GASTROSTOMY KIT 12FR	2	
MIC-KEY GASTROSTOMY KIT 14FR	2	
MIC-KEY GASTROSTOMY KIT 16FR	2	
MIC-KEY GASTROSTOMY KIT 18FR	2	
MIC-KEY GASTROSTOMY KIT 20FR	2	
MIC-KEY GASTROSTOMY KIT 24FR	2	
PATROL PUMP SET/40MM SCREW CAP	2	
SALEM SUMP SILICONE TUBE 10FR	2	
SALEM SUMP SILICONE TUBE 12FR	2	
SALEM SUMP SILICONE TUBE 14FR	2	
SALEM SUMP SILICONE TUBE 16FR	2	
SALEM SUMP SILICONE TUBE 18FR	2	

Drug Name	Tier	Notes
SALEM SUMP TUBE 10FR	2	
SALEM SUMP TUBE 12FR	2	
SALEM SUMP TUBE 14FR	2	
SALEM SUMP TUBE 16FR	2	
SALEM SUMP TUBE 18FR	2	
<b>*FIRST AID KITS***</b>		
cvs first aid combination kit	2	
cvs readiness essentials combination kit	2	
cvs travel first aid kit combination kit	2	
first aid build your own combination kit	2	
first aid kit all purpose combination kit	2	
first aid kit industrial combination kit	2	
first aid kit metal combination kit	2	
first aid kit/10 person combination kit	2	
first aid refill pack combination kit	2	
gnp first aid kit combination kit	2	
<b>J &amp; J FIRST AID KIT ALL-PURPOS COMBINATION KIT</b>	2	
<b>J &amp; J FIRST AID TO GO COMBINATION KIT</b>	2	
<b>MCKIDS FIRST AID COMBINATION KIT</b>	2	
ra all-purpose first aid kit combination kit	2	
<b>*FOOT CARE PRODUCTS***</b>		
air foam insoles mens	2	
air foam insoles womens	2	
all gel bunion toe spreader	2	
<b>BAND-AID HYDRO SEAL CORN CUSH PAD</b>	2	
<b>BAND-AID HYDRO SEAL HEELS PAD</b>	2	

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



Drug Name	Tier	Notes
<b>BAND-AID MOLESKIN ADHESIVE PAD</b>	2	
<b>BIOFREQUENCY INSOLES</b>	3	
bromi-talc external powder	2	
bromi-talc plus external powder	2	
bunion guard pad	2	
callus cushions pad	2	
callus remover	2	
callus/corn shaver	2	
callus/corn shaver blades	2	
comfort insoles womens pad	2	
corn cushions pad	2	
cvs advanced gel orthotics	2	
cvs callus cushion pad	2	
cvs corn cushion pad	2	
cvs foot powder external powder	2	
cvs gel heel cushion womens pad	2	
cvs moleskin padding pad	2	
cvs moleskin plus pad	2	
cvs odor absorbing insoles pad	2	
<b>DESENEX FOOT/SNEAKER SPRAY EXTERNAL AEROSOL</b>	2	
double air foam insoles mens	2	
double air foam insoles womens	2	
<b>DR SCHOLLS CMFT/ENG MAS/M/8-14</b>	2	
<b>DR SCHOLLS CMFT/ENGY WK/M/8-14</b>	2	
<b>DR SCHOLLS CMFT/ENGY WK/W/6-10</b>	2	
<b>DR SCHOLLS CORN CUSHION PAD</b>	2	
<b>DR SCHOLLS CUSTOM FIT ORTHOTIC PAD</b>	2	
<b>DR SCHOLLS HVY DTY SUPP/M/8-14</b>	2	
<b>DR SCHOLLS PLANTAR FASC/M/8-13</b>	2	
<b>DR SCHOLLS PLANTAR FASC/W/6-10</b>	2	

Drug Name	Tier	Notes
<b>DR SCHOLLS TRI-COMFORT/WM/6-10</b>	2	
dual gel insoles men sz 8-13	2	
dual gel insoles women sz 6-10	2	
<b>EASY GRIP CALLUS REMOVER</b>	2	
eql dual gel insoles womens	2	
eql pumice stone/rope	2	
eql toenail clipper	2	
exfoliating stone file	2	
foam toe separators	2	
foot comfort stabilizer	2	
foot powder external powder	2	
foot sleep support	2	
foot smoother dual surface	2	
<b>FUTURO THERAPEUTIC ARCH SUPPRT</b>	2	
gel ball of foot cushions	2	
gel corn cushions pad	2	
gel corn protectors	2	
gel insoles mens	2	
gel insoles womens	2	
gel toe protector	2	
gel toe separators	2	
gel toe spacers	2	
gnp ball of foot cushions pad	2	
gnp callus cushions pad	2	
gnp corn cushions pad	2	
gnp cushion comfort insoles	2	
gnp flesh felt toe pad	2	
gnp foam toe separators	2	
gnp lambs wool pad	2	
gnp plantar fascia strap	2	
gnp super moleskin padding pad	2	
gnp white felt bunion pad	2	
gnp white felt metatarsal pad	2	
<b>GOLD BOND ULTIM HEALING FOOT EXTERNAL CREAM</b>	2	
gordomatic external powder	2	
hammer toe gel cushion pad	2	
health slippers/unisex	2	

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

Drug Name	Tier	Notes
heel liners pad	2	
<b>JOHNSONS FOOT SOAP EXTERNAL PACKET</b>	2	
<b>JOHNSONS FOOT SPRAY EXTERNAL AEROSOL</b>	2	
<b>MEDICOOLS DIASOX</b>	2	
memory work/sport insoles	2	
moleskin plus pad	2	
moleskin plus roll pad	2	
mycomist external liquid	2	
odor control insoles men/women	2	
<b>ODOR EATERS FOOT EXTERNAL POWDER</b>	2	
<b>ODOR EATERS PAD</b>	2	
<b>ODOR EATERS SUPER TUFF PAD</b>	2	
<b>ODOR EATERS ULTRA COMFORT</b>	2	
<b>ODOR EATERS ULTRA DURABLE PAD</b>	2	
<b>PREVALON</b>	2	
<b>PREVALON FOOT/LEG WEDGE</b>	2	
<b>PREVALON HEEL PROTECTOR</b>	2	
<b>PREVALON HEEL PROTECTOR/PETITE</b>	2	
<b>PREVALON HEEL PROTECTOR/WEDGE</b>	2	
<b>PROFOOT PLANTAR FASCIITIS</b>	2	
pumice stone	2	
ra arch sleeve	2	
ra callus cushions pad	2	
ra corn cushions small pad	2	
ra cushion insoles womens	2	
ra gel hammer toe cushion pad	1 or 1b*	
ra gel toe separator	2	
ra super moleskin pad	1 or 1b*	
shoe horn	2	
<b>SLEEP-N-HEEL NGHT HEEL SLEEVES</b>	2	
<b>SLEEP-N-HEEL+ HEEL SLEEVES</b>	2	

Drug Name	Tier	Notes
sm bunion cushions pad	2	
sm callus cushions pad	2	
sm corn cushions pad	2	
sm lambs wool pad	2	
sm moleskin plus pad	2	
sock aid	2	
sport & work cushion insoles	2	
toenail clipper	2	
toenail clipper/file deluxe	2	
toenail nipper	2	
<b>VALULINE PNEUMATIC LEG WLKR LG</b>	2	
<b>VALULINE PNEUMATIC LEG WLKR MD</b>	2	
<b>VALULINE PNEUMATIC LEG WLKR SM</b>	2	
<b>VALULINE SHORT LEG WALKER LG</b>	2	
<b>VALULINE SHORT LEG WALKER MED</b>	2	
<b>VALULINE SHORT LEG WALKER SM</b>	2	
<b>VALULINE SHORT LEG WALKER XL</b>	2	
<b>VALULINE SHORT LEG WALKER XSM</b>	2	
<b>VISCO-GEL TOE CAP</b>	2	
<b>*GAUZE BANDAGES***</b>		
bandage cotton roll 4.5"x4yd	2	
conforming rolled gauze	2	
cvs gentle wrap 3"x2.2yds	2	
cvs premium rolled gauze 4"	2	
cvs rolled gauze	2	
<b>ELASTOMULL 2"X4.1YD</b>	2	
eql rolled gauze 2"x2.5yd	2	
eql rolled gauze 3"x2.5yd	2	
gnp premium rolled gauze	2	
gnp rolled gauze 2"x4.1yds	2	
hm rolled gauze bandage	2	
<b>KLING FLUFF ROLLS</b>	2	
qc gauze bandage roll 4.5"x3yd	2	
qc stretch bandage 3"x2.1yd	2	
qc stretch gauze bdg 2"x2yd	2	
qc stretch gauze bdg 3"x2yd	2	

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

Drug Name	Tier	Notes
qc stretch gauze bdg 4"x2yd	2	
rolled gauze	2	
rolled gauze bandage 2"x2.5yd	2	
rolled gauze bandage 3"x2.5yd	2	
rolled gauze bandage 4"x2.5yd	2	
sm rolled gauze 2"x2.5yd	2	
<b>SOF-KLING CONFORMING BANDAGE</b>	2	
<b>SUREPRESS ABSORBENT PADDING</b>	2	
tubular gauze	2	
<b>*GAUZE PADS &amp; DRESSINGS***</b>		
abdominal pad pad	2	
<b>ALLEVYN NON- ADHESIVE PAD</b>	2	
<b>AMD FOAM DRESSING TOPSHEET PAD 4"X4"</b>	2	
bandage new generation large pad	2	
<b>BAND-AID FLEXIBLE ROLLED GAUZE</b>	3	
<b>BAND-AID GAUZE LARGE PAD</b>	2	
<b>BAND-AID GAUZE MEDIUM PAD</b>	2	
<b>BAND-AID GAUZE SMALL PAD</b>	2	
<b>BAND-AID ISLAND SURG DRESSING PAD</b>	2	
<b>BAND-AID KLING ROLLED GAUZE LG</b>	3	
<b>BAND-AID KLING ROLLED GAUZE MD</b>	3	
<b>BAND-AID KLING ROLLED GAUZE SM</b>	3	
<b>BAND-AID TRU-ABSORB GAUZE PAD</b>	2	
<b>BIOCLUSIVE DRESSING PAD</b>	2	
<b>BIOCLUSIVE MVP SELECT PAD</b>	2	
<b>BIOCLUSIVE SELECT PAD</b>	2	

Drug Name	Tier	Notes
<b>BIOCLUSIVE TRANSPARENT PAD</b>	2	
<b>COMBINE ABD PAD</b>	2	
combine pad	2	
combine pad pad	2	
combine pads pad	2	
<b>COMPEED SKIN PROTECTOR DRESS</b>	2	
<b>COPA ISLAND BORDERED FOAM PAD</b>	2	
<b>COPA PLUS HYDROPHILIC FOAM PAD 3"X3-1/2" , 4"X4" , 4"X8" , 6"X6" , 8"X8"</b>	2	
<b>COVRSITE COVER DRESSING PAD</b>	2	
<b>COVRSITE PLUS COMPOSITE DRESS PAD</b>	2	
<b>CURITY #10 BURN DRESS 12"X12"</b>	2	
<b>CURITY #10 BURN DRESS 18"X18"</b>	2	
<b>CURITY #10 BURN DRESS 36"X36"</b>	2	
<b>CURITY #10 GAUZE BOLT 36"X300'</b>	2	
<b>CURITY ABDOMINAL PAD</b>	2	
<b>CURITY ALL PURPOSE SPONGES PAD</b>	2	
<b>CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2"</b>	2	
<b>CURITY BURN DRESSING PAD</b>	2	
<b>CURITY COVER SPONGE PAD</b>	2	
<b>CURITY DRESSING SPONGES PAD</b>	2	
<b>CURITY GAUZE PAD</b>	2	
<b>CURITY GAUZE SPONGE PAD 2"X2" , 3"X3" , 3"X4" , 4"X4" , 4"X8"</b>	2	
<b>CURITY GAUZE SPONGES PAD</b>	2	
<b>CURITY MESH GAUZE BNDG 1"X30'</b>	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
CURITY MESH GAUZE BNDG 2"X30'	2	
CURITY MESH GAUZE BNDG 3"X30'	2	
CURITY MESH GAUZE BNDG 4"X30'	2	
CURITY NON-ADHERENT STRIP	2	
CURITY NON-ADHERENT STRIPS	2	
CURITY NON-ADHERENT STRIPS PAD	2	
CURITY NON-ADHERING DRESSING PAD 3"X16" , 3"X8" , 5"X9"	2	
CURITY PLAIN PACKING STRIP	2	
CURITY SPONGES PAD	2	
CURITY TRIANGULAR BANDAGE	2	
CURITY WET DRESSING PAD	2	
cvs adhesive gauze pad	2	
cvs dressing 4"x4-3/4"	2	
cvs eye pad	2	
cvs gauze pad 2"x2"	2	
cvs gauze pad sterile pad	2	
cvs gauze sterile pad 4"x4"	2	
cvs mepitel transparent film	2	
cvs non-stick pad	2	
cvs non-stick pads pad	2	
cvs surgical pad	2	
cvs tubular gauze	2	
cvs window bandages	2	
DERMACEA DRAIN SPONGES PAD	2	
DERMACEA GAUZE FLUFF ROLL	2	
DERMACEA GAUZE ROLL 2"X4-1/8YD	2	
DERMACEA GAUZE ROLL 3"X4-1/8YD	2	
DERMACEA GAUZE ROLL 4"X4-1/8YD	2	
DERMACEA GAUZE ROLL 6"X4-1/8YD	2	

Drug Name	Tier	Notes
DERMACEA GAUZE SPONGE PAD 2"X2" , 3"X3" , 4"X4"	2	
DERMACEA IV DRAIN SPONGES PAD	2	
DERMACEA IV SPONGES PAD	2	
DERMACEA NON-ADHERENT DRESSING PAD	2	
DERMACEA NON-WOVEN SPONGES PAD	2	
DERMACEA STRETCH BANDAGE	2	
DERMACEA STRETCH BANDAGE ROLL	2	
DERMACEA SUPER SPONGE PAD	2	
DERMACEA TYPE VII GAUZE PAD	2	
DERMACEA X-RAY SPONGES PAD	2	
drymax extra pad	2	
eql gauze pad	2	
eql gauze sterile pad	2	
eql non-stick pad	2	
EXCILON AMD NON-WOVEN SPONGES PAD	2	
EXCILON DRAIN SPONGES PAD	2	
EXCILON IV SPONGES PAD	2	
FLEXZAN PAD 2"X3" , 4"X8" , 8"X8"	2	
gauze bandage	2	
gauze bandage 3"	2	
gauze bandage roll	2	
gauze dressing pad	2	
gauze pads pad	2	
gauze stretch bandage	2	
gauze type vii medi-pak pad	2	
gnp non-stick pads pad	2	
gnp sterile gauze pad	2	
hm non-stick 3"x4" pad	2	
hm sterile pads pad	2	
IV3000 1-HAND	2	

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

Drug Name	Tier	Notes
IV3000 1-HAND PEDIATRIC	2	
IV3000 FRAME DELIVERY	2	
IV3000 STANDARD	2	
J & J EYE PADS OVAL SMALL PAD	2	
J & J GAUZE PAD	2	
J & J GAUZE SPONGES 12-PLY	2	
J & J GAUZE SPONGES 16-PLY	2	
J & J GAUZE SPONGES 8-PLY	2	
J & J OVAL EYE PADS PAD	2	
J & J STERILE EYE PADS PAD	2	
JOHNSONS STERILE EYE PADS PAD	2	
KENDALL HYDROPHILIC FOAM DRESS PAD	2	
KENDALL HYDROPHILIC FOAM PLUS PAD	2	
KENDALL TRANSPARENT FILM DRESS	2	
KERLIX AMD ANTIMICROBIAL	2	
KERLIX BANDAGE ROLL	2	
KERLIX BANDAGE ROLL 2-1/4"X9'	2	
KERLIX BANDAGE ROLL 4.5"X9.3'	2	
KERLIX GAUZE ROLL LARGE	2	
KERLIX GAUZE ROLL MEDIUM	2	
KERLIX GAUZE ROLL SMALL	2	
KERLIX SPONGES PAD	2	
KERLIX SUPER SPONGES LARGE PAD	2	
KERLIX SUPER SPONGES MEDIUM PAD	2	

Drug Name	Tier	Notes
KERLIX SUPER SPONGES XL PAD	2	
KERLIX X-RAY DETECTABLE SPONGE	2	
KLING FLUFF	2	
KLING FLUFF SPONGE	2	
MEDIPORE + PAD ADHESIVE DRESS PAD	2	
MIRASORB SPONGES 2"X2" , 4"X4"	2	
NEXCARE ADHESIVE DRESSING/PAD PAD	2	
NEXCARE NON-STICK PAD	2	
NEXCARE PREMIUM ADHESIVE GAUZE PAD	2	
NEXCARE TEGADERM 2-3/8"X2-3/4"	2	
NEXCARE TEGADERM 4"X4-3/4"	2	
NEXCARE WATERPROOF PREMIUM PAD	2	
non-stick pad	2	
NU GAUZE 4PLY PAD	2	
NU GAUZE GENERAL-USE SPONGES 4"X4"	2	
NU GAUZE PACKING STRIPS	2	
NU GAUZE UTERINE PACKING STRIP	2	
OPSITE 11"X11-3/4"	2	
OPSITE 11"X17-3/4"	2	
OPSITE 11"X6"	2	
OPSITE 17-3/4"X21-5/8"	2	
OPSITE 4"X5-1/2"	2	
OPSITE FLEXIGRID 2-3/8"X2-3/4"	2	
OPSITE FLEXIGRID 4"X4-3/4"	2	
OPSITE FLEXIGRID 4-3/4"X10"	2	
OPSITE FLEXIGRID 6"X8"	2	
OPSITE IV 3000	2	
OPSITE POST-OP 10"X4"	2	
OPSITE POST-OP 13-3/4"X4"	2	

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

Drug Name	Tier	Notes
OPSITE POST-OP 4-3/4"X4"	2	
OPSITE POST-OP 8"X4"	2	
OPSITE POST-OP VISIBLE	2	
OPSITE POST-OP VISIBLE 10"X4"	2	
OPSITE POST-OP VISIBLE 4X3-1/8	2	
OPSITE POST-OP VISIBLE 6"X4"	2	
POLYMEM NON-ADHESIVE PAD	2	
POLYSKIN II DRESSING 2"X2.75"	2	
PRIMAPORE 11-3/4"X4"	2	
PRIMAPORE 13-3/4"X4"	2	
PRIMAPORE 2-7/8"X2"	2	
PRIMAPORE 4"X3-1/8"	2	
PRIMAPORE 6"X3-1/8"	2	
PRIMAPORE 8"X4"	2	
qc all purpose dressings pad	2	
qc border island gauze pad	2	
qc non-adherent pad	2	
qc sterile pads pad	2	
ra sterile pad	2	
ra surgical dressing pad	2	
RAY-TEC X-RAY DETECTABLE SPNGE	2	
RELEASE NON-ADHERING DRESSING PAD	2	
RESTORE CONTACT LAYER PAD	2	
RESTORE DUO DRESSING PAD	2	
RESTORE FOAM DRESSING PAD	2	
RESTORE FOAM HEEL DRESSING PAD	2	
RESTORE LITE FOAM DRESSING PAD	2	
RESTORE ODOR ABSORBING DRESS PAD	2	
RESTORE TRIO ABSORBENT DRESS PAD	2	

Drug Name	Tier	Notes
rolled gauze 2"x2yd	2	
sm bandage roll	2	
sm gauze pad	2	
sm rolled gauze 2"x4.1yd	2	
sm rolled gauze 3"x4.1yd	2	
sm sterile pad	2	
SOF-WICK PAD	2	
SOF-WIK	2	
sterile bandage roll 2.25"x3yd	2	
sterile gauze pad	2	
sterile pad 2"x2" , 3"x3"	2	
stretch gauze bandage	2	
surgical dressing pad	2	
surgical gauze sponge pad	2	
TEGADERM + PAD 2"X2-3/4"	2	
TEGADERM + PAD 2-3/8"X4"	2	
TEGADERM + PAD 3-1/2"X10"	2	
TEGADERM + PAD 3-1/2"X13-3/4"	2	
TEGADERM + PAD 3-1/2"X4"	2	
TEGADERM + PAD 3-1/2"X4-1/8"	2	
TEGADERM + PAD 3-1/2"X6"	2	
TEGADERM + PAD 3-1/2"X8"	2	
TEGADERM + PAD 6"X6"	2	
TEGADERM ABSORBENT DRESSING	2	
TEGADERM CONTACT LAYER PAD	2	
TEGADERM FILM 1-3/4"X1-3/4"	2	
TEGADERM FILM 2-3/8"X2-3/4"	2	
TEGADERM FILM 4"X10"	2	
TEGADERM FILM 4"X4-1/2"	2	
TEGADERM FILM 4"X4-3/4"	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
TEGADERM FILM 6"X8"	2	
TEGADERM FILM 8"X12"	2	
TEGADERM FOAM ADHESIVE PAD	2	
TEGADERM FOAM PAD	2	
TEGADERM FOAM ROLL 4"X24"	2	
TEGADERM HP 2-1/8"X2-1/2"	2	
TEGADERM HP 2-3/8"X2-3/4"	2	
TEGADERM HP 2-3/8"X2-3/8"	2	
TEGADERM HP 4"X4-1/2"	2	
TEGADERM HP 4"X4-3/4"	2	
TEGADERM HP 4-1/2"X4-3/4"	2	
TEGADERM HP 5-1/2"X6-1/2"	2	
TEGADERM I.V. 2"X2-1/4"	2	
TEGADERM I.V. 2-3/4"X3-1/4"	2	
TEGADERM I.V. 3-1/2"X4-1/2"	2	
TEGADERM I.V. 3-1/2"X4-1/4"	2	
TEGADERM I.V. ADVANCED	2	
TEGADERM ROLL 2"X11YD	2	
TEGADERM ROLL 4"X11YD	2	
TEGADERM ROLL 6"X11YD	2	
TELF A ADHESIVE DRESSING PAD	2	
TELF A AMD ADHESIVE BANDAGE	2	
TELF A CLEAR DRESSING 39"X25YD	2	
TELF A CLEAR WOUND 12"X12" PAD	2	
TELF A CLEAR WOUND 12"X24"	2	

Drug Name	Tier	Notes
TELF A CLEAR WOUND 3"X3" PAD	2	
TELF A CLEAR WOUND 4"X5" PAD	2	
TELF A ISLAND DRESSING PAD	2	
TELF A NON-ADHERENT DESSING PAD	2	
TELF A NON-ADHERENT PAD 3"X4" , 3"X6" , 3"X8" , 8"X10"	2	
TELF A PLUS BARRIER ISLAND DRES PAD	2	
TELF A PLUS BARRIER ISLAND PAD	2	
TENDEROL UNDERCAST PADDING	2	
THERAGAUZE PAD	2	
TIELLE PAD	2	
TOPPER DRESSING SPONGES	2	
trans waterproof dressings	2	
transparent film dressing	2	
wound treatment kit	2	
<b>*GLUCOSE MONITOR &amp; CHOLESTEROL MONITOR COMBINATIONS***</b>		
ACCUTREND PLUS DEVICE	2	
<b>*GLUCOSE MONITORING TEST SUPPLIES***</b>		
1ST TIER UNILET COMFORTOUCH	2	QL
ACCU-CHEK AVIVA IN VITRO SOLUTION	2	
ACCU-CHEK AVIVA PLUS KIT	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	QL
ACCU-CHEK FASTCLIX LANCETS	2	QL
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	2	
ACCU-CHEK GUIDE KIT	2	
ACCU-CHEK GUIDE ME KIT	2	

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

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Drug Name	Tier	Notes
ACCU-CHEK SAFE-T PRO LANCETS	2	QL
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	QL
ACCU-CHEK SOFTCLIX LANCETS	2	QL
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION	2	
ACTI-LANCE 28G	2	QL
ACTI-LANCE LITE LANCETS 28G	2	QL
ACTI-LANCE SPECIAL LANCETS 17G	2	QL
ACTI-LANCE UNIVERSAL 23G	2	QL
adjustable lancing device	2	
ADVANCE INTUITION CONTROL IN VITRO LIQUID	2	
ADVANCE MICRO-DRAW CONTROL IN VITRO LIQUID	2	
ADVANCE MICRO-DRAW NORMAL IN VITRO LIQUID	2	
ADVANCED MOBILE LANCET	2	QL
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID	2	
ADVOCATE LANCETS	2	QL
ADVOCATE LANCETS 30G	2	QL
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE REDI-CODE+ CONTROL IN VITRO SOLUTION	2	
ADVOCATE SAFETY LANCETS	2	QL
ADVOCATE SAFETY LANCETS 26G	2	QL
AGAMATRIX CONTROL IN VITRO SOLUTION	2	

Drug Name	Tier	Notes
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION	2	
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION	2	
AGAMATRIX ULTRA-THIN LANCETS	2	QL
AIMSCO TWIST LANCETS 32G	2	QL
AIMSCO TWIST LANCETS 33G	2	QL
AQUALANCE LANCETS 30G	2	QL
ASSURE 3 CONTROL IN VITRO LIQUID	2	
ASSURE 4 CONTROL LEVEL 1 & 2 IN VITRO LIQUID	2	
ASSURE COMFORT LANCETS 28G	2	QL
ASSURE DOSE CONTROL IN VITRO SOLUTION	2	
ASSURE DOSE NORM/HIGH CONTROL IN VITRO SOLUTION	2	
ASSURE HAEMOLANCE PLUS HIGH	2	QL
ASSURE HAEMOLANCE PLUS LOW	2	QL
ASSURE HAEMOLANCE PLUS MICRO	2	QL
ASSURE HAEMOLANCE PLUS NORMAL	2	QL
ASSURE HAEMOLANCE PLUS PED	2	QL
ASSURE II CONTROL IN VITRO LIQUID	2	
ASSURE II CONTROL LEVEL 1 & 2 IN VITRO LIQUID	2	
ASSURE LANCE LANCETS	2	QL
ASSURE LANCE LANCETS 21G	2	QL
ASSURE LANCE PLUS SAFETY 25G	2	QL
ASSURE LANCE PLUS SAFETY 30G	2	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
ASSURE LANCE SAFETY LANCET 28G	2	QL
ASSURE PRISM CONTROL LEVEL 1&2 IN VITRO SOLUTION	2	
ASSURE PRO CONTROL LEVEL 1 & 2 IN VITRO LIQUID	2	
AURORA LANCET SUPER THIN 30G	2	QL
AURORA LANCET THIN 23G	2	QL
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE KIT	2	QL
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE KIT	2	QL
AUTOLET LITE STARTER PACK KIT	2	QL
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	QL
AUTOLET PLUS	2	
BD LANCET ULTRAFINE 30G	2	QL
BD LANCET ULTRAFINE 33G	2	QL
BD MAGNI-GUIDE MAGNIFIER	2	
BD MICROTAINER LANCETS	2	QL
BLUESTAR DEVICE	2	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID	2	
CARDIOCOM LANCING DEVICE	2	
careone advanced lancing dev	2	
CAREONE LANCET SUPER THIN 30G	2	QL
CAREONE LANCET THIN 23G	2	QL
CARESENS CONTROL A IN VITRO SOLUTION	2	
CARESENS LANCETS	2	QL

Drug Name	Tier	Notes
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	QL
CARETOUCH SAFETY LANCETS 26G	2	QL
CARETOUCH TWIST LANCETS 28G	2	QL
CARETOUCH TWIST LANCETS 30G	2	QL
CARETOUCH TWIST LANCETS 33G	2	QL
CARETOUCH TWIST MC LANCETS 30G	2	QL
CHEMSTRIP BG LOG BOOK	2	
CLEANLET LANCETS 28G	2	QL
CLEVER CHEK LANCETS	2	QL
CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID	2	
CLEVER CHOICE LANCETS 21G	2	QL
CLEVER CHOICE LANCETS 23G	2	QL
CLEVER CHOICE LANCETS 28G	2	QL
COAGUCHEK LANCETS	2	QL
COMFORT ASSURED LANCETS 28G	2	QL
COMFORT ASSURED LANCETS 33G	2	QL
COMFORT LANCETS	2	QL
COMFORT TOUCH LANCETS 31G	2	QL
COMFORT TOUCH PLUS LANCETS 28G	2	QL
COMFORT TOUCH PLUS LANCETS 30G	2	QL
CONTOUR CONTROL IN VITRO LIQUID	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION	2	

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

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Drug Name	Tier	Notes
control in vitro solution	2	
<b>COOL CONTROL A IN VITRO SOLUTION</b>	2	
<b>COOL CONTROL B IN VITRO SOLUTION</b>	2	
<b>CVS LANCETS 21G</b>	2	QL
<b>CVS LANCETS MICRO THIN 33G</b>	2	QL
<b>CVS LANCETS ORIGINAL</b>	2	QL
<b>CVS LANCETS THIN 26G</b>	2	QL
<b>CVS LANCETS ULTRA THIN 30G</b>	2	QL
<b>CVS LANCETS ULTRA-THIN 30G</b>	2	QL
cvs lancing device	2	
<b>CVS ULTRA THIN LANCETS</b>	2	QL
<b>DEXCOM G6 RECEIVER DEVICE</b>	2	PA; QL
<b>DEXCOM G6 SENSOR</b>	2	PA; QL
<b>DEXCOM G6 TRANSMITTER</b>	2	PA; QL
<b>DEXCOM G7 RECEIVER DEVICE</b>	2	PA; QL
<b>DEXCOM G7 SENSOR</b>	2	PA; QL
<b>DIASCREEN 10</b>	2	
<b>DIASCREEN 1B</b>	2	
<b>DIASCREEN 1G STRIP</b>	2	
<b>DIASCREEN 1K</b>	2	
<b>DIASCREEN 1K STRIP</b>	2	
<b>DIASCREEN 2GK STRIP</b>	2	
<b>DIASCREEN 2GP</b>	2	
<b>DIASCREEN 3</b>	2	
<b>DIASCREEN 4NL</b>	2	
<b>DIASCREEN 4OBL</b>	2	
<b>DIASCREEN 4PH</b>	2	
<b>DIASCREEN 5</b>	2	
<b>DIASCREEN 6</b>	2	
<b>DIASCREEN 7</b>	2	
<b>DIASCREEN 8</b>	2	
<b>DIASCREEN 9</b>	2	
diascreen liquid urine control	2	
<b>DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID</b>	2	

Drug Name	Tier	Notes
<b>DIATHRIVE LANCET ULTRA THIN 30</b>	2	QL
<b>DIATHRIVE LANCETS</b>	2	QL
<b>DIATHRIVE LANCING DEVICE</b>	2	
diatrue control level 1 in vitro solution	2	
diatrue control level 2 in vitro solution	2	
diatrue control level 3 in vitro solution	2	
<b>DROPLET GENTEEL LANCING DEVICE</b>	2	
<b>DROPLET LANCETS ULTRA THIN 30G</b>	2	QL
<b>DROPLET LANCING DEVICE</b>	2	
<b>DROPLET PERSONAL LANCETS 30G</b>	2	QL
<b>DRUG MART LANCETS THIN 26G</b>	2	QL
<b>DRUG MART LANCING DEVICE</b>	2	
<b>DRUG MART ON-THE-GO LANCET 30G</b>	2	QL
<b>DRUG MART UNILET LANCETS 28G</b>	2	QL
<b>DRUG MART UNILET LANCETS 30G</b>	2	QL
<b>DRUG MART UNILET LANCETS 33G</b>	2	QL
<b>DUO-CARE CONTROL SOLUTION IN VITRO LIQUID</b>	2	
<b>EASY COMFORT LANCETS</b>	2	QL
<b>EASY COMFORT LANCETS TWIST TOP</b>	2	QL
easy mini eject lancing device	2	
easy mini lancing device	2	
easy plus ii control in vitro solution	2	
<b>EASY STEP CONTROL IN VITRO SOLUTION</b>	2	
easy talk control in vitro solution	2	
easy talk plus ii control in vitro solution	2	

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

Drug Name	Tier	Notes
EASY TOUCH CONTROL HIGH & LOW IN VITRO SOLUTION	2	
EASY TOUCH LANCETS 21G	2	QL
EASY TOUCH LANCETS 23G	2	QL
EASY TOUCH LANCETS 26G	2	QL
EASY TOUCH LANCETS 28G	2	QL
EASY TOUCH LANCETS 28G/TWIST	2	QL
EASY TOUCH LANCETS 30G	2	QL
EASY TOUCH LANCETS 30G/TWIST	2	QL
EASY TOUCH LANCETS 32G	2	QL
EASY TOUCH LANCETS 32G/TWIST	2	QL
EASY TOUCH LANCETS 33G/TWIST	2	QL
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	QL
EASY TOUCH SAFETY LANCETS 23G	2	QL
EASY TOUCH SAFETY LANCETS 26G	2	QL
EASY TOUCH SAFETY LANCETS 28G	2	QL
easy trak control in vitro solution	2	
easy trak ii control in vitro liquid	2	
EASYMAX 15 LEVEL 2 CONTROL IN VITRO SOLUTION	2	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID	2	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL	2	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID	2	

Drug Name	Tier	Notes
element compact control 2 in vitro solution	2	
element compact control 3 in vitro solution	2	
ELEMENT CONTROL IN VITRO LIQUID	2	
EMBRACE CONTROL IN VITRO SOLUTION	2	
EMBRACE EVO CONTROL LEVEL 1 IN VITRO LIQUID	2	
EMBRACE GLUCOSE CONTROL IN VITRO LIQUID	2	
EMBRACE LANCETS ULTRA THIN 30G	2	QL
embrace lancing device/ejector	2	
EMBRACE PRESSURE ACTIVATED 21G	2	QL
EMBRACE PRESSURE ACTIVATED 28G	2	QL
EMBRACE PRO GLUCOSE CONTROL IN VITRO LIQUID	2	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION	2	
ENLITE GLUCOSE SENSOR	3	PA
EQL COLOR LANCETS 21G	2	QL
EQL COLOR LANCETS MICRO 33G	2	QL
EQL SUPER THIN LANCETS 30G	2	QL
EQL THIN LANCETS 26G	2	QL
EVERSENSE E3 SENSOR/HOLDER	3	PA
EVERSENSE E3 SMART TRANSMITTER	3	PA; QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA; QL
EVOLUTION CONTROL IN VITRO SOLUTION	2	
E-Z JECT LANCET MICRO-THIN 33G	2	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
E-Z JECT LANCET SUPER THIN 30G	2	QL
E-Z JECT LANCETS	2	QL
E-Z JECT LANCETS 21G	2	QL
E-Z JECT LANCETS THIN 26G	2	QL
EZ-LETS LANCETS 21G	2	QL
EZ-LETS LANCETS 26G	2	QL
EZ-LETS LANCETS 28G	2	QL
EZ-LETS LANCETS 30G	2	QL
FIFTY50 SAFETY SEAL LANCETS	2	QL
FIFTY50 UNILET LANCETS 33G	2	QL
FINE 30	2	QL
FINGERSTIX LANCETS	2	QL
FORA CONTROL IN VITRO SOLUTION	2	
FORA LANCETS	2	QL
FORA LANCING DEVICE	2	
FORACARE GDH CONTROL IN VITRO SOLUTION	2	
FORTISCARE CONTROL IN VITRO SOLUTION	2	
freds pharmacy autolet lancing	2	
FREDS PHARMACY UNILET LANC 28G	2	QL
FREDS PHARMACY UNILET LANC 30G	2	QL
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID	2	
FREESTYLE LANCETS	2	QL
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL
FREESTYLE LIBRE 2 READER DEVICE	2	PA; QL
FREESTYLE LIBRE 2 SENSOR	2	PA; QL
freestyle libre 3 sensor	2	PA; QL
FREESTYLE LIBRE READER DEVICE	2	PA; QL

Drug Name	Tier	Notes
FREESTYLE UNISTICK II LANCETS	2	QL
ge100 control in vitro solution	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	QL
GENTEEL CONTACT TIPS (BLUE)	2	QL
GENTEEL CONTACT TIPS (CLEAR)	2	QL
GENTEEL CONTACT TIPS (GREEN)	2	QL
GENTEEL CONTACT TIPS (ORANGE)	2	QL
GENTEEL CONTACT TIPS (RAINBOW)	2	QL
GENTEEL CONTACT TIPS (VIOLET)	2	QL
GENTEEL CONTACT TIPS (YELLOW)	2	QL
GENTEEL LANCING KIT (BLUE) KIT	2	QL
GENTEEL NOZZLES	2	QL
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	QL
GENTLE-LET LANCETS	2	QL
GENTLE-LET PLATFORMS	2	QL
GLOBAL INJECT EASE LANCETS 28G	2	QL
GLOBAL INJECT EASE LANCETS 30G	2	QL
global lancing device	2	
GLUCOCARD 01 CONTROL IN VITRO LIQUID	2	
GLUCOCARD 01 CONTROL IN VITRO SOLUTION	2	

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

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Drug Name	Tier	Notes
GLUCOCARD EXPRESSION CONTROL IN VITRO SOLUTION	2	
GLUCOCARD SHINE CONTROL IN VITRO SOLUTION	2	
GLUCOCARD X-SENSOR CONTROL IN VITRO SOLUTION	2	
GLUCOCOM AUTOLINK TELEMONITOR	2	
GLUCOCOM CONTROL IN VITRO LIQUID	2	
GLUCOCOM LANCETS 28G	2	QL
GLUCOCOM LANCETS 30G	2	QL
GLUCOCOM LANCETS 33G	2	QL
glucose control in vitro solution	2	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID	2	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO SOLUTION	2	
GNP LANCETS 21G	2	QL
GNP LANCETS THIN 26G	2	QL
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	QL
GNP STERILE LANCETS 30G	2	QL
GNP STERILE LANCETS 33G	2	QL
GOJJI CONTROL IN VITRO SOLUTION	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	QL
GOODSENSE COLOR LANCETS 33G	2	QL
GOODSENSE LANCETS 26G UNIV	2	QL
GOODSENSE LANCETS 30G	2	QL

Drug Name	Tier	Notes
GOODSENSE LANCETS 30G UNIV	2	QL
GOODSENSE LANCETS 33G	2	QL
GOODSENSE LANCETS 33G UNIV	2	QL
goodsense lancing device	2	
GUARDIAN CONNECT TRANSMITTER	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN REAL-TIME CHARGER	2	
GUARDIAN REAL-TIME REPLACE PED DEVICE	3	PA; QL
GUARDIAN REAL-TIME TEST PLUG	2	
GUARDIAN SENSOR (3)	3	PA; QL
GUARDIAN SENSOR 3	3	PA; QL
HAEMOLANCE	2	QL
HAEMOLANCE LOW FLOW LANCETS	2	QL
HAEMOLANCE PLUS	2	QL
HAEMOLANCE PLUS HIGH FLOW	2	QL
HAEMOLANCE PLUS LOW FLOW	2	QL
HAEMOLANCE PLUS MAX FLOW	2	QL
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL
HEALTH CARE LANCING DEVICE	2	
healthy accents lancing device	2	
HEALTHY ACCENTS UNILET LANCETS	2	QL
h-e-b incontrol adv lancing	2	
H-E-B INCONTROL LANCETS 28G	2	QL
H-E-B INCONTROL LANCETS 30G	2	QL
H-E-B INCONTROL LANCETS 33G	2	QL
HYPOLANCE AST LANCING KIT	2	QL
HY-VEE LANCETS	2	QL
HY-VEE THIN LANCETS	2	QL

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

Drug Name	Tier	Notes
IN TOUCH GLUCOSE CONTROL IN VITRO SOLUTION	2	
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	QL
INFINITY CONTROL IN VITRO SOLUTION NORMAL	2	
INFINITY VOICE IN VITRO LIQUID	2	
KINNEY LANCETS	2	QL
KINNEY THIN LANCETS	2	QL
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO CONTROL HI/LO IN VITRO LIQUID	2	
KROGER HEALTHPRO LANCET 26G	2	QL
KROGER LANCETS	2	QL
KROGER LANCETS 21G	2	QL
KROGER LANCETS MICRO THIN 33G	2	QL
KROGER LANCETS SUPER THIN	2	QL
KROGER LANCETS THIN	2	QL
KROGER LANCETS THIN 26G	2	QL
KROGER LANCETS ULTRATHIN 30G	2	QL
croger lancing device	2	
lancet device	2	
lancet device with ejector	2	
lancet transporter case	2	QL
LANCETS	2	QL
LANCETS 30G	2	QL
LANCETS 33G	2	QL
LANCETS MICRO THIN 33G	2	QL
LANCETS SUPER THIN 28G	2	QL
LANCETS THIN	2	QL
LANCETS ULTRA THIN	2	QL
LANCETS ULTRA THIN 30G	2	QL

Drug Name	Tier	Notes
lancing device	2	
LANZO	2	
leader advanced lancing device	2	
LIBERTY GLUCOSE CONTROL IN VITRO LIQUID	2	
LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION HIGH , NORMAL	2	
LIBERTY GLUCOSE CONTROL MID IN VITRO SOLUTION	2	
LIBERTY MEDICAL LANCETS	2	QL
LIBERTY MINI LANCING DEVICE	2	
LITE TOUCH LANCETS	2	QL
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	QL
live better adv lancing device	2	
LIVE BETTER LANCET SUPER THIN	2	QL
LIVE BETTER LANCET ULTRA THIN	2	QL
LONGS LANCETS STANDARD	2	QL
LONGS LANCETS THIN	2	QL
LONGS LANCETS ULTRA THIN	2	QL
MEDICHOICE SAFETY LANCET	2	QL
MEDICHOICE SAFETY LANCET EXTRA	2	QL
MEDICHOICE SAFETY LANCET NORM	2	QL
MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID	2	
MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID	2	
MEDLANCE EXTRA 21G	2	QL
MEDLANCE LITE 25G	2	QL
MEDLANCE PLUS EXTRA 21G	2	QL

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

Drug Name	Tier	Notes
MEDLANCE PLUS LANCETS	2	QL
MEDLANCE PLUS LITE 25G	2	QL
MEDLANCE PLUS SPECIAL 0.8MM	2	QL
MEDLANCE PLUS SUPERLITE 30G	2	QL
MEDLANCE PLUS UNIVERSAL 21G	2	QL
MEDLANCE UNIVERSAL 21G	2	QL
MEIJER LANCETS	2	QL
MEIJER LANCETS THIN	2	QL
MEIJER LANCETS UNIVERSAL 21G	2	QL
MEIJER LANCETS UNIVERSAL 30G	2	QL
MEIJER LANCETS UNIVERSAL 33G	2	QL
MEIJER SUPER THIN LANCETS	2	QL
MICRODOT CONTROL HIGH/LOW IN VITRO SOLUTION	2	
MICROLET LANCETS	2	QL
MICROLET NEXT LANCING DEVICE	2	
mini lancing device	2	
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	QL
MONOLET LANCETS	2	QL
MONOLET OPD LANCETS	2	QL
MONOLETTOR SAFETY LANCETS	2	QL
MPD SAFETY LANCET 21G	2	QL
MPD SAFETY LANCET 23G	2	QL
MPD SAFETY LANCET 28G	2	QL
MPD SAFETY LANCET 30G	2	QL

Drug Name	Tier	Notes
multi-lancet device	2	
MULTI-LANCET DEVICE 2 KIT	2	QL
MYGLUCOHEALTH CONTROL IN VITRO SOLUTION	2	
MYGLUCOHEALTH LANCETS 30G	2	QL
NEUTEK 2TEK CONTROL IN VITRO SOLUTION	2	
NOVA MAX PLUS GLU/KET CONTROL IN VITRO LIQUID	2	
NOVA SAFETY LANCETS 23G	2	QL
NOVA SAFETY LANCETS 28G	2	QL
NOVA SUREFLEX LANCETS	2	QL
NOVA SUREFLEX LANCING DEVICE	2	
ONETOUCH DELICA PLUS LANCET30G	2	QL
ONETOUCH DELICA PLUS LANCET33G	2	QL
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH ULTRA 2 KIT	2	
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION	2	
ONETOUCH VERIO FLEX SYSTEM KIT	2	
ONETOUCH VERIO IN VITRO SOLUTION	2	
ONETOUCH VERIO REFLECT KIT	2	
oval tape	2	
PARADIGM REAL-TIME TRANSMITTER	3	PA
PC LANCETS SUPER THIN 30G	2	QL
PERFECT LANCETS 28G	2	QL
PERFECT LANCETS 30G	2	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
PHARMACIST CHOICE LANCETS	2	QL
PHARMACY COUNTER LANCETS	2	QL
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID	2	
PIP LANCETS 28G	2	QL
PIP LANCETS 30G	2	QL
POCKETCHEM EZ CONTROL IN VITRO SOLUTION	2	
PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID	2	
PRECISION THINS GP LANCETS	2	QL
PREFERRED PLUS LANCETS COLORED	2	QL
PREFERRED PLUS LANCETS THIN	2	QL
PRO COMFORT LANCETS 30G	2	QL
PRO COMFORT LANCETS 31G	2	QL
pro comfort safety lancets 30g	2	QL
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION	2	
PRODIGY LANCETS 28G	2	QL
PRODIGY LANCING DEVICE	2	
PRODIGY SAFETY LANCETS 26G	2	QL
PRODIGY TWIST TOP LANCETS 28G	2	QL
PSS SELECT GP LANCETS	2	QL
PSS SELECT PLATFORMS	2	QL
PSS SELECT SAFETY LANCETS	2	QL
PURE COMFORT LANCETS 30G	2	QL
px advanced lancing device	2	
px lancet auto injector	2	
PX LANCETS MICROTHIN 33G	2	QL

Drug Name	Tier	Notes
PX LANCETS ULTRA THIN	2	QL
PX LANCETS ULTRA THIN 28G	2	QL
qc advanced lancing device	2	
QC LANCETS SUPER THIN 30G	2	QL
QC LANCETS ULTRA THIN	2	QL
QC UNILET LANCETS 28G	2	QL
QC UNILET LANCETS MICRO THIN	2	QL
QUICKTEK CONTROL SOLUTION IN VITRO LIQUID	2	
QUINTET CONTROL HIGH/NORMAL IN VITRO SOLUTION	2	
RA E-ZJECT LANCETS 28G	2	QL
RA E-ZJECT LANCETS THIN 26G	2	QL
RA E-ZJECT LANCETS THIN 28G	2	QL
RA E-ZJECT LANCETS ULTRA THIN	2	QL
READYLANCE SAFETY LANCETS	2	QL
REALITY LANCETS	2	QL
REALITY TRIGGER LANCETS	2	QL
REFUAH PLUS GLUCOSE CONTROL IN VITRO SOLUTION	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS MICRO-THIN 33G	2	QL
RELION LANCETS THIN 26G	2	QL
RELION LANCETS ULTRA-THIN 30G	2	QL
RELION LANCING DEVICE	2	
RELION LANCING DEVICE KIT	2	QL
RELION ULTRA THIN LANCETS 30G	2	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
RELION ULTRA THIN PLUS LANCETS	2	QL
REXALL LANCETS ULTRA THIN 30G	2	QL
RIGHTEST ALTERNATE SITE ADAPT	2	QL
RIGHTEST GC300 CONTROL IN VITRO LIQUID	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	QL
SAFE-T-LANCE	2	QL
SAFE-T-LANCE PLUS	2	QL
SAFETY LANCET 30G/PRESSURE ACT	2	QL
SAFETY LANCETS	2	QL
SAFETY LANCETS 21G	2	QL
SAFETY LANCETS 28G	2	QL
saps health plus lancets	2	QL
SAPS HEALTH TWIST TOP LANCETS	2	QL
SAPS TWIST TOP LANCETS	2	QL
SAPSCARE TWIST TOP LANCETS	2	QL
SB LANCETS THIN	2	QL
SB LANCETS ULTRA THIN	2	QL
select-lite device/lancets kit	2	QL
select-lite lancing device	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO LANCETS 30G	2	QL
SHOPKO UNILET LANCETS 28G	2	QL
SHOPKO UNILET LANCETS 30G	2	QL
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	QL
SM LANCETS 33G	2	QL
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	

Drug Name	Tier	Notes
SMART SENSE COLOR LANCETS 33G	2	QL
SMART SENSE STANDARD LANCETS	2	QL
SMART SENSE SUPER THIN LANCETS	2	QL
SMART SENSE THIN LANCETS 26G	2	QL
SMARTEST CONTROL MEDIUM IN VITRO SOLUTION	2	
SMARTEST LANCETS 28G	2	QL
SOLUS V2 CONTROL IN VITRO SOLUTION	2	
SOLUS V2 LANCETS 28G	2	QL
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	QL
STERILANCE PA	2	QL
STERILANCE TL	2	QL
SUPER THIN LANCETS	2	QL
supreme ii confidence paddles	2	
supreme ii high/low control in vitro liquid	2	
SURE COMFORT LANCETS 18G	2	QL
SURE COMFORT LANCETS 21G	2	QL
SURE COMFORT LANCETS 23G	2	QL
SURE COMFORT LANCETS 28G	2	QL
SURE COMFORT LANCETS 30G	2	QL
sure comfort lancing pen	2	
SURELITE LANCETS	2	QL
TAI DOC CONTROL IN VITRO SOLUTION	2	
TECHLITE AST LANCETS	2	QL
TECHLITE LANCETS	2	QL
TECHLITE LANCETS 30G	2	QL
TGT LANCET MICRO THIN 33G	2	QL

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

Drug Name	Tier	Notes
TGT LANCET THIN 26G	2	QL
TGT LANCET ULTRA THIN 30G	2	QL
tgt lancing device	2	
THINLETS GP LANCETS	2	QL
today's health lancing device	2	
TODAY'S HEALTH THIN LANCETS 28G	2	QL
TODAY'S HEALTH THIN LANCETS 30G	2	QL
TOPCARE LANCETS MICRO-THIN 33G	2	QL
TRACER II 3 VOLT BATTERY	2	
TRAVEL LANCETS	2	QL
TRAVEL LANCETS ADVANCED 28G	2	QL
true comfort safety lancets	2	QL
TRUE COMFORT TWIST TOP LANCETS	2	QL
TRUE METRIX LEVEL 1 IN VITRO SOLUTION	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION	2	
TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID	2	
TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	QL
TRUEPLUS LANCETS 28G	2	QL
TRUEPLUS LANCETS 30G	2	QL
TRUEPLUS LANCETS 33G	2	QL
TRUEPLUS SAFETY LANCETS 28G	2	QL
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	QL

Drug Name	Tier	Notes
ULTILET LANCETS	2	QL
ULTILET SAFETY LANCETS	2	QL
ULTILET SAFETY LANCETS 23G	2	QL
ULTRA THIN LANCETS 31G	2	QL
ULTRA-CARE LANCETS 30G	2	QL
ULTRA-THIN II AUTO LANCET	2	QL
ULTRA-THIN II LANCETS	2	QL
UNILET COMFORTOUCH LANCET	2	QL
UNILET EXCELITE	2	QL
UNILET EXCELITE II	2	QL
UNILET G.P. LANCET	2	QL
UNILET G.P. SUPERLITE LANCET	2	QL
UNILET GP 28 ULTRA THIN	2	QL
UNILET LANCET	2	QL
UNILET MICRO-THIN 33G	2	QL
UNILET SUPERLITE LANCET	2	QL
UNILET SUPER-THIN 30G	2	QL
UNILET ULTRA-THIN 28G	2	QL
UNISTIK 1	2	QL
UNISTIK 2	2	QL
UNISTIK 2 COMFORT	2	QL
UNISTIK 2 EXTRA	2	QL
UNISTIK 2 NEONATAL	2	QL
UNISTIK 2 NORMAL	2	QL
UNISTIK 2 SUPER	2	QL
UNISTIK 3	2	QL
UNISTIK 3 COMFORT	2	QL
UNISTIK 3 EXTRA	2	QL
UNISTIK 3 GENTLE	2	QL
UNISTIK 3 NEONATAL	2	QL
UNISTIK 3 NORMAL	2	QL

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

Drug Name	Tier	Notes
UNISTIK CZT COMFORT	2	QL
UNISTIK CZT NORMAL	2	QL
UNISTIK NORMAL	2	QL
UNISTIK PRO SAFETY LANCET	2	QL
UNISTIK SAFETY LANCETS 28G	2	QL
UNISTIK SAFETY LANCETS 30G	2	QL
UNISTIK TOUCH SAFETY LANC 21G	2	QL
UNISTIK TOUCH SAFETY LANC 23G	2	QL
UNISTIK TOUCH SAFETY LANC 28G	2	QL
UNISTIK TOUCH SAFETY LANC 30G	2	QL
UNISTRIP CONTROL IN VITRO SOLUTION	2	
UNIVERSAL 1 LANCETS THIN 26G	2	QL
UNIVERSAL 1 LANCETS THIN 33G	2	QL
UNIVERSAL 1 LANCETS ULTRA THIN	2	QL
VALUE PLUS LANCET STANDARD 21G	2	QL
VALUE PLUS LANCETS SUPER THIN	2	QL
VALUE PLUS LANCETS THIN 26G	2	QL
value plus lancing device	2	
VALUMARK LANCET SUPER THIN 30G	2	QL
VALUMARK LANCET ULTRA THIN 28G	2	QL
verasens glucose control in vitro liquid	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	QL
VIDA MIA UNILET LANCETS 30G	2	QL
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID	2	
VIVAGUARD LANCETS	2	QL

Drug Name	Tier	Notes
VIVAGUARD LANCING DEVICE	2	
WALGREENS ADV TRAVEL LANCETS	2	QL
WALGREENS LANCETS	2	QL
WALGREENS LANCETS MICRO THIN	2	QL
WALGREENS LANCETS SUPER THIN	2	QL
WALGREENS THIN LANCETS	2	QL
WALGREENS ULTRA THIN LANCETS	2	QL
ZEV RX TWIST TOP LANCETS 30G	2	QL
<b>*HEARING AID DEVICES***</b>		
CLEVER CHOICE HEARING AID DEVICE	2	
<b>*HEARING AID SUPPLIES-BATTERIES***</b>		
cvs hearing aid batteries	2	
cvs max hearing aid batteries	2	
DURACELL HEARING AID BATTERIES	2	
hearing aid batteries	2	
hearing aid battery	2	
premium hearing aid batteries	2	
ra hearing aid batteries s 312	2	
ra hearing aid batteries sz 10	2	
ra hearing aid batteries sz 13	2	
<b>*HEATING PADS***</b>		
CLEVER CHOICE COMFORT HEAT PAD	2	
comfort-heal heating pad pad	2	
cvs heating pad pad	2	
cvs moist/dry heat heating pad	2	
dry heat heating pad deluxe pad	2	
dry heat heating pad standard pad	2	
DUNLAP CUSTOM DRY HEAT PAD	2	
DUNLAP DELUXE DRY HEAT PAD	2	

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

Drug Name	Tier	Notes
DUNLAP DELUXE MOIST/DRY PAD	2	
DUNLAP HOSPITAL HEAT THERAPY PAD	2	
DUNLAP MOIST HEAT HUGGER WRAP PAD	2	
DUNLAP MOIST HEAT THERAPY PAD	2	
fast-heat heating pad king sz pad	2	
fast-heat heating pad pad	2	
gnp deluxe heating pad pad	2	
gnp heating pad pad	2	
heat pad moist/dry massaging pad	2	
heating pad moist/dry king sz pad	2	
heating pad moist/dry pad	2	
heating pad pad	2	
heating pad/xpress heat pad	2	
KAZ HEAT PAD/SMARTHEAT/HP710 PAD	2	
KAZ HEAT PAD/SMARTHEAT/HP910 PAD	2	
kaz heating pad/hp110/dry heat pad	2	
KAZ PAD/SMARTHEAT PRO/HP750 PAD	2	
KAZ PAD/SMARTHEAT PRO/HP950 PAD	2	
moist heat back wrap pad	2	
moist heat neck wrap pad	2	
moist heat pack pad	2	
sinus mask	2	
sm heating pad pad	2	
SOFTHEAT MOIST/DRY PAD	2	
SOFTHEAT ULTRA MOIST/DRY PAD	2	
THERMOPHORE ARTHRITIS LARGE PAD	2	
THERMOPHORE ARTHRITIS MEDIUM PAD	2	
THERMOPHORE ARTHRITIS MUFF PAD	2	

Drug Name	Tier	Notes
THERMOPHORE ARTHRITIS PETITE PAD	2	
THERMOPHORE BED WARMER DELUXE PAD	2	
THERMOPHORE BED WARMER PAD	2	
THERMOPHORE CLASSIC PLS PETITE PAD	2	
THERMOPHORE CLASSIC PLUS LARGE PAD	2	
THERMOPHORE CLASSIC PLUS MED PAD	2	
THERMOPHORE MAXHEAT PLS/PETITE PAD	2	
THERMOPHORE MAXHEAT PLUS/LARGE PAD	2	
THERMOPHORE MAXHEAT PLUS/MED PAD	2	
THERMOPHORE MEDIUM PAD	2	
THERMOPHORE PETITE PAD	2	
THERMOPHORE STANDARD PAD	2	
<b>*HOT PACKS***</b>		
cvs arthritis heatwraps	2	
cvs heat therapy/back	2	
cvs heatwraps	2	
cvs heatwraps/back/hip	2	
cvs moist heat pain relief	2	
DUNLAP FACIAL COMPRESS	2	
DUNLAP MOIST HEAT COLLAR	2	
DUNLAP MOIST HEAT PACK	2	
DUNLAP MOIST HEAT PACK COVER	2	
DUNLAP MOIST HEAT SINUS COMP	2	
DUNLAP MOIST HEAT THERAPY WRAP	2	
eql heat wraps	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
eql heat wraps back/hip	2	
<b>GOOD2GO HEAT PACK POLYBAG/CERV</b>	2	
<b>GOOD2GO HEAT PACK POLYBAG/LG</b>	2	
<b>GOOD2GO HEAT PACK POLYBAG/MED</b>	2	
<b>GOOD2GO HEAT PACK/CERVICAL</b>	2	
<b>GOOD2GO HEAT PACK/LARGE</b>	2	
<b>GOOD2GO HEAT PACK/MEDIUM</b>	2	
<b>GOOD2GO HEAT PACK/SHOULDER</b>	2	
<b>GOOD2GO HEAT POLYBAG/SHOULDER</b>	2	
heat and go spot heat	2	
heat and go spot hot pak	2	
heat therapy patches	2	
heat wraps back/hip	2	
heatwraps back/hip	2	
<b>MEDI-BEAR CRIB WARMER</b>	2	
px heatwraps back/hip	2	
sm heatwraps back/hip pad	2	
<b>SOFTHEAT HEATING WRAP ULTRA</b>	2	
<b>STYE EYE THERAPY WARM COMPRESS</b>	2	
<b>THERA BEADS FACIAL COMPRESS</b>	2	
<b>THERA BEADS MOIST HEAT COLLAR</b>	2	
<b>THERMACARE</b>	2	
<b>THERMACARE ARTHRITIS HAND</b>	2	
<b>THERMACARE ARTHRITIS KNEE/ELBW</b>	2	
<b>THERMACARE ARTHRITIS NECK</b>	2	
<b>THERMACARE BACK PAIN THERAPY</b>	2	
<b>THERMACARE JOINT PAIN THERAPY</b>	2	
<b>THERMACARE KNEE/ELBOW</b>	2	

Drug Name	Tier	Notes
<b>THERMACARE MENSTRUAL</b>	2	
<b>THERMACARE MUSCLE/JOINT</b>	2	
<b>THERMACARE NECK PAIN THERAPY</b>	2	
<b>*HOT/COLD COMBINATION THERAPY AIDS***</b>		
cold wrap reusable	2	
cold-hot therapy wrap	2	
cvs deluxe hot/cold compress pad	2	
cvs hot/cold compress pad	2	
eq hot/cold compression sleeve	2	
<b>FUTURO HOT/COLD PACK PAD</b>	2	
gnp hot & cold wrap pad	2	
gnp hotcold pack	2	
<b>GOOD2GO HOT/COLD PACK/MITTEN</b>	2	
<b>GOOD2GO HOT/COLD POLYBAG/MITT</b>	2	
hot & cold bead back wrap pad	2	
hot & cold bead eye mask pad	2	
hot & cold bead neck wrap pad	2	
hot & cold bead oval pack pad	2	
hot & cold clay back therapy pad	2	
hot & cold clay multi therapy pad	2	
hot & cold compress pad	2	
hot & cold gel bead compress pad	2	
hot & cold neck & shoulder pad pad	2	
hot & cold wrap head/neck pad	2	
hot & cold wrap universal	2	
hot & cold wrap universal med pad	2	
hot & cold wrap universal pad	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
hot & cold wrap/gel pack pad	2	
hot cold gelpack pad	2	
hot/cold compress pad	2	
hot/cold pack pad	2	
hot/cold pack/strap pad	2	
hot/cold pak	2	
hot/cold wrap	2	
ice & heat wrap/gel pack pad	2	
<b>ICE IT DELUXE HEADACHE/MIGRAIN</b>	2	
<b>ICE IT HEADACHE AND MIGRAINE</b>	2	
instant + reusable gel pack	2	
<b>KAZ COMPLETE INJURY/RECOVERY KIT</b>	2	
<b>KAZ THERMIPAQ HOT/COLD PAD</b>	2	
<b>LANSINOH HOT &amp; COLD THERAPY PAD</b>	2	
<b>NEXCARE COLD/HOT PACK REUSABLE PAD</b>	2	
ra comfort care plus hot/cold pad	2	
<b>SMARTTEMP HOT/COLD PAD</b>	2	
<b>SMARTTEMP MOIST HEAT PAD</b>	2	
<b>THERA PEARL BREAST THERAPY PAD</b>	2	
therma-kool hot/cold compress pad	2	
<b>*HUMIDIFIERS***</b>		
<b>BREATHE COMFORT HUMIDIFIER</b>	2	
breathe ease humidifier	2	
charcoal filter	2	
<b>CLEVER CHOICE HUMIDIFIER</b>	2	
cool mist humidifier	2	
cool mist humidifier 0.8 gal	2	
cool mist humidifier 1 gallon	2	
cool mist humidifier 1.2 gal	2	
cool mist humidifier 1.3 gal	2	
cool mist humidifier 2 gallon	2	
cvs cool mist humidifer	2	
dual ultrasonic humidifier	2	

Drug Name	Tier	Notes
<b>FLOWING VAPORS PAD</b>	2	
<b>FLOWING VAPORS/VAPOR FAN PAD</b>	2	
<b>GORDO-POOL CONCENTRATE</b>	2	
humidifier	2	
humidifier filter replacement	2	
<b>KAZ AROMATIC INHALANT PAD</b>	2	
<b>KAZ BACTERIOSTATIC TREATMENT LIQUID</b>	2	
<b>KAZ DEMINERALIZATION CARTRIDGE</b>	2	
<b>KAZ DYNAFILTER K14-3P</b>	2	
<b>KAZ DYNAFILTER K14-S</b>	2	
<b>KAZ HEALTHMIST HUMIDIFIER</b>	2	
kaz humidifier evaporativ 3000	2	
kaz humidifier evaporativ 3300	2	
kaz humidifier evaporativ 3400	2	
<b>KAZ INHALANT LIQUID</b>	2	
<b>KAZ ULTRASONIC HUMIDIFIER</b>	2	
<b>KAZ WATER TREATMENT LIQUID</b>	2	
kaz wicking filter wfl	2	
natural mist wicking filter	2	
personal ultrasonic humidifier	2	
procare humidifier	2	
pure comfort humidifier	2	
sm humidifier/cool mist	2	
sm vaporizer cleaning tablet soluble	2	
sm vaporizer inhalant liquid	2	
ultrasonic cool mist humidif	2	
ultrasonic filter	2	
ultrasonic humidifier	2	
<b>VICKS COOL MIST HUMIDIFIER</b>	2	

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

Drug Name	Tier	Notes
VICKS GERMFREE HUMIDIFIER	2	
VICKS HEALTHCHECK MONITOR	2	
VICKS HUMIDIFIER	2	
VICKS MINI COOLMIST HUMIDIFIER	2	
VICKS PUREMIST HUMIDIFIER	2	
VICKS ULTRASONIC HUMIDIFIER	2	
VICKS VAPOPADS PEDIATRIC PAD	2	
VICKS VAPORIZER SCENT PAD	2	
VICKS WARM MIST HUMIDIFIER	2	
WICKING FILTER	2	
<b>*IMPOTENCE AIDS - MALE***</b>		
RAPPORT RLS KIT	3	
RAPPORT VTD KIT	2	
<b>*INCONTINENCE SUPPLIES***</b>		
A + D PERSONAL CARE WIPES	2	
air permeable underpad	2	
ALWAYS DISCREET	2	
ALWAYS DISCREET PAD	2	
ALWAYS DISCREET UNDERWEAR	2	
ALWAYS FEMININE WIPES	2	
ALWAYS WIPES-TO-GO	2	
ASSURANCE BELTED SHIELD	2	
ASSURANCE BOXERS MENS 28"-40"	2	
ASSURANCE BOXERS MENS 38"-64"	2	
ASSURANCE GUARDS FOR MEN	2	
ASSURANCE PREMIUM WASHCLOTHS	2	
ASSURANCE UNDERPADS	2	

Drug Name	Tier	Notes
ASSURANCE UNDERWEAR MENS	2	
ASSURANCE UNDERWEAR WOMENS	2	
ATTENDS BRIEFS SMALL	2	
ATTENDS UNDERPADS L EX-ABSORB	2	
ATTENDS WASHCLOTHS	2	
BARD BASIC IRRIGATION TRAY KIT	2	
BARD CATHETER STRAP	2	
BARD CENTER ENTRY CLOSE SYSTEM	2	
BARD CUNNINGHAM INCONTIN CLAMP	2	
BARD DELUXE FABRIC LEG STRAPS	2	
BARD DISPOZ-A-BAG LEG BAG	2	
BARD DISPOZ-A-BAG/FLIP-FLO VLV	2	
BARD DRAINAGE BAG FLOOR STAND	2	
BARD EXTENSION TUBING/CONNECT	2	
BARD INFECT CONT TRAY W/O CATH KIT	2	
BARD INFECTION CONTROL BAG	2	
BARD IRRIGATION TRAY KIT	2	
BARD LEG BAG HOLDER	2	
BARD LEG BAG STRAPS/FABRIC	2	
BARD LUBRICATH FOLEY W/O CATH KIT	2	
BARD PLASTIC TUBING/ADAPTER	2	
BARD PROTECTIVE BARRIER FILM	2	
BARD TWO-SIDED ADHESIVE STRIP	2	
BARD URINARY DRAINAGE BAG	3	

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

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Drug Name	Tier	Notes
<b>BARD URINARY DRAINAGE SYSTEM</b>	2	
<b>BARDIA IRRIGATION TRAY KIT</b>	2	
<b>BARDIA LEG BAG</b>	3	
<b>BARDIA URINARY DRAINAGE BAG</b>	2	
<b>BARDIA URINARY DRAINAGE BAG KIT</b>	2	
bedpan	2	
bedside drainage collect system kit	2	
belted undergarment	2	
belted undergarment pad	2	
belted undergarment xtra	2	
bladder control pads ex absorb	2	
bladder control pads extra pls	2	
bladder control pads regular	2	
bladder control pads ultra	2	
bladder control pads ultra pls	2	
briefs overnight large	2	
briefs overnight medium	2	
<b>CATHGRIP DOUBLE STRAP</b>	2	
<b>CATH-SECURE</b>	2	
<b>CATH-SECURE DUAL TAB</b>	2	
<b>CATH-SECURE FOR KIDS</b>	2	
<b>CATH-SECURE PLUS</b>	2	
<b>CERTAINTY ADJ UNDERWEAR LARGE</b>	2	
<b>CERTAINTY ADJ UNDERWEAR SM/MED</b>	2	
<b>CERTAINTY ADULT WASHCLOTHS</b>	2	
<b>CERTAINTY BELTED SHIELDS</b>	2	
<b>CERTAINTY BOXERS 28"-40"</b>	2	
<b>CERTAINTY BOXERS 38"-64"</b>	2	
<b>CERTAINTY CLEANSING WIPES</b>	2	
<b>CERTAINTY FITTED BRIEFS LARGE</b>	2	

Drug Name	Tier	Notes
<b>CERTAINTY FITTED BRIEFS MEDIUM</b>	2	
<b>CERTAINTY FITTED BRIEFS XL</b>	2	
<b>CERTAINTY GUARDS FOR MEN</b>	2	
<b>CERTAINTY LINERS/WOMEN</b>	2	
<b>CERTAINTY MAXIMUM PAD</b>	2	
<b>CERTAINTY OVERNIGHT UNDERWEAR</b>	2	
<b>CERTAINTY PADS/WOMEN</b>	2	
<b>CERTAINTY PURSEREADY UNDERWEAR</b>	2	
<b>CERTAINTY ULTIMATE</b>	2	
<b>CERTAINTY ULTIMATE PAD</b>	2	
<b>CERTAINTY ULTRA THIN UNDERWEAR</b>	2	
<b>CERTAINTY UNDERPADS 17"X24"</b>	2	
<b>CERTAINTY UNDERPADS 23"X36"</b>	2	
<b>CERTAINTY UNDERPADS 30"X36"</b>	2	
<b>CERTAINTY UNDERWEAR 20"-34"</b>	2	
<b>CERTAINTY UNDERWEAR 28"-40"</b>	2	
<b>CERTAINTY UNDERWEAR 32"-44"</b>	2	
<b>CERTAINTY UNDERWEAR 34"-46"</b>	2	
<b>CERTAINTY UNDERWEAR 38"-50"</b>	2	
<b>CERTAINTY UNDERWEAR 38"-64"</b>	2	
<b>CERTAINTY UNDERWEAR 44"-58"</b>	2	
<b>CERTAINTY UNDERWEAR 48"-64"</b>	2	
<b>CERTAINTY UNDERWEAR 58"-63"</b>	2	
<b>CERTAINTY UNDERWEAR 58"-68"</b>	2	

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



Drug Name	Tier	Notes
<b>CERTAINTY UNDERWEAR 68"-80"</b>	2	
<b>CERTAINTY WOMENS PADS</b>	2	
cleansing cloths flushable	2	
<b>CLEVER CHOICE COMFORT PROTECT</b>	2	
<b>COMFORT PROTECT ADLT DIAPER/XL</b>	2	
comfort protect adult diap xl	2	
<b>COMFORT PROTECT ADULT DIAPER/L</b>	2	
<b>COMFORT PROTECT ADULT DIAPER/M</b>	2	
comfort shield adult diapers	2	
comfort shield underpads adult	2	
<b>COMFORT TOUCH ADULT UNDERPADS</b>	2	
<b>CONTIGEN TREATMENT SYRINGE</b>	2	
control pads extra absorbency	2	
cotton snap pants	2	
<b>COTTONELLE FRESH CARE</b>	2	
<b>COTTONELLE FRESH MOIST WIPES</b>	2	
<b>COTTONELLE MOIST WIPE FOR KIDS</b>	2	
<b>COTTONELLE MOIST WIPES</b>	2	
<b>CURITY CLEANERS</b>	2	
<b>CURITY INFANT CRIB LINER</b>	2	
<b>CURITY YOUTH PANTS</b>	2	
cvs adjustable underwear	2	
cvs belted shields unisex	2	
cvs cleansing wipes	2	
cvs cleansing wipes sensitive	2	
cvs day & night underpads	2	
cvs disposable bed mats	2	
cvs fitted briefs day/night lg	2	
cvs fitted briefs day/night md	2	
cvs fitted briefs day/night xl	2	
cvs fitted briefs unisex xl	2	

Drug Name	Tier	Notes
cvs mens guard	2	
cvs mens guards max absorbency	2	
cvs mens underwear large/xl	2	
cvs mens underwear sm/med	2	
cvs overnight pads-womens	2	
cvs overnight underwear	2	
cvs overnight underwear s/m	2	
cvs overnight underwear xl	2	
cvs premium adult wash cloths	2	
cvs premium underpads	2	
cvs proctive pad	2	
cvs protective max absorb/long	2	
cvs protective maximum absorb	2	
cvs protective ult absorb/long	2	
cvs protective underwear lge	2	
cvs protective underwear s/m	2	
cvs stretch fit adj brief l/xl	2	
cvs stretch fit adj brief med	2	
cvs underpads 22"x35"	2	
cvs underpads day/nght 30"x36"	2	
cvs womens protect pads long	2	
cvs womens protective pad	2	
cvs womens protective pad long	2	
cvs womens underwear large	2	
cvs womens underwear sm/med	2	
cvs womens underwear x-large	2	
cvs womens underwear xs/small	2	
cvs womens underwear x-small	2	
cvs womens underwear xx-large	2	
<b>DEPEND ADJUSTABLE UNDERWEAR</b>	2	
<b>DEPEND ADJUSTABLE UNDERWEAR LG</b>	2	
<b>DEPEND BOOST INSERT</b>	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
DEPEND EASY FIT UNDERGARMENTS	2	
DEPEND FIT-FLEX FOR MEN	2	
DEPEND FIT-FLEX WOMENS/SMALL	2	
DEPEND FIT-FLEX-WOMEN-M	2	
DEPEND FITTED BRIEFS SM/MED	2	
DEPEND GUARDS FOR MEN	2	
DEPEND PANT EXTRA LARGE	2	
DEPEND PANT LARGE	2	
DEPEND PANT SM/MED	2	
DEPEND PROTECTION BRIEFS LARGE	2	
DEPEND REAL FIT/BRIEF/MEN/L-XL	2	
DEPEND REAL FIT/BRIEF/MEN/S-M	2	
DEPEND REAL-FIT BRIEFS FOR MEN	2	
DEPEND SHIELDS FOR MEN	2	
DEPEND SILHOUETTE ACTIVE FIT	2	
DEPEND SILHOUETTE BRIEFS L/XL	2	
DEPEND SILHOUETTE BRIEFS S/M	2	
DEPEND SILHOUETTE UNDERWEAR	2	
DEPEND UNDERGARMENT EX ABSORB	2	
DEPEND UNDERGARMENTS	2	
DEPEND UNDERWEAR LARGE	2	
DEPEND UNDERWEAR LARGE/XL	2	
DEPEND UNDERWEAR SM/MED	2	
DEPEND UNDERWEAR X-LARGE	2	
DIGNITY BRIEFMATES MENS POUCH	2	

Drug Name	Tier	Notes
DIGNITY BRIEFMATES SUPERGUARD	2	
DIGNITY BRIEFMATES ULTRA PAD	2	
DIGNITY DERMATEAM UNDERPAD	2	
DIGNITY DERMATEAM WIPES	2	
DIGNITY DRY WIPES	2	
DIGNITY DUCHESS PANTY LARGE	2	
DIGNITY DUCHESS PANTY MED	2	
DIGNITY DUCHESS PANTY SMALL	2	
DIGNITY DUCHESS PANTY XL	2	
DIGNITY EXTRA-DUTY DOUBLE PAD	2	
DIGNITY LITES LONG PADS	2	
DIGNITY LITES PAD	2	
DIGNITY LITES THINSERTS PAD	2	
DIGNITY MENS BOXER SHORTS L	2	
DIGNITY MENS BOXER SHORTS M	2	
DIGNITY MENS BOXER SHORTS XL	2	
DIGNITY MENS BOXER SHORTS XXL	2	
DIGNITY MINI PADS	2	
DIGNITY NATURALS PADS PAD	2	
DIGNITY PANT REGULAR	2	
DIGNITY PANT REGULAR LARGE	2	
DIGNITY PANT REGULAR MED	2	
DIGNITY PANT REGULAR SMALL	2	
DIGNITY PANT REGULAR XL	2	
DIGNITY PLUS BRIEFMATES	2	
DIGNITY PLUS DERMATEAM LARGE	2	

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

Drug Name	Tier	Notes
DIGNITY PLUS DERMATEAM MEDIUM	2	
DIGNITY PLUS DERMATEAM XL	2	
DIGNITY PLUS DISPOSABLE LG	2	
DIGNITY PLUS DISPOSABLE MED	2	
DIGNITY PLUS DISPOSABLE SM	2	
DIGNITY PLUS DISPOSABLE XL	2	
DIGNITY PLUS DISPOSABLE XXL	2	
DIGNITY PLUS DISPOSABLE YOUTH	2	
DIGNITY PLUS LARGE	2	
DIGNITY PLUS MEDIUM	2	
DIGNITY PLUS OVERNIGHT LARGE	2	
DIGNITY PLUS OVERNIGHT MEDIUM	2	
DIGNITY PLUS OVERNIGHT XL	2	
DIGNITY PLUS REGULAR LG	2	
DIGNITY PLUS REGULAR MED	2	
DIGNITY PLUS REGULAR SM	2	
DIGNITY PLUS REGULAR XL	2	
DIGNITY PLUS SHEET/LINEN PROT	2	
DIGNITY PLUS SMALL	2	
DIGNITY PLUS SUPER LINERS	2	
DIGNITY PLUS XL	2	
DIGNITY PREVENT PLUS	2	
DIGNITY PROTECTIVE UNDERWEAR	2	
DIGNITY REGULAR CLASSIC	2	
DIGNITY REGULAR-DUTY PAD	2	
DIGNITY REUSABLE PAD	2	

Drug Name	Tier	Notes
DIGNITY SHEET/LINEN PROTECTORS	2	
DIGNITY SPARTAN LINERS	2	
DIGNITY SUPER NATURALS PAD	2	
DIGNITY ULTRA LARGE	2	
DIGNITY ULTRA MEDIUM	2	
DIGNITY ULTRA SMALL	2	
DIGNITY ULTRA WOMENS GUARDS	2	
DIGNITY ULTRA XL	2	
DIGNITY WINGFOLD	2	
dispos underpads/105g/30"x30"	2	
dispos underpads/22g/17"x24"	2	
dispos underpads/31g/23"x24"	2	
dispos underpads/45g/23"x36"	2	
dispos underpads/60g/23"x36"	2	
dispos underpads/90g/30"x36"	2	
disposable brief large	2	
disposable brief medium	2	
disposable brief small	2	
disposable brief x-large	2	
disposable liners	2	
disposable pants	2	
disposable polymer pants large	2	
disposable polymer pants med	2	
disposable underpads 17"x24"	2	
disposable underpads 30"x36"	2	
DOVER ADHESIVE STRAP 2-SIDED	2	
DOVER ADVANTAGE URINE METER	3	
DOVER CATHETER LEG STRAP	2	

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

Drug Name	Tier	Notes
DOVER CATHETER STRIP	2	
DOVER DRAINAGE BAG	2	
DOVER ELASTIC FOAM STRAP	2	
DOVER EXT TUBE/CONNECTOR	2	
DOVER IRRIGATION TRAY	2	
DOVER IRRIGATION TRAY KIT	2	
DOVER TWO-SIDED ADHESIVE STRAP	2	
DOVER UNIVERSAL CATH PREP TRAY	3	
DOVER URI-DRAIN DELUXE LEG BAG	2	
DOVER URINARY EXTENSION TUBING	2	
DOVER URINARY LEG BAG	2	
DOVER URINE DRAINAGE BAG	3	
DOVER URINE LEG BAG	2	
DOVER URINE LEG BAG/EXT TUBE	3	
drainable fecal collector	2	
DRY COMFORT EXTRA BRIEF LARGE	2	
DRY COMFORT EXTRA BRIEF MEDIUM	2	
DRY COMFORT EXTRA BRIEF SMALL	2	
DRY COMFORT EXTRA BRIEF XL	2	
DRY COMFORT WASHCLOTHS	2	
ENTRUST PLUS BLDR CNTRL PADS	2	
ENTRUST PLUS BRIEFS	2	
ENTRUST PLUS BRIEFS LARGE	2	
ENTRUST PLUS BRIEFS MEDIUM	2	
ENTRUST PLUS BRIEFS SMALL	2	
ENTRUST PLUS DISP UNDERPADS	2	

Drug Name	Tier	Notes
ENTRUST PLUS DISP UNDERWEAR	2	
ENTRUST PLUS FITTED BRIEFS LG	2	
ENTRUST PLUS FITTED BRIEFS MED	2	
ENTRUST PLUS SHIELD	2	
ENTRUST PLUS UNDERGARMENTS	2	
ENTRUST PLUS UNDERPADS 23"X36"	2	
ENTRUST PLUS UNDERWEAR S/M	2	
ENTRUST PLUS UNDERWEAR XL	2	
eq body curve pads regular	2	
eq options liners long	2	
eq options liners regular	2	
eq options pads long	2	
eq options pads regular	2	
EQ OPTIONS ULTRA THINS LINERS	2	
eql liners long/very light abs	2	
eql pads bladder protect max	2	
eql pads bladder protect mod	2	
eql pads bladder protect ultim	2	
EQL PERSONAL CONFIDENCE	2	
eql personal confidence guard	2	
EQL PERSONAL CONFIDENCE PAD	2	
EQL PURSEREADY UNDERWEAR S/M	2	
eql ultra thin pads/light abs	2	
eql underwear men 28"-40"	2	
eql underwear men 38"-64"	2	
eql underwear men 48"-64"	2	
eql underwear women 28"-40"	2	
eql underwear women 38"-50"	2	
extension tubing/connector	2	
EXU-DRY CRIB SHEET 20"X28"	2	
female urinal	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
female urinary pouch	2	
feminine wipes	2	
<b>FIRST QUALITY PERSONAL CLOTHS</b>	2	
<b>FIRST QUALITY WASHCLOTHS</b>	2	
<b>FIRST-TIME URINE SPEC COLLECT</b>	2	
fitted briefs maximum large	2	
fitted briefs maximum medium	2	
fitted briefs maximum xl	2	
fitted briefs medium	2	
fitted briefs small	2	
fitted briefs/aloe large	2	
<b>FLEXI-SEAL FECAL COLLECTOR</b>	2	
<b>FLEXI-SEAL FMS BAGS/FILTER</b>	2	
<b>FLEXI-SEAL SIGNAL FMS</b>	3	
<b>FQ AIR PERMEABLE UNDERPAD</b>	2	
<b>FQ BELTED UNDERGARMENT</b>	2	
<b>FQ FRONTAL TAPE BRIEF XL</b>	2	
<b>FQ FULL MAT BRIEF ADULT SMALL</b>	2	
<b>FQ FULL MAT BRIEF YOUTH</b>	2	
<b>FQ NU-FIT ADULT BRIEF XL</b>	2	
<b>FQ PANT LINER</b>	2	
<b>FQ PANT LINER LARGE</b>	2	
<b>FQ PANT LINER MEDIUM</b>	2	
<b>FQ PANT LINER SMALL</b>	2	
<b>FQ PERFIT LMTD MAT ADULT BRIEF</b>	2	
<b>FQ PREMIUM UNDERPAD</b>	2	
<b>FQ PREVAIL BELTED UNDERGARMENT</b>	2	
<b>FQ PREVAIL BLADDER CONTROL PAD</b>	2	
<b>FQ PROTECTIVE UNDERWEAR</b>	2	

Drug Name	Tier	Notes
<b>FREE &amp; ACTIVE FEMALE PANTY</b>	2	
<b>FREE &amp; ACTIVE FEMALE PANTY LG</b>	2	
<b>FREE &amp; ACTIVE FEMALE PANTY MED</b>	2	
<b>FREE &amp; ACTIVE FEMALE PANTY XL</b>	2	
<b>FREE &amp; ACTIVE MALE BRIEF</b>	2	
<b>FREE &amp; ACTIVE MALE BRIEF LG</b>	2	
<b>FREE &amp; ACTIVE MALE BRIEF MED</b>	2	
<b>FREE &amp; ACTIVE MALE BRIEF XL</b>	2	
<b>FREE &amp; ACTIVE PADS PAD</b>	2	
full mat brief	2	
gnp briefs with tabs large	2	
gnp guards for men	2	
gnp pads for women	2	
gnp stretch briefs l-xl	2	
gnp stretch briefs small-med	2	
gnp underwear for men large-xl	2	
gnp underwear for men/women lg	2	
gnp underwear for women sm/med	2	
gnp underwear men sm/med	2	
guards	2	
<b>HARMONIE UNDERPAD</b>	2	
<b>HARMONIE UNDERPAD EXTRA</b>	2	
<b>HARMONIE UNDERPAD REGULAR</b>	2	
<b>HARMONIE UNDERPAD ULTRA</b>	2	
hexasorb disposable underpads	2	
high capacity pads	2	
hm underpads 23" x 36"	2	
incontinence brief large	2	
incontinence brief medium	2	
infant urine collector	2	

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

Drug Name	Tier	Notes
KENDALL WASHCLOTHS	2	
KENDALL WASHCLOTHS/NOVONE TTE	2	
KINDKLAMP PENILE CLAMP	2	
LADY DIGNITY PLUS PANTIES	2	
LADY DIGNITY PLUS PANTIES LG	2	
LADY DIGNITY PLUS PANTIES MED	2	
LADY DIGNITY PLUS PANTIES SM	2	
LADY DIGNITY PLUS PANTIES XL	2	
LADY DIGNITY WOMENS PANTY	2	
LADY DIGNITY WOMENS PANTY LG	2	
LADY DIGNITY WOMENS PANTY MED	2	
LADY DIGNITY WOMENS PANTY SM	2	
LADY DIGNITY WOMENS PANTY XL	2	
land before time brief jumbo	2	
latex leg bag straps	2	
male urinal	2	
male urinal/odor shield	2	
MAXICARE BELTED UNDERGARMENT	2	
mesh pants	2	
moist wipes flushable	2	
NU-FIT ADULT BRIEF LARGE	2	
NU-FIT ADULT BRIEF MEDIUM	2	
OVERNIGHT SLEEP GUARD LARGE	2	
padsorber bed pan liners	2	
PER-FIT BRIEF LARGE	2	
PER-FIT BRIEF MEDIUM	2	
PER-FIT UNDERWEAR EXTRA LARGE	2	

Drug Name	Tier	Notes
PER-FIT UNDERWEAR LARGE	2	
PER-FIT UNDERWEAR MEDIUM	2	
personal cleansing washcloths	2	
POISE HOURGLASS SHAPE PAD	2	
POISE LINERS PAD	2	
POISE MAXIMUM ABSORBENCY	2	
POISE MAXIMUM ABSORBENCY PAD	2	
POISE MICROLINERS LONG	2	
POISE MODERATE ABSORBENCY PAD	2	
POISE PAD PAD	2	
POISE THIN-SHAPE MODERATE PAD	2	
POISE THIN-SHAPE PAD	2	
POISE ULTIMATE ABSORBENCY	2	
POISE ULTIMATE ABSORBENCY PAD	2	
POISE ULTRA THIN PADS	2	
POISE ULTRA THINS PAD	2	
PREVAIL ADJ UNDERWEAR LARGE	2	
PREVAIL ADJ UNDERWEAR SM/MED	2	
PREVAIL ADULT BRIEF LARGE	2	
PREVAIL ADULT BRIEF MEDIUM	2	
PREVAIL ADULT WASHCLOTHS	2	
PREVAIL AIR BRIEFS	2	
PREVAIL AIR PLUS BRIEFS	2	
PREVAIL ALL NITES MEDIUM/LARGE	2	
PREVAIL BARIATRIC A	2	
PREVAIL BARIATRIC B	2	
PREVAIL BLADDER CONT ULTRA PLS	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
PREVAIL BLADDER CONTROL PADS	2	
PREVAIL BLADDER CONTROL ULTRA	2	
PREVAIL BOXERS FOR MEN L-XL	2	
PREVAIL BOXERS FOR MEN S-M	2	
PREVAIL BREEZERS 360-SIZE 1	2	
PREVAIL BREEZERS 360-SIZE 2	2	
PREVAIL BREEZERS 360-SIZE 3	2	
PREVAIL BREEZERS LARGE	2	
PREVAIL BREEZERS MEDIUM	2	
PREVAIL BREEZERS REGULAR	2	
PREVAIL BREEZERS XL	2	
PREVAIL BRIEF LARGE	2	
PREVAIL BRIEF MEDIUM	2	
PREVAIL BRIEF SMALL	2	
PREVAIL BRIEF X-LARGE	2	
PREVAIL BRIEF YOUTH	2	
PREVAIL CURVE PADS	2	
PREVAIL EXTRA PAD	2	
PREVAIL EXTRA PLUS PAD	2	
PREVAIL FITS TO A T LARGE/XL	2	
PREVAIL FITS TO A T MEDIUM/REG	2	
PREVAIL FLUFF UNDERPADS	2	
PREVAIL FOR WOMEN LARGE	2	
PREVAIL FOR WOMEN SMALL/MEDIUM	2	
PREVAIL FOR WOMEN X-LARGE	2	
PREVAIL FULL COVER UNDERWEAR	2	
PREVAIL GUARDS FOR MEN	2	

Drug Name	Tier	Notes
PREVAIL IB FULL MAT BRIEF 2XL	2	
PREVAIL IBF FULL MAT BRIEF LG	2	
PREVAIL IBF FULL MAT BRIEF MED	2	
PREVAIL MAXIMUM ABSORBENCY PAD	2	
PREVAIL MAXIMUM ABSORBENCY/LNG PAD	2	
PREVAIL MEN UNDERWEAR 2XL	2	
PREVAIL MEN UNDERWEAR LARGE-XL	2	
PREVAIL MEN UNDERWEAR SM-MED	2	
PREVAIL MESH PANTS 2XL	2	
PREVAIL MODERATE ABSORBENCY	2	
PREVAIL PADS	2	
PREVAIL PANT LINER SMALL	2	
PREVAIL PANTILINER	2	
PREVAIL PER-FIT 360 SIZE 1	2	
PREVAIL PER-FIT 360 SIZE 2	2	
PREVAIL PER-FIT 360 SIZE 3	2	
PREVAIL PER-FIT MEN LARGE	2	
PREVAIL PER-FIT MEN MEDIUM	2	
PREVAIL PER-FIT MEN X-LARGE	2	
PREVAIL PER-FIT WOMEN LARGE	2	
PREVAIL PER-FIT WOMEN MEDIUM	2	
PREVAIL PER-FIT WOMEN X-LARGE	2	
PREVAIL PREMIUM UNDERPAD SUPER	2	
PREVAIL PREMIUM WASHCLOTHS	2	
PREVAIL SIMPLY STRETCHFIT/A	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
PREVAIL SIMPLY STRETCHFIT/B	2	
PREVAIL STRETCHFIT SIZE A	2	
PREVAIL SUPER PLUS LARGE	2	
PREVAIL SUPER PLUS SM/MED	2	
PREVAIL SUPER PLUS XLARGE	2	
PREVAIL TOTAL CARE UNDERPADS	2	
PREVAIL ULTIMATE ABSORBENCY PAD	2	
PREVAIL ULTRATHIN UNDERWEAR LG	2	
PREVAIL ULTRATHIN UNDERWEAR MD	2	
PREVAIL UNDERPADS	2	
PREVAIL UNDERWEAR 2XL	2	
PREVAIL WASHCLOTHS	2	
PREVAIL WET WIPES	2	
PREVAIL WOMEN UNDERWEAR 2XL	2	
PREVAIL WOMEN UNDERWEAR LARGE	2	
PREVAIL WOMEN UNDERWEAR SM/MED	2	
PREVAIL WOMEN UNDERWEAR XL	2	
PREVAIL XTREME FIT PLUS	2	
PREVAIL XTREME FIT REGULAR	2	
PREVENT PLUS SUPERGUARD	2	
PROCARE ADULT BRIEFS LARGE	2	
PROCARE ADULT BRIEFS MEDIUM	2	
PROCARE ADULT BRIEFS X-LARGE	2	
PROCARE ADULT WASHCLOTHS/LG	2	
PROCARE BARIATRIC BRIEFS	2	

Drug Name	Tier	Notes
PROCARE PLUS UNDERWEAR LARGE	2	
PROCARE PLUS UNDERWEAR MEDIUM	2	
PROCARE PLUS UNDERWEAR X-LARGE	2	
PROCARE UNDERPADS	2	
PROCARE UNDERWEAR LARGE	2	
PROCARE UNDERWEAR MEDIUM	2	
PROCARE UNDERWEAR X-LARGE	2	
protect underwear super sm/med	2	
protect underwear xtra large	2	
protect underwear xtra sm/med	2	
protective underwear large	2	
protective underwear medium	2	
protective underwear sm/med	2	
protective underwear small	2	
protective underwear super lg	2	
protective underwear super pls	2	
protective underwear super xl	2	
protective underwear xl	2	
PROVIDE UNDERPAD	2	
PROVIDE UNDERPAD ULTRA	2	
QUIK-SORB UNDERPAD	2	
ra guards for men	2	
ra overnight pads for women	2	
ra pads for women	2	
ra protective underwear	2	
ra underpads extra large	2	
ra underpads super large	2	
ra underwear for men & women	2	
ra underwear for men large	2	
ra underwear for men lg-xl	2	
ra underwear for men xl	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
ra underwear for men/sm-med	2	
ra underwear for women 2xl	2	
ra underwear for women lg	2	
ra underwear for women sm-med	2	
ra underwear for women xlarge	2	
ra underwear men/women s/m	2	
reality incontinent briefs sm	2	
regular strap	2	
retracted penis pouch	2	
reusable pants w/liner	2	
reusable pants w/o liner	2	
reusable snap-in liners	2	
saps health incontinence pads	2	
<b>SCOTT MOIST WIPES</b>	2	
<b>SECURE BELTED UNDERGARMENT</b>	2	
<b>SECURE BELTLESS UNDERGARMENT</b>	2	
<b>SECURE FEMALE PANTS LARGE</b>	2	
<b>SECURE FEMALE PANTS MEDIUM</b>	2	
<b>SECURE FEMALE PANTS SMALL</b>	2	
<b>SECURE FEMALE PANTS XL</b>	2	
<b>SECURE FITTED BRIEFS LARGE</b>	2	
<b>SECURE FITTED BRIEFS MEDIUM</b>	2	
<b>SECURE FITTED BRIEFS SMALL</b>	2	
<b>SECURE FITTED BRIEFS XL</b>	2	
<b>SECURE FITTED BRIEFS YOUTH</b>	2	
<b>SECURE GUARDS</b>	2	
<b>SECURE LINERS</b>	2	
<b>SECURE MALE PANTS LARGE</b>	2	
<b>SECURE MALE PANTS MEDIUM</b>	2	

Drug Name	Tier	Notes
<b>SECURE MALE PANTS SMALL</b>	2	
<b>SECURE MALE PANTS XL</b>	2	
<b>SECURE MATTRESS COVER</b>	2	
<b>SECURE PADS PAD</b>	2	
<b>SECURE PLUS BELTED UNDERGARMNT</b>	2	
<b>SECURE UNDERGARMENT STRAPS LG</b>	2	
<b>SECURE UNDERGARMENT STRAPS MED</b>	2	
<b>SECURE UNDERGARMENT STRAPS SM</b>	2	
<b>SECURE UNDERPADS</b>	2	
<b>SELECT BELTED UNDERGARMENTS</b>	2	
<b>SELECT BOOSTER PADS</b>	2	
<b>SELECT CONTOURED SHIELD LINERS</b>	2	
<b>SELECT DAYTIME LINERS</b>	2	
<b>SELECT DAYTIME PLUS LINERS</b>	2	
<b>SELECT DISPOSABLE BRIEF LARGE</b>	2	
<b>SELECT DISPOSABLE BRIEF MEDIUM</b>	2	
<b>SELECT DISPOSABLE BRIEF SMALL</b>	2	
<b>SELECT DISPOSABLE BRIEF XL</b>	2	
<b>SELECT DISPOSABLE BRIEF XS</b>	2	
<b>SELECT DISPOSABLE UNDERWEAR LG</b>	2	
<b>SELECT DISPOSABLE UNDERWEAR M</b>	2	
<b>SELECT DISPOSABLE UNDERWEAR SM</b>	2	
<b>SELECT DISPOSABLE UNDERWEAR XL</b>	2	
<b>SELECT DISPOSABLE UNDERWEAR XS</b>	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
SELECT KIDS DISPOSABLE BRIEFS	2	
SELECT MESH PANTS EXTRA LARGE	2	
SELECT MESH PANTS LARGE	2	
SELECT MESH PANTS MEDIUM	2	
SELECT MESH PANTS XXL	2	
SELECT NIGHTTIME LINERS	2	
SELECT PERSONAL CARE PADS	2	
SELECT SHIELD PAD	2	
SELECT SLIM N' SOFT GUARD	2	
SELECT SLIM N' SOFT GUARD REG	2	
SELECT SLIM N' SOFT PAD	2	
SELECT SOFT N' BREATHABLE LG	2	
SELECT SOFT N' BREATHABLE MED	2	
SELECT SOFT N' BREATHABLE XL	2	
SELECT ULTRA UNDERPADS LARGE	2	
SELECT UNDERGARMENT STRAPS	2	
SELECT UNDERPADS EXTRA LARGE	2	
SELECT UNDERPADS LARGE	2	
SIMPLICITY ADULT BRIEF 31"-48"	2	
SIMPLICITY ADULT BRIEF 31"-52"	2	
SIMPLICITY ADULT BRIEF 31"-56"	2	
SIMPLICITY ADULT BRIEF 32"-44"	2	
SIMPLICITY ADULT BRIEF 45"-58"	2	
SIMPLICITY ADULT BRIEF XL	2	

Drug Name	Tier	Notes
SIMPLICITY FLUFF UNDERPAD	2	
SIMPLICITY GARMENT LINER	2	
SIMPLICITY INSERT PAD 12"-21"	2	
SIMPLICITY INSERT PAD 12"-24"	2	
SIMPLICITY INSERT PAD 12"-28"	2	
SIMPLICITY INSERT PAD 14"-30"	2	
SIMPLICITY INSERT PAD 6.5"X17"	2	
SIMPLICITY PANT LINER 8"X24"	2	
SIMPLICITY POLY BRIEF 32"-44"	2	
SIMPLICITY POLY BRIEF 45"-58"	2	
SIMPLICITY POLY BRIEF 59"-64"	2	
SIR DIGNITY MENS BRIEFS LG	2	
SIR DIGNITY MENS BRIEFS MED	2	
SIR DIGNITY MENS BRIEFS SM	2	
SIR DIGNITY MENS BRIEFS XL	2	
SIR DIGNITY MENS BRIEFS XXL	2	
SIR DIGNITY PLUS BRIEFS LG	2	
SIR DIGNITY PLUS BRIEFS MED	2	
SIR DIGNITY PLUS BRIEFS SM	2	
SIR DIGNITY PLUS BRIEFS XL	2	
SIR DIGNITY PLUS BRIEFS XXL	2	
SLIMLINE ADJUSTABLE BRIEFS	2	
SLIMLINE CONTOURED LINERS	2	
SLIMLINE DISPOSABLE BRIEFS LG	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
SLIMLINE DISPOSABLE BRIEFS MED	2	
SLIMLINE DISPOSABLE BRIEFS SM	2	
SLIMLINE DISPOSABLE BRIEFS XL	2	
SLIMLINE DISPOSABLE BRIEFS YTH	2	
SLIMLINE FITTED LINERS	2	
SLIMLINE PEACH SHEET CARE PADS	2	
slip-on undergarments	2	
SM INCONTINENT LINER DISP	2	
sm underpads medium	2	
SPARTAN WATERPROOF PANT EXTRA	2	
SPARTAN WATERPROOF PANT LARGE	2	
SPARTAN WATERPROOF PANT S/M	2	
SURE CARE BELTED UNDERGARMENT	2	
SURE CARE BELTLESS UNDERGARMNT	2	
SURE CARE UNDERGARMENT	2	
SURE CARE UNDERPADS 17"X24"	2	
SURE CARE UNDERPADS 23"X24"	2	
SURE CARE UNDERPADS 23"X36"	2	
SURE CARE UNDERPADS 30"X36"	2	
SURE CARE UNDERWEAR 34"-46"	2	
SURE CARE UNDERWEAR 44"-54"	2	
SURE CARE UNDERWEAR 48"-66"	2	
TENA BELTED BRIEFS	2	
TENA CLASSIC BRIEFS/LARGE	2	

Drug Name	Tier	Notes
TENA CLASSIC BRIEFS/MEDIUM	2	
TENA CLASSIC BRIEFS/X-LARGE	2	
TENA COMPLETE + CARE LARGE	2	
TENA COMPLETE + CARE MEDIUM	2	
TENA COMPLETE + CARE XL	2	
TENA COMPLETE BRIEF LARGE	2	
TENA COMPLETE BRIEF MEDIUM	2	
TENA COMPLETE BRIEF XL	2	
TENA DAY DRY COMFORT HEAVY	2	
TENA DAY DRY COMFORT LIGHT	2	
TENA DAY DRY COMFORT MODERATE	2	
TENA DAY LIGHT PAD	2	
TENA DAY PLUS PAD	2	
TENA DAY REGULAR PAD	2	
TENA DISCREET SUPER/LARGE	2	
TENA DISCREET SUPER/MEDIUM	2	
TENA DISCREET ULTRA/LARGE	2	
TENA DISCREET ULTRA/MEDIUM	2	
TENA DISCREET XLARGE	2	
TENA DISCREET/LARGE	2	
TENA DISCREET/MEDIUM	2	
TENA DISCREET/SMALL	2	
TENA FLEX 12 MAXI	2	
TENA FLEX 12 PLUS	2	
TENA FLEX 12 SUPER	2	
TENA FLEX 16 MAXI	2	
TENA FLEX 16 PLUS	2	
TENA FLEX 16 SUPER	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
TENA FLEX 20	2	
TENA FLEX 8 SUPER	2	
TENA FOR MEN	2	
TENA KNIT PANTS/PLUS	2	
TENA KNIT PANTS/REGULAR	2	
TENA MEN UNDERWEAR CULOTTE M/L	2	
TENA MEN UNDERWEAR CULOTTE XL	2	
TENA MESH PANTS/LARGE	2	
TENA MESH PANTS/MEDIUM	2	
TENA MESH PANTS/SMALL	2	
TENA MESH PANTS/X-LARGE	2	
TENA NIGHT DRY COMFORT	2	
TENA NIGHT SUPER PAD	2	
TENA OVERNIGHT	2	
TENA PANTS SUPER/MEDIUM	2	
TENA PANTS ULTRA/LARGE	2	
TENA PANTS ULTRA/MEDIUM	2	
TENA PANTS/SMALL	2	
TENA PANTS/XL-XXL	2	
TENA PANTS/YOUTH	2	
TENA PROTECT UNDERWEAR EXT/LG	2	
TENA PROTECT UNDERWEAR EXT/MED	2	
TENA PROTECT UNDERWEAR EXT/SM	2	
TENA PROTECT UNDERWEAR PLS/LG	2	
TENA PROTECT UNDERWEAR PLS/MED	2	
TENA PROTECT UNDERWEAR PLS/XL	2	

Drug Name	Tier	Notes
TENA PROTECT UNDERWEAR/LARGE	2	
TENA PROTECTIVE UNDERWEAR/2XL	2	
TENA PROTECTIVE UNDERWEAR/LG	2	
TENA PROTECTIVE UNDERWEAR/MED	2	
TENA PROTECTIVE UNDERWEAR/XL	2	
TENA SKIN-CARING WASHCLOTHS	2	
TENA STRETCH BRIEF 2XL	2	
TENA SUPER BRIEF/LARGE	2	
TENA WOMEN UNDERWEAR CULOTTE	2	
TENA YOUTH BRIEF EXTRA SMALL	2	
TOPLINERS	2	
TRANQUILITY ADULT LINER	2	
TRANQUILITY AIR-PLUS BARIATRIC	2	
TRANQUILITY ATN BRIEF EX SM	2	
TRANQUILITY ATN BRIEF LARGE	2	
TRANQUILITY ATN BRIEF MED	2	
TRANQUILITY ATN BRIEF SMALL	2	
TRANQUILITY ATN BRIEF XL	2	
TRANQUILITY BARIATRIC PANT	2	
TRANQUILITY BRIEFS KIT	1 or 1b*	
TRANQUILITY CLEANSING WIPES	2	
TRANQUILITY FLEXTENDER STRAP	2	
TRANQUILITY HIGH CAPACITY PAD	2	
TRANQUILITY HI-RISE BARIATRIC	2	
TRANQUILITY MINI TRIMSHIELD	2	

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

Drug Name	Tier	Notes
TRANQUILITY PREMIUM DAYTIME	2	
TRANQUILITY PREMIUM OVERNIGHT	2	
TRANQUILITY PREMIUM PROTECTION	2	
TRANQUILITY PREMIUN DAYTIME	2	
TRANQUILITY SLIMLINE BRIEF	2	
TRANQUILITY SLIMLINE BRIEF ADJ	2	
TRANQUILITY SLIMLINE BRIEF JR	2	
TRANQUILITY SLIMLINE BRIEF LG	2	
TRANQUILITY SLIMLINE BRIEF MED	2	
TRANQUILITY SLIMLINE BRIEF SM	2	
TRANQUILITY SLIMLINE BRIEF YTH	2	
TRANQUILITY SLIMLINE FIT LINER	2	
TRANQUILITY SLIMLINE SHEET PAD	2	
TRANQUILITY SMARTCORE BRIEFS	2	
TRANQUILITY SUPER PLUS LINER	2	
TRANQUILITY THINLINER 2022	2	
TRANQUILITY THINLINER 610	2	
TRANQUILITY THINLINER 714	2	
TRANQUILITY TOPLINER	2	
TRANQUILITY TOPLINER BOOSTER	2	
TRANQUILITY TRIMSHIELD FOR MEN	2	
TRANQUILITY TRIMSHIELD REGULAR	2	
TRANQUILITY TRIMSHIELD SUPR-PL	2	
TRANQUILITY UNDERGARMENTS	2	

Drug Name	Tier	Notes
TRANQUILITY UNDERPADS	2	
TRANQUILITY WASHABLE PANT L	2	
TRANQUILITY WASHABLE PANT M	2	
TRANQUILITY WASHABLE PANT S	2	
TRANQUILITY WASHABLE PANT XL	2	
TRANQUILITY WASHABLE PANT XS	2	
TRANQUILITY XL+ BARIATRIC	2	
TRIMSHIELD	2	
u-bag urine specimen collector	2	
undergarment	2	
underpads	2	
underpads extra large	2	
underpads medium	2	
underpads regular	2	
underpads small	2	
URESTA STARTER KIT	3	
urinary drainage bag	2	
urinary leg bag	2	
urinary leg bag kit	2	
urinary leg bag straps	2	
VAGISIL INTIMATE WIPES	2	
VAGISIL ODOR BLOCK DAILY WIPES	2	
VALUE BUY ADULT BRIEF X-LARGE	2	
VALUE BUY BRIEF LARGE	2	
VALUE BUY BRIEF MEDIUM	2	
vented urinary leg bag kit	2	
washable pants	2	
washable pants kit	1 or 1b*	
waterproof sheeting 36"x54"	2	
waterproof sheeting 36"x80"	2	
waterproof sheeting 39"x75"	2	
WINGS ADULT BRIEFS XXL	2	

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

Drug Name	Tier	Notes
WINGS ADULT QUILTED BRIEFS/LG	2	
WINGS ADULT QUILTED BRIEFS/MED	2	
WINGS ADULT QUILTED BRIEFS/S	2	
WINGS ADULT QUILTED BRIEFS/XL	2	
WINGS BARIATRIC ADULT BRIEFS	2	
WINGS BREATHABLE UNDERPAD	2	
WINGS CHOICE PLUS ADULT BRIEFS	2	
WINGS CHOICE PLUS YOUTH BRIEFS	2	
WINGS CONTOURED PAD 13"X24"	2	
WINGS CONTOURED PAD 14"X26"	2	
WINGS CONTOURED PAD 14"X27"	2	
WINGS FLUFF UNDERPAD 17"X24"	2	
WINGS FLUFF UNDERPAD 23"X24"	2	
WINGS FLUFF UNDERPAD 23"X36"	2	
WINGS FLUFF UNDERPAD 30"X30"	2	
WINGS FLUFF UNDERPAD 30"X36"	2	
WINGS HL ADULT BRIEFS/LARGE	2	
WINGS HL ADULT BRIEFS/MEDIUM	2	
WINGS HL ADULT BRIEFS/SMALL	2	
WINGS HL ADULT BRIEFS/XL	2	
WINGS HL ULTRA ADULT BRIEFS/L	2	
WINGS HL ULTRA ADULT BRIEFS/M	2	
WINGS HL ULTRA ADULT BRIEFS/S	2	
WINGS HL ULTRA ADULT BRIEFS/XL	2	

Drug Name	Tier	Notes
WINGS INCONTINENCE PANTS 4XL	2	
WINGS INCONTINENCE PANTS L/XL	2	
WINGS INCONTINENCE PANTS S/M	2	
WINGS KNIT PANTS XXL/XXXL	2	
WINGS MATERNITY PANTS 2X-3X	2	
WINGS MATERNITY PANTS 4X	2	
WINGS MATERNITY PANTS LG-1X	2	
WINGS UNDERPAD 30"X30"	2	
WINGS UNDERPAD 30"X36"	2	
WINGS UNDERPAD 36"X36"	2	
WINGS UNDERPAD 36"X70"	2	
WINGS WASHCLOTHS	2	
<b>*INFANT CARE PRODUCTS***</b>		
AQUAPHOR BABY WASH & SHAMPOO EXTERNAL LIQUID	2	
AVEENO BABY BATHTIME SOLUTIONS EXTERNAL KIT	2	
AVEENO BABY CREAMY WASH EXTERNAL LIQUID	2	
AVEENO BABY SENSITIVE WIPES	2	
AVEENO BABY WASH & SHAMPOO EXTERNAL LIQUID	2	
baby lotion external lotion	2	
baby shampoo external shampoo	2	
baby wash external liquid	2	
baby wipes	2	
BOUDREAUXS BABY KISSES EXTERNAL OINTMENT	2	
breastfeeding starter set	2	

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

Drug Name	Tier	Notes
<b>CERAVE BABY MOISTRIZING CREAM EXTERNAL CREAM</b>	2	
<b>CERAVE BABY MOISTURIZING EXTERNAL LOTION</b>	2	
<b>CERAVE BABY WASH &amp; SHAMPOO EXTERNAL SHAMPOO</b>	2	
<b>CLEFT LIP/PALATE NURSER</b>	2	
<b>COMFORT BATH BABY WASHCLOTHS</b>	2	
comfort-smooth baby wipes	2	
comfort-smooth baby wipes/aloe	2	
<b>CUTIES BABY WIPES/ALOE</b>	2	
<b>CUTIES PREMIUM WIPES</b>	2	
<b>CUTIES PREMIUM WIPES/SENSITIVE</b>	2	
<b>CUTIES SENSITIVE WIPES</b>	2	
cvs baby shampoo external shampoo	2	
cvs rash guard cleansing wipes	2	
cvs soft cloths supreme	2	
dermacloud external ointment	2	
hm baby shampoo external shampoo	2	
<b>HUGGIES BABY WASH EXTERNAL LIQUID</b>	2	
<b>HUGGIES BABY WIPES CALMING</b>	2	
<b>HUGGIES BABY WIPES GENTLE CARE</b>	2	
<b>HUGGIES BABY WIPES SHEA BUTTER</b>	2	
<b>HUGGIES BABY WIPES SUPREME</b>	2	
<b>HUGGIES CALMING TOUCH EXTERNAL LOTION</b>	2	
<b>HUGGIES CALMING TOUCH WASH EXTERNAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>HUGGIES CALMING TOUCH WIPES</b>	2	
<b>HUGGIES CLEAN TEAM CLEANSING</b>	2	
<b>HUGGIES CLEAN TEAM MOIST WIPES</b>	2	
<b>HUGGIES NATURAL CARE EXTERNAL LOTION</b>	2	
<b>HUGGIES NATURAL CARE EXTERNAL SHAMPOO</b>	2	
<b>HUGGIES NATURAL CARE WASH EXTERNAL LIQUID</b>	2	
<b>HUGGIES NATURAL CARE WIPES</b>	2	
<b>HUGGIES NATURALLY REFRESH WASH EXTERNAL LIQUID</b>	2	
<b>HUGGIES NATURALLY REFRESH WIPE</b>	2	
<b>HUGGIES NATURALLY REFRESHING EXTERNAL LOTION</b>	2	
<b>HUGGIES ONE AND DONE WIPES</b>	2	
<b>HUGGIES SIMPLY CLEAN WIPES</b>	2	
<b>HUGGIES SOFT SKIN BABY WIPES</b>	2	
<b>HUGGIES SOFT SKIN EXTERNAL LOTION</b>	2	
<b>HUGGIES SOFT SKIN WASH EXTERNAL LIQUID</b>	2	
<b>HUGGIES SUPREME BABY WIPES</b>	2	
<b>JOHNSONS BABY BUBBLE BATH EXTERNAL LIQUID</b>	2	
<b>JOHNSONS BABY CARE ESSENTIALS EXTERNAL KIT</b>	2	
<b>JOHNSONS BABY CREAMY OIL EXTERNAL LIQUID</b>	2	
<b>JOHNSONS BABY EXTERNAL LOTION</b>	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
JOHNSONS BABY LOTION EXTERNAL LOTION	2	
JOHNSONS BABY MOISTURE WASH EXTERNAL LIQUID	2	
JOHNSONS BABY OIL GEL EXTERNAL GEL	2	
JOHNSONS BABY SHAMPOO EXTERNAL SHAMPOO	2	
JOHNSONS BATH DISCOVERY SET EXTERNAL	2	
JOHNSONS BEDTIME BATH EXTERNAL LIQUID	2	
JOHNSONS BEDTIME BUBBLE BATH EXTERNAL LIQUID	2	
JOHNSONS BEDTIME EXTERNAL LOTION	2	
JOHNSONS BEDTIME MOISTURE WASH EXTERNAL LIQUID	2	
JOHNSONS CALMING EXTERNAL SHAMPOO	2	
JOHNSONS COTTONTOUCH EXTERNAL LIQUID	2	
JOHNSONS COTTONTOUCH EXTERNAL LOTION	2	
JOHNSONS HEAD-TO-TOE EXTERNAL LIQUID	2	
JOHNSONS SHEA & COCOA BUTTER EXTERNAL LIQUID	2	
JOHNSONS SLEEPY TIME BABY GIFT EXTERNAL KIT	2	
JOHNSONS SOOTHING VAPOR BATH EXTERNAL LIQUID	2	
LANSINOH CLEAN & COND BABYWIFE	2	
PAMPERS BABY FRESH WIPES	2	
PAMPERS SENSITIVE WIPES	2	

Drug Name	Tier	Notes
pregnancy care box combination kit	2	
premium baby wipes	2	
premium baby wipes/sensitive	2	
qc baby wipes trav pack/lotion	2	
qc baby wipes travel pack	2	
qc baby wipes/lotion	2	
<b>RA TUGABOOS BABY OIL GEL EXTERNAL GEL</b>	2	
sm baby shampoo external shampoo	2	
well beginnings scented wipes	2	
<b>*INSULIN ADMINISTRATION SUPPLIES***</b>		
ACCU-CHEK LINKASSIST	2	
ACCU-CHEK PLASTIC CARTRIDGE	2	
ACCU-CHEK SPIRIT CARTRIDGE	2	
ACCU-CHEK SPIRIT COMBO PACK	2	
ACCU-CHEK TENDER I SET 24"	2	
ACCU-CHEK TENDER I SET 31"	2	
ACCU-CHEK ULTRAFLEX INF SET	2	
ACCU-CHEK ULTRAFLEX-1 INF SET	2	
AMBI-TRAY	2	
AMIGO INSULIN PUMP DEVICE	2	
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET	2	
EASY TOUCH INSULIN BARRELS 1ML	2	
ENLITE SERTER	2	
extended infusion set 23"/6mm	2	

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



Drug Name	Tier	Notes
extended infusion set 23"/9mm	2	
extended infusion set 32"/9mm	2	
extended reservoir 3ml	2	
<b>GLUCOPRO SYR RES 3ML 22GX3/8"</b>	2	
<b>INSUL-CAP</b>	2	
<b>INSUL-EZE</b>	2	
<b>MINIMED 630G INSULIN PUMP KIT</b>	2	
<b>MINIMED 770G INSULIN PUMP SYS KIT</b>	2	
<b>MINIMED MIO ADVANCE INFUSE SET</b>	2	
<b>MINIMED PUMP RESERVOIR 3ML</b>	2	
<b>MINIMED QUICK SET INF SET 18"</b>	2	
<b>MINIMED QUICK SET INF SET 23"</b>	2	
<b>MINIMED QUICK SET INF SET 32"</b>	2	
<b>MINIMED QUICK SET INF SET 43"</b>	2	
<b>MINIMED QUICK- SERTER</b>	2	
<b>MINIMED RESERVOIR 1.8ML</b>	2	
<b>MINIMED RESERVOIR 3ML</b>	2	
<b>MINIMED SILHOUETTE INF SET 32"</b>	2	
<b>MINIMED SILHOUETTE INF SET 43"</b>	2	
<b>OMNIPOD 5 G6 INTRO (GEN 5) KIT</b>	2	PA; QL
<b>OMNIPOD 5 G6 POD (GEN 5)</b>	2	PA; QL
<b>OMNIPOD CLASSIC PODS (GEN 3)</b>	2	PA; QL
<b>OMNIPOD DASH INTRO (GEN 4) KIT</b>	2	PA; QL
<b>OMNIPOD DASH PDM (GEN 4) KIT</b>	2	PA; QL
<b>OMNIPOD DASH PODS (GEN 4)</b>	2	PA; QL
<b>OMNIPOD POD PALS</b>	2	

Drug Name	Tier	Notes
<b>PARADIGM PUMP RESERVOIR 1.8ML</b>	2	
<b>PARADIGM PUMP RESERVOIR 3ML</b>	2	
<b>PARADIGM SILHOUETTE COMBO 23"</b>	2	
<b>PARADIGM SILHOUETTE COMBO 43"</b>	2	
<b>PRODIGY COUNT-A- DOSE</b>	2	
<b>QUICK-SERTER INSERTION DEVICE</b>	2	
<b>SEN-SERTER</b>	2	
<b>SILHOUETTE 23" INFUSION SET</b>	2	
<b>SILHOUETTE 43" INFUSION SET</b>	2	
<b>SILHOUETTE INFUSION SET 18"</b>	2	
<b>SIL-SERTER INSERTION DEVICE</b>	2	
<b>SURE T INFUSION SET 18"/6MM</b>	2	
<b>SURE T INFUSION SET 23"/10MM</b>	2	
<b>SURE T INFUSION SET 23"/6MM</b>	2	
<b>SURE T INFUSION SET 23"/8MM</b>	2	
<b>SURE T INFUSION SET 32"/10MM</b>	2	
<b>SURE T INFUSION SET 32"/6MM</b>	2	
<b>SURE T INFUSION SET 32"/8MM</b>	2	
<b>T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE</b>	2	
<b>T:FLEX T:LOCK CARTRIDGE 4.8ML</b>	2	
<b>T:SLIM X2 3ML CARTRIDGE</b>	2	
<b>T:SLIM X2 BASAL-IQ PUMP DEVICE</b>	2	
<b>T:SLIM X2 CONTROL-IQ PUMP DEVICE</b>	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
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	2	
TRUSTEEL INFUSION SET	2	
VARISOFT INFUSION SET	2	
VIVI CAP	2	
VIVI CAP1	2	
<b>*IRRIGATION-TYPE SYRINGES***</b>		
BD CATHETER TIP SYRINGE 50 ML	2	
DOVER BULB SYRINGE	2	
<b>*IV SETS/TUBING***</b>		
ACCU-CHEK TENDER 1 INFUSION KIT	2	
ARGYLE EXTENSION TUBE 20"	2	
BD SAFETY-LOK SET	2	
BD VACUTAINER SET	2	
fluid administration set	2	
iv administration set	2	
iv extension set	2	
KANGAROO BURETTE SET	2	
LTXF PRIM CNV PIN MICRODRIP	2	
LTXF PRIM IV SET/CNVT PIN	2	
LTXF SECONDARY/CNV PIN/32INC	2	
NERIA 29G INFUSION SET 10MM	2	
NERIA 29G INFUSION SET 6MM	2	
NERIA 29G INFUSION SET 8MM	2	
NERIA MULTI 27G 2X10MM	2	
NERIA MULTI 27G 3X10MM	2	
NERIA MULTI 27G 4X12MM	2	
NERIA SOFT 25G INFUSION 13MM	2	
NERIA SOFT 25G INFUSION 17MM	2	
solution transfer device	2	

Drug Name	Tier	Notes
<b>*KETONE MONITORING TEST SUPPLIES***</b>		
FORA CONTROL L1 IN VITRO SOLUTION	2	
GOJJI CONTROL LEVEL 1 IN VITRO SOLUTION	2	
<b>*MASKS***</b>		
ACTEEV PROTECT FACE MASK	2	
breathe comfort protect shield	2	
CLEVER CHOICE DISPOSABLE MASK	2	
CLEVER CHOICE FACE MASK	2	
cvs medical face masks earloop	2	
cvs procedural mask	2	
disposable face mask	2	
disposable face mask 3-ply	2	
ear-loop mask small	2	
EASY FLOW KN 95	2	
face mask	2	
face mask earloop-style	2	
face mask resp n-100 part	3	
face mask respirator r-95 part	3	
face masks 3 layer non-medical	2	
J & J GERM FILTER MASK	2	
kn95 disposable mask	2	
kn95 medical protective mask	2	
mask pediatric size 1"	2	
n95 face mask	2	
n95 parti respirator face mask	2	
NEXCARE ALL PURPOSE MASK	2	
NEXCARE EARLOOP MASK	2	
pediatric medium mask	2	
pediatric small mask	2	
SAFE-SENSE EARLOOP FACE MASK	3	

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

Drug Name	Tier	Notes
<b>SHIELD-SECURE FULL FACE SHIELD</b>	2	
surgical face mask/niosh n95	3	
<b>*MEDICAL IDENTIFICATION SUPPLIES***</b>		
medical id bracelet	2	
medical id plate for bracelet	2	
medical id plate for necklace	2	
<b>*MEDICAL WASTE DISPOSAL SYSTEMS***</b>		
<b>BD PHLEBOTOMY SHARPS COLLECTOR</b>	2	
<b>BD SHARPS COLLECTOR</b>	2	
bd sharps container home	2	
<b>BD SHARPS DISPOSAL BY MAIL</b>	2	
<b>COMPLETE NEEDLE COLLECTION SYS</b>	2	
cvs needle collection/disposal	2	
<b>MONOJECT SHARPS CONTAINER</b>	3	
sharps collector	2	
sharps container	2	
sharps disposal by mail system	2	
<b>ULTILET SHARPS CONTAINER 1QT</b>	2	
<b>ULTILET SHARPS CONTAINER 2QT</b>	2	
<b>*MEDICATION DISPOSAL SYSTEMS***</b>		
<b>DETERRA 3.5 GALLON</b>	2	
<b>DETERRA 5 GALLON</b>	2	
<b>DETERRA LP</b>	2	
<b>DETERRA MP</b>	2	
<b>DETERRA SP</b>	2	
<b>DETERRA XL</b>	2	
<b>DISOSERX</b>	2	
<b>*MISC. DEVICES***</b>		
14-count warmer	2	
2-way foley stabilization dev	3	
3-in-1 bedside toilet	2	

Drug Name	Tier	Notes
<b>ACU-LIFE CRUSHER/CONTAINER</b>	2	
adapter cap	3	
<b>ADD-VANTAGE ADDAPTOR CONNECTOR</b>	3	
adjust bath/shower seat	2	
adjust bath/shower seat/back	2	
adjust fold cane/york handle	2	
adjustable aluminum cane	2	
adjustable aluminum cane 3/4"	2	
adjustable aluminum cane 5/8"	2	
adjustable aluminum cane 7/8"	2	
adjustable commode 3-in-1	2	
adjustable folding cane	2	
adult push button alum crutch	2	
<b>ALEVE TENS REFILL PADS</b>	2	
<b>ALL-BODY MASSAGE</b>	2	
<b>ALPHAMOP FOAM REPLACEMENT PADS</b>	3	
aluminum blanket support	2	
aluminum flip off seals 13mm	3	
aluminum flip off seals 20mm	3	
amber glass bottle	2	
amber glass vials 2ml	2	
amber glass vials 2ml/13mm	3	
amber glass vials 30ml/20mm	3	
<b>AMEDA ADAPTER CAP</b>	3	
<b>AMEDA BREAST FLANGE INSERT</b>	3	
<b>AMEDA CUSTOMFIT BREAST FLANGE</b>	3	
<b>AMEDA DIAPHRAGMS</b>	3	
<b>AMEDA DUAL HYGIENIKIT SYSTEM</b>	3	
<b>AMEDA DUAL HYGIENIKIT W/ADAPT</b>	3	
<b>AMEDA ELITE BREAST PUMP</b>	2	

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

Drug Name	Tier	Notes
AMEDA FINESSE BREAST PUMP	3	
AMEDA FLEXISHIELD	3	
AMEDA MYA JOY BREAST PUMP	2	
AMEDA MYA JOY BREAST PUMP/TOTE	2	
AMEDA ONE-HAND BREAST PUMP	2	
AMEDA PLATINUM BREAST PUMP	3	
AMEDA PURELY YOURS BREAST PUMP	2	
AMEDA SILICONE TUBING	3	
AMEDA TUBING ADAPTER	3	
AMEDA VALVES	3	
amielle restore vag exercisers	2	
AMIELLE VAGINAL TRAINER	2	
ANGEL WING BLOOD COLLECT SET	3	
ANGEL WING LUER ADAPTER/HOLDER	3	
ANGEL WING TRANSFER DEVICE	3	
ANGEL WING TUBE HOLDER	3	
APNEASTRIP	3	
ARGYLE SARATOGA SUMP DRAIN	3	
ARGYLE TRACH TUBE HOLDER	2	
autoclave air filter	3	
autoclave paper 36" x 36"	3	
autoclave printer paper	3	
baby fridge	2	
bamboo cane	2	
bandage scissors	2	
bariatric aluminum cane	2	
bath bench with back	2	
bath/shower seat	2	
bathub safety rail	2	
BD SAFE CLIP NEEDLE CLIPPER	2	
BD SAFE-CLIP BY MAIL	2	

Drug Name	Tier	Notes
bed wedge	2	
beutlich ph test roll	2	
bi-focal magnifier	2	
blood collection tube holder	2	
blood pressure smart card	2	
bmi digital smart scale	2	
bottle 120ml/spray/clr plastic	3	
bottle 2oz/blue glass/dropper	3	
bottle 500ml/boston round/cap	3	
bottle 8oz/boston round/cap	3	
bottle amber glass 33oz	3	
bottle amber graduated 16oz	3	
bottle amber graduated 8oz	3	
bottle/white 6oz w/twist top	3	
bottletop dispenser	3	
bottletop dispenser adapter	3	
breast pump	2	
breathe comfort nasal aspirato	2	
breathe comfort nasal irrigat	2	
breathe ease pulse oximeter	2	
bubble point tester kit/wizard	3	
cane	2	
cane for blind folding	2	
cane holder	2	
cane tips	2	
cane tips 3/4"	2	
cane tips 7/8"	2	
cane tips for alum 3/4"	2	
cane tips for wood 3/4"	2	
cane tips for wood 5/8"	2	
cane tips for wood 7/8"	2	
cane wrist strap	2	
cane/offset handle	2	
cane/t-handle	2	
CARETOUCH PULSE OXIMETER	2	
CAREX COCCYX CUSHION	2	
CAREX ULTRA GRABBER 32"	2	
CAREX WHEELCHAIR	2	
cervical pillow	2	

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

Drug Name	Tier	Notes
cervical pillow/cover	2	
cervical traction kit	2	
chemo transfer pin	2	
<b>CINIS PREEMIE HALO LARGE</b>	2	
<b>CINIS PREEMIE HALO MEDIUM</b>	2	
<b>CINIS PREEMIE HALO SMALL</b>	2	
classics rolling walker	2	
cleanroom tacky mat 18"x36"	3	
clear glass vial 10ml	3	
clear glass vials 2ml	3	
<b>CLEVER CHOICE BMI SCALE</b>	2	
<b>CLEVER CHOICE BREAST PUMP</b>	2	
<b>CLEVER CHOICE HEARING AMPLIFIE</b>	2	
<b>CLEVER CHOICE HYDROTHERAPY SYS</b>	2	
<b>CLEVER CHOICE PULSE OXIMETER</b>	3	
<b>CLINERE EARWAX CLEANERS</b>	2	
<b>CLINERE EARWAX REMOVER</b>	2	
<b>CLIP &amp; STOR</b>	2	
<b>COMAR PRESS-IN BOTTLE ADAPTERS</b>	3	
comfort curve massage cushion	2	
<b>COMFORT FIT FLANGES LARGE</b>	2	
<b>COMFORT PERSONAL CLEANS CART</b>	2	
<b>COMFORT PERSONAL MICROWAVE</b>	2	
<b>COMFORT PERSONAL SHAMPOO CAP</b>	2	
<b>COMFORT PERSONAL WARMER 14-CT</b>	2	
<b>COMFORT PERSONAL WARMER 28-CT</b>	2	
commode	2	
commode 3-in-1	2	
commode bedside	2	

Drug Name	Tier	Notes
commode bedside/back	2	
commode pail	2	
commode splash guard	2	
contour back cushion	2	
contour fitted sheets	2	
contour mattress cover	2	
coverall boots/disposable/univ	3	
coverall w/hood/3xl	3	
coverall w/hood/small	3	
coverall w/hood/xl	3	
coverall w/hood/xxl	3	
coveralls elast back/wrst/ankl	3	
crutch	2	
crutch accessory kit	2	
crutch handgrips	2	
crutch pillows/arm/hand	2	
crutch set	2	
crutch tips	2	
crutch underarm pads	2	
crutches-aluminum	2	
<b>CRUTCH-MATE ADULT ARM</b>	2	
<b>CRUTCH-MATE ADULT FOREARM</b>	2	
<b>CRUTCH-MATE ADULT HAND GRIP LG</b>	2	
<b>CRUTCH-MATE ADULT HAND GRIPS</b>	2	
<b>CURITY SUTURE REMOVAL KIT</b>	2	
custom-flex	2	
cvs alkaline batteries size aa	2	
cvs cane	2	
cvs crutches	2	
cvs diabetic organizer	2	
cvs ear plugs	2	
cvs gel grip folding cane	2	
cvs pill splitter	2	
cvs pulse oximeter	2	
cvs quad cane	2	
cvs ready set go bath bench	2	
cvs reusable sheet protector	2	
cvs rubber cushion	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
<b>DEEP-TISSUE</b>	2	
dental guard	2	
deodorant tubes 2.65oz-caps	3	
dial-a-dose syringe 15ml	3	
dial-a-dose syringe 30ml	3	
dial-a-dose syringe 60ml	3	
<b>DIFFUSER ULTRA SONIC</b>	2	
digital glass scale	2	
<b>DINAMAP MONITOR PROBE COVERS</b>	2	
disp single head stethoscope	2	
dispenser 50ml/foamer pump	3	
dispenser md jar 50ml	3	
dispenser md pen 6.5ml	3	
dispenser md pump 0.5ml	3	
dispenser md pump 1.0ml	3	
dispenser md pump 1.5ml	3	
dispenser md pump bottle 100ml	3	
dispenser md pump bottle 150ml	3	
dispenser md pump bottle 15ml	3	
dispenser md pump bottle 200ml	3	
dispenser md pump bottle 240ml	3	
dispenser md pump bottle 30ml	3	
dispenser md pump bottle 50ml	3	
dispenser md pump bottle 80ml	3	
dispenser md syringe 10ml	3	
dispenser md syringe 5ml	3	
dispenser megapump airless	3	
dispenser megapump mezzo rnd	3	
<b>DISPENSER TIP CAP/PRECISED DOSE</b>	3	
dispenser/md foamer	3	
disposable bulb/valve	2	
diverter valve	2	
droptainers 10ml	2	

Drug Name	Tier	Notes
<b>DOVER COMMODE SPECIMEN COLLECT</b>	2	
<b>DOVER MIDSTREAM SPECIMEN CATCH</b>	2	
dropper & screw cap 4oz	3	
dropping bottle 30ml	3	
droptainer tip caps	2	
droptainers ophthalmic 15ml	3	
droptainers ophthalmic 3ml	3	
droptainers ophthalmic 7ml	2	
<b>DUAL HYGIENIKIT MILK COLLECT KIT</b>	2	
dual paddle folding walker	2	
<b>DUNLAP FOAM RING CUSHION</b>	2	
<b>DUNLAP INFLATABLE VINYL RING</b>	2	
ear wax removal/tri-stream tip	2	
earplugs	2	
earpopper middle ear inflation device	3	
easy feed electric breast pump	2	
<b>ECO-SMARTFUNNEL 186ML</b>	3	
egg crate bed pad	2	
electrodes 2"x2"/reusable	2	
electrotherapy pain relief	2	
<b>ELON PROFESSIONAL NAIL CARE</b>	2	
elongated toilet seat elevator	2	
<b>ELOSHIELD FACE SHIELD</b>	2	
empty vial 3ml	3	
endoscopic delivery system	2	
endurance four leg seat cane	2	
<b>ENDURANCE HD COMMODE</b>	2	
eq bath & shower seat/back	2	
eq folding walker	2	
eq wheelchair folding black	2	
eql ear plugs/silicone	2	
eql mustache/beard scissors	2	
eql skin care tool	2	
<b>EVERYDAY PICK</b>	2	

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

Drug Name	Tier	Notes
extendable bedside rail	2	
eye/ear dropper	2	
<b>E-Z LOCK RAISED TOILET SEAT</b>	2	
<b>EZY DOSE EZY CRUSH PILL CRUSH</b>	2	
<b>EZY DOSE MEDICINE CUPS</b>	2	
face shield	2	
fall mat	2	
fashion cane/t-handle	2	
fetal doppler	2	
filter 0.2 micron/25mm	3	
filter 0.2 micron/32mm	3	
filter 0.2 micron/47mm	3	
filter 0.22 micron/73mm/1000ml	3	
filter attachment	3	
filter fluorodyne/0.22 micron	3	
filter/millex-gp/50mm/clear	2	
<b>FLA ADJUST AIR ANKLE WALKER</b>	3	
flaortho walker	3	
flex & go folding cane	2	
<b>FLEX SHIELD WITH EAR LOOPS</b>	2	
<b>FLEX SHIELD WITH TIE STRINGS</b>	2	
<b>FLEX THERAPY</b>	2	
flight ear plugs	2	
foam chair cushion	2	
foam crutch pad	2	
foam cushion	2	
foam ear plugs	2	
foam invalid cushion	2	
foam ring 2"	3	
foil wrapper 3" x 3"	3	
folding cane	2	
folding commode	2	
folding reacher	2	
folding seat cane	2	
folding walker	2	
folding walker/adult	2	
folding walking cane	2	

Drug Name	Tier	Notes
foot massager	2	
<b>FORA GATEWAY</b>	2	
<b>FORA GW9014 TELEHEALTH GATEWAY</b>	2	
<b>FORA TN'G SCALE 550</b>	2	
<b>FREE SPIRIT KNEE/LEG WALKER</b>	2	
<b>FREESTYLE DOUBLE BREASTPUMP</b>	2	
getgo rolling walker	2	
glass bottle 15ml	3	
glass bottle 30ml	3	
glass bottle 30ml/brush cap	3	
glass bottle 30ml/phenolic cap	3	
glass bottle 60ml	3	
glass serum bottles 20ml	3	
glass serum bottles 2ml	3	
glass serum bottles 30ml	2	
glass serum bottles 5ml	3	
glass vial 2ml	2	
glass vial amber 3ml	3	
gnp deluxe pulse oximeter	2	
gnp digital weight scale	2	
gnp lice removal kit kit	2	
gnp nail clippers	2	
gnp pocket tissue	2	
gnp pulse oximeter	2	
gnp reacher 32"	2	
<b>GOJJI WEIGHT SCALE</b>	2	
graduated bottle 2oz	3	
graduated bottle 4oz	3	
groove rolling walker	2	
hand held shower spray	2	
<b>HARMONY BREASTPUMP</b>	2	
head covers 24"	3	
head halter	2	
head halter over door traction	2	
head halter overdoor traction kit	2	
head lice comb	2	
<b>HEAT THERAPY</b>	2	

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

Drug Name	Tier	Notes
heelboot large	2	
heelboot laundry bag	2	
heelboot liner large	2	
heelboot liner regular	2	
heelboot regular	2	
heelboot walk pad	2	
<b>HIBICLENS FOOT PEDAL</b>	2	
<b>HIBICLENS HAND PUMP 16OZ</b>	2	
<b>HIBICLENS HAND PUMP 32OZ</b>	2	
<b>HIBICLENS HAND PUMP GALLON</b>	2	
<b>HIBICLENS HAND PUMP NON FOAM</b>	2	
<b>HIBICLENS PUMP ASSEMBLY</b>	2	
<b>HIBICLENS WALL DISPENSER/FOOT</b>	2	
<b>HIBICLENS WALL DISPENSER/HAND</b>	2	
hm comfort foam ear plugs	2	
home style bed rails	2	
hot-cold therapy	2	
<b>HURRICANE DISPENSING CAP</b>	2	
<b>HURRICANE LIQUID DISPENSER</b>	2	
<b>HURRICANE SPR EXTENSION TUBES</b>	2	
<b>HURRIPAK PERIO IRRIGATION TIPS</b>	2	
<b>HURRIPAK PERIODONTAL ANESTHETI</b>	2	
<b>HURRYCANE FREEDOM EDITION CANE</b>	2	
<b>ICY DIAMOND TOTE CANVAS</b>	2	
<b>ICY DIAMOND TOTE NON LEATHER</b>	2	
<b>ICY HOT TENS THERAPY REFILL</b>	2	
illusions aa breast prosthesis	3	
illusions c breast prosthesis	3	
indicator/biological test kit	3	

Drug Name	Tier	Notes
inflatable neck rest	2	
inhalation vial cap/blue	3	
inhalation vial cap/green	3	
inhalation vial cap/orange	3	
inhalation vial cap/red	3	
inhalation vial cap/white	3	
inhalation vial cap/yellow	3	
inhalation vial w/ cap/orange	3	
inhalation vial w/cap/blue	3	
inhalation vial w/cap/green	3	
inhalation vial w/cap/red	3	
inhalation vial w/cap/white	3	
inhalation vial w/cap/yellow	3	
inhalation vial w/o cap/amber	3	
inhalation work stat/50 holes	3	
itouch sure pelvic exerciser	2	
<b>J &amp; J ANTISEPTIC WIPES</b>	2	
<b>J &amp; J INSTANT COLD PACK</b>	2	
<b>J &amp; J TOURNIQUET</b>	2	
jar/8oz/white lid	3	
journey series rolling walker	2	
jug amber glass 4l	3	
<b>KANESON BREAST PUMP/NURSER</b>	2	
<b>KANGAROO RIGID CONTAINER</b>	2	
kegel ball trainer	2	
kegel fit	2	
kegel toner pelvic trainer	2	
lab coat-disposable	2	
lab coat-disposable large	3	
lab coat-disposable medium	3	
lab coat-disposable small	3	
lab coat-disposable xl	3	
lab coat-disposable xxl	3	
ladycare menopause	2	
<b>LANSINOH BREASTFEEDING PILLOW</b>	2	
<b>LANSINOH BREASTMILK COLLECTOR</b>	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
<b>LANSINOH EXTRA PUMPING SET</b>	2	
<b>LANSINOH MANUAL BREAST PUMP</b>	2	
<b>LANSINOH POSTPART WASH BOTTLE</b>	2	
<b>LANSINOH PUMP ADAPTERS</b>	2	
<b>LANSINOH SMART PUMP TOTE BAGS</b>	2	
<b>LANSINOH SMARTPUMP</b>	2	
<b>LANSINOH SMARTPUMP 2.0</b>	2	
<b>LATCH ASSIST NIPPLE EVERTER</b>	2	
los yankauer holder	2	
luer tip cap tray	2	
lullaby dbl elect breast pump	2	
lumbar cushion	2	
lumbar support cushion	2	
<b>MAD NASAL</b>	3	
magnifier hands-free	2	
massager	2	
mattress cover	2	
mattress pad	2	
mazerustar mixer/mix container	3	
<b>MEDELA DOUBLE BREAST PUMP</b>	2	
<b>MEDELA LACTINA DOUBLE PUMPING</b>	2	
<b>MEDELA PUMP IN STYLE</b>	2	
medicine dropper	2	
medicine dropper/calibrated	2	
medicine spoon	2	
<b>MEDI-COOLER</b>	2	
<b>MEDI-FRIDGE IIX</b>	2	
medi-rdt blister packs	3	
metal reacher	2	
metered nasal spray pump 15ml	3	
<b>MICROCLENS WALL MOUNT BRACKET</b>	2	
<b>MINI DIFFUSER</b>	2	

Drug Name	Tier	Notes
mini mallet 3/4" plastic	3	
mini transfer pin	2	
mixer/mazerustar emp jar adp	3	
mixer/mazerustar kk-250s-300ss	3	
mixer/mazerustar kk-300ss	3	
mixer/mazerustar kk-400w	3	
mixer/mazerustar md pump adp	3	
mixer/mazerustar/jar adp set	3	
mixer/mazerustar/jar mxing adp	3	
mixer/mazerustar/unodose adapt	3	
mn8	2	
<b>MOIST-SURE REPLACEMENT COVER/L</b>	2	
<b>MOIST-SURE REPLACEMENT COVER/M</b>	2	
<b>MOIST-SURE REPLACEMENT COVER/P</b>	2	
<b>MOISTUREPLUS COVER LARGE</b>	2	
<b>MOISTUREPLUS COVER/MEDIUM</b>	2	
<b>MOISTUREPLUS COVER/PETITE</b>	2	
<b>MONOJECT BLOOD COLLECTION SET</b>	3	
<b>MONOJECT BLOOD COLLECTION TUBE</b>	2	
<b>MONOJECT BLOOD TUBE HOLDER</b>	3	
<b>MONOJECT LUER ADAPTER</b>	3	
<b>MONOJECT MULT-SAMP COLLECT SET</b>	3	
mucosal atomization device	2	
nail polish bottle/brush 15ml	3	
nailit	2	
<b>NASADOCK</b>	2	
nasal spray metered pump	3	
natural wood cane	2	
natural wood walking stick	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
NATURESPIRIT	2	
NEXCARE COMFORT FOAM EAR PLUGS	2	
NEXCARE REUSABLE EAR PLUGS	2	
NG SECURE	2	
NIX ELECTRONIC LICE COMB	2	
NIX METAL TWO-SIDED COMB	3	
nosebleed plugs/towelettes kit	2	
nouri auto	2	
nouri duo	2	
nova bath seat	2	
nova cushion gel seat pad	2	
nova quad tip-four prongs	2	
nuaskin facial scrubber	2	
nuaskin skin tag remover	2	
nuaskin vacuum pro	2	
nvzzler pro double breast pump	2	
nvzzler single breast pump	2	
offset cane	2	
ointment tube/metal 1oz	3	
ointment tube/metal 2oz	3	
ointment tube/metal 4oz	3	
ointment tube/opth tip 1/8oz	3	
ointment tube/plastic 1oz	3	
ointment tube/plastic 2oz	3	
ointment tube/plastic 4oz	3	
ointment tube/plastic 6oz	3	
ointment tube/plastic 8oz	2	
one ounce medicine cups	2	
ONE-DAY-AT-A-TIME PLANNER	2	
oral dose syringe	2	
oral endotracheal device	2	
oral medicine dropper	2	
oral syringe/brush	2	
ORIG MCKENZIE CERVICAL ROLL	2	
o-ring cushion	2	
pedal exerciser	2	

Drug Name	Tier	Notes
pelvic muscle trainer	3	
PERSONALFIT FLEX CONNECTORS	2	
ph accessories storage sol	3	
pill box 7 day	2	
pill counting tray/right hand	2	
pill crusher	2	
pill pouch	2	
pill splitter	2	
plastic bed pan	2	
plastic bottles 30ml	2	
plastic bottles 90ml	2	
plastic enema bottle	2	
plastic jar 6oz	3	
plastic scoop 1ml	3	
platform walker attachment	2	
platinum reacher 31"	2	
pocket magnifier	2	
pocket pro+ replacement sensor	3	
polypropylene cap-liner	3	
POSIDYNE ELD FILTER/0.2UM	2	
posture seat	2	
power adaptor pump in style	2	
PRECISION CATHETER URINE SYS KIT	2	
PRECISION MIDSTREAM KIT KIT	2	
PRECISION SPECIMEN CONTAINER	2	
PRECISION SPUTUM COLLECTOR	2	
PRECISION STOOL COLLECTOR	2	
PRECISION TISSUE GRINDER	2	
PRECISION TISSUE GRINDER 15ML	2	
PRECISION TISSUE GRINDER 50ML	2	
PRECISION URINE SPECIMEN SYS	2	
PRECISION URINE SPECIMEN SYS KIT	2	
premium pill crusher	2	

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

Drug Name	Tier	Notes
press-in bottle adapters	3	
pro comfort foot bath	2	
pro comfort pulse oximeter	2	
protective safety eyewear	2	
pulse oximeter	2	
pulse oximeter deluxe	2	
pulse oximeter for finger	2	
<b>PUMP IN STYLE ADVANCED</b>	2	
<b>PUMP IN STYLE/MAXFLOW</b>	2	
<b>PUMP IN STYLE/MAXFLOW TUBING</b>	2	
pure comfort leg comp massager	2	
quad cane	2	
quad cane tips	2	
quad cane/small base	2	
quick-fit crutches	2	
ra deluxe pulse oximeter	2	
ra extra comfort night protect	2	
raised toilet seat	2	
raised toilet seat/lock	2	
raised toilet seat/lock & arms	2	
reflections aa breast prosthes	3	
reflections c breast prosthes	3	
<b>RELION PULSE OXIMETER</b>	2	
replacement neckband straps	2	
ring cushion 14"	2	
ring cushion 16"	2	
ring cushion 18"	2	
rollator ultra-light	2	
roller walker	2	
rolling walker/burgundy	2	
round shower stool	2	
rubber bath mat	2	
rubber inflatable cushion	2	
<b>RX LOCKING CAP</b>	2	
<b>SAFE-SENSE BEARD NET</b>	2	
<b>SAFE-SENSE COVERALL BOOTS</b>	3	

Drug Name	Tier	Notes
<b>SAFE-SENSE COVERALL/HOOD/L</b>	3	
<b>SAFE-SENSE COVERALL/HOOD/M</b>	3	
<b>SAFE-SENSE COVERALL/HOOD/S</b>	3	
<b>SAFE-SENSE COVERALL/HOOD/XL</b>	3	
<b>SAFE-SENSE HEAD COVER 21"</b>	2	
<b>SAFE-SENSE HEAD COVER CIRC 21"</b>	2	
<b>SAFE-SENSE LAB COAT-LARGE</b>	3	
<b>SAFE-SENSE LAB COAT-MEDIUM</b>	3	
<b>SAFE-SENSE LAB COAT-SMALL</b>	3	
<b>SAFE-SENSE LAB COAT-XLARGE</b>	3	
<b>SAFE-SENSE SHOE COVER NON-SKID</b>	2	
<b>SEAL-TIGHT CAST/BANDAGE</b>	2	
<b>SEAL-TIGHT MID-ARM PROTECTOR</b>	2	
serum bottle	3	
serum bottle stopper 20mm	3	
serum bottles 30ml/amber glass	3	
serum bottles 50ml/clear glass	3	
serum bottles/amber glass 20ml	3	
settling plate sda/29ml/100x15	3	
settling plate tsa/25ml/100x15	3	
shapers layered breast shaper	3	
shower-pak	2	
<b>SIGNATURE PRO ELEC BREAST PUMP</b>	2	
silicone ear plugs	2	
silicone ear plugs for kids	2	
silicone earplugs childrens	2	
<b>SIMPLE WISHES PUMPING BRA</b>	2	

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

Drug Name	Tier	Notes
<b>SIMPLYGO BREAST PUMP</b>	2	
sitz bath	2	
<b>SLEEPRIGHT BREATHE AID</b>	2	
<b>SLEEPRIGHT DENTAL GUARD</b>	2	
<b>SLEEPRIGHT DENTAL GUARD DURA</b>	2	
<b>SLEEPRIGHT DENTAL GUARD SLIM</b>	2	
<b>SLEEPRIGHT SPORT BREATHE AID</b>	2	
<b>SLEEPRIGHT VAPOR INHALER</b>	2	
sm foam ear plugs	2	
sm walker/youth	2	
snap-on chlorobutyl stopper	3	
<b>SOFT HANDS COTTON GLOVE</b>	2	
<b>SOOTHIES COOLING GEL PADS</b>	2	
<b>SOOTHIES GEL PADS</b>	2	
spill kit/chemotherapy kit	3	
splash shield full face	2	
splash shield short face	2	
split handgrips	2	
spray applicator kit	2	
spray bottle/plastic 120ml	3	
standard crutch tip	2	
steel rolling walker	2	
step counter	2	
<b>STEP N REST II WALKER</b>	2	
<b>STEP N REST WALKER</b>	2	
stethoscope	2	
stethoscope dual head	2	
stethoscope single head	2	
stirring rod/glass 12x1/4"	3	
stocking applicator petite	2	
stocking applicator regular	2	
stop lice egg & nit removal	2	
strainer/stainless steel/2.5"	3	
suction grab bar	2	
suction tips	2	

Drug Name	Tier	Notes
suppository mold 2gm	3	
suppository mold/aluminum 2 gm	3	
suppository molds 1.3 ml	3	
suppository molds 2 cc/v-notch	3	
suppository molds 2 ml	3	
suppository molds 2.25 ml	3	
suppository molds 3 ml	2	
suppository shell rack	3	
suppository shells 2.0 ml	3	
suppository shells 2.4ml	3	
<b>SURELIFE CLEARWAVE II OXIMETER</b>	2	
<b>SURELIFE CLEARWAVE OXIMETER</b>	2	
swim earplugs	2	
<b>SYMPHONY DOUBLE PUMPING SYSTEM</b>	2	
syringe dial-a-dose	2	
tablet cutter/crusher	2	
tablet cutter/deluxe safety	2	
tablet cutter/safety shield	2	
tablet cutter-crusher	2	
<b>TAKEAWAY ENVIRONMENTAL RETURN</b>	2	
<b>TAP-N-CLICK SILICONE PAD</b>	3	
<b>THE SIDE RESTER CUSHION</b>	2	
tip rectal/vag w/perforations	2	
toilet safety frame	2	
toilet seat elevator	2	
<b>TOMMEE TIPPEE BREAST PUMP</b>	2	
<b>TOMMEE TIPPEE BREAST PUMP ADTP</b>	2	
tongue cleaner/comfort curve	2	
tongue depressors	2	
toothette bite block	2	
topi-click 1 port	2	
topi-click 140	2	
topi-click 3 port	2	
<b>TOPI-CLICK APPLICATOR</b>	2	

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

Drug Name	Tier	Notes
topi-click applicator micro	2	
topi-click dose check	2	
topi-click micro angled aa	2	
topi-click micro pin point aa	2	
topi-click micro rounded aa	2	
<b>TOPI-CLICK NOZZLE</b>	3	
<b>TOPI-CLICK PERL APPLICATOR 4ML</b>	3	
<b>TOPI-CLICK PERL DOSE LOAD 35ML</b>	3	
<b>TOPI-CLICK PERL VAGINAL DOSING</b>	3	
topi-click uv blocking	2	
topi-click vaginal applicator	2	
topi-click vaginal dose loader	2	
topi-click vaginal dosing	2	
total comfort chair cushion	2	
total comfort seat cushion	2	
traction floor stand	2	
traction head halter rope	2	
traction kit kit	2	
traction pelvic belt	2	
traction weight bag	2	
transfer bench	2	
transfer board	2	
transfer pin	2	
transport chair	2	
travel pouch	2	
traveler 3 wheel roll walker	2	
trigger release junior walker	2	
tri-grip bathtub rail	2	
trio rolling walker	2	
troche mold 30 cavity	2	
tub transfer board	2	
twin medicine spoon	2	
<b>TYVEK PROTECTIVE SLEEVES</b>	3	
ultra comfort body massager	2	
ultra fit smart body scale	2	
<b>UNGUATOR 100/200/57MM</b>	3	
<b>UNGUATOR 15/20/30/36MM</b>	3	

Drug Name	Tier	Notes
<b>UNGUATOR 50/43MM/DISP BLADES</b>	3	
<b>UNGUATOR APPLICATOR 1"-SHORT</b>	3	
<b>UNGUATOR APPLICATOR 2.5"-LONG</b>	3	
<b>UNGUATOR EXACTDOSE 0.5ML</b>	3	
<b>UNGUATOR JAR 100/140 BLUE LID</b>	3	
<b>UNGUATOR JAR 100/140 RED LID</b>	3	
<b>UNGUATOR JAR 15/20 BLUE LID</b>	3	
<b>UNGUATOR JAR 15/20 GREEN LID</b>	3	
<b>UNGUATOR JAR 15/20 RED LID</b>	3	
<b>UNGUATOR JAR 15/28 BLUE LID</b>	3	
<b>UNGUATOR JAR 20/33 BLUE</b>	3	
<b>UNGUATOR JAR 20/33 RED LID</b>	3	
<b>UNGUATOR JAR 20/33 WHITE</b>	3	
<b>UNGUATOR JAR 200/280 BLUE LID</b>	3	
<b>UNGUATOR JAR 200/280 GREEN LID</b>	3	
<b>UNGUATOR JAR 200/280 RED LID</b>	3	
<b>UNGUATOR JAR 200/280 WHITE</b>	3	
<b>UNGUATOR JAR 30/42 BLUE</b>	3	
<b>UNGUATOR JAR 30/42 BLUE LID</b>	3	
<b>UNGUATOR JAR 30/42 GREEN LID</b>	3	
<b>UNGUATOR JAR 30/42 RED LID</b>	3	
<b>UNGUATOR JAR 30/42 TURQUOISE</b>	3	
<b>UNGUATOR JAR 30/42 WHITE LID</b>	3	
<b>UNGUATOR JAR 30/42 YELLOW</b>	3	

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

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Drug Name	Tier	Notes
UNGUATOR JAR 50/70 BLUE	3	
UNGUATOR JAR 50/70 BLUE LID	3	
UNGUATOR JAR 50/70 GREEN LID	3	
UNGUATOR JAR 50/70 PINK	3	
UNGUATOR JAR 50/70 RED LID	3	
UNGUATOR JAR 50/70 TURQUOISE	3	
UNGUATOR JAR 50/70 WHITE LID	3	
UNGUATOR JAR 50/70 YELLOW	3	
UNGUATOR JAR AIRDYNAMIK	3	
UNGUATOR JAR W/SPINDLE 300/390	3	
UNGUATOR JAR W/SPINDLE 500/600	3	
UNGUATOR LID 1000ML	3	
unguator lid 500ml	3	
UNGUATOR VARIONOZZLE 1MM	3	
UNGUATOR VARIONOZZLE 4MM	3	
universal quick adjust crutch	2	
universal tips	2	
universal walker organizer	2	
vaginal suppository applicator	3	
VANISHPOINT BLOOD COLLECT SET	3	
VANISHPOINT TUBE HOLDER	2	
VARITHENA ADMINISTRATION PACK	2	
VERSAJET II EXACT 14MM	3	
VERSAJET II EXACT 8MM	3	
VERSAJET II PLUS 14MM	3	
VERSAJET II PLUS 8MM	3	
VIBE 6	2	

Drug Name	Tier	Notes
vibrating foot bath	2	
vida cellular scale	2	
vinyl inflatable cushion	2	
virage custom breast prosthes	3	
VIVI EPI	2	
walker	2	
walker auto glides	2	
walker basket	2	
walker glide wheels	2	
walker ski glides	2	
walker swivel wheels	2	
walker tall extension legs	2	
walker tips	2	
walker tips 1-1/8"	2	
walker wheels	2	
wall grab bar	2	
wash gloves pre-moistened	2	
waterproof sheeting	2	
weigh boat	3	
WET-STOP 3	2	
wheelchair	2	
wheelchair cushion	2	
wheelchair invalid ring	2	
wooden cane 7/8"	2	
work belt	2	
wrist brace	2	
wrist sleep support	2	
youth push button alum crutch	2	
ZEWA ELECTRODES	2	
zippered mattress cover	2	
zoom 20 rolling walker	2	
<b>*NASAL DILATORS***</b>		
BREATHE RIGHT ADVANCED STRIP	2	
BREATHE RIGHT EXTRA CLEAR STRIP	2	
BREATHE RIGHT EXTRA STRENGTH STRIP	2	
BREATHE RIGHT EXTRA STRIP	2	
BREATHE RIGHT LARGE STRIP	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
<b>BREATHE RIGHT SMALL/MEDIUM STRIP</b>	2	
<b>BREATHE RIGHT STRIP</b>	2	
<b>BREATHE RIGHT VAPOR SM/MED STRIP</b>	2	
eql nasal strips large strip	2	
eql nasal strips medium strip	2	
nasal dilators small/medium strip	2	
nasal strips large strip	2	
nasal strips sm/med strip	2	
nasal strips strip	2	
ra nasal strip/drug free/large strip	2	
rest easy large strip	2	
rest easy small/medium strip	2	
sleep-snore internal nasal	2	
sm nasal large strip	2	
<b>*NASAL FILTERS***</b>		
nasal filter	2	
<b>*NASAL NEBULIZERS***</b>		
easy air mini sinus irrig sys	2	
<b>NASONEB NEBULIZER REPLACEMENT</b>	2	
<b>NASONEB NEBULIZER STARTER</b>	2	
<b>NASONEB SINUS THERAPY SYSTEM</b>	2	
<b>NASONEB STS SUPPLY KIT</b>	2	
<b>PARI SINUSTAR DELIVERY SYSTEM</b>	2	
<b>PARI SINUSTAR NASAL NEBULIZER</b>	2	
<b>*NEBULIZERS***</b>		
aeriva concentrator nebulizer	2	
<b>AEROECLIPSE II NEBULIZER</b>	2	
<b>AIRS DISPOSABLE NEBULIZER</b>	2	
aura portaneb	2	
bentley the bear ped nebulizer	2	
captain eagle ped nebulizer	2	

Drug Name	Tier	Notes
<b>CLEVER CHOICE NEBULIZER</b>	2	
<b>CLEVER CHOICE WHIS AIR PED NEB</b>	2	
<b>CLEVER CHOICE WHISPER AIRE NEB</b>	2	
<b>CLEVER CHOICE WHISPER AIRE PED</b>	2	
<b>COMP AIR COMPRESSOR NEBULIZER</b>	2	
<b>COMP A-I-R NEBULIZER</b>	2	
<b>COMPMIST COMPRESSOR NEBULIZER</b>	2	
compressor nebulizer	2	
compressor/nebulizer	2	
easy air compressor nebulizer	2	
easy neb	2	
elite compressor nebulizer	2	
<b>HOMENEB WITH SIDESTREAM</b>	2	
<b>INNOSPIRE ELEGANCE NEBULIZER</b>	2	
<b>INNOSPIRE ESSENCE NEBULIZER</b>	2	
<b>INNOSPIRE GO PORTABLE MESH NEB</b>	2	
<b>LUMINEB II PISTON NEBULIZER</b>	2	
<b>MABIS COMXP NEBULIZER</b>	2	
<b>MABIS COSMOCOMP NEBULIZER</b>	2	
<b>MARGO MOO COMPRESSOR NEBULIZER</b>	2	
medneb nebuliz-reuse-disp kit	2	
medneb nebuliz-reuse-disp-bag	2	
medneb neb-with dispo neb kit	2	
<b>MICRONEB</b>	2	
<b>MINI COMPRESSOR</b>	2	

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

Drug Name	Tier	Notes
MINIBREEZE ULTRASONIC NEBULIZE	2	
neb-rite4	2	
nebulizer	2	
nebulizer ped frog	2	
nebulizer ped frog kit	2	
nebulizer system all-in-one	2	
PARI ALTERA NEBULIZER SYSTEM	2	
PARI BABY DEVICE	2	
PARI ERAPID NEBULIZER SYSTEM	2	
PARI LC PLUS	2	
PARI LC PLUS NEB SET PED MASK	2	
PARI LC PLUS NEBULIZER	2	
PARI LC PLUS VIOS PRO NEB	2	
PARI LC SPRINT NEBULIZER SET	2	
PARI LC STAR	2	
PARI SINUS AEROSOL SYSTEM	2	
PARI TREK S W/12V DC ADAPTOR DEVICE	2	
PARI VIOS PRO LC PLUS SYSTEM	2	
PARI VIOS PRO LC SPRINT SYSTEM	2	
PHILLIPS WILLIS THE WHALE NEB	2	
portable compressor nebulizer	2	
PROCARE COMPRESSOR NEBULIZER	2	
PRODIGY MINI-MIST NEBULIZIER	2	
PULMONEB LT	2	
pure air mini nebulizer	2	
SIDESTREAM NEBULIZER-DISP	2	
SIDESTREAM NEBULIZER-REUSABLE	2	
SIDESTREAM PLUS NEBULIZER	2	

Drug Name	Tier	Notes
smart neb compressor nebulizer	2	
soothe neb mesh nebulizer	2	
sootheneb compressor nebulizer	2	
sparky the dog ped nebulizer	2	
ultrasonic mini nebulizer	2	
VERSA-NEB COMPRESSOR/NEBULIZ ER	2	
VIOS AEROSOL DELIVERY SYSTEM	2	
VIOS LC PLUS	2	
VIOS LC PLUS DELUXE	2	
VIOS LC PLUS PEDIATRIC	2	
VIOS LC SPRINT	2	
VIOS LC SPRINT PEDIATRIC	2	
<b>*NEEDLES &amp; SYRINGES***</b>		
1ST TIER UNIFINE PENTIPS	3	ST; QL
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL
ABOUTTIME PEN NEEDLE	3	ST; QL
ADVOCATE INSULIN PEN NEEDLES	3	ST; QL
ADVOCATE INSULIN SYRINGE	3	ST; QL
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	3	ST; QL
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	3	ST; QL
aum insulin safety pen needle	3	ST; QL
AUM MINI INSULIN PEN NEEDLE	3	ST; QL
aum pen needle	3	ST; QL
AUM READYGARD DUO PEN NEEDLE	3	ST; QL
AUM SAFETY PEN NEEDLE	3	ST; QL
AURORA PEN NEEDLES	3	ST; QL
AURORA UNIFINE PENTIPS	3	ST; QL

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

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Drug Name	Tier	Notes
AUTOJECT 2	2	
autopen device	3	
BARDIA BULB IRRIGATION SYRINGE	2	
BARDIA PISTON IRRIGATION SYR	2	
BD ALLERGIST TRAY KIT	2	
BD ALLERGY SYRINGE 27G X 3/8" 0.5 ML, 28G X 1/2" 1 ML	2	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	2	QL
BD AUTOSHIELD DUO	2	QL
BD BLUNT FILL NEEDLE	2	
BD CONTROL SYRING LUER-LOK	2	
BD DISP NEEDLE 23G X 1" , 25G X 1"	2	
BD DISP NEEDLES	2	
BD ECLIPSE LUER-LOK NEEDLE	2	
BD ECLIPSE NEEDLE 21G X 1" , 21G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	2	
BD ECLIPSE SYRINGE 21G X 1" 3 ML, 25G X 1" 3 ML, 27G X 1/2" 1 ML, 30G X 1/2" 1 ML	2	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	2	
BD FILTER NEEDLE/5 MICRON	2	
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 21G X 1" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1-1/2" , 26G X 1/2"	2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	QL

Drug Name	Tier	Notes
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	QL
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL
BD INSULIN SYRINGE U/F	2	QL
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL
BD INSULIN SYRINGE U-500	2	QL
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	QL
BD INTEGRA NEEDLE 23G X 1"	2	
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	2	
BD LUER-LOK SYRINGE 10 ML , 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 3 ML, 22G X 1" 5 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML, 26G X 5/8" 3 ML	2	
BD PEN	2	

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

Drug Name	Tier	Notes
BD PEN MINI	2	
BD PEN NEEDLE MICRO U/F	2	QL
BD PEN NEEDLE MINI U/F	2	QL
BD PEN NEEDLE NANO 2ND GEN	2	QL
BD PEN NEEDLE NANO U/F	2	QL
BD PEN NEEDLE ORIGINAL U/F	2	QL
BD PEN NEEDLE SHORT U/F	2	QL
BD PLASTIPAK SYRINGE	2	
BD PRECISIONGLIDE NEEDLE	2	
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD SAFETYGLIDE NEEDLE 18G X 1-1/2" , 21G X 1" , 21G X 1-1/2" 3 ML, 25G X 1" , 25G X 5/8"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" , 22G X 1-1/2" , 22G X 1-1/2" 5 ML, 23G X 1"	2	
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML, 27G X 5/8" 1 ML	2	
BD SAFETY-LOK INSULIN SYRINGE	2	QL
BD SYRINGE 50 ML	2	
BD SYRINGE BLUNT CANNULA 17G 10 ML	2	
BD SYRINGE DUAL CANNULA	2	
BD SYRINGE LUER SLIP TIP 5 ML	2	
BD SYRINGE LUER-LOK 1 ML , 20 ML , 3 ML , 30 ML , 5 ML	2	
BD SYRINGE SLIP TIP 1 ML , 10 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 26G X 5/8" 1 ML, 3 ML	2	

Drug Name	Tier	Notes
BD SYRINGE/NEEDLE	2	
BD TB SYRINGE 21G X 1" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYRINGE U/F	2	QL
CAREFINE PEN NEEDLES	3	ST; QL
CAREONE INSULIN SYRINGE	3	ST; QL
CAREONE UNIFINE PENTIPS	3	ST; QL
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL
CAREPOINT SAFETY1ST SYR/NEEDLE	2	
carepoint syringe luer lock 1 ml	2	
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML	2	
caretouch catheter tip syringe	2	
CARETOUCH HYPODERMIC NEEDLE	2	
CARETOUCH INSULIN SYRINGE	3	ST; QL
CARETOUCH LUER LOCK	2	
CARETOUCH LUER LOCK SYR/NEEDLE	2	
CARETOUCH LUER SLIP	2	
CARETOUCH PEN NEEDLES	3	ST; QL
CEQR SIMPLICITY INSERTER	2	
CLEVER CHOICE COMFORT EZ	3	ST; QL
CLICKFINE PEN NEEDLES	3	ST; QL

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

Drug Name	Tier	Notes
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	3	ST; QL
COMFORT EZ INSULIN SYRINGE	3	ST; QL
COMFORT EZ MICRO PEN NEEDLES	3	ST; QL
COMFORT EZ PEN NEEDLES	3	ST; QL
COMFORT EZ SHORT PEN NEEDLES	3	ST; QL
COMFORT TOUCH INSULIN PEN NEED	3	ST; QL
crono syringe	2	
DEFLUX METAL NEEDLE	2	
DIATHRIVE PEN NEEDLE	3	ST; QL
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	3	QL
DROPLET MICRON	3	QL
DROPLET PEN NEEDLES	3	ST; QL
DROPSAFE SAFETY PEN NEEDLES	3	ST; QL
DRUG MART UNIFINE PENTIPS	3	ST; QL
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL

Drug Name	Tier	Notes
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; QL
EASY COMFORT PEN NEEDLES	3	ST; QL
easy glide cath tip syringe	2	
EASY GLIDE LUER LOCK SYRINGE	2	
EASY GLIDE PEN NEEDLES	3	ST; QL
easy glide slip lock syringe	2	
EASY TOUCH ALLERGY SYRINGE	2	
EASY TOUCH FLIPLOCK INSULIN SY	3	ST; QL
EASY TOUCH FLIPLOCK NEEDLES	2	
EASY TOUCH FLIPLOCK SAFETY SYR	2	
EASY TOUCH FLURINGE	2	
EASY TOUCH FLURINGE FLIPLOCK	2	
EASY TOUCH FLURINGE SHEATHLOCK	2	
EASY TOUCH HYPODERMIC NEEDLE	2	
EASY TOUCH INSULIN SAFETY SYR	3	ST; QL
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	3	QL

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

Drug Name	Tier	Notes
EASY TOUCH PEN NEEDLES	3	ST; QL
EASY TOUCH SAFETY PEN NEEDLES	3	ST; QL
EASY TOUCH SAFETY SYRINGE	2	
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 25G X 1" 10 ML, 25G X 1" 3 ML, 25G X 1" 5 ML, 25G X 5/8" 3 ML	2	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	3	ST; QL
EASY TOUCH SYRINGE BARREL	2	
EASY TOUCH SYRINGE BARREL 10ML	2	
EASY TOUCH SYRINGE BARREL 1ML	2	
EASY TOUCH SYRINGE BARREL 3ML	2	
EASY TOUCH SYRINGE BARREL 5ML	2	
EASY TOUCH TB FLIPLOCK SYRINGE	2	
EASY TOUCH TB SHEATHLOCK SYR	2	
EASYPPOINT NEEDLE	2	
EASYPPOINT NEEDLE/SYRINGE	2	
EMBRACE PEN NEEDLES	3	ST; QL
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
FIFTY50 PEN NEEDLES	3	ST; QL

Drug Name	Tier	Notes
FIFTY50 SUPERIOR COMFORT SYR	3	ST; QL
flow-eze vented needle	2	
FREDS PHARMACY UNIFINE PENTIP+	3	ST; QL
FREDS PHARMACY UNIFINE PENTIPS	3	ST; QL
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL
GLOBAL EASY GLIDE INSULIN SYR	3	ST; QL
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL
GLOBAL INSULIN SYRINGES	3	ST; QL
GLUCOPRO INSULIN SYRINGE	3	ST; QL
GNP CLICKFINE PEN NEEDLES	3	ST; QL
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
GNP INSULIN SYRINGES	3	ST; QL
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL
GNP ULTICARE PEN NEEDLES	3	ST; QL
GNP ULTIGUARD SAFEPACK NEEDLE	3	ST; QL
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML	3	ST; QL
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL

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

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Drug Name	Tier	Notes
GOODSENSE PEN NEEDLE PENFINE	3	ST; QL
HEALTHWISE INSULIN SYR/NEEDLE	3	ST; QL
HEALTHWISE MICRON PEN NEEDLES	3	ST; QL
HEALTHWISE MINI PEN NEEDLES	3	ST; QL
HEALTHWISE PEN NEEDLES	3	ST; QL
HEALTHWISE SHORT PEN NEEDLES	3	ST; QL
HEALTHWISE UNIFINE PENTIPS	3	ST; QL
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; QL
H-E-B INCONTROL PEN NEEDLES	3	ST; QL
H-E-B INCONTROL UNIFINE PENTIP	3	ST; QL
HM ULTICARE INSULIN SYRINGE	3	ST; QL
HM ULTICARE MINI PEN NEEDLES	3	ST; QL
HM ULTICARE SHORT PEN NEEDLES	3	ST; QL
hypodermic needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 20g x 1-1/2" , 21g x 1" , 21g x 1-1/2" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1-1/2" , 25g x 5/8" , 26g x 1/2" , 27g x 1-1/2" , 27g x 1/2"	2	
INCONTROL ULTICARE PEN NEEDLES	3	ST; QL
inject-ease	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	2	

Drug Name	Tier	Notes
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	2	
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml	3	ST; QL
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
insulin syringes	3	ST; QL
INSUPEN PEN NEEDLES	3	ST; QL
INSUPEN SENSITIVE	3	ST; QL
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	3	ST; QL
J-TIP KIT W/VIAL ADAPTERS KIT	2	
KINRAY INSULIN SYRINGE	3	ST; QL
KMART VALU INSULIN SYRINGE 29G	3	ST; QL
KMART VALU INSULIN SYRINGE 30G	3	ST; QL
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL

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

Drug Name	Tier	Notes
KROGER PEN NEEDLES	3	ST; QL
LEADER INSULIN SYRINGE	3	ST; QL
LEADER UNIFINE PENTIPS	3	ST; QL
LEADER UNIFINE PENTIPS PLUS	3	ST; QL
LITETOUCH INSULIN SYRINGE	3	ST; QL
LITETOUCH PEN NEEDLES	3	ST; QL
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	3	ST; QL
LUER LOCK SAFETY SYRINGES	2	
MAGELLAN INSULIN SAFETY SYR	3	ST; QL
MAGELLAN SYRINGE-SAFETY NEEDLE	2	
MAGELLAN TUBERCULIN SYRINGE	2	
MARATHON MEDICAL PENTIPS	3	ST; QL
MAXICOMFORT II PEN NEEDLE	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE	3	ST; QL
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; QL
MAXICOMFORT SYR 27G X 1/2"	3	ST; QL
MEDIC INSULIN SYRINGE	3	ST; QL
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL
MEIJER PEN NEEDLES	3	ST; QL
MICRODOT PEN NEEDLE	3	ST; QL
MM INSULIN SYRINGE/NEEDLE	3	ST; QL
MM PEN NEEDLES	3	ST; QL
MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" , 21G X 1"	2	

Drug Name	Tier	Notes
MONOJECT BLUNTIP SYR/CANNULA 3 ML , 6 ML	2	
MONOJECT CONTROL SYRINGE	2	
MONOJECT FILTER ASPIRATOR	2	
MONOJECT FILTER NEEDLE	2	
MONOJECT HYPODERMIC NEEDLE 14G X 1" , 14G X 1-1/2" , 14G X 2" , 16G X 1" , 16G X 1-1/2" , 16G X 3/4" , 16G X 5/8" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/2" , 25G X 1-1/4" , 25G X 2" , 25G X 5/8" , 26G X 1-1/2" , 26G X 1/2" , 27G X 1-1/2" , 27G X 1-1/4" , 27G X 1/2" , 30G X 3/4"	2	
MONOJECT INSULIN SYRINGE	3	ST; QL
MONOJECT INTRODUCER NEEDLE	2	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML, 18G X 1" 3 ML	2	
MONOJECT MAGELLAN SAFETY NDL	2	
MONOJECT MAGELLAN SYRINGE	2	
MONOJECT MEDICATION TRANSF NDL	2	
MONOJECT PHARMACY TRAY	2	
MONOJECT PISTON SYRINGE	2	
MONOJECT SOFTPACK/CATH TIP 35 ML	2	
MONOJECT SOFTPACK/LLOCK	2	

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

Drug Name	Tier	Notes
MONOJECT SOFTPACK/LTIP	2	
MONOJECT SOFTPACK/RG LOCK	2	
MONOJECT SOFTPACK/RG LUER	2	
MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 27G X 1/2" 1 ML, 3 ML , 6 ML	2	
MONOJECT SYRINGE CATH TIP	2	
MONOJECT SYRINGE ECC LUER 20 ML , 35 ML	2	
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	2	
MONOJECT SYRINGE LUER LOCK	2	
MONOJECT SYRINGE LUER-LOCK TIP	2	
MONOJECT SYRINGE PHARMACY TRAY	2	
MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 3 ML , 35 ML , 6 ML	2	
MONOJECT SYRINGE REGULAR TIP	2	
MONOJECT SYRINGE TOOMEY TYPE	2	
MONOJECT TB SAFETY SYRINGE	2	
MONOJECT TB SYRINGE	2	

Drug Name	Tier	Notes
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; QL
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
NORDIPEN 5 INJECTION DEVICE	2	
NORDIPEN DELIVERY SYSTEM	2	
NORM-JECT LUER LOCK SYRINGE	2	
NORM-JECT LUER SLIP SYRINGE	2	
NOVOFINE AUTOCOVER PEN NEEDLE	3	ST; QL
NOVOFINE PEN NEEDLE	3	ST; QL
NOVOFINE PLUS PEN NEEDLE	3	ST; QL
NOVOPEN ECHO DEVICE	2	
OMNITROPE PEN 10 INJ DEVICE	2	
OMNITROPE PEN 5 INJ DEVICE	2	
PATIENT SAFE SYRINGE	2	
PC UNIFINE PENTIPS	3	ST; QL
PEN NEEDLES	3	ST; QL
PEN NEEDLES 5/16" 31G X 8 MM	3	ST; QL
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
pip pen needles 31g x 5mm	3	ST; QL
pip pen needles 32g x 4mm	3	ST; QL
poly hub needle	2	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL

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

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Drug Name	Tier	Notes
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL
PREVENT DROPSAFE PEN NEEDLES	3	ST; QL
PREVENT SAFETY PEN NEEDLES	3	ST; QL
PRO COMFORT INSULIN SYRINGE	3	ST; QL
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	3	ST; QL
PRODIGY INSULIN SYRINGE	3	ST; QL
PURE COMFORT PEN NEEDLE	3	ST; QL
PX EXTRA SHORT PEN NEEDLES	3	ST; QL
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; QL
PX MINI PEN NEEDLES	3	ST; QL
PX PEN NEEDLE	3	ST; QL
PX SHORTLENGTH PEN NEEDLES	3	ST; QL
QC PEN NEEDLES	3	ST; QL
QC UNIFINE PENTIPS	3	ST; QL
RA INSULIN SYRINGE	3	ST; QL
RA PEN NEEDLES	3	ST; QL
raya sure pen needle	3	ST; QL
REALITY INSULIN SYRINGE	3	ST; QL
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
RELION MINI PEN NEEDLES	3	ST; QL
RELION PEN NEEDLES	3	ST; QL
RELION SHORT PEN NEEDLES	3	ST; QL
safety pen needles	3	ST; QL
SB INSULIN SYRINGE	3	ST; QL

Drug Name	Tier	Notes
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 21G X 1-1/2" , 22G X 1" , 25G X 1-1/2" , 26G X 1/2" , 27G X 1/2"	2	
SECURESAFE INSULIN SYRINGE	3	ST; QL
SECURESAFE SAFETY PEN NEEDLES	3	ST; QL
SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 25G X 1-1/2" 1 ML, 25G X 5/8" 3 ML, 27G X 1/2" 1 ML	2	
SHOPKO UNIFINE PENTIPS	3	ST; QL
SHOPKO UNIFINE PENTIPS PLUS	3	ST; QL
SURE COMFORT INSULIN SYRINGE	3	ST; QL
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
sure comfort pen needles 31g x 6 mm	3	ST; QL
syringe disposable 10 ml	2	
syringe eccentric tip	2	
syringe luer lock 10 ml , 20 ml , 20g x 1" 10 ml, 20g x 1" 3 ml, 20g x 1" 5 ml, 20g x 1-1/2" 10 ml, 20g x 1-1/2" 3 ml, 20g x 1-1/2" 5 ml, 21g x 1" 10 ml, 21g x 1" 3 ml, 21g x 1" 5 ml, 21g x 1-1/2" 3 ml, 21g x 1-1/2" 5 ml, 22g x 1" 10 ml, 22g x 1" 3 ml, 22g x 1-1/2" 10 ml, 22g x 1-1/2" 3 ml, 22g x 1-1/2" 5 ml, 23g x 1" 3 ml, 23g x 1-1/2" 3 ml, 25g x 1" 3 ml, 25g x 1-1/2" 3 ml, 25g x 5/8" 3 ml, 3 ml , 30 ml , 5 ml , 60 ml	2	
syringe luer slip 1 ml , 10 ml , 25g x 5/8" 1 ml, 26g x 3/8" 1 ml, 27g x 1/2" 1 ml, 3 ml , 35 ml , 5 ml , 60 ml	2	
syringe/hypodermic safety	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
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
TECHLITE PEN NEEDLES	3	ST; QL
TODAYS HEALTH MINI PEN NEEDLES	3	ST; QL
TODAYS HEALTH PEN NEEDLES	3	ST; QL
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL
toomey syringe	2	
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL
TRUE COMFORT INSULIN SYRINGE	3	ST; QL
TRUE COMFORT PEN NEEDLES	3	ST; QL
TRUE COMFORT PRO INSULIN SYR	3	ST; QL
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL
TRUEPLUS 5-BEVEL PEN NEEDLES	3	ST; QL
TRUEPLUS INSULIN SYRINGE	3	ST; QL
TRUEPLUS PEN NEEDLES	3	ST; QL
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYR 1/2 UNIT	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; QL
ULTICARE MICRO PEN NEEDLES	3	ST; QL
ULTICARE MINI PEN NEEDLES	3	ST; QL

Drug Name	Tier	Notes
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; QL
ULTICARE SHORT PEN NEEDLES	3	ST; QL
ULTICARE SYRINGE 22G X 1-1/2" 1 ML, 22G X 1-1/2" 3 ML	2	
ULTICARE TUBERCULIN SAFETY SYR	2	
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; QL
ULTIGUARD SAFEPACK SYR/NEEDLE	3	ST; QL
ULTILET PEN NEEDLE	3	ST; QL
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
ULTRA FLO INSULIN PEN NEEDLES	3	ST; QL
ULTRA FLO INSULIN SYR 1/2 UNIT	3	ST; QL
ULTRA FLO INSULIN SYRINGE	3	ST; QL
ULTRA THIN PEN NEEDLES	3	ST; QL
ULTRACARE INSULIN SYRINGE	3	ST; QL
ULTRACARE PEN NEEDLES	3	ST; QL
ULTRA-THIN II INS SYR SHORT	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
ULTRA-THIN II MINI PEN NEEDLE	3	ST; QL
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; QL
ULTRA-THIN II PEN NEEDLES	3	ST; QL
UNIFINE PEN NEEDLES	3	ST; QL
UNIFINE PENTIPS	3	ST; QL
UNIFINE PENTIPS PLUS	3	ST; QL
UNIFINE SAFECONTROL PEN NEEDLE	3	ST; QL

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

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Drug Name	Tier	Notes
UNIFINE ULTRA PEN NEEDLE	3	ST; QL
VALUE HEALTH INSULIN SYRINGE	3	ST; QL
VALUMARK PEN NEEDLES	3	ST; QL
VANISHPOINT ALLERGY TRAY KIT	2	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	3	ST; QL
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	QL
VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	2	
VANISHPOINT SYRINGE	2	
VANISHPOINT TUBERCULIN SYRINGE	2	
VIDA MIA UNIFINE PENTIPS	3	ST; QL
VP INSULIN SYRINGE	3	ST; QL
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL
YALE DISP NEEDLES 21G X 1-1/4"	2	
ZEV RX INSULIN SYRINGE	3	ST; QL
ZEV RX PEN NEEDLES	3	ST; QL
<b>*NERVE STIMULATORS***</b>		
ALEVE DIRECT THERAPY TENS DEVICE	2	
CEFALY ELECTRODE	2	
CEFALY KIT DEVICE	2	
cvs advanced tens replace pads	2	

Drug Name	Tier	Notes
cvs tens therapy replace pads	2	
electrodes 25mm	2	
electrodes 50x100mm	2	
electrodes 50x50mm	2	
electrodes 50x90mm	2	
electrodes butterfly 105x155mm	2	
electrodes face 30x50mm	2	
electrodes joint 150mm	2	
<b>EMJOI TENS DEVICE</b>	3	
<b>GAMMACORE DEVICE</b>	3	
<b>GAMMACORE SAPPHIRE 31-DAY DEVICE</b>	3	
<b>GAMMACORE SAPPHIRE D DEVICE</b>	3	
<b>GAMMACORE SAPPHIRE REFILL KIT</b>	3	
<b>ICY HOT SMART RELIEF TENS DEVICE</b>	2	
iglove	2	
isock	2	
kneestim	2	
pain aide device	2	
<b>PAIN RELIEF PRO DEVICE</b>	2	
pain relief with tens s2000 device	3	
perfect ems device	2	
procare tens & ems device	2	
prolixus	2	
ra single channel pain relief device	2	
spabuddy sport elite device	2	
sports tens 2 device	2	
standard tens device	2	
tens therapy pain relief device	2	
tens therapy replace back pads	2	
tens therapy replace body pads	2	
tens wired pain management device	2	
<b>ZEWA DIGITAL TENS UNIT DEVICE</b>	3	

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

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Drug Name	Tier	Notes
ZEWA TENS/EMS COMBO UNIT DEVICE	3	
<b>*NEUROLOGICAL DIAGNOSTIC SUPPLIES***</b>		
DIABETIC TOES TEST/MEDIPIIN	2	
MEDIPIIN	2	
NEUROPEN KIT	2	
NEUROPEN MONOFILAMENTS	2	
NEUROTIPS	2	
<b>*NURSING PADS***</b>		
AMEDA COMFORTGEL PAD	2	
AMEDA MOISTUREGUARD PAD	2	
AMEDA NOSHOW PREMIUM NURSING PAD	2	
AMEDA WASHABLE NURSING PAD	2	
COMFORTGEL HYDROGEL NURSING PAD	2	
CURITY NURSING PAD	2	
LANSINOH ULTIMATE NURSING PADS	2	
LANSINOH WASHABLE NURSING PADS	2	
nursing pads/disposable pad	2	
TOMMEE TIPPEE BREAST PADS PAD	2	
<b>*OCULAR IMPLANTS***</b>		
SUSVIMO OCULAR IMPLANT INTRAVITREAL IMPLANT	3	
<b>*OPTICAL SUPPLIES***</b>		
AUTODROP	2	
AUTOSQUEEZE	2	
contact lens case	2	
GNP TIGHT-TOP CONTACT CASE	2	
lens case	2	
lens holders	2	
nose pads	2	

Drug Name	Tier	Notes
OCUSOFT LID SCRUB COMPLIANCE KIT	2	
OPTI-FREE REPLENISH LENS CASE	2	
SIGHT SAVERS ADJ ACTION CORD	2	
SIGHT SAVERS CLEAR NOSE PADS	2	
SIGHT SAVERS FASHION CHAIN	2	
SIGHT SAVERS HINGE RINGS	2	
SIGHT SAVERS NOSE COMFORT PADS	2	
SIGHT SAVERS SPORT BAND	2	
SIGHT SAVERS TEMPLE PADS	2	
<b>*ORAL DOSING DEVICES***</b>		
adult-lock weekly pill remind	2	
alarm clock pill box	2	
BD ORAL SYRINGE NON LUER TIP	2	
cvs weekly pill planner	2	
cvs weekly vitamin planner	2	
daily medication container	2	
diamond cut pill case	2	
medication container/large	2	
medication container/small	2	
MEDTIME PLANNER	2	
MONOJECT MONODOSE ORAL MED SYR	2	
MONOJECT ORAL SYRINGE	2	
ONE DAY AT A TIME PILL REMIND	2	
pill case	2	
pill case/lock	2	
pill fob key ring	2	
pill organizer 7-day large	2	
pill organizer extra large	2	
pill planner	2	
pill reminder	2	
pill reminder 7-day	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
pill reminder seven sided	2	
pill reminder stackable	2	
pill reminder/pen holder	2	
pocket/purse pill case	2	
ra am/pm pill reminder 7 day	2	
ra weekly pill reminder xlarge	2	
<b>SAFER LOCK</b>	2	
<b>SAFER LOCK BOX</b>	2	
syringe precisedose dispenser	2	
<b>*ORAL HYGIENE PRODUCTS***</b>		
advanced oral moisturizer spr mouth/throat liquid	2	
extended term oral care system mouth/throat kit	2	
oral irrigator mouth/throat	2	
<b>ORAL SWAB PETITE MOUTH/THROAT SWAB</b>	2	
oropharyngeal suction catheter mouth/throat	2	
power oral care system mouth/throat kit	2	
<b>Q-CARE COVERD YANKAUER/SUCTION MOUTH/THROAT</b>	2	
<b>Q-CARE COVERED YANKAUER/HANDLE MOUTH/THROAT</b>	2	
<b>Q-CARE Q2 ORAL CLEANS/SUCTION MOUTH/THROAT KIT</b>	2	
<b>Q-CARE Q4 ORAL CLEANS/SUCTION MOUTH/THROAT KIT</b>	2	
<b>Q-CARE SUCTION CATHETER MOUTH/THROAT</b>	2	
short term oral care system mouth/throat kit	2	
single use suction swab system mouth/throat kit	2	
single use suction toothbrush mouth/throat kit	2	
suction oral swab system mouth/throat kit	2	
suction toothbrush system mouth/throat kit	2	

Drug Name	Tier	Notes
<b>TOOTHETTE PLUS UNTREATED MOUTH/THROAT SWAB</b>	2	
<b>TOOTHETTE SWABS UNTREATED MOUTH/THROAT SWAB</b>	2	
<b>TOOTHETTE SWABS/DENTIFRICE MOUTH/THROAT SWAB</b>	2	
<b>*OSTOMY SUPPLIES***</b>		
<b>ACTIVE LIFE 1-PC DRAIN 19-64MM</b>	2	
<b>ACTIVE LIFE 1-PC DRAIN 19MM</b>	2	
<b>ACTIVE LIFE 1-PC DRAIN 25MM</b>	2	
<b>ACTIVE LIFE 1-PC DRAIN 32MM</b>	2	
<b>ACTIVE LIFE 1-PC DRAIN 38MM</b>	2	
<b>ACTIVE LIFE 1-PC DRAIN 45MM</b>	2	
<b>ACTIVE LIFE 1-PC DRAIN 50MM</b>	2	
<b>ACTIVE LIFE 1-PC DRAIN 64MM</b>	2	
<b>ACTIVE LIFE 1-PC STOMA CAP</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 13MM</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 16MM</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 19MM</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 22MM</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 25MM</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 28MM</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 32MM</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 35MM</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 38MM</b>	2	
<b>ACTIVE LIFE CONVEX 1-PC 45MM</b>	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
ACTIVE LIFE CONVEX 1-PC 50MM	2	
ACTIVE LIFE UROSTOMY/BARRIER	2	
ADAPT BARRIER RING 1-3/16"	2	
ADAPT BARRIER STRIP	2	
ADAPT CERARING	2	
ADAPT CONVEX BARRIER RING	2	
ADAPT LUBRICATING DEODORANT LIQUID	2	
ADAPT MEDICAL ADHESIVE LIQUID	2	
ADAPT PASTE	2	
adapt stoma powder	2	
ALFRED ALERT	2	
ALFRED POST-OPERATIVE KIT KIT	2	
ALFRED SMART 30 DAY KIT	2	
ALFRED SMARTBAG	2	
ALFRED SMARTHUB	2	
ALFRED SMARTWAFER/BASEPLATE WAFER	2	
ALLKARE ADHESIVE REMOVER WIPES	2	
ALLKARE PROTECT BARRIER WIPES	2	
BANISH II APPLIANCE DEODORANT LIQUID	2	
BARD ADHESIVE/FILM REMOVER	2	
CENTERPOINTLOCK CLOSED POUCH	2	
CENTERPOINTLOCK DRAIN POUCH	2	
CENTERPOINTLOCK IRRIG DRAIN	2	
CENTERPOINTLOCK SKIN BARRIER	2	
CENTERPOINTLOCK STOMA CAP	2	
ceraplus urostomy pouch	2	
closed pouch/filter/flange	2	
closed-end colostomy pouch	2	
closed-end pouch one-pc 1"	2	

Drug Name	Tier	Notes
closed-end pouch one-pc 1-1/2"	2	
closed-end pouch one-pc 1-1/4"	2	
closed-end pouch one-pc 1-1/8"	2	
closed-end pouch one-pc 1-3/4"	2	
closed-end pouch one-pc 1-3/8"	2	
closed-end pouch one-pc 7/8"	2	
combination cone/tube drain	2	
cone/tube irrigation set kit	2	
CONTOUR I STOMA CAP	2	
drain/tube attachment device	2	
drainable pouch clamp	2	
drainable pouch closure	2	
drainable pouch/filter/flange	2	
DUOLOCK CURVED TAIL CLOSURE	2	
EAKIN COHESIVE SEALS	2	
EAKIN COHESIVE SKIN BARRIER WAFER	2	
EAKIN COHESIVE SLIMS WAFER	2	
EAKIN COHESIVE STOMAWRAP SEAL	2	
EAKIN FISTULA-WOUND	2	
ESTEEM	2	
ESTEEM SYNERGY DURAHESIVE WAFER	2	
ESTEEM SYNERGY STOMAHESIVE WAFER	2	
ESTEEM SYNERGY UROSTOMY	2	
ESTEEM SYNERGY UROSTOMY/SHORT	2	
ESTEEM SYNERGY UROSTOMY/STD	2	
ESTEEM SYNERGY+ CLOSED-END	2	
ESTEEM SYNERGY+ CLOSED-END STD	2	

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

Drug Name	Tier	Notes
ESTEEM SYNERGY+ DRAINABLE	2	
ESTEEM+ CLOSED POUCH	2	
ESTEEM+ CLOSED-END/STOMAHESSIVE	2	
ESTEEM+ DRAINABLE	2	
ESTEEM+ DRAINABLE POUCH	2	
ESTEEM+ DURAHESIVE PLUS	2	
FEATHER-LITE UROSTOMY	2	
filter security closed pouch	2	
FIRSTCHOICE CLOSED POUCH	2	
firstchoice drainable kit	2	
firstchoice drainable pouch kit	2	
FIRSTCHOICE POST-OP DRAINABLE	2	
FIRSTCHOICE UROSTOMY KIT	2	
FIRSTCHOICE UROSTOMY POUCH	2	
fistula pouch	2	
FLEXI-TRAK ANCHORING DEVICE	2	
FLEXTEND PREMIER	2	
FLEXTEND PREMIER 1 1/2"	2	
FLEXTEND PREMIER 1 1/4"	2	
FLEXTEND PREMIER 1 1/8"	2	
FLEXTEND PREMIER 1 3/4"	2	
FLEXTEND PREMIER 1"	2	
FLEXTEND PREMIER 2 1/2"	2	
FLEXTEND PREMIER 2 1/8"	2	
FLEXTEND PREMIER 2"	2	
FLEXTEND PREMIER 7/8"	2	
FLEXTEND SKIN BARRIER	2	

Drug Name	Tier	Notes
FLEXWEAR PREMIER 2 1/2"	2	
FRESHNET LIQUID	2	
HOLLIHESIVE SKIN BARRIER	2	
HOLLISTER REPLACEMENT FILTERS	2	
ILEO B DRAINABLE POUCH	2	
ILE-SORB	2	
irrigation sleeves	2	
KANGAROO BALLOON 12FR/0.8CM KIT	2	
KANGAROO BALLOON 12FR/1.2CM KIT	2	
KANGAROO BALLOON 12FR/1.5CM KIT	2	
KANGAROO BALLOON 12FR/1.7CM KIT	2	
KANGAROO BALLOON 12FR/1CM KIT	2	
KANGAROO BALLOON 12FR/2.3CM KIT	2	
KANGAROO BALLOON 12FR/2.5CM KIT	2	
KANGAROO BALLOON 12FR/2.7CM KIT	2	
KANGAROO BALLOON 12FR/2CM KIT	2	
KANGAROO BALLOON 12FR/3.5CM KIT	2	
KANGAROO BALLOON 12FR/3CM KIT	2	
KANGAROO BALLOON 12FR/4.5CM KIT	2	
KANGAROO BALLOON 12FR/4CM KIT	2	
KANGAROO BALLOON 12FR/5CM KIT	2	
KANGAROO BALLOON 14FR/0.8CM KIT	2	
KANGAROO BALLOON 14FR/1.2CM KIT	2	
KANGAROO BALLOON 14FR/1.5CM KIT	2	
KANGAROO BALLOON 14FR/1.7CM KIT	2	

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

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Drug Name	Tier	Notes
KANGAROO BALLOON 14FR/1CM KIT	2	
KANGAROO BALLOON 14FR/2.3CM KIT	2	
KANGAROO BALLOON 14FR/2.5CM KIT	2	
KANGAROO BALLOON 14FR/2.7CM KIT	2	
KANGAROO BALLOON 14FR/2CM KIT	2	
KANGAROO BALLOON 14FR/3.5CM KIT	2	
KANGAROO BALLOON 14FR/3CM KIT	2	
KANGAROO BALLOON 14FR/4.5CM KIT	2	
KANGAROO BALLOON 14FR/4CM KIT	2	
KANGAROO BALLOON 14FR/5CM KIT	2	
KANGAROO BALLOON 16FR/0.8CM KIT	2	
KANGAROO BALLOON 16FR/1.2CM KIT	2	
KANGAROO BALLOON 16FR/1.5CM KIT	2	
KANGAROO BALLOON 16FR/1.7CM KIT	2	
KANGAROO BALLOON 16FR/1CM KIT	2	
KANGAROO BALLOON 16FR/2.3CM KIT	2	
KANGAROO BALLOON 16FR/2.5CM KIT	2	
KANGAROO BALLOON 16FR/2.7CM KIT	2	
KANGAROO BALLOON 16FR/2CM KIT	2	
KANGAROO BALLOON 16FR/3.5CM KIT	2	
KANGAROO BALLOON 16FR/3CM KIT	2	
KANGAROO BALLOON 16FR/4.5CM KIT	2	
KANGAROO BALLOON 16FR/4CM KIT	2	
KANGAROO BALLOON 16FR/5CM KIT	2	

Drug Name	Tier	Notes
KANGAROO BALLOON 18FR/0.8CM KIT	2	
KANGAROO BALLOON 18FR/1.2CM KIT	2	
KANGAROO BALLOON 18FR/1.5CM KIT	2	
KANGAROO BALLOON 18FR/1.7CM KIT	2	
KANGAROO BALLOON 18FR/1CM KIT	2	
KANGAROO BALLOON 18FR/2.3CM KIT	2	
KANGAROO BALLOON 18FR/2.5CM KIT	2	
KANGAROO BALLOON 18FR/2.7CM KIT	2	
KANGAROO BALLOON 18FR/2CM KIT	2	
KANGAROO BALLOON 18FR/3.5CM KIT	2	
KANGAROO BALLOON 18FR/3CM KIT	2	
KANGAROO BALLOON 18FR/4.5CM KIT	2	
KANGAROO BALLOON 18FR/4CM KIT	2	
KANGAROO BALLOON 18FR/5CM KIT	2	
KANGAROO BALLOON 20FR/0.8CM KIT	2	
KANGAROO BALLOON 20FR/1.2CM KIT	2	
KANGAROO BALLOON 20FR/1.5CM KIT	2	
KANGAROO BALLOON 20FR/1.7CM KIT	2	
KANGAROO BALLOON 20FR/1CM KIT	2	
KANGAROO BALLOON 20FR/2.3CM KIT	2	
KANGAROO BALLOON 20FR/2CM KIT	2	
KARAYA 5 SEAL DRAINABLE POUCH	2	
karaya gum powder	2	
karaya paste paste	2	
karaya powder powder	3	
karaya seal closed stoma pouch	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
karaya seal drainable pouch	2	
LITTLE ONES CLOSED END	2	
LITTLE ONES ONE-PIECE DRAIN	2	
LITTLE ONES SKIN BARRIER WAFER	2	
LITTLE ONES TWO-PIECE CLOSED	2	
LITTLE ONES TWO-PIECE DRAIN	2	
LITTLE ONES TWO-PIECE UROSTOMY	2	
LITTLE ONES UROSTOMY	2	
loop ostomy bridge sterile	2	
LO-PROFILE UROSTOMY	2	
M9 CLEANER/DECRYSTALLIZER LIQUID	2	
M9 ODOR ELIMINATOR LIQUID	2	
medical adhesive remover liquid	2	
MICRODERM PLUS WASHERS 1"	2	
MICRODERM PLUS WASHERS 1-1/2"	2	
MICRODERM PLUS WASHERS 1-1/4"	2	
MICRODERM PLUS WASHERS 1-1/8"	2	
MICRODERM PLUS WASHERS 1-3/8"	2	
MICRODERM PLUS WASHERS 7/8"	2	
MICRODERM WASHERS 1"	2	
MICRODERM WASHERS 1-1/2"	2	
MICRODERM WASHERS 1-1/4"	2	
MICRODERM WASHERS 1-1/8"	2	
MICRODERM WASHERS 1-3/8"	2	
MICRODERM WASHERS 7/8"	2	

Drug Name	Tier	Notes
MICROHESIVE STOMA PASTE	2	
moisture barrier skin ointment	2	
NATURA DRAINABLE/HIGH OUTPUT	2	
NATURA DURAHESIVE MOLDABLE WAFER	2	
NATURA STOMAHESIVE MOLDABLE WAFER	2	
NATURA+ CLOSED END/STANDARD	2	
NATURA+ DRAINABLE	2	
NATURA+ DRAINABLE/FILTER	2	
NEW IMAGE CERAPLUS SKIN/TAPE WAFER	2	
NEW IMAGE CERAPLUS WAFER	2	
NEW IMAGE CLOSED 1-3/4"	2	
NEW IMAGE CLOSED 2-1/4"	2	
NEW IMAGE CLOSED 2-3/4"	2	
NEW IMAGE CLOSED MINI 1-3/4"	2	
NEW IMAGE CLOSED MINI 2-1/4"	2	
NEW IMAGE CLOSED MINI 2-3/4"	2	
NEW IMAGE COLOSTOMY 1-3/4" KIT	2	
NEW IMAGE COLOSTOMY 2-3/4" KIT	2	
NEW IMAGE CONVEX BARRIER 44MM WAFER	2	
NEW IMAGE CONVEX BARRIER 57MM WAFER	2	
NEW IMAGE CONVEX BARRIER 70MM WAFER	2	
NEW IMAGE DRAIN MINI-POUCH	2	
NEW IMAGE DRAIN POUCH 102MM KIT	2	
NEW IMAGE DRAINABLE 102MM	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
NEW IMAGE DRAINABLE 1-3/4"	2	
NEW IMAGE DRAINABLE 57MM	2	
NEW IMAGE DRAINABLE 70MM	2	
NEW IMAGE DRAINABLE MINI 44MM	2	
NEW IMAGE DRAINABLE MINI 57MM	2	
NEW IMAGE DRAINABLE MINI 70MM	2	
NEW IMAGE DRAINABLE POUCH	2	
NEW IMAGE DRAINABLE POUCH 44MM	2	
NEW IMAGE DRAINABLE POUCH 57MM KIT	2	
NEW IMAGE DRAINABLE POUCH 70MM KIT	2	
NEW IMAGE FLAT BARRIER 57MM WAFER	2	
NEW IMAGE FLAT BARRIER 70MM WAFER	2	
NEW IMAGE FLEXTEND BARRIER WAFER	2	
NEW IMAGE FLEXWEAR BARRIER WAFER	2	
NEW IMAGE IRRIG SLEEVE 44MM	2	
NEW IMAGE IRRIG SLEEVE 57MM	2	
NEW IMAGE IRRIG SLEEVE 70MM	2	
NEW IMAGE OSTOMY SYSTEM	2	
NEW IMAGE SKIN BARRIER/FLANGE WAFER	2	
NEW IMAGE SKIN/FLANGE/TAPE	2	
NEW IMAGE SKIN/FLANGE/TAPE WAFER	2	
NEW IMAGE UROSTOMY 1-3/4"	2	

Drug Name	Tier	Notes
NEW IMAGE UROSTOMY 2-1/4"	2	
NEW IMAGE UROSTOMY 2-3/4"	2	
NEW IMAGE UROSTOMY 70MM KIT	2	
NEW IMAGE UROSTOMY POUCH 44MM KIT	2	
NEW IMAGE UROSTOMY POUCH 57MM KIT	2	
NEXCARE STOMASEAL 4"X4"	2	
night drain adapter	2	
night drainage system kit	2	
night drainage tubing	2	
NUTRIPORT BALLOON 16FR/2.5CM KIT	2	
NUTRIPORT BALLOON 20FR/2.5CM KIT	2	
NUTRIPORT BALLOON 20FR/2.7CM KIT	2	
NUTRIPORT BALLOON 20FR/3.5CM KIT	2	
NUTRIPORT BALLOON 20FR/3CM KIT	2	
NUTRIPORT BALLOON 20FR/4.5CM KIT	2	
NUTRIPORT BALLOON 20FR/4CM KIT	2	
NUTRIPORT BALLOON 20FR/5CM KIT	2	
NUTRIPORT BALLOON 24FR/0.8CM KIT	2	
NUTRIPORT BALLOON 24FR/1.2CM KIT	2	
NUTRIPORT BALLOON 24FR/1.5CM KIT	2	
NUTRIPORT BALLOON 24FR/1.7CM KIT	2	
NUTRIPORT BALLOON 24FR/1CM KIT	2	
NUTRIPORT BALLOON 24FR/2.3CM KIT	2	
NUTRIPORT BALLOON 24FR/2.5CM KIT	2	
NUTRIPORT BALLOON 24FR/2.7CM KIT	2	

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

Drug Name	Tier	Notes
NUTRIPOINT BALLOON 24FR/2CM KIT	2	
NUTRIPOINT BALLOON 24FR/3.5CM KIT	2	
NUTRIPOINT BALLOON 24FR/3CM KIT	2	
NUTRIPOINT BALLOON 24FR/4.5CM KIT	2	
NUTRIPOINT BALLOON 24FR/4CM KIT	2	
NUTRIPOINT BALLOON 24FR/5CM KIT	2	
odor spray liquid	2	
one-pc mini drain pouch 38mm	2	
one-pc mini drain pouch 45mm	2	
one-piece drainable pouch 22mm	2	
one-piece drainable pouch 25mm	2	
one-piece drainable pouch 29mm	2	
one-piece drainable pouch 32mm	2	
one-piece drainable pouch 35mm	2	
one-piece drainable pouch 38mm	2	
one-piece drainable pouch 45mm	2	
open end drain	2	
ostomy appliance belt	2	
ostomy belt large	2	
ostomy belt medium	2	
ostomy drain/mini-pouch/flange	2	
ostomy drainable pouch/flange	2	
pediatric drainable pouch	2	
pediatric urostomy pouch	2	
POUCHKINS 1-PC DRAINABLE 2"	2	
POUCHKINS 2-PC DRAINABLE POUCH	2	
POUCHKINS 2-PC UROSTOMY POUCH	2	

Drug Name	Tier	Notes
POUCHKINS DRAIN TUBE	2	
POUCHKINS OSTOMY SYSTEM	2	
POUCHKINS PED 1-PC DRAINABLE	2	
POUCHKINS PED 1-PC UROSTOMY	2	
POUCHKINS PED 2-PC DRAINABLE	2	
POUCHKINS PED OSTOMY BELT	2	
POUCHKINS PED SKIN BARRIER	2	
POUCHKINS PED SKIN BARRIER WAFER	2	
PREMIER CERAPLUS 1'	2	
PREMIER CERAPLUS 1 1/2"	2	
PREMIER CERAPLUS 1 1/8"	2	
PREMIER CERAPLUS 1 3/16"	2	
PREMIER CERAPLUS 1 3/8"	2	
PREMIER CERAPLUS 1 9/16"	2	
PREMIER CERAPLUS 1"	2	
PREMIER CERAPLUS 2 1/2"	2	
PREMIER CERAPLUS 2 1/8"	2	
PREMIER CERAPLUS 2"	2	
PREMIER CERAPLUS 3/4"	2	
PREMIER CERAPLUS 7/8"	2	
PREMIER CLOSED MINI-POUCH 25MM	2	
PREMIER CLOSED MINI-POUCH 30MM	2	
PREMIER CLOSED MINI-POUCH 35MM	2	
PREMIER CLOSED MINI-POUCH 55MM	2	
PREMIER CLOSED POUCH 25MM	2	
PREMIER CLOSED POUCH 30MM	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
PREMIER CLOSED POUCH 35MM	2	
PREMIER CLOSED POUCH 55MM	2	
PREMIER COLOSTOMY/ILEOSTOMY KIT	2	
PREMIER CONVEX SKIN BARRIER	2	
PREMIER DRAINABLE	2	
PREMIER DRAINABLE 110MM	2	
PREMIER DRAINABLE 2-1/2"	2	
PREMIER DRAINABLE 25MM	2	
PREMIER DRAINABLE 3"X2.5"	2	
PREMIER DRAINABLE 70MM	2	
PREMIER DRAINABLE MINI 25MM	2	
PREMIER DRAINABLE MINI 30MM	2	
PREMIER DRAINABLE MINI 35MM	2	
PREMIER DRAINABLE MINI 40MM	2	
PREMIER DRAINABLE MINI 55MM	2	
PREMIER DRAINABLE MINI-POUCH	2	
PREMIER DRAINABLE POUCH 19MM	2	
PREMIER DRAINABLE POUCH 22MM	2	
PREMIER DRAINABLE POUCH 29MM	2	
PREMIER DRAINABLE POUCH 30MM	2	
PREMIER DRAINABLE POUCH 32MM	2	
PREMIER DRAINABLE POUCH 35MM	2	
PREMIER DRAINABLE POUCH 38MM	2	
PREMIER DRAINABLE POUCH 40MM	2	

Drug Name	Tier	Notes
PREMIER DRAINABLE POUCH 44MM	2	
PREMIER DRAINABLE POUCH 51MM	2	
PREMIER DRAINABLE POUCH 55MM	2	
PREMIER DRAINABLE POUCH 64MM	2	
PREMIER DRAINABLE SOFTFLEX	2	
PREMIER DRAINABLE/FILTER	2	
PREMIER SKIN BARRIER	2	
PREMIER UROSTOMY	2	
PREMIER UROSTOMY 1"	2	
PREMIER UROSTOMY 1-1/2"	2	
PREMIER UROSTOMY 1-3/4"	2	
PREMIER UROSTOMY 2"	2	
PREMIER UROSTOMY 2-1/2"	2	
PREMIER UROSTOMY KIT 64MM KIT	2	
premium drainable pouch/karaya kit	2	
premium skin barrier	2	
RELIASEAL SKIN BARRIER DISC	2	
RESTORE BARRIER CREAM	2	
RESTORE WOUND CLEANSER LIQUID	2	
SECURI-T 1-PC CLOSED-END 8"	2	
SECURI-T 1-PC DRAINABLE 12"	2	
SECURI-T 1-PC DRAINABLE 6"	2	
SECURI-T 1-PC STOMA CAP 50MM	2	
SECURI-T 1-PC UROSTOMY/STOMA	2	
SECURI-T 2-PC CLOSED-END 38MM	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
SECURI-T 2-PC CLOSED-END 45MM	2	
SECURI-T 2-PC CLOSED-END 57MM	2	
SECURI-T 2-PC CLOSED-END 70MM	2	
SECURI-T 2-PC CONVEXITY WAFER	2	
SECURI-T 2-PC DRAIN 32MM	2	
SECURI-T 2-PC DRAIN 38MM	2	
SECURI-T 2-PC DRAIN 45MM	2	
SECURI-T 2-PC DRAIN 57MM	2	
SECURI-T 2-PC DRAIN 70MM	2	
SECURI-T 2-PC UROSTOMY 38MM	2	
SECURI-T 2-PC UROSTOMY 45MM	2	
SECURI-T 2-PC UROSTOMY 57MM	2	
SECURI-T CONFORMABLE SEALS	2	
SECURI-T CONVEX INSERTS 19MM	2	
SECURI-T CONVEX INSERTS 22MM	2	
SECURI-T CONVEX INSERTS 25MM	2	
SECURI-T CONVEX INSERTS 29MM	2	
SECURI-T CONVEX INSERTS 32MM	2	
SECURI-T CONVEX INSERTS 35MM	2	
SECURI-T CONVEX INSERTS 38MM	2	
SECURI-T CONVEX INSERTS 41MM	2	
SECURI-T CURVED TAIL CLOSURE	2	
SECURI-T FLEXIBLE WAFER/FLANGE WAFER	2	
SECURI-T NIGHT DRAIN ADAPTER	2	

Drug Name	Tier	Notes
SECURI-T NO STING WIPE	2	
SECURI-T OSTOMY BELT	2	
SECURI-T OSTOMY DEODORANT LIQUID	2	
SECURI-T SECU-RINGS 32MM	2	
SECURI-T SECU-RINGS 38MM	2	
SECURI-T SECU-RINGS 45MM	2	
SECURI-T SECU-RINGS 57MM	2	
SECURI-T SECU-RINGS 70MM	2	
SECURI-T SKIN BARRIER STRIP	2	
SECURI-T SKIN BARRIER WAFER	2	
SECURI-T STOMA PASTE	2	
SECURI-T WAFER/FLANGE WAFER	2	
security pouch	2	
skin cleanser liquid	2	
skin conditioning cream	2	
skin gel protect dressing wipe pad	2	
SKIN PREP SPRAY	2	
SKIN PREP WIPES	2	
SKIN TAC ADHESIVE BARRIER WIPE	2	
SOFTFLEX SKIN BARRIER RING	2	
stoma cap/adhesive/filter	2	
stoma cone irrigator kit	2	
stoma cone/connector repl unit	2	
stoma lubricant paste	2	
stoma urine bag	2	
STOMAHESIVE MOLDABLE ADHESIVE STRIP	2	
STOMAHESIVE PASTE PASTE	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
STOMAHESIVE PROTECTIVE POWDER	2	
STOMAHESIVE SKIN BARRIER WAFER	2	
STOMAHESIVE STERILE WAFER	2	
STOMASEAL DRESSING 4"X4"	2	
SUR-FIT NATURA CLOSED-END	2	
SUR-FIT NATURA CONVEX INSERTS	2	
SUR-FIT NATURA DRAINABLE	2	
SUR-FIT NATURA DRAINABLE 32MM	2	
SUR-FIT NATURA DRAINABLE 38MM	2	
SUR-FIT NATURA DRAINABLE 45MM	2	
SUR-FIT NATURA DRAINABLE 57MM	2	
SUR-FIT NATURA DRAINABLE 70MM	2	
SUR-FIT NATURA DURAHESIVE	2	
SUR-FIT NATURA DURAHESIVE WAFER	2	
SUR-FIT NATURA FLANGE CAP	2	
SUR-FIT NATURA HIGH OUTPUT	2	
SUR-FIT NATURA LITTLE ONES WAFER	2	
SUR-FIT NATURA STOMAHESIVE WAFER	2	
SUR-FIT NATURA UROSTOMY	2	
SUR-FIT NATURA WAFER/FLANGE WAFER	2	
SUR-FIT UROSTOMY POUCH POUCH	2	
tail closures	2	
TORBOT BONDING CEMENT LIQUID	2	
two piece closed-end pouch	2	
two piece drainable pouch	2	
two piece pouch mid-size	2	

Drug Name	Tier	Notes
two-piece adhesive barriers	2	
two-piece irrigation sleeve	2	
urostomy drain tube adapter	2	
urostomy pouch 1"/25mm	2	
urostomy pouch 1-1/2"/45mm	2	
urostomy pouch 1-1/4"/32mm	2	
urostomy pouch 1-1/8"/29mm	2	
urostomy pouch 1-3/4"/45mm	2	
urostomy pouch 3/4"/19mm	2	
urostomy pouch 7/8"/22mm	2	
urostomy pouch/flange/adapters	2	
UROSTOMY POUCH/INTEGRAL 1"	2	
UROSTOMY POUCH/INTEGRAL 1-1/2"	2	
UROSTOMY POUCH/INTEGRAL 1-1/4"	2	
UROSTOMY POUCH/INTEGRAL 1-1/8"	2	
UROSTOMY POUCH/INTEGRAL 1-3/8"	2	
UROSTOMY POUCH/INTEGRAL 7/8"	2	
VISI-FLOW IRRIGATION CLOSURE	2	
VISI-FLOW IRRIGATION FACEPLATE	2	
VISI-FLOW IRRIGATOR/STOMA CONE	2	
VISI-FLOW STOMA CONE	2	
WEBCOL ADHESIVE REMOVER	2	
WEBCOL SKIN BARRIER WIPE	2	
<b>*PARENTERAL CATHETERS***</b>		
BD NEXIVA 24GX0.75"	3	

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

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Drug Name	Tier	Notes
BD SAF-T-INTIMA 18G X 1" KIT	2	
BD SAF-T-INTIMA 20GX1"	2	
BD SAF-T-INTIMA 22GX3/4"	2	
BD SAF-T-INTIMA 24G X 0.75" KIT	3	
BD SAF-T-INTIMA 24GX3/4"	2	
INSYTE AUTOGUARD 20GX1"	2	
INSYTE AUTOGUARD 20GX1.16"	2	
INSYTE AUTOGUARD 22GX1"	2	
INSYTE AUTOGUARD 24GX3/4"	3	
<b>*PARENTERAL THERAPY SUPPLIES***</b>		
BD INTERLINK BLUNT CANNULA	2	
BD LUER-LOK ACCESS DEVICE	2	
BD Q-STYLE ACCESS DEVICE	2	
BD Q-STYLE EXTENSION SET	2	
BD Q-STYLE VIAL ADAPTER	2	
clear glass vials 5ml	3	
empty sterilized	2	
hi-volume pumping chamber set	3	
I-PORT ADVANCE 6MM	3	
I-PORT ADVANCE 9MM	3	
iv pole	2	
iv transfer spike	2	
J-TIP NEEDLE/FREE INJECTOR	2	
KOKO PEAK FILTER ADAPTER	2	
KOKO PEAK PRO 6 MONITOR	2	
KOKO PEAK PRO 6 SOFTWARE-CRADL	2	
ltxf 3-port adapter/inj site	2	

Drug Name	Tier	Notes
MONOJECT BLOOD NEEDLE HOLDER	2	
MONOJECT BLUNT TIP SYRINGE	2	
MONOJECT HYPODERMIC NEEDLE TIP	3	
MONOJECT LIFESHIELD CANNULA	2	
MONOJECT MED PREP CANNULA	3	
MONOJECT SAFETY SYR TIP CAPS	2	
MONOJECT SMARTIP SYR/CANNULA	3	
MONOJECT SYRINGE TIP CAPS	2	
MONOJECT TIP CAPS	2	
MONOJECT VIAL ACCESS CANNULA	3	
needleless prn connectors	3	
needleless prn port converter	3	
PHASEAL ASSEMBLY FIXTURE	3	
PHASEAL CAP FOR INJECTOR	3	
PHASEAL CONNECTOR LUER LOCK	3	
PHASEAL INFUSION ADAPTER	3	
PHASEAL INFUSION CLAMP	3	
PHASEAL INJECTOR LUER LOCK	3	
PHASEAL IV BAG HANGER	3	
PHASEAL PROTECTOR 14	3	
PHASEAL PROTECTOR 21	3	
PHASEAL PROTECTOR 28	3	
PHASEAL PROTECTOR 50	3	
PHASEAL SECONDARY SET	3	
PHASEAL SYRINGE TRAY	3	

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

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Drug Name	Tier	Notes
PHASEAL Y-SITE CONNECTOR	3	
PTS COLLECT CAPILLARY TUBES	2	
small vial luer adapter	2	
sterile empty vial	2	
STERI-TAMP SEALS 13MM	2	
STERI-TAMP SEALS 20MM	2	
STERI-TAMP SEALS 28MM	2	
STERI-TAMP SEALS BOTTLES/VIALS	2	
STERI-TAMP SEALS/BAGS	2	
STERI-TAMP SEALS/SYRINGES	2	
syringe filter 0.2 micron/25mm	2	
syringe filter 0.2 micron/32mm	3	
syringe filter 0.45 micron	3	
syringe filter/0.2 micron/25mm	3	
syringe filter/0.2 micron/30mm	3	
syringe filter/d65r/pes/65mm	3	
syringe filter/d65r/ptfe/65mm	3	
syringe filter/d90r/pes/90mm	3	
syringe filter/d90r/ptfe/90mm	3	
syringe filter/millex/25mm	3	
syringe filter/millex-gs/25mm	3	
syringe filter/millex-gv/33mm	3	
universal syringe tip adaptor	2	
universal vial luer adapter	2	
vacuum filter 0.20um/150ml	3	
vial stopper	3	
WINTHROP CARPUJECT HOLDER	2	
<b>*PEAK FLOW METERS***</b>		
AEROGEAR ACTION ASTHMA KIT KIT	3	

Drug Name	Tier	Notes
AIRZONE PEAK FLOW METER DEVICE	2	
ASSESS PEAK FLOW METER DEVICE	2	
breathe ease peak flow meter device	2	
CLEVER CHOICE PEAK FLOW METER DEVICE	2	
lung perform peak flow meter device	2	
MICROLIFE DIGITAL PEAK FLOW DEVICE	2	
MINI WRIGHT PEAK FLOW METER DEVICE	2	
peak a-i-r flow meter device	2	
PEAK AIR PEAK FLOW METER DEVICE	2	
peak flow meter universal rang device	2	
PERSONAL BEST FULL RANGE DEVICE	2	
PIKO 1 DEVICE	2	
POCKET PEAK FLOW METER DEVICE	2	
POCKETPEAK PEAK FLOW METER DEVICE	2	
pure comfort flow meter adult device	2	
pure comfort flow meter child device	2	
TRUZONE PEAK FLOW METER DEVICE	2	
<b>*RAZORS AND BLADES***</b>		
eql 5 blade cartridges/trimmer	1 or 1b*	
eql 5 blade razor system	1 or 1b*	
eql mens twin blade/disposable	2	
eql triple blade disposable	2	
<b>*RESPIRATORY THERAPY SUPPLIES***</b>		
ACE AEROSOL CLOUD ENHANCER	2	
ACTIVITY POUCH	2	
ADAPTER PED DISPOSABLE	2	
adult aerosol mask	2	

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

Drug Name	Tier	Notes
adult disposable	2	
adult mask device	2	
adult mask large	2	
<b>AEROBIKA DEVICE</b>	2	
<b>AEROTRACH PLUS</b>	2	
<b>AIRS DISPOSABLE NEBULIZER KIT</b>	2	
<b>AIRS PEDIATRIC AEROSOL MASK</b>	2	
<b>ALL FLOW 1000 PFT FILTER</b>	2	
<b>ALL FLOW 1000 PFT FILTER DEVICE</b>	2	
<b>ALL FLOW 1000 PFT FILTER KIT</b>	2	
<b>ALL FLOW 2000 PFT FILTER DEVICE</b>	2	
<b>ALL FLOW 3000 PFT FILTER DEVICE</b>	2	
<b>ALL FLOW 3000 PFT FILTER KIT</b>	2	
<b>ALL FLOW 4000 PFT FILTER DEVICE</b>	2	
<b>ALL FLOW 4000 PFT FILTER KIT</b>	2	
<b>ALL FLOW 5000 PFT FILTER DEVICE</b>	2	
<b>ALL FLOW 5000 PFT FILTER KIT</b>	2	
<b>ALL FLOW 6000 PFT FILTER DEVICE</b>	2	
<b>ALL FLOW 6000 PFT FILTER KIT</b>	2	
<b>ALL FLOW 7000 PFT FILTER DEVICE</b>	2	
breathe ease neb mask/child	2	
breathe ease neb mask/infant	2	
<b>BUBBLES THE FISH II PEDI MASK</b>	2	
<b>CARETOUCH 2 CPAP HOSE HANGER</b>	2	
<b>CARETOUCH CPAP &amp; BIPAP HOSE</b>	2	
<b>CARETOUCH CPAP MASK WIPES</b>	2	
<b>CARETOUCH CPAP PRE-WASH SOLN</b>	2	

Drug Name	Tier	Notes
<b>CARETOUCH CPAP TUBE BRUSH</b>	2	
<b>CARETOUCH UNIVERSL CPAP FILTER</b>	2	
co monitor calibration kit	2	
co monitor device	2	
co monitor replacement pieces	2	
<b>DEXTER DRAGON PED COMP/NEB KIT</b>	2	
disposable full range	2	
disposable low range	2	
disposable low range/pediatric	2	
disposable paper	2	
disposable universal range	2	
<b>EASY FLOW 300 MM HOSE</b>	2	
<b>EASY FLOW 400 MM HOSE</b>	2	
<b>EASY FLOW AIR NOZZLE</b>	2	
<b>EASY FLOW BLACK/BLUE DEVICE</b>	2	
<b>EASY FLOW BLACK/ORANGE DEVICE</b>	2	
<b>EASY FLOW BLACK/RED DEVICE</b>	2	
<b>EASY FLOW BLACK/WHITE DEVICE</b>	2	
<b>EASY FLOW BLACK/YELLOW DEVICE</b>	2	
<b>EASY FLOW HEPA FILTER</b>	2	
<b>EASY FLOW WHITE/BLUE DEVICE</b>	2	
<b>EASY FLOW WHITE/GREEN DEVICE</b>	2	
<b>EASY FLOW WHITE/PINK DEVICE</b>	2	
<b>EASY FLOW WHITE/WHITE DEVICE</b>	2	
<b>EASY FLOW WHITE/YELLOW DEVICE</b>	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
<b>EBASE CONTROLLER KIT</b>	2	
expiratory mouthpiece	2	
filter air pp	2	
<b>FLYP HYPERSONIQ CARTRIDGE</b>	2	
full kit nebulizer set	2	
<b>HUDSON RCI AEROSOL MASK ADULT</b>	2	
<b>IN-CHECK DIAL FLOW TRAINER DEVICE</b>	2	
<b>IN-CHECK INSPIRATORY FLOW MTR DEVICE</b>	2	
<b>INNOSPIRE REPLACEMENT FILTER</b>	2	
<b>KOKO PEAK PRO MOUTHPIECE</b>	2	
<b>LITETOUCH MASK LARGE</b>	2	
<b>LITETOUCH MASK MEDIUM</b>	2	
<b>LITETOUCH MASK SMALL</b>	2	
<b>MINIELITE FILTER REPLACEMENTS</b>	2	
nebulizer air tube/plugs	2	
nebulizer cup/tubing device	2	
nebulizer/pediatric mask kit	2	
nebulizer/tubing/mouthpiece kit	2	
nose clip	2	
<b>OMBRA TABLE TOP COMPRESSOR DEVICE</b>	2	
<b>ONE FLOW SPIROMETER DEVICE</b>	2	
<b>ONE FLOW SPIROMETER KIT</b>	2	
<b>ONE FLOW TESTER</b>	2	
one-way valved expiratory	2	
one-way valved inspiratory	2	
<b>PARI ALTERA NEBULIZER HANDSET</b>	2	
<b>PARI BABY CONVERSION KIT</b>	2	
<b>PARI ERAPID NEBULIZER HANDSET</b>	2	

Drug Name	Tier	Notes
<b>PARI EXPIRATORY FILTER SET DEVICE</b>	2	
<b>PARI LC PLUS PEDIATRIC KIT</b>	2	
<b>PARI MANUAL INTERRUPTER DEVICE</b>	2	
<b>PARI MASK SET</b>	2	
<b>PARI SMARTMASK BABY/ELBOW</b>	2	
<b>PARI SOFT PLASTIC ADULT MASK</b>	2	
<b>PARI SOFT PLASTIC PED MASK</b>	2	
<b>PARI TREK S COMBO PACK DEVICE</b>	2	
<b>PARI TREK S PORTABLE POWER KIT</b>	2	
ped disposable	2	
<b>PEDIATRIC COMPRESSOR/NEBULIZER KIT</b>	2	
pediatric mouthpiece	2	
<b>PFLEX</b>	2	
pharmacist choice mask wipes	2	
pillow mask/adult	2	
pillow mask/child	2	
pillow mask/pediatric	2	
<b>PRONEB TURBO DELUXE/LC STAR NB KIT</b>	2	
<b>PRONEB ULTRA FILTER SET</b>	2	
pure comfort 3-ball breathe ex device	2	
<b>QUAKE DEVICE</b>	2	
replacement air filter	2	
replacement disp nebulizer kit	2	
replacement filters	2	
<b>SAMI THE SEAL FILTERS</b>	2	
<b>SAMI THE SEAL NEBULIZER SYSTEM KIT</b>	2	
<b>SIDESTREAM ADULT FACE MASK</b>	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
<b>SIDESTREAM PEDIATRIC FACE MASK</b>	2	
<b>SIDESTREAM PLS ADULT FACE MASK</b>	2	
<b>SIDESTREAM REUSABLE PEDIATRIC KIT</b>	2	
silicone mask/adult	2	
silicone mask/infant	2	
silicone mask/pediatric	2	
sootheneb nbl 100 adult mask	2	
sootheneb nbl 100 child mask	2	
sootheneb nbl 100 med cup	2	
sootheneb nbl 100 mesh cap	2	
spiro pd device	2	
spirometer kit	2	
<b>THRESHOLD IMT</b>	2	
<b>THRESHOLD PEP DEVICE</b>	2	
tubing/wing tip	2	
<b>WINDMILL TRAINER</b>	2	
<b>*RUBBER GOODS***</b>		
douche/enema/water bottle sys	2	
<b>DUNLAP COMBINATION BOTTLE/SYR</b>	2	
<b>DUNLAP EAR SYRINGE</b>	2	
<b>DUNLAP ENEMA SYRINGE</b>	2	
<b>DUNLAP FOUNTAIN SYRINGE</b>	2	
<b>DUNLAP WATER BOTTLE</b>	2	
ear syringe	2	
enema bottle	2	
enema syringe	2	
feminine bulb syringe	2	
feminine compact travel syringe	2	
feminine folding syringe	2	
fountain syringe	2	
gnp ear & nasal aspirator kit	2	
gnp ear syringe	2	

Drug Name	Tier	Notes
gnp ear syringe infant	2	
gnp nasal aspirator infant	2	
gnp water bottle	2	
hm ear syringe child	2	
nasal aspirator	2	
nipple shields	2	
ra ear syringe	2	
ra water bottle/syringe	2	
rectal syringe	2	
travel douche system	2	
<b>WAGI BABY NASAL ASPIRATOR</b>	2	
water bottle	2	
<b>*SANITARY NAPKINS &amp; TAMPONS***</b>		
<b>ALWAYS MAXI MAXIMUM PROTECTION PAD</b>	2	
<b>ALWAYS PANTILINERS/THONG PAD</b>	2	
<b>ALWAYS ULTRA OVERNIGHT/WINGS PAD</b>	2	
<b>ALWAYS ULTRA THIN PAD</b>	2	
cvs maxi overnight pad	2	
cvs ultra thin-wings pad	2	
eq maxi long super pad	2	
eq maxi overnight extra heavy pad	2	
eq maxi overnight pad	2	
eq maxi regular pad	2	
eq maxi super pad	2	
eq pantliners pad	2	
eq tampons multi absorbency vaginal tampon	2	
eq tampons regular vaginal tampon	2	
eq tampons super plus vaginal tampon	2	
eq tampons super vaginal tampon	2	
eq thin liner regular pad	2	
eq ultra thin overnight pad	2	
eq ultra thin regular pad	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
eq ultra thin super long pad	2	
eql maxi flex-wings/long/super pad	2	
eql maxi flex-wings/moderate pad	2	
eql maxi flex-wings/overnight pad	2	
eql maxi moderate pad	2	
eql maxi regular pad	2	
eql pantliners pad	2	
<b>EQL PERSONAL CONFIDENCE LINER PAD</b>	2	
<b>EQL PERSONAL CONFIDENCE MAXI PAD</b>	2	
eql super maxi pad	2	
eql tampons multipack vaginal tampon	2	
eql tampons regular absorbency vaginal tampon	2	
eql tampons regular vaginal tampon	2	
eql tampons super absorbency vaginal tampon	2	
eql tampons super vaginal tampon	2	
eql thin liners regular pad	2	
eql ultra thin/flexi-wings pad	2	
eql ultra thin/flex-wings reg pad	2	
<b>KOTEX CURVED MAXI PAD</b>	2	
<b>KOTEX LIGHTDAYS PANTILINERS PAD</b>	2	
<b>KOTEX MAXI OVERNITE PAD</b>	2	
<b>KOTEX MAXI PAD</b>	2	
<b>KOTEX MAXI WITH WINGS PAD</b>	2	
<b>KOTEX OVERNITE PAD</b>	2	
<b>KOTEX SECURITY TAMPONS MLTIPK VAGINAL TAMPON</b>	2	
<b>KOTEX SECURITY TAMPONS REGULAR VAGINAL TAMPON</b>	2	

Drug Name	Tier	Notes
<b>KOTEX SECURITY TAMPONS SUPER VAGINAL TAMPON</b>	2	
<b>KOTEX SECURITY TAMPONS SUPR PL VAGINAL TAMPON</b>	2	
<b>KOTEX SUPER MAXI PAD</b>	2	
<b>KOTEX THIN MAXI PAD</b>	2	
<b>KOTEX ULTRA COMPACT MAXI PAD</b>	2	
<b>KOTEX ULTRA MAXI OVERNIGHT PAD</b>	2	
<b>KOTEX ULTRA THIN MAXI LONG PAD</b>	2	
<b>KOTEX ULTRA THIN MAXI PAD</b>	2	
<b>LIGHTDAYS LONG PANTYLINER PAD</b>	2	
maxi pad deodorant pad	2	
maxi pad overnight pad	2	
maxi pad regular pad	2	
maxi pad super pad	2	
maxi pad ultra thin overnight pad	2	
maxi pad ultra thin pad	2	
<b>MAXI WITH FLEXI-WINGS PAD</b>	2	
<b>MAXI WITH FLEX-WINGS PAD</b>	2	
pantliners long pad	2	
pantliners pad	2	
pantliners thong pad	2	
pantliners to go pad	2	
pantliners unscented long pad	2	
<b>PERFECTION MULTIPACK VAGINAL TAMPON</b>	2	
<b>PERFECTION SILK SUPER ABSORB VAGINAL TAMPON</b>	2	
ra pantliners long pad	2	
<b>STAYFREE ULTRA THIN WING NIGHT PAD</b>	2	
<b>TAMPAX VAGINAL TAMPON</b>	2	

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

Drug Name	Tier	Notes
tampons multi absorbency vaginal tampon	2	
tampons multipack vaginal tampon	2	
tampons super absorbency vaginal tampon	2	
tampons super plus absorbency vaginal tampon	2	
<b>ULTRA THIN WITH FLEXI-WINGS PAD</b>	2	
<b>*SCAR TREATMENTS***</b>		
coatamax patch sheet	3	
kp silicone scar therapy gel strip	2	
scar treatment sheet	2	
<b>SCARAWAY SHEET</b>	2	
silicone scar sheets sheet	2	
sil-nesic sheet	2	
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES***</b>		
<b>AEROCHAMBER MINI CHAMBER DEVICE</b>	2	
<b>AEROCHAMBER MV</b>	2	
<b>AEROCHAMBER PLUS FLO-VU</b>	2	
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	2	
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b>	2	
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	2	
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b>	2	
<b>AEROCHAMBER PLUS FLOW VU</b>	2	
<b>AEROCHAMBER W/FLOWSIGNAL</b>	2	
<b>AEROCHAMBER Z-STAT PLUS</b>	2	
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b>	2	
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b>	2	
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b>	2	

Drug Name	Tier	Notes
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b>	2	
<b>AEROVENT PLUS DEVICE</b>	2	
breathe comfort chamber/adult device	2	
breathe comfort chamber/child device	2	
breathe ease large device	2	
breathe ease medium device	2	
breathe ease small device	2	
<b>BREATHERITE VALVED MDI CHAMBER DEVICE</b>	2	
<b>CLEVER CHOICE HOLDING CHAMBER DEVICE</b>	2	
<b>COMPACT SPACE CHAMBER DEVICE</b>	2	
<b>COMPACT SPACE CHAMBER/LG MASK DEVICE</b>	2	
<b>COMPACT SPACE CHAMBER/MED MASK DEVICE</b>	2	
<b>EASIVENT</b>	2	
<b>EASIVENT MASK LARGE</b>	2	
<b>EASIVENT MASK MEDIUM</b>	2	
<b>EASIVENT MASK SMALL</b>	2	
eq space chamber anti-static device	2	
eq space chamber anti-static l device	2	
eq space chamber anti-static m device	2	
eq space chamber anti-static s device	2	
<b>FLEXICHAMBER ADULT MASK/SMALL</b>	2	
<b>FLEXICHAMBER CHILD MASK/LARGE</b>	2	
<b>FLEXICHAMBER CHILD MASK/SMALL</b>	2	
<b>FLEXICHAMBER DEVICE</b>	2	
<b>INSPIRACHAMBER/LARGE DEVICE</b>	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
INSPIRACHAMBER/MEDIUM DEVICE	2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	2	
INSPIRACHAMBER/SMALL DEVICE	2	
INSPIREASE	2	
INSPIREASE RESERVOIR BAGS	2	
MASK VORTEX/CHILD/FROG	2	
MASK VORTEX/TODDLER/LADYBUG	2	
MICROCHAMBER DEVICE	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND DEVICE	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARI VORTEX ADULT MASK	2	
PEDIATRIC PANDA MASK	2	
POCKET CHAMBER DEVICE	2	
POCKET SPACER DEVICE	2	
pro comfort spacer adult	2	
pro comfort spacer child	2	
pro comfort spacer infant device	2	
procare spacer/adult mask device	2	
procare spacer/child mask device	2	

Drug Name	Tier	Notes
pure comfort spacer chamber device	2	
RITEFLO DEVICE	2	
VORTEX HOLD CHAMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHAMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
<b>*STEAM INHALERS***</b>		
cvs steam inhaler	1 or 1b*	
personal cgh/cld steam inhaler	1 or 1b*	
personal steam inhaler	1 or 1b*	
VICKS VAPO THERAPY STEAM INHAL	1 or 1b*	
<b>*SUBCUTANEOUS ADMINISTRATION SUPPLIES***</b>		
INSUFLON	3	
<b>*THERMOMETERS***</b>		
2-second digital thermometer	2	
30 second digital thermometer	2	
ADVOCATE INFRARED THERMOMETER	2	
baby thermometer	2	
basal thermometer	2	
BRAUN NO TOUCH + FOREHEAD	2	
BRAUN THERMOSCAN EAR	2	
BRAUN THERMOSCAN LENS FILTERS	2	
CARETOUCH DIGITAL THERMOMETER	2	
CARETOUCH INFRARED THERMOMETER	2	
CARETOUCH UNIVERSL PROBE COVER	2	
clever choice digital60	2	
CLEVER CHOICE DUO THERMOMETER	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
clever choice thermometer	2	
cvs digital ear thermometer	2	
cvs digital therm flexible tip	2	
cvs digital therm micro temple	2	
cvs digital therm multi-tip	2	
cvs digital thermometer	2	
cvs digital thermometer basal	2	
cvs digital thermometer temple	2	
cvs probe covers	2	
<b>DIATHRIVE INFRARED THERMOMETER</b>	2	
digital ear thermometer	2	
digital flex-tip thermometer	2	
digital pacifier thermometer	2	
digital temple thermometer	2	
digital thermometer	2	
digital thermometer/30 second	2	
digital thermometer/beeper	2	
digital thermometer/flex tip	2	
digital thermometer/temple	2	
ear thermometer	2	
<b>EASY TOUCH INFRARED THERMOMTR</b>	2	
economy digital thermometer	2	
eql digital thermometer/flex	2	
eql digital thermometer/rigid	2	
<b>EQL FEVERFLASH DIGITAL</b>	2	
eql instant ear digital	2	
eql probe covers	2	
forehead thermometer	2	
gnp 2-second thermometer	2	
gnp digital thermometer	2	
gnp fever flash thermometer	2	
gnp oral thermometer	2	
gnp temple thermometer	2	
<b>GNP TEMPLE TOUCH MINI</b>	2	
gnp thermometer probe cover	2	
gnp touch-free thermometer	2	

Drug Name	Tier	Notes
hm digital thermometer	2	
hm temple thermometer	2	
hm thermometer flexible-tip	2	
infrared ear thermometer	2	
infrared forehead thermometer	2	
kaz digital thermometer	2	
<b>KAZ THERMOMETER PROBE COVERS</b>	2	
<b>KAZ VICKS DIGITAL THERMOMETER</b>	2	
<b>KP FAST READ FLEX-TIP THERM</b>	2	
neodot infrared thermometer	2	
neodot thermometer	2	
oral temp digital thermometer	2	
oral thermometer	2	
pacifier plus	2	
pro comfort tempa check	2	
pro temp oral thermometer	2	
probe covers	2	
procare infrared thermometer	2	
pure comfort tempa thermometer	2	
quick read digital thermometer	2	
quick temp infrared therm	2	
quick temp pro infrared	2	
ra digital thermometer	2	
ra fever flash ear thermometer	2	
<b>RA FEVER FLASH THERMOMETER</b>	2	
ra probe covers	2	
rectal thermometer	2	
<b>RELION BASAL THERMOMETER</b>	2	
<b>RELION DIGITAL THERMOMETER</b>	2	
<b>RELION THERMOMETER TIP COVERS</b>	2	
sm digital thermometer	2	
sm digital thermometer deluxe	2	

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

Drug Name	Tier	Notes
sm probe covers	2	
sm temple thermometer	2	
<b>SURELIFE THINTEMP THERMOMETER</b>	2	
tempa check	2	
thermometer covers	2	
thermometer probe covers	2	
<b>VICKS BABY THERMOMETER</b>	2	
<b>VICKS BASAL THERMOMETER</b>	2	
<b>VICKS EAR THERMOM PROBE COVERS</b>	2	
<b>VICKS EAR THERMOMETER</b>	2	
<b>VICKS FOREHEAD THERMOMETER</b>	2	
<b>VICKS PACIFIER THERMOMETER</b>	2	
<b>VICKS THERMOMETER COMFORT-FLEX</b>	2	
<b>VICKS THERMOMETER DISPOSABLE</b>	2	
<b>VICKS THERMOMETER SPEED READ</b>	2	
<b>VICKS THERMOMETER UNDERARM</b>	2	
<b>VICKS WEARABLE THERMOMETER</b>	2	
<b>VIVAGUARD FOREHEAD THERMOMETER</b>	2	
walgreens digital thermometer	2	
walgreens flex-tip thermometer	2	
<b>*TOOTH BRUSHES-FLOSS***</b>		
<b>AQUAFRESH DR SEUSS EXTRA SOFT</b>	2	
brush & toothpick/interdental	2	
<b>CLEAN+ TOOTHBRUSH MEDIUM</b>	2	
<b>CLEAN+ TOOTHBRUSH SOFT</b>	2	
cvs dental floss	2	
cvs dental floss unwaxed	2	
cvs dental floss waxed	2	

Drug Name	Tier	Notes
dental tape waxed	2	
<b>EQL ANGLE EDGE+ DEEP CLEAN</b>	2	
eql clean+ angled end-tuft	2	
eql clean+ soft/full head	2	
eql dental floss extra comfort	2	
eql dental floss superslip	2	
eql dental floss unwaxed	2	
eql dental floss waxed	2	
eql easyflex brush heads	2	
eql folding travel toothbrush	2	
<b>EQL GEM GRIP BI-LEVEL BRISTLES</b>	2	
<b>EQL GEM GRIP MED/DUAL ANGLED</b>	2	
<b>EQL GEM GRIP MEDIUM/FULL HEAD</b>	2	
<b>EQL GEM GRIP SOFT/DUAL ANGLED</b>	2	
eql multifit contour plus soft	2	
eql orbit toothbrush soft	2	
<b>EQL SMARTGRIP CONTOUR SOFT</b>	2	
eql smilesonic brush heads	2	
eql tooth flossers	1 or 1b*	
<b>EQL XTREME WHITE/SOFT</b>	2	
gnp dental floss waxed	2	
honeycomb tongue/cheek cleaner	2	
<b>J &amp; J DENTAL FLOSS FOR KIDS</b>	2	
<b>J &amp; J DENTAL FLOSS UNWAXED</b>	2	
qc complete clean toothbrush	2	
qc design pro toothbrush soft	2	
qc extreme clean toothbrush	2	
qc kids toothbrush	2	
qc mega clean toothbrush soft	2	
qc mint waxed floss	2	
qc soft comfort picks	2	
qc waxed floss	2	
ra dental floss waxed	2	
<b>REACH ADVANCED DESIGN</b>	2	

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

Drug Name	Tier	Notes
REACH CRYSTAL CLEAN	2	
REACH FRESH & CLEAN	2	
REACH TOTAL CARE + WHITENING	2	
REACH TOTAL CARE MULTI-ACTION	2	
REACH TOTAL CARE SENSITIVE	2	
REACH ULTRACLEAN	2	
REACH WONDER GRIP	2	
REACH YOUTH SOFT	2	
sm dental floss unwaxed	2	
sm dental floss waxed	2	
TINY TEETH SOFT FINGER BRUSH	2	
toothbrush medium	2	
toothbrush/cross action	2	
toothbrush/tongue cleaner	2	
ultra-soft toothbrush	2	
XTREME MULTI PRO MEDIUM	2	
XTREME MULTI PRO SOFT	2	
<b>*TRACHEOSTOMY CARE &amp; SUPPLIES***</b>		
ARGYLE TRACHEOSTOMY CARE TRAY KIT	2	
<b>*TRANSCRANIAL MAGNETIC STIMULATORS***</b>		
SAVI DEVICE	3	
<b>*URINARY DRAINAGE &amp; IRRIGATION SUPPLIES***</b>		
BARD IRRIGATION SYRINGE/BULB	3	
DOVER PISTON SYRINGE	2	
KANGAROO IRRIGATION KIT	3	
KANGAROO IRRIGATION SYRINGE	2	
<b>*VAPORIZERS***</b>		
cvs vaporizer warm steam	2	
KAZ VAPORIZER	2	

Drug Name	Tier	Notes
KAZ VICKS VAPORIZER V150	2	
lifestylecomfort vaporizer	2	
vaporizer	2	
VICKS NURSERY VAPORIZER	2	
VICKS VAPORIZER	2	
VICKS WATERLESS VAPORIZER	2	
warm mist vaporizer	2	
<b>*MIGRAINE PRODUCTS*</b>		
<b>*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***</b>		
NURTEC ORAL TABLET DISPERSIBLE	2	PA; QL
QULIPTA ORAL TABLET	3	PA; QL
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL

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



Drug Name	Tier	Notes
<b>*ERGOT COMBINATIONS***</b>		
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
<b>*MIGRAINE PRODUCTS***</b>		
dihydroergotamine mesylate crystals	3	
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
dihydroergotamine mesylate powder	3	
ergotamine tartrate powder	3	
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***</b>		
almotriptan malate oral tablet	1 or 1b*	QL
eletriptan hydrobromide oral tablet	1 or 1b*	QL
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
naratriptan hcl oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL
sumatriptan nasal solution	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1 or 1b*	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1 or 1b*	QL
zolmitriptan nasal solution 5 mg	1 or 1b*	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet dispersible	1 or 1b*	QL
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*BICARBONATES***</b>		
sodium acetate crystals	3	

Drug Name	Tier	Notes
sodium acetate granules	3	
<b>SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML</b>	3	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
sodium acetate powder	3	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1 or 1b*	
<b>THAM INTRAVENOUS SOLUTION</b>	3	
<b>*CALCIUM COMBINATIONS***</b>		
600+d3 oral tablet	1 or 1b*	
advanced calcium formula oral tablet	2	
<b>ALIVE CALCIUM PLUS VITAMIN D3 ORAL TABLET CHEWABLE</b>	2	
<b>AVORIA CAL+D ORAL PACKET</b>	2	
<b>BONE DENSITY ORAL TABLET</b>	2	
bone meal oral tablet	2	
cal/mag oral tablet	2	
<b>CALCET CREAMY BITES ORAL TABLET CHEWABLE 500-10 MG-MCG</b>	2	
<b>CALCET PETITES ORAL TABLET 200-6.25 MG-MCG</b>	2	
calcitrate plus d oral tablet 315-5 mg-mcg	1 or 1b*	
cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg	2	
calcium + d + k oral tablet	2	
calcium + d oral tablet chewable	1 or 1b*	
calcium + vitamin d3 oral tablet	1 or 1b*	
calcium 1000 + d oral tablet 1000-20 mg-mcg	2	
calcium 1200 oral tablet chewable	2	
calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg	1 or 1b*	

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

Drug Name	Tier	Notes
calcium 500 + d3 oral tablet 500-15 mg-mcg, 500-5 mg-mcg	1 or 1b*	
calcium 500 + d3 oral tablet chewable 250-12.5 mg-mcg	2	
calcium 500/d oral tablet 500-5 mg-mcg	1 or 1b*	
calcium 500/vitamin d oral tablet 500-3.125 mg-mcg	1 or 1b*	
calcium 500+d high potency oral tablet 500-10 mg-mcg	1 or 1b*	
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	1 or 1b*	
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	1 or 1b*	
calcium 600 + d oral tablet 600-5 mg-mcg	1 or 1b*	
calcium 600 + minerals oral tablet	1 or 1b*	
calcium 600 +d high potency oral tablet 600-10 mg-mcg	2	
calcium 600/vitamin d oral tablet 600-10 mg-mcg	1 or 1b*	
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	1 or 1b*	
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	1 or 1b*	
calcium 600+d high potency oral tablet 600-10 mg-mcg	1 or 1b*	
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	1 or 1b*	
calcium 600+d plus minerals oral tablet	1 or 1b*	
calcium 600+d plus minerals oral tablet chewable	1 or 1b*	
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	1 or 1b*	
calcium 600+d3 plus minerals oral tablet 600-800 mg-unit	1 or 1b*	
calcium 600+d3 plus minerals oral tablet chewable	1 or 1b*	
calcium carb-cholecalciferol oral capsule	2	

Drug Name	Tier	Notes
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	1 or 1b*	
calcium carb-cholecalciferol oral tablet chewable	1 or 1b*	
calcium carbonate-vitamin d oral capsule 600-5 mg-mcg	1 or 1b*	
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	1 or 1b*	
calcium citrate + d oral tablet 250-5 mg-mcg	2	
calcium citrate + d oral tablet 315-5 mg-mcg	1 or 1b*	
calcium citrate + d3 maximum oral tablet	1 or 1b*	
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg	1 or 1b*	
calcium citrate + d3 oral tablet 250-5 mg-mcg	2	
calcium citrate + oral tablet 315-5 mg-mcg	1 or 1b*	
calcium citrate chewy bite oral tablet chewable 500-12.5 mg-mcg	1 or 1b*	
calcium citrate malate-vit d oral tablet 250-2.5 mg-mcg	2	
calcium citrate+d3 oral tablet	1 or 1b*	
calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	1 or 1b*	
calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 250-1.25 mg-mcg	2	
calcium citrate-vitamin d oral tablet 315-5 mg-mcg	1 or 1b*	
calcium citrate-vitamin d3 oral liquid 1000-0.01 mg/30ml	2	
calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg	1 or 1b*	
calcium creamies oral tablet chewable 600-10 mg-mcg	1 or 1b*	
calcium for women oral tablet chewable	1 or 1b*	

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

Drug Name	Tier	Notes
<b>CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-%</b>	3	
calcium gummies oral tablet chewable	1 or 1b*	
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	1 or 1b*	
calcium magnesium zinc oral tablet	1 or 1b*	
calcium oral tablet chewable 500-2.5 mg-mcg	2	
calcium plus d3 absorbable oral capsule 600-62.5 mg- mcg	2	
calcium plus vitamin d oral tablet	1 or 1b*	
calcium plus vitamin d3 oral capsule 600-12.5 mg-mcg	1 or 1b*	
calcium plus vitamin d3 oral tablet 600-20 mg-mcg	1 or 1b*	
calcium soft chews oral tablet chewable 500-1000-40 mg-unt-mcg	1 or 1b*	
calcium soft chews oral tablet chewable 500-1-1000- 40 mg-unt-mcg, 500-500-40 mg-unt-mcg	2	
calcium/c/d oral tablet chewable	2	
calcium/vitamin d3 gummies oral tablet chewable 200-5 mg-mcg, 250-8.75 mg-mcg	2	
calcium/vitamin d3/adult gummy oral tablet chewable	1 or 1b*	
calcium+d3 gradual release oral tablet extended release 24 hour	1 or 1b*	
calcium+d3 oral tablet 500- 10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg	1 or 1b*	
<b>CALCIUM+MENAQ7 ORAL TABLET</b>	2	
calcium-magnesium oral tablet 250-155 mg	2	
calcium-magnesium oral tablet 500-250 mg	1 or 1b*	

Drug Name	Tier	Notes
calcium-magnesium-vitamin d oral capsule	2	
calcium-magnesium-vitamin d oral liquid	2	
calcium-magnesium-vitamin d oral wafer	2	
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333-133-8.3 mg, 333.33- 133.33-5 mg, 334-134-5 mg	1 or 1b*	
calcium-magnesium-zinc oral tablet 500-250-12.5 mg	2	
calcium-vitamin d oral tablet 600-3.125 mg-mcg	2	
calcium-vitamin d3 oral capsule 600-10 mg-mcg	2	
calcium-vitamin d3 oral capsule 600-12.5 mg-mcg	1 or 1b*	
calcium-vitamin d3 oral tablet 250-3.125 mg-mcg	1 or 1b*	
calcium-vitamin d-minerals oral tablet chewable	1 or 1b*	
<b>CAL-MAG COMPLEX ORAL TABLET</b>	2	
<b>CAL-MAG ORAL TABLET</b>	1 or 1b*	
calmag thins oral tablet	2	
<b>CAL-QUICK ORAL LIQUID 500-10 MG- MCG/5ML</b>	2	
<b>CALTRATE 600+D PLUS MINERALS ORAL TABLET</b>	2	
<b>CALTRATE 600+D PLUS MINERALS ORAL TABLET CHEWABLE</b>	2	
<b>CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG</b>	2	
<b>CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG- MCG</b>	2	
<b>CALTRATE GUMMY BITES ORAL TABLET CHEWABLE 250-10 MG- MCG</b>	2	
<b>CALTRATE MINIS PLUS MINERALS ORAL TABLET</b>	2	

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

Drug Name	Tier	Notes
<b>CELEBRATE CALCIUM CITRATE ORAL TABLET CHEWABLE 500-12.5 MG-MCG</b>	1 or 1b*	
<b>CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-8.325 MG-MCG</b>	2	
chewable calcium oral tablet chewable 500-200-40 mg-unt-mcg	1 or 1b*	
chewable calcium/d3 oral wafer	2	
<b>CITRACAL +D3 ORAL TABLET CHEWABLE</b>	2	
<b>CITRACAL CALCIUM GUMMIES ORAL TABLET CHEWABLE</b>	2	
<b>CITRACAL MAXIMUM ORAL TABLET</b>	2	
<b>CITRACAL PETITES/VITAMIN D ORAL TABLET 200-6.25 MG-MCG</b>	2	
<b>CITRACAL SLOW RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	2	
citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg	1 or 1b*	
coral calcium oral capsule 185-50-100 mg-mg-unit, 250-125-100 mg-unit	2	
cvs calcium + d3 oral tablet	1 or 1b*	
cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg	1 or 1b*	
cvs calcium 600 + d/minerals oral tablet 600-800 mg-unit	1 or 1b*	
cvs calcium 600 + d/minerals oral tablet chewable	1 or 1b*	
cvs calcium 600+d oral tablet 600-20 mg-mcg	1 or 1b*	
cvs calcium citrate+d3 petites oral tablet	1 or 1b*	
cvs calcium soft chews oral tablet chewable	1 or 1b*	
cvs calcium-magnesium-zinc oral tablet	1 or 1b*	

Drug Name	Tier	Notes
cvs calcium-vitamin d oral tablet chewable 250-10 mg-mcg	1 or 1b*	
cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg	1 or 1b*	
cvs yogurt + calcium oral tablet chewable	2	
dolomite oral tablet 130-78 mg	2	
eq calcium 500+d oral tablet 500-5 mg-mcg	1 or 1b*	
eq calcium 600+d oral tablet 600-20 mg-mcg	1 or 1b*	
eq calcium 600+d+minerals oral tablet	1 or 1b*	
eq calcium citrate+d oral tablet	1 or 1b*	
eq calcium citrate+d3 oral tablet	1 or 1b*	
eq calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	1 or 1b*	
eql calcium citrate/vitamin d oral tablet	1 or 1b*	
eql calcium citrate/vitamin d3 oral tablet	1 or 1b*	
eql calcium gummies oral tablet chewable 250-10 mg-mcg	1 or 1b*	
eql calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg	1 or 1b*	
eql calcium/vitamin d oral capsule 600-2.5 mg-mcg	2	
eql calcium/vitamin d oral tablet 600-10 mg-mcg	1 or 1b*	
eql calcium/vitamin d3 oral tablet 600-20 mg-mcg	1 or 1b*	
finest nutrition calcium/vit d oral capsule 600-12.5 mg-mcg	1 or 1b*	
gnp calcium 500 +d3 oral tablet 500-15 mg-mcg	1 or 1b*	
gnp calcium 600 +d/minerals oral tablet	1 or 1b*	
gnp calcium 600 +d3 oral tablet 600-20 mg-mcg	1 or 1b*	
gnp calcium citrate +d3 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
hm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg	1 or 1b*	
hm calcium-vitamin d-minerals oral tablet	1 or 1b*	
kp calcium 600+d oral capsule 600-12.5 mg-mcg	1 or 1b*	
kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg	1 or 1b*	
kp calcium 600+d3 oral capsule 600-12.5 mg-mcg	1 or 1b*	
kp calcium citrate+d oral tablet	1 or 1b*	
kp calcium-magnesium-zinc oral tablet	1 or 1b*	
liquid calcium with d3 oral capsule 600-12.5 mg-mcg	1 or 1b*	
liquid calcium with d3 oral capsule 600-25 mg-mcg	2	
liquid calcium/vitamin d oral capsule 600-5 mg-mcg	1 or 1b*	
localnesium oral tablet	2	
localnesium-c oral tablet	2	
<b>MAGNEBIND 300 ORAL TABLET</b>	2	
nat-rul oyster calcium+vit d oral tablet 500-3.125 mg-mcg	1 or 1b*	
<b>NEOFLEX CALCIUM + VITAMIN D ORAL TABLET 600-12.5 MG-MCG</b>	2	
<b>OPTIMAG PLUS CALCIUM ORAL POWDER</b>	2	
<b>OPURITY CALCIUM CITRATE PLUS ORAL TABLET CHEWABLE</b>	2	
<b>OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG</b>	1 or 1b*	
<b>OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG</b>	1 or 1b*	
<b>OS-CAL ORAL TABLET CHEWABLE 500-15 MCG</b>	1 or 1b*	
<b>OS-CAL ULTRA ORAL TABLET</b>	2	
<b>OSSOPAN MD ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
<b>OYSCO 500+D ORAL TABLET</b>	1 or 1b*	
oyster calcium/d3 oral tablet 500-5 mg-mcg	1 or 1b*	
oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	1 or 1b*	
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	1 or 1b*	
oyster shell calcium oral tablet 500-10 mg-mcg	1 or 1b*	
oyster shell calcium plus d oral tablet 500-5 mg-mcg	1 or 1b*	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	1 or 1b*	
oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg	1 or 1b*	
oyster shell calcium/d oral tablet 250-6.25 mg-mcg, 500-5 mg-mcg	2	
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	1 or 1b*	
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	1 or 1b*	
oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg	1 or 1b*	
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg	2	
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	1 or 1b*	
parva-cal oral tablet 250-2.5 mg-mcg, 500-5 mg-mcg	2	
<b>POSTURE ORAL TABLET</b>	2	
<b>POSTURE-D CALCIUM/MAGNESIUM ORAL TABLET</b>	2	
<b>PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG</b>	1 or 1b*	
px calcium&d oral tablet 600-10 mg-mcg	1 or 1b*	
qc calcium 500mg-d3 oral tablet 500-5 mg-mcg	2	
qc calcium 600 +d3/minerals oral tablet chewable	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
qc calcium/minerals/vitamin d oral tablet	1 or 1b*	
qc calcium-magnesium-zinc-d3 oral tablet	2	
ra calcium 600/vit d/minerals oral tablet	1 or 1b*	
ra calcium 600/vit d/minerals oral tablet chewable	1 or 1b*	
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	1 or 1b*	
ra calcium cit plus vit d-3 oral tablet	1 or 1b*	
ra calcium citrate plus vit d oral tablet 315-5 mg-mcg	1 or 1b*	
ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg	1 or 1b*	
ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	1 or 1b*	
ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg	1 or 1b*	
ra calcium/vitamin d/minerals oral tablet	1 or 1b*	
ra calcium-boron oral tablet	2	
<b>RA HI CAL ORAL TABLET 500-5 MG-MCG</b>	1 or 1b*	
risacal-d oral tablet	2	
sb calcium + d oral tablet 600-5 mg-mcg	1 or 1b*	
sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg	1 or 1b*	
sm calcium 600/vitamin d oral tablet 600-10 mg-mcg	1 or 1b*	
sm calcium 600+d plus minerals oral tablet chewable	1 or 1b*	
sm calcium 600+d3 oral tablet 600-20 mg-mcg	1 or 1b*	
sm calcium citrate+/vit d3 oral tablet	1 or 1b*	
sm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg	1 or 1b*	
sm calcium citrate+vit d3 max oral tablet	1 or 1b*	
sm calcium citrate-vit d oral tablet 315-5 mg-mcg	1 or 1b*	
sm calcium soft chews oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
sm calcium/vitamin d oral tablet 500-5 mg-mcg, 600-20 mg-mcg	1 or 1b*	
sm calcium/vitamin d3 oral tablet	1 or 1b*	
sm calcium-magnesium-zinc oral tablet	1 or 1b*	
sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg	1 or 1b*	
sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg	1 or 1b*	
sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg	1 or 1b*	
super cal/mag oral tablet	1 or 1b*	
super calcium 600 + d 400 oral tablet 600-10 mg-mcg	1 or 1b*	
super calcium 600 + d3 oral tablet 600-10 mg-mcg	1 or 1b*	
super cal-mag-d oral tablet	2	
<b>UPCAL D ORAL PACKET 500-12.5 MG-MCG</b>	2	
<b>UPCAL D ORAL POWDER 500-12.5 MG-MCG/5GM</b>	2	
<b>VIACTIV CALCIUM IMMUNE ORAL TABLET CHEWABLE</b>	2	
<b>VIACTIV CALCIUM PLUS D ORAL TABLET CHEWABLE</b>	2	
<b>*CALCIUM***</b>		
ca phosphate dibasic dihyd powder	2	
cal-citrate oral capsule	2	
calcium 600 high potency oral tablet	1 or 1b*	
calcium 600 oral tablet	1 or 1b*	
calcium acetate oral tablet 668 (169 ca) mg	2	
calcium carbonate extra light powder	2	
calcium carbonate light powder	2	
calcium carbonate oral powder	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
calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg	1 or 1b*	
calcium carbonate oral tablet chewable 1250 (500 ca) mg, 260 mg	2	
calcium carbonate powder	2	
calcium chloride anhydrous granules	3	
calcium chloride dihydrate granules	3	
calcium chloride dihydrate powder	3	
calcium citrate oral granules	2	
calcium citrate oral tablet 250 mg, 333 mg	2	
calcium citrate oral tablet 950 (200 ca) mg	1 or 1b*	
calcium gluconate anhydrous powder	2	
<b>CALCIUM GLUCONATE INTRAVENOUS SOLUTION</b>	3	
calcium gluconate monohydrate powder	3	
calcium gluconate oral tablet 50 mg	2	
calcium gluconate powder	3	
calcium high potency oral tablet 1500 (600 ca) mg	1 or 1b*	
calcium lactate oral tablet 100 mg, 750 mg	2	
calcium lactate pentahydrate powder	3	
calcium oral tablet 280 mg	2	
calcium oyster shell oral tablet	1 or 1b*	
calcium phosphate dibasic powder	3	
calcium phosphate tribasic powder	3	
cal-mint oral tablet chewable	2	
chelated calcium oral tablet	2	
coral calcium oral capsule 500 mg	2	
cvs calcium carbonate oral tablet	1 or 1b*	
cvs calcium oral tablet 600 mg	1 or 1b*	

Drug Name	Tier	Notes
gnp calcium oral tablet 1500 (600 ca) mg	1 or 1b*	
hm calcium oral tablet 1500 (600 ca) mg	1 or 1b*	
<b>OSSOPAN 1100 ORAL CAPSULE</b>	2	
oyster shell calcium oral tablet 500 mg	1 or 1b*	
pure calcium carbonate oral tablet 1500 (600 ca) mg	1 or 1b*	
qc calcium fast dissolution oral tablet 1500 (600 ca) mg	1 or 1b*	
ra calcium 600 oral tablet 1500 (600 ca) mg	1 or 1b*	
ra calcium high potency oral tablet	1 or 1b*	
ra calcium oral tablet	2	
sb oyster shell calcium oral tablet	1 or 1b*	
<b>SM CORAL CALCIUM ORAL TABLET</b>	2	
super calcium oral tablet 1500 (600 ca) mg	1 or 1b*	
<b>*ELECTROLYTES &amp; DEXTROSE***</b>		
<b>DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION</b>	3	
dextrose in lactated ringers intravenous solution	1 or 1b*	
<b>DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %</b>	3	
dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
<b>DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %, 5-0.3 %</b>	3	
<b>ELLIOTTS B INTRATHECAL SOLUTION</b>	3	

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

Drug Name	Tier	Notes
<b>IONOSOL-MB IN D5W INTRAVENOUS SOLUTION</b>	3	
<b>ISOLYTE-P IN D5W INTRAVENOUS SOLUTION</b>	3	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	1 or 1b*	
<b>KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%</b>	3	
<b>KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION</b>	3	
<b>NORMOSOL-M IN D5W INTRAVENOUS SOLUTION</b>	3	
<b>NORMOSOL-R IN D5W INTRAVENOUS SOLUTION</b>	3	
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1 or 1b*	
<b>*ELECTROLYTES ORAL***</b>		
<b>ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION</b>	1 or 1b*	
<b>BIOLYTE ORAL SOLUTION</b>	2	
<b>CERALYTE 50 ORAL PACKET 1.3-2.2-2.9 GM/L</b>	2	
<b>CERALYTE 50 POTASSIUM FREE ORAL PACKET</b>	2	
<b>CERALYTE 70 ORAL PACKET</b>	2	
<b>CERALYTE 70 ORAL SOLUTION</b>	1 or 1b*	
<b>CERALYTE 90 ORAL PACKET</b>	2	
<b>CERASPORT ENDURANCE ORAL PACKET</b>	2	

Drug Name	Tier	Notes
<b>CERASPORT EX1 ORAL PACKET</b>	2	
<b>CERASPORT EX1 ORAL SOLUTION</b>	2	
<b>CERASPORT EX1 ORAL SOLUTION RECONSTITUTED</b>	2	
<b>CERASPORT ORAL PACKET</b>	2	
<b>CERASPORT ORAL SOLUTION</b>	2	
<b>CERASPORT ORAL SOLUTION RECONSTITUTED</b>	2	
<b>CERASPORT PLUS ORAL PACKET</b>	2	
cvs electrolyte solution oral solution	1 or 1b*	
cvs ped electrolyte freeze pop oral solution	1 or 1b*	
cvs pediatric electrolyte oral solution	1 or 1b*	
<b>DRIPDROP HYDRATION ORAL PACKET</b>	2	
<b>DRIPDROP ORAL PACKET</b>	2	
<b>EMERGEN-C ELECTRO MIX ORAL PACKET</b>	2	
<b>ENFAMIL ENFALYTE ORAL SOLUTION</b>	2	
<b>ENSURE RAPID HYDRATION ORAL PACKET</b>	2	
<b>EQUALYTE ORAL SOLUTION</b>	2	
h-e-b oral electrolyte oral solution	1 or 1b*	
<b>HYDRALYTE FREEZER POPS ORAL SOLUTION</b>	2	
<b>HYDRALYTE ORAL PACKET</b>	2	
<b>HYDRALYTE ORAL SOLUTION</b>	2	
<b>HYDRALYTE ORAL SOLUTION RECONSTITUTED</b>	2	
<b>HYDRALYTE ORAL TABLET EFFERVESCENT</b>	2	

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



Drug Name	Tier	Notes
<b>KINDERLYTE IMMUNITY ORAL PACKET</b>	2	
<b>KINDERLYTE ORAL PACKET</b>	2	
<b>KINDERLYTE ORAL SOLUTION</b>	2	
<b>KINDERLYTE PREMAX ORAL PACKET</b>	2	
<b>KINDERLYTE PREMAX ORAL SOLUTION</b>	2	
<b>LIQUID I.V. ORAL PACKET</b>	2	
<b>NORMALYTE ORAL PACKET</b>	2	
oral electrolyte freezer pops oral solution	1 or 1b*	
oral electrolytes oral solution	1 or 1b*	
<b>ORALYTE ORAL SOLUTION</b>	1 or 1b*	
ped electrolyte freeze pops oral solution	1 or 1b*	
ped electrolyte freezer pops oral solution	1 or 1b*	
<b>PEDIA VANCE ORAL SOLUTION</b>	1 or 1b*	
<b>PEDIALYTE ADVANCED CARE ORAL SOLUTION</b>	2	
<b>PEDIALYTE FREEZER POPS ORAL SOLUTION</b>	2	
<b>PEDIALYTE ORAL PACKET</b>	2	
<b>PEDIALYTE ORAL SOLUTION</b>	2	
<b>PEDIALYTE SINGLES ORAL SOLUTION</b>	2	
<b>PEDIALYTE SPARKLING RUSH ORAL PACKET</b>	2	
<b>PEDIA-POP ORAL PACKET</b>	2	
pediatric electrolyte oral packet	2	
pediatric electrolyte oral solution	1 or 1b*	
pediatric electrolyte-zinc oral solution	1 or 1b*	
ra pediatric electrolyte oral solution	1 or 1b*	

Drug Name	Tier	Notes
<b>REHYDRALYTE ORAL SOLUTION</b>	1 or 1b*	
<b>REPLACE SR ORAL TABLET EXTENDED RELEASE</b>	2	
sb pediatric electrolyte oral solution	1 or 1b*	
sm pediatric electrolyte oral solution	1 or 1b*	
<b>THERMOTABS ORAL TABLET</b>	2	
<b>*ELECTROLYTES PARENTERAL***</b>		
<b>ISOLYTE-S INTRAVENOUS SOLUTION</b>	3	
<b>ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION</b>	3	
lactated ringers intravenous solution	1 or 1b*	
<b>NORMOSOL-R INTRAVENOUS SOLUTION</b>	3	
<b>NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION</b>	3	
<b>PLASMA-LYTE 148 INTRAVENOUS SOLUTION</b>	3	
<b>PLASMA-LYTE A INTRAVENOUS SOLUTION</b>	3	
<b>POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%</b>	3	
potassium chloride in nacl intravenous solution 20-0.9 meq/1-%	3	
ringers intravenous solution	1 or 1b*	
<b>TPN ELECTROLYTES INTRAVENOUS CONCENTRATE</b>	3	
<b>*FLUORIDE COMBINATIONS***</b>		
<b>FLORICAL ORAL CAPSULE</b>	2	
<b>FLORICAL ORAL TABLET</b>	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
<b>FLORIVA ORAL LIQUID</b>	3	
<b>MONOCAL ORAL TABLET</b>	2	
<b>*FLUORIDE***</b>		
fluoritab oral solution	1 or 1a*	\$0
nafrinse drops oral solution	1 or 1a*	\$0
nafrinse oral tablet chewable	1 or 1a*	\$0
sodium fluoride oral solution 0.5 mg/ml	1 or 1b*	\$0
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1 or 1a*	\$0
sodium fluoride oral tablet	1 or 1a*	\$0
sodium fluoride oral tablet chewable	1 or 1a*	\$0
<b>*IODINE COMBINATIONS***</b>		
<b>XYMODINE ORAL CAPSULE</b>	2	
<b>*IODINE PRODUCTS***</b>		
kelp oral tablet 0.15 mg, 150 mcg	1 or 1b*	
<b>*LITHIUM***</b>		
<b>LITH-ORO ORAL CAPSULE</b>	2	
<b>*MAGNESIUM COMBINATIONS***</b>		
<b>BEELITH ORAL TABLET</b>	2	
<b>CHOLEREX ORAL CAPSULE</b>	2	
<b>K-MAG ORAL CAPSULE</b>	2	
<b>K-MAG-60 ORAL CAPSULE</b>	2	
<b>K-MG CITRATE ORAL CAPSULE</b>	2	
krebs magnesium-potassium oral tablet	2	
<b>MAG-AMIDE ORAL TABLET EXTENDED RELEASE</b>	2	
magnesium fizz-plus oral powder effervescent	2	
<b>MAGNESIUM OPTIMIZER ORAL TABLET</b>	2	
<b>NU-MAG ORAL TABLET DELAYED RELEASE</b>	2	

Drug Name	Tier	Notes
potassium & magnesium aspartat oral capsule	1 or 1b*	
ra potassium/magnesium oral capsule	1 or 1b*	
slow magnesium/calcium oral tablet delayed release 70-117 mg	1 or 1b*	
<b>SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE</b>	2	
<b>SLOW-MAG ORAL TABLET DELAYED RELEASE</b>	2	
<b>*MAGNESIUM***</b>		
chelated magnesium oral tablet	1 or 1b*	
cvs magnesium oral tablet 500 mg	1 or 1b*	
cvs magnesium oral tablet chewable	2	
cvs magnesium oxide oral tablet 250 mg	1 or 1b*	
cvs triple magnesium complex oral capsule	2	
high absorption magnesium oral tablet	1 or 1b*	
kp mag-oxide magnesium oral tablet	1 or 1b*	
m2 magnesium oral capsule	1 or 1b*	
mag glycinate oral tablet	2	
<b>MAG-200 ORAL TABLET</b>	2	
<b>MAG64 ORAL TABLET DELAYED RELEASE</b>	2	
<b>MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG</b>	1 or 1b*	
mag-g oral tablet	2	
magnesium bisglycinate oral tablet	2	
magnesium carbonate heavy powder	3	
magnesium carbonate oral powder	2	
magnesium carbonate powder	2	
magnesium chloride crystals	3	
magnesium chloride oral tablet	2	

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

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Drug Name	Tier	Notes
magnesium chloride powder	3	
magnesium citrate oral capsule	2	
magnesium citrate oral tablet	2	
magnesium extra strength oral capsule	2	
magnesium gluconate oral tablet 250 mg, 500 mg, 550 mg	2	
magnesium gluconate oral tablet 27.5 mg	1 or 1b*	
magnesium glycinate oral capsule	2	
magnesium lactate oral tablet extended release	1 or 1b*	
magnesium malate oral tablet	2	
magnesium oral capsule 300 mg	2	
magnesium oral tablet 200 mg, 30 mg	2	
magnesium oral tablet 250 mg, 400 mg	1 or 1b*	
magnesium oral tablet chewable	2	
magnesium oxide (elemental) oral tablet	2	
magnesium oxide -mg supplement oral capsule	2	
magnesium oxide -mg supplement oral tablet	1 or 1b*	
magnesium oxide oral capsule 500 mg	1 or 1b*	
magnesium oxide oral powder	2	
magnesium oxide oral tablet 200 mg, 400 (240 mg) mg, 500 mg	1 or 1b*	
magnesium oxide oral tablet 420 (252 mg) mg	2	
<b>MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-%</b>	3	
<b>MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML</b>	3	

Drug Name	Tier	Notes
<b>MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG</b>	1 or 1b*	
<b>MAGONATE ORAL LIQUID 54 (MAG EQUIV) MG/5ML</b>	2	
<b>MAGOX 400 ORAL TABLET 400 (240 MG) MG</b>	2	
<b>MAG-OXIDE ORAL TABLET 200 MG</b>	1 or 1b*	
<b>MAG-TAB SR ORAL TABLET EXTENDED RELEASE</b>	2	
mg aspartate oral tablet	2	
mgo oral tablet 400 (240 mg) mg	1 or 1b*	
mp magnesium oral capsule	1 or 1b*	
natrul magnesium oral tablet	1 or 1b*	
<b>OPTIMAG 125 ORAL CAPSULE</b>	2	
<b>OPTIMAG NEURO ORAL POWDER</b>	2	
ra magnesium oral capsule	1 or 1b*	
ra natural magnesium oral tablet	1 or 1b*	
sm magnesium oral tablet	1 or 1b*	
sm magnesium oxide oral tablet	1 or 1b*	
sv magnesium oral capsule	1 or 1b*	
<b>*MANGANESE***</b>		
manganese amino acid chelate oral tablet	2	
manganese chloride intravenous solution	1 or 1b*	
manganese gluconate oral tablet 50 mg	2	
<b>*MINERAL COMBINATIONS***</b>		
<b>ADVANCED CALCIUM/D/MAGNESIUM ORAL TABLET</b>	2	
bone density builder oral tablet	2	
bone essentials oral capsule	2	
cal mag zinc +d3 oral tablet	2	
calcium & vit d3 bone health oral liquid	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
calcium 600+d3 plus minerals oral tablet	2	
calcium citrate + oral tablet	1 or 1b*	
calcium citrate plus oral tablet	1 or 1b*	
calcium citrate plus/magnesium oral tablet	1 or 1b*	
calcium citrate-mag-minerals oral tablet	1 or 1b*	
calcium-magnesium-zinc-d3 oral tablet	2	
cal-mag-zinc-d oral tablet	2	
<b>CITRACAL MAXIMUM PLUS ORAL TABLET</b>	2	
<b>CITRACAL PLUS ORAL TABLET</b>	2	
cvs calcium citrate+d3 oral tablet	2	
cvs calcium citrate+d3 w/magne oral tablet	2	
fem-cal citrate oral tablet	2	
gnp cal mag zinc +d3 oral tablet	1 or 1b*	
<b>MG/TAURINE FORTE ORAL CAPSULE</b>	2	
<b>MINREX ORAL CAPSULE</b>	2	
<b>MULTI MEGA MINERALS ORAL TABLET</b>	2	
multi-minerals oral tablet	2	
multisource calcium mag/d oral tablet	2	
<b>NUTRA-SUPPORT BONE ORAL CAPSULE</b>	2	
<b>PROSTEON ORAL TABLET</b>	2	
<b>THERACAL D2000 ORAL TABLET</b>	2	
<b>THERACAL D4000 ORAL TABLET</b>	2	
<b>THERACAL RAPID REPLETION ORAL TABLET</b>	2	
<b>*PHOSPHATE***</b>		
<b>GLYCOPHOS INTRAVENOUS SOLUTION</b>	3	
<b>K-PHOS ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>K-PHOS-NEUTRAL ORAL TABLET</b>	3	
phos-nak oral packet	2	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
phosphorus supplement oral packet	1 or 1b*	
phosphorus w/sod & potassium oral packet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	
phospho-trin k500 oral tablet	1 or 1b*	
<b>POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML</b>	3	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	
<b>POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION</b>	3	
sodium phosphates intravenous solution	1 or 1b*	
sodium-potassium-phosphorus oral packet	1 or 1b*	
wes-phos 250 neutral oral tablet	1 or 1b*	
<b>*POTASSIUM***</b>		
cvs potassium gluconate oral tablet 595 mg	1 or 1b*	
gnp potassium gluconate oral tablet	1 or 1b*	
k-99 oral capsule	2	
<b>K-BICARB ORAL CAPSULE</b>	2	
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet 20 meq	1 or 1b*	

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

Drug Name	Tier	Notes
klor-con oral tablet extended release	1 or 1b*	
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ</b>	3	
<b>POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML</b>	3	
potassium bicarbonate granules	3	
potassium bicarbonate powder	3	
potassium chloride crystal oral tablet extended release	1 or 1a*	
potassium chloride crystals	2	
potassium chloride oral capsule extended release	1 or 1b*	
potassium chloride oral tablet extended release	1 or 1b*	
potassium chloride granules	3	
<b>POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML</b>	3	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
potassium chloride powder	3	
potassium citrate(elemental k) oral capsule	2	
potassium gluconate oral tablet 2 meq, 2.5 meq, 550 (90 k) mg, 80 mg	2	
potassium gluconate oral tablet 550 mg, 595 (99 k) mg	1 or 1b*	
potassium oral tablet 99 mg	2	
qc potassium oral tablet	1 or 1b*	
ra potassium gluconate oral tablet	1 or 1b*	
sd potassium gluconate oral tablet	1 or 1b*	

Drug Name	Tier	Notes
sm potassium oral tablet	1 or 1b*	
<b>*SODIUM***</b>		
aquastat intravenous solution	1 or 1b*	
bd posiflush intravenous solution	1 or 1b*	
monoject flush syringe intravenous solution	1 or 1b*	
monoject sodium chloride flush intravenous solution	1 or 1b*	
normal saline flush intravenous solution	1 or 1b*	
sodium chloride (pf) injection solution	1 or 1b*	
sodium chloride flush intravenous solution	1 or 1b*	
sodium chloride granules	3	
sodium chloride injection solution 2.5 meq/ml	1 or 1b*	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1 or 1b*	
sodium chloride oral solution	2	
sodium chloride oral tablet	1 or 1b*	
sodium chloride powder	3	
<b>*TRACE MINERAL COMBINATIONS***</b>		
cro-man-zin oral tablet	2	
<b>MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION</b>	3	
<b>MULTRYS INTRAVENOUS SOLUTION</b>	3	
selenium-yeast oral tablet	2	
<b>THE LIQUILIFT TRACE INTRAVENOUS KIT</b>	3	
<b>TRALEMENT INTRAVENOUS SOLUTION</b>	3	
<b>*TRACE MINERALS***</b>		
<b>AQUEOUS SELENIUM ORAL LIQUID</b>	2	
chromic chloride intravenous solution	1 or 1b*	
chromium gtf oral tablet	1 or 1b*	
chromium oral tablet 400 mcg	2	

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

Drug Name	Tier	Notes
chromium picolinate oral capsule 500 mcg	2	
chromium picolinate oral tablet 1000 mcg, 200 mcg	1 or 1b*	
chromium picolinate oral tablet 400 mcg, 500 mcg, 800 mcg	2	
chromium picolinate ultra oral tablet 1000 mcg	1 or 1b*	
chromium picolinate w/calcium oral tablet	1 or 1b*	
copper gluconate oral tablet	2	
copper sulfate crystals	2	
<b>CRM ORAL CAPSULE</b>	2	
cupric chloride intravenous solution	1 or 1b*	
cupric sulfate granules	3	
cupric sulfate powder	2	
cvs selenium oral tablet 200 mcg	1 or 1b*	
gtf chromium oral tablet	1 or 1b*	
molybdenum oral capsule	2	
oceanic selenium oral tablet	1 or 1b*	
ra selenium natural oral tablet	1 or 1b*	
ra selenium oral tablet 200 mcg	1 or 1b*	
se-100 oral capsule	2	
<b>SELENIOS ACID INTRAVENOUS SOLUTION</b>	3	
selenium oral capsule	1 or 1b*	
selenium oral tablet 200 mcg, 50 mcg	1 or 1b*	
sm chromium picolinate oral tablet	1 or 1b*	
sm selenium oral tablet	1 or 1b*	
yl chromium picolinate oral tablet	1 or 1b*	
<b>*ZINC COMBINATIONS***</b>		
zinc magnesium aspartate oral capsule	2	
zinc plus vitamin c oral capsule	2	
zinc-c-b6 mouth/throat lozenge 12-60-0.5 mg	3	

Drug Name	Tier	Notes
zinc-vitamin c mouth/throat lozenge 23-100 mg	2	
zinc-vitamin c oral capsule	2	
zinc-vitamin c oral tablet dispersible	2	
<b>*ZINC***</b>		
chelated zinc oral tablet	1 or 1b*	
cvs zinc gluconate oral tablet	1 or 1b*	
eql natural zinc oral tablet	1 or 1b*	
<b>GALZIN ORAL CAPSULE</b>	3	
gnp zinc chelated oral tablet	1 or 1b*	
<b>IS-ZC 50 ORAL TABLET</b>	1 or 1b*	
<b>ORAZINC ORAL CAPSULE</b>	1 or 1b*	
<b>ORAZINC ORAL TABLET</b>	2	
qc zinc oral tablet	1 or 1b*	
ra zinc oral tablet	1 or 1b*	
sm zinc gluconate oral tablet	1 or 1b*	
sm zinc oral tablet	1 or 1b*	
<b>VITAMELTS ZINC FAST DISSOLVE ORAL TABLET DISPERSIBLE</b>	2	
<b>ZINC 15 ORAL TABLET</b>	2	
zinc chelated oral tablet 22.5 mg	2	
zinc chloride intravenous solution	1 or 1b*	
zinc extra strength oral tablet chewable	2	
zinc gluconate oral tablet 100 mg, 15 mg, 30 mg, 50 mg	1 or 1b*	
zinc glycinate oral capsule	2	
zinc mouth/throat lozenge 10 mg	2	
zinc oral capsule 220 (50 zn) mg	1 or 1b*	
zinc oral capsule 30 mg	2	
zinc oral tablet 100 mg	2	
zinc oral tablet 30 mg, 50 mg	1 or 1b*	
zinc sulfate granules	3	
zinc sulfate heptahydrate powder	2	
zinc sulfate intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
zinc sulfate monohydrate powder	2	
zinc sulfate oral capsule 220 (50 zn) mg	1 or 1b*	
zinc sulfate oral tablet 140 (50 zn) mg	2	
zinc sulfate oral tablet 220 (50 zn) mg	1 or 1b*	
zn-50 oral capsule	2	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*ALLOGENEIC THYMUS TISSUE***</b>		
RETHYMIC INTRAMUSCULAR IMPLANT	3	
<b>*ANTILEPTOTICS***</b>		
THALOMID ORAL CAPSULE	2	PA; LD; SP; QL
<b>*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS***</b>		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
<b>*CHELATING AGENTS***</b>		
DEPEN TITRATABS ORAL TABLET	3	PA; SP; QL
penicillamine oral tablet	1 or 1b*	PA; SP; QL
trientine hcl oral capsule	1 or 1b*	PA; SP; QL
<b>*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS***</b>		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	

Drug Name	Tier	Notes
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION	3	
<b>*CYCLOSPORINE ANALOGS***</b>		
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified oral capsule	1 or 1b*	
cyclosporine modified oral solution	1 or 1b*	
cyclosporine oral capsule	1 or 1b*	
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	
gengraf oral solution	1 or 1b*	
LUPKYNIS ORAL CAPSULE	3	PA; QL
NEORAL ORAL CAPSULE	3	
NEORAL ORAL SOLUTION	3	
SANDIMMUNE INTRAVENOUS SOLUTION	3	SP
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	3	

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

Drug Name	Tier	Notes
<b>*DIGITAL THERAPY APPLICATION - BEHAVIOR &amp; MENTAL HEALTH***</b>		
cvs behavioral health app	2	
cvs sleep application	2	
daylight app	2	
silvercloud coached user	2	
silvercloud coaching true up	2	
silvercloud self guided	2	
<b>SLEEPIO</b>	2	
<b>SLEEPIO/DAYLIGHT APP BUNDLE</b>	2	
<b>SLEEPIO/DAYLIGHT STEP BUNDLE</b>	2	
<b>*DIGITAL THERAPY APPLICATION - GASTROINTESTINAL***</b>		
<b>REGULORA</b>	2	
<b>*DIGITAL THERAPY APPLICATION - MISCELLANEOUS***</b>		
<b>TORCHLIGHT CHILD</b>	2	
<b>TORCHLIGHT COMPLETE SUITE</b>	2	
<b>TORCHLIGHT ELDER</b>	2	
<b>*DIGITAL THERAPY APPLICATION - MUSCULOSKELETAL**</b>		
*		
<b>ACUTE PROG-CHRON/SURG Y1 MILE2 KIT</b>	2	
<b>ACUTE PROG-CHRON/SURG Y2 MILE1 KIT</b>	2	
<b>ACUTE PROG-CHRON/SURG Y2 MILE2 KIT</b>	2	
<b>CHRONIC/SURGERY MILESTONE 1 KIT</b>	2	
<b>CHRONIC/SURGERY MILESTONE 2 KIT</b>	2	
<b>HINGE HEALTH ACUTE MIL 3 CHRON KIT</b>	2	
<b>HINGE HEALTH ACUTE MIL 3 SURG KIT</b>	2	
<b>HINGE HEALTH ACUTE PROG/CHRON</b>	2	

Drug Name	Tier	Notes
<b>HINGE HEALTH ACUTE PROG/CHRON KIT</b>	2	
<b>HINGE HEALTH ACUTE YEAR 2</b>	2	
<b>HINGE HEALTH CHRON PROG/ACUTE</b>	2	
<b>HINGE HEALTH CHRONIC &amp; SURGERY</b>	2	
<b>HINGE HEALTH CHRONIC SURGERY KIT</b>	2	
<b>HINGE HEALTH CHRONIC YEAR 2 KIT</b>	2	
<b>HINGE HEALTH EVEN MIL 2/3 SURG KIT</b>	2	
<b>HINGE HEALTH EVEN MILE 1 CHRON KIT</b>	2	
<b>HINGE HEALTH EVEN MILE 1 SURG KIT</b>	2	
<b>HINGE HEALTH EVN MIL 2/3 CHRON KIT</b>	2	
<b>HINGE HEALTH KIT</b>	2	
<b>HINGE HEALTH SURGERY PROGRAM KIT</b>	2	
<b>*DIGITAL THERAPY APPLICATION - WELLNESS***</b>		
cvs metabolic disease app	2	
cvs wellness application	2	
<b>KURBO BY WW</b>	2	
<b>NATURALLY SLIM FOUNDATIONS</b>	2	
<b>NATURALLY SLIM NS4YOU</b>	2	
<b>VIDA GROUP COACHING</b>	2	
vida health	2	
whil app	2	
<b>WONDR HEALTH ENGAGEMENT</b>	2	
<b>WONDR HEALTH OUTCOME BONUS</b>	2	
<b>WONDR HEALTH OUTCOME ENGAGEMENT</b>	2	
<b>WW DIGITAL</b>	2	
<b>WW DIGITAL - V2 (50%)</b>	2	

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



Drug Name	Tier	Notes
WW DIGITAL 360	2	
<b>*ENZYMES***</b>		
AMPHADASE INJECTION SOLUTION	3	
bromelain powder	3	
bromelains oral tablet	2	
chymotrypsin (alpha) powder	3	
HYLENEX INJECTION SOLUTION	3	
papaya oral tablet 100 mg	2	
papaya oral tablet chewable	1 or 1b*	
pineapple extract oral tablet chewable	2	
VITRASE INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	3	PA
<b>*FARNESYLTRANSFERASE INHIBITORS***</b>		
ZOKINVY ORAL CAPSULE	3	PA; QL
<b>*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS***</b>		
SOLESTA INJECTION GEL	3	
<b>*HOMEOPATHIC PRODUCTS***</b>		
4 THRIVE CLEANSING INHALATION OIL	2	
ALKALOL ALLERGY RELIEF NASAL LIQUID	2	
arnica montana oral pellet	2	
ARNICARE ARNICA EXTERNAL CREAM	2	
ARNICARE ARNICA EXTERNAL OINTMENT	2	
arnicare arthritis oral tablet dispersible	2	
arnicare arthritis sublingual tablet sublingual	2	
ARNICARE BRUISE EXTERNAL GEL	2	
arnicare external gel	2	

Drug Name	Tier	Notes
ARNICARE PAIN RELIEF EXTERNAL LIQUID	2	
ARNICARE PAIN RELIEF SUBLINGUAL TABLET SUBLINGUAL	2	
arthritis pain relief sublingual tablet sublingual	2	
AVENOC EXTERNAL OINTMENT	2	
AVOCADO REVITALIZING EXTERNAL OIL	2	
AZO YEAST PLUS ORAL TABLET	2	
BERGAMOT SERENITY INHALATION OIL	2	
bhi hemorrhoid relief oral tablet dispersible	2	
BIORX SPONIX NAIL EXTERNAL GEL	2	
BODYANEW CLEANSE/DETOX MULTIPK ORAL LIQUID	2	
BREATHE EASY PURIFYING INHALATION OIL	2	
bv treatment vaginal insert	2	
calendula external cream	2	
calendula external gel	2	
calendula external ointment	2	
CALMING INHALATION OIL	2	
CLEARLIFE ALLERGY NASAL NASAL LIQUID	2	
CLEARLIFE ALLERGY ORAL TABLET	2	
coffea cruda oral pellet	2	
COLDCALM SUBLINGUAL TABLET SUBLINGUAL	2	
COPPERFIXX PAIN RELIEF EXTERNAL CREAM	2	
COPPERFIXX PAIN THERAPY EXTERNAL PATCH	2	
cvs arnica external gel	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
cvs cold remedy oral tablet chewable	2	
cvs cold remedy oral tablet dispersible	2	
cvs ear relief otic solution	2	
cvs flu relief oral pellet	2	
cvs irritated eye ophthalmic solution	2	
cvs leg cramps pain relief oral tablet	2	
cvs nerve pain relief external ointment	2	
<b>CYCLEASE CRAMP SUBLINGUAL TABLET SUBLINGUAL</b>	2	
drainage oral liquid	2	
ear pain relief homeopathic otic solution	2	
earache drops otic solution	2	
energy inhalation oil	2	
<b>ENGYSTOL IMMUNE SUPPORT ORAL TABLET</b>	2	
eq zinc cold therapy oral tablet dispersible	2	
eql ear drops otic solution	2	
eql zinc cold relief mouth/throat lozenge	1 or 1b*	
eql zinc cold remedy oral tablet dispersible	2	
<b>EUCALYPTUS INVIGORATING INHALATION OIL</b>	2	
fibromyalgia symptom relief sublingual tablet sublingual	2	
<b>FRANKINCENSE UPLIFTING INHALATION OIL</b>	2	
<b>FREEDOM QUIT SMOKING SYSTEM ORAL KIT</b>	2	
gnp zinc cold therapy oral tablet chewable	2	
<b>GOOD NITE INHALATION OIL</b>	2	
<b>HYLAFEM PH VAGINAL SUPPOSITORY</b>	2	
ichthammol drawing salve external ointment	2	

Drug Name	Tier	Notes
indigestion/bloating relief sublingual tablet sublingual	2	
insomnia relief sublingual tablet sublingual	2	
<b>LAVENDER REJUVENATING INHALATION OIL</b>	2	
<b>LEG CRAMP COMPLEX ORAL LIQUID</b>	2	
leg cramp relief sublingual tablet sublingual	2	
leg cramps oral tablet	2	
leg cramps pm sublingual tablet sublingual	2	
leg cramps sublingual tablet sublingual	2	
lice treatment spray external solution	2	
<b>LICEFREEE EXTERNAL SOLUTION</b>	2	
<b>LOMA ASTHMA ORAL TABLET</b>	2	
<b>LOMA ECZEMA ORAL TABLET</b>	2	
<b>LOMA LUX ACNEPILL ORAL TABLET</b>	2	
<b>LOMA LUX PSORIASIS ORAL LIQUID</b>	2	
<b>LOMA SINUS/ALLERGY ORAL TABLET</b>	2	
<b>LYMPHOMYOSOT LYMPH SUPPORT ORAL TABLET</b>	2	
<b>MENASTIL EXTERNAL OIL</b>	2	
<b>MENTAL CLARITY INHALATION OIL</b>	2	
<b>MUSCLE CRAMP COMPLEX ORAL LIQUID</b>	2	
<b>MUSCLE THERAPY/ARNICA EXTERNAL GEL</b>	2	
nerve pain relief sublingual tablet sublingual	2	
<b>NEURAGEN EXTERNAL GEL</b>	2	
<b>NEURAGEN PAIN RELIEF EXTERNAL CREAM</b>	2	

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

Drug Name	Tier	Notes
NEURAGEN PN EXTERNAL OINTMENT	2	
OPTIQUE1 OPHTHALMIC SOLUTION	2	
OSCILLOCOCCINUM ORAL PELLETT	2	
PEPPERMINT REFRESHING INHALATION OIL	2	
phytolacca decandra oral pellet	2	
PRID EXTERNAL OINTMENT	2	
PROVENT WART EXTERNAL PATCH	2	
PROVENT WART REMOVER EXTERNAL OIL	2	
pulsatilla oral pellet	2	
PURALIN ARTHRITIS FORMULA ORAL TABLET	2	
PURALIN DECONGESTANT ORAL TABLET	2	
PURALIN PM NIGHTTIME SLEEP-AID ORAL TABLET	2	
PURALIN WEIGHT LOSS ORAL TABLET	2	
qc flu relief homeopathic oral pellet	2	
RA EAR DROPS HOMEOPATHIC OTIC SOLUTION	2	
ra earache drops otic solution	2	
ra yeast relief plus oral tablet	2	
REBOOST BREATHE EASY NASAL LIQUID	2	
REBOOST ZINC +10 SUBLINGUAL TABLET SUBLINGUAL	2	
REBOOST ZINC +13 ORAL LIQUID	2	
RESTFUL LEGS PM SUBLINGUAL TABLET SUBLINGUAL	2	

Drug Name	Tier	Notes
RESTFUL LEGS SUBLINGUAL TABLET SUBLINGUAL	2	
ROXALIA SUBLINGUAL TABLET SUBLINGUAL	2	
SIMILASAN KIDS EAR RELIEF OTIC SOLUTION	2	
sinus relief sublingual tablet sublingual	2	
skin tag remover external liquid	2	
SLEEP CALM SLEEP RELIEF SUBLINGUAL TABLET SUBLINGUAL	2	
SPASCUPREEL ORAL TABLET	2	
stress/exhaustion relief sublingual tablet sublingual	2	
SWEET ALMOND EXTERNAL OIL	2	
TEA TREE PURIFYING INHALATION OIL	2	
THERAWORX GLOVE + FOAM EXTERNAL KIT	2	
THERAWORX KNEE SLEEVE + FOAM EXTERNAL KIT	2	
THERAWORX RELIEF EXTERNAL FOAM	2	
THERAWORX RELIEF EXTERNAL LIQUID	2	
TRAUMEEL EXTERNAL OINTMENT	2	
TRAUMEEL ORAL TABLET	2	
T-RELIEF ARNICA + 12 EXTERNAL CREAM	2	
T-RELIEF ARNICA + 12 EXTERNAL GEL	2	
T-RELIEF ARNICA + 12 ORAL LIQUID	2	
T-RELIEF ARNICA + 12 ORAL TABLET	2	
T-RELIEF ARNICA + 12 ORAL TABLET CHEWABLE	2	
T-RELIEF ARTHRITIS PAIN ORAL TABLET	2	

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

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Drug Name	Tier	Notes
T-RELIEF ARTHRITIS MOBILITY EXTERNAL CREAM	2	
T-RELIEF ARTHRITIS MOBILITY ORAL TABLET CHEWABLE	2	
T-RELIEF EXTRA STRENGTH EXTERNAL CREAM	2	
T-RELIEF PAIN RELIEF EXTERNAL CREAM	2	
T-RELIEF PAIN RELIEF EXTERNAL GEL	2	
T-RELIEF SAFE RELIEF ORAL TABLET CHEWABLE	2	
UMCKA COLD+FLU ORAL SYRUP	2	
UMCKA COLDCARE ORAL LIQUID	2	
uri-control bhi oral tablet	2	
VEGA ORAL CARE GEL MOUTH/THROAT GEL	2	
VEGA ORAL CARE RECOVERY KIT MOUTH/THROAT KIT	2	
VEGA ORAL CARE RINSE MOUTH/THROAT SOLUTION	2	
VH ESSENTIALS BV TREATMENT ORAL CAPSULE	2	
WELLMIND CALMING DAY/NIGHT ORAL TABLET	2	
WELLMIND VERTIGO ORAL TABLET	2	
YEAST-GARD ADV HOMEOPATHIC ORAL CAPSULE	2	
YEAST-GARD ADV HOMEOPATHIC VAGINAL SUPPOSITORY	2	
YEAST-GARD ADVANCED DOUCHE VAGINAL SOLUTION	2	
YEAST-GARD FEMININE WASH VAGINAL SOLUTION	2	

Drug Name	Tier	Notes
YEAST-GARD HOMEOPATHIC VAGINAL GEL	2	
ZEEL ARTHRITIS PAIN RELIEF EXTERNAL OINTMENT	2	
ZEEL ARTHRITIS PAIN RELIEF ORAL TABLET	2	
ZICAM COLD REMEDY ORAL TABLET DISPERSIBLE	2	
zinc cold therapy oral tablet chewable	2	
zinc mouth/throat lozenge	1 or 1b*	
ZYMADERM EXTERNAL SOLUTION	2	
<b>*IMMUNE GLOBULIN IMMUNOSUPPRESSANT S***</b>		
ATGAM INTRAVENOUS INJECTABLE	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
<b>*IMMUNOMODULATOR S FOR MYELOYDYSPLASTIC SYNDROMES***</b>		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	1 or 1b*	PA; SP; QL
lenalidomide oral capsule 2.5 mg, 20 mg	1 or 1b*	PA; QL
REVLIMID ORAL CAPSULE	2	PA; SP; QL
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***</b>		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
CELLCEPT ORAL CAPSULE	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	
CELLCEPT ORAL TABLET	3	

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

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Drug Name	Tier	Notes
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	
mycophenolate mofetil oral tablet	1 or 1b*	
mycophenolate sodium oral tablet delayed release	1 or 1b*	
<b>MYFORTIC ORAL TABLET DELAYED RELEASE</b>	3	
<b>*INTERLEUKIN-6 (IL-6) ANTAGONISTS***</b>		
<b>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*IRRIGATION SOLUTIONS***</b>		
argyle sterile water irrigation solution	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
tis-u-sol irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
<b>*MACROLIDE IMMUNOSUPPRESSANT S***</b>		
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	
<b>ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1 or 1b*	

Drug Name	Tier	Notes
<b>PROGRAF INTRAVENOUS SOLUTION</b>	2	SP
<b>PROGRAF ORAL CAPSULE</b>	3	
<b>PROGRAF ORAL PACKET</b>	3	
<b>RAPAMUNE ORAL SOLUTION</b>	3	
<b>RAPAMUNE ORAL TABLET</b>	3	
sirolimus oral solution	1 or 1b*	
sirolimus oral tablet	1 or 1b*	
tacrolimus oral capsule	1 or 1b*	
<b>ZORTRESS ORAL TABLET</b>	3	
<b>*MISC NATURAL PRODUCTS***</b>		
<b>7-KETO LEAN ORAL CAPSULE</b>	2	
acai+superfruit/green tea oral tablet	2	
<b>ADRENAL ESSENCE ORAL CAPSULE</b>	2	
adv turmeric curcumin complex oral capsule	2	
advanced joint relief oral capsule	1 or 1b*	
<b>AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE</b>	2	
<b>ALLERDHO ORAL CAPSULE</b>	2	
<b>ALLERGY RELEAF SYSTEM ORAL</b>	2	
<b>ALLERGY RELEAF SYSTEM ORAL KIT</b>	2	
alz oral capsule	2	
<b>ARTHRI-FLEX ADVANTAGE ORAL TABLET</b>	2	
<b>ATRANTIL ORAL CAPSULE</b>	2	
beauty & skin therapy oral tablet	2	
<b>BERGACOR PLUS ORAL TABLET</b>	2	
beta-sitosterol plant sterols oral capsule	2	

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

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Drug Name	Tier	Notes
bio-flav oral capsule	1 or 1b*	
black cohosh menopause complex oral tablet	2	
blood sugar 360 oral capsule	1 or 1b*	
blood sugar balance oral tablet	2	
<b>BODY CHOICE HOODIA WEIGHT LOSS ORAL LIQUID</b>	2	
<b>BRAINSTRONG MEMORY SUPPORT ORAL TABLET</b>	2	
<b>BUG ITCH RELIEF EXTERNAL SOLUTION</b>	2	
calcium plus advanced oral tablet	2	
calcium pyruvate oral capsule 600 mg	2	
<b>CANDICIDAL ORAL CAPSULE</b>	2	
cholesterol relief oral capsule	1 or 1b*	
<b>CINNDROMEX ORAL CAPSULE</b>	2	
<b>CLAIRVEE ORAL CAPSULE</b>	2	
cold defense fighter oral capsule	2	
colon cleanse oral capsule	1 or 1b*	
colon herbal cleanser oral capsule	1 or 1b*	
<b>COLONX ORAL CAPSULE</b>	2	
colox oral capsule	2	
complete menopause health oral tablet	2	
complete prostate health oral tablet	2	
<b>CORDYMAX CS-4 ORAL CAPSULE</b>	1 or 1b*	
<b>CORTISOL MANAGER ORAL TABLET</b>	2	
<b>CORTISOLV ORAL CAPSULE</b>	2	
<b>COSAMIN ASU ADVANCED FORMULA ORAL CAPSULE</b>	1 or 1b*	
<b>COSAMIN ASU FOR JOINT HEALTH ORAL CAPSULE</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>COSAMIN VERDE FOR JOINT HEALTH ORAL TABLET</b>	2	
<b>CRAMP RELIEF ORAL CAPSULE</b>	2	
<b>CRAMP RELIEF ORAL LIQUID</b>	2	
cranberry/probiotic oral tablet	2	
<b>CRANBLADDER RELIEF ORAL CAPSULE</b>	2	
<b>CRANBLADDER RELIEF ORAL LIQUID</b>	2	
<b>CRAN-B-OTC ORAL LIQUID</b>	2	
<b>CURCUMAX PRO ORAL TABLET</b>	2	
cvs glucos-chondroitin-msm ts oral tablet	2	
cvs prostate max + oral tablet	2	
<b>CYSTEX URINARY HEALTH ORAL LIQUID</b>	2	
<b>DEEP HEALTH ORAL CAPSULE</b>	2	
<b>DEEP HEALTH ORAL LIQUID</b>	2	
<b>DEEP SLEEP ORAL CAPSULE</b>	2	
<b>DEEP SLEEP ORAL LIQUID</b>	2	
detoxarex oral capsule	2	
<b>DIMENSION 3 ORAL CAPSULE</b>	2	
<b>EARLY ALERT ORAL CAPSULE</b>	2	
<b>EARLY ALERT ORAL LIQUID</b>	2	
eczema & psoriasis spray oral liquid	2	
elderberry immune complex oral tablet chewable	2	
elderberry zinc/vit c/immune mouth/throat lozenge	2	
elderberry/vitamin c/zinc oral tablet chewable	2	
<b>ENERGEL ORAL CAPSULE</b>	2	

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

Drug Name	Tier	Notes
eq glucosamine chondr/msm/d oral tablet	2	
eq glucosamine-chondroitin-msm oral tablet	2	
eq glucosamine chondroitin oral tablet	2	
<b>ESBERITOX ORAL TABLET CHEWABLE</b>	2	
essiac tonic oral capsule	2	
essiac tonic oral liquid	2	
<b>ESTROVEN + ENERGY MAX STRENGTH ORAL TABLET</b>	2	
<b>ESTROVEN ENERGY ORAL TABLET</b>	2	
<b>FLASHARREST ORAL CAPSULE</b>	2	
<b>FLEXCIN JOINT &amp; MOBILITY MAX ORAL CAPSULE</b>	2	
<b>FLEXCIN JOINT &amp; MOBILITY REG ORAL CAPSULE</b>	2	
<b>FLEXCIN MOTION EXTERNAL LOTION</b>	2	
garlin oral tablet	2	
germanium oral capsule	1 or 1b*	
glucoless oral capsule	2	
<b>GLUCOSA FACTOR HIGH BLOOD GLUC ORAL CAPSULE</b>	2	
glucosa immune booster oral capsule	2	
glucosamine chond cmp advanced oral tablet	2	
glucosamine chond cmp double oral tablet	2	
glucosamine chond cmp triple oral tablet	2	
glucosamine chond complex/msm oral tablet	2	
glucosamine chond double str oral capsule	2	
glucosamine chond double str oral tablet	2	
glucosamine chond msm formula oral tablet	2	
glucosamine chondroitin adv oral tablet	2	

Drug Name	Tier	Notes
glucosamine chondroitin msm oral tablet	2	
glucosamine chondroitin triple oral tablet	2	
glucosamine chondroitin vit d3 oral capsule	1 or 1b*	
glucosamine-chondroitin ds oral tablet	2	
glucosamine-chondroitin sulf oral tablet	2	
glucos-chondroitin-msm complex oral tablet	2	
glucos-chondroitin-msm-turm cmlpl oral tablet	2	
<b>GLUTALOEMINE ORAL POWDER</b>	2	
gnp glucosamine chondroit ds oral tablet	2	
gnp glucosamine chondroitin oral tablet	2	
gnp glucosamine complex oral tablet	2	
goodsense glucosamine complex oral tablet	2	
grape seed complex oral capsule	1 or 1b*	
green tea oral tablet	2	
<b>GREEN TEA SLIM ORAL TABLET</b>	2	
<b>HERBAPROFEN ORAL LIQUID</b>	2	
hm estroplus menopause formula oral tablet	2	
hm joint health ultra oral tablet	2	
horny goat weed oral capsule	2	
horny goat weed plus oral capsule	2	
<b>HOT FLASHEX ORAL TABLET</b>	2	
ig 26 df oral capsule	2	
ig 26 plus df oral powder	2	
<b>IMMUNE ESSENTIALS ORAL CAPSULE</b>	2	
imuhance oral capsule	2	
<b>I-SIGHT ORAL CAPSULE</b>	2	

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

Drug Name	Tier	Notes
IVY ITCH RELEAF EXTERNAL SOLUTION	2	
JOINT HEALTH ORAL CAPSULE	2	
joint lube oral liquid	2	
joint support oral capsule	2	
KINDERMED COUGH PLUS INFANTS ORAL SYRUP	2	
KINDERMED NIGHT COUGH INFANTS ORAL SYRUP	2	
LANSINOH HERBAL POSTPARTUM EXTERNAL SOLUTION	2	
LANSINOH POSTPARTUM RECOVERY EXTERNAL KIT	2	
laxative formula oral tablet	2	
leg vein & circulation oral tablet	2	
LIPOTROPIX ORAL CAPSULE	2	
LIVER PROTECT ORAL CAPSULE	2	
LOVIRAL ORAL CAPSULE	2	
LOVIRAL ORAL LIQUID	2	
LUNG TONIC ORAL CAPSULE	2	
LUNG TONIC ORAL LIQUID	2	
LYDIA PINKHAM ORAL LIQUID	2	
LYDIA PINKHAM ORAL TABLET	2	
LYMPHATONIC ORAL CAPSULE	2	
LYMPHATONIC ORAL LIQUID	2	
magic mushroom mix oral capsule	2	
MAX HYPOTHALAMUS/PITUITARY ORAL CAPSULE	2	
MEDCAPS MENOPAUSE ORAL CAPSULE	2	

Drug Name	Tier	Notes
MELLOW-TONE ORAL STRIP	2	
MENOFEM ORAL CAPSULE	2	
MENOPAUTONIC ORAL CAPSULE	2	
MENOPAUTONIC ORAL LIQUID	2	
mens potent formula oral tablet	2	
METABO-STYLE ORAL TABLET	2	
MIDNITE FOR MENOPAUSE ORAL TABLET CHEWABLE	2	
MIDNITE ORAL TABLET CHEWABLE	2	
MIDNITE PM ORAL TABLET CHEWABLE	2	
MILKFLOW MAX ORAL CAPSULE	2	
MILKFLOW ORAL CAPSULE	2	
MILKFLOW ORAL PACKET	2	
miseflex oral tablet	2	
miseflex-c oral tablet	2	
mitochondrial renewal kit oral therapy pack	2	
mixed tocotrienols w/ vita e oral capsule	2	
MORNING SICKLESS ORAL KIT	2	
MORNINGSICKLESS MOUTH/THROAT LOZENGE	2	
MOUTH TONIC ORAL LIQUID	2	
mullein garlic ear drops otic solution	2	
NARCOSOFT HERBAL LAX ORAL CAPSULE	2	
narcosoft ii oral capsule	2	
NATURAL EMU RELIEF EXTERNAL GEL	2	
NEURIVA ORAL CAPSULE	2	
NEURIVA ORAL TABLET CHEWABLE	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
<b>NEUROACTIVES BRAINSUSTAIN ORAL CAPSULE</b>	2	
<b>NF FORMULAS TESTOSTERONE ORAL CAPSULE</b>	2	
<b>NOPIOD ORAL CAPSULE</b>	2	
<b>NRF2 ACTIVATOR ORAL CAPSULE</b>	2	
octacosanol oral tablet	2	
<b>OLIVDEFENSE ORAL CAPSULE</b>	2	
omega 3-green tea-cla oral capsule	2	
<b>ORAXINOL ORAL CAPSULE</b>	2	
<b>ORGANIX PHYTOFOOD ORAL POWDER</b>	2	
orthodiet oral tablet	2	
osha root cough oral syrup	2	
<b>OSTEO BI-FLEX ADV TRIPLE ST ORAL TABLET</b>	2	
<b>OSTEO BI-FLEX TRIPLE STRENGTH ORAL TABLET</b>	2	
<b>OSTEO BI-FLEX/5- LOXIN ADVANCED ORAL TABLET</b>	2	
<b>PARA-GARD ORAL CAPSULE</b>	2	
pau d arco oral capsule 500 mg	1 or 1b*	
<b>PETADOLEX 50 ORAL CAPSULE</b>	2	
<b>PETADOLEX 75 ORAL CAPSULE</b>	2	
<b>PHYTOCILLIN ORAL CAPSULE</b>	2	
<b>PHYTOCILLIN ORAL LIQUID</b>	2	
<b>PMS SOOTHE ORAL CAPSULE</b>	2	
<b>PRO CUT ORAL CAPSULE</b>	2	
<b>PRO NUTRIENTS FRUIT &amp; VEGGIE ORAL TABLET</b>	2	

Drug Name	Tier	Notes
prostate control oral capsule	1 or 1b*	
<b>PROSTATE FLO ORAL CAPSULE</b>	2	
<b>PROSTATE THERAPY COMPLEX ORAL CAPSULE</b>	2	
<b>PROVENT SKIN TAG REMOVER EXTERNAL PATCH</b>	2	
<b>PROVENT VERTIGO X EXTERNAL OIL</b>	2	
pumpkin seed oil oral capsule	1 or 1b*	
px glucosamine-chondroitin oral tablet	2	
qc glucosamine-chondroitin-msm oral tablet	2	
ra estroplus max strength oral tablet	2	
ra glucosamine-chondroitin-msm-d oral tablet	2	
recharge oral capsule	1 or 1b*	
red wine extract oral capsule	2	
refex oral capsule	2	
<b>RELAX &amp; SLEEP ORAL TABLET</b>	2	
<b>RELAXMAX ORAL POWDER</b>	2	
<b>RELIZEN ORAL TABLET</b>	2	
<b>RESPIRATONIC ORAL CAPSULE</b>	2	
<b>RESPIRATONIC ORAL LIQUID</b>	2	
rest/relaxation oral capsule	1 or 1b*	
<b>RESVERATIN PLUS ORAL CAPSULE</b>	2	
<b>RESVERATROL ULTRA ORAL CAPSULE</b>	2	
<b>RISTELA ORAL TABLET</b>	2	
<b>SALOXICIN ORAL CAPSULE</b>	2	
<b>SAMBUCUS ELDERBERRY IMMUNE KID ORAL TABLET CHEWABLE</b>	2	
<b>SAMBUCUS ELDERBERRY IMMUNE ORAL SYRUP</b>	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
<b>SAMBUCUS ELDERBERRY IMMUNE ORAL TABLET CHEWABLE</b>	2	
<b>SAMBUCUS ELDERBERRY VITAMIN C MOUTH/THROAT LOZENGE</b>	2	
<b>SAMBUCUS ELDERBERRY ZINC MOUTH/THROAT LOZENGE</b>	2	
saw palmetto oral capsule	1 or 1b*	
<b>SEREDYN ORAL CAPSULE</b>	1 or 1b*	
<b>SERENOL ORAL TABLET</b>	2	
<b>SINGERS SAVING GRACE THROAT ORAL LIQUID</b>	2	
skelagesic oral capsule	2	
sleep tonite oral tablet	2	
sm echinacea-goldenseal oral capsule	1 or 1b*	
sm glucosamine chondroitin msm oral tablet	2	
sm glucosamine chondroitin oral tablet	2	
sm saw palmetto complex oral capsule	1 or 1b*	
south african hoodia plus oral capsule	2	
stomach settle mouth/throat lozenge	2	
<b>STRESS RELEAF ORAL CAPSULE</b>	2	
<b>STRESS RELEAF ORAL LIQUID</b>	2	
super energy oral tablet	2	
super-d3+ oral capsule	1 or 1b*	
<b>SYNOVX CALM ORAL CAPSULE</b>	2	
<b>SYNOVX DJD ORAL CAPSULE</b>	2	
<b>SYNOVX METABOLIC ORAL CAPSULE</b>	2	
<b>SYNOVX PERFORMANCE ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
<b>SYNOVX TENDON &amp; LIGAMENT ORAL CAPSULE</b>	2	
t-150 oral capsule	2	
<b>TART CHERRY ADVANCED ORAL CAPSULE</b>	1 or 1b*	
<b>TESTOPLEX PLUS ORAL CAPSULE</b>	2	
<b>THERAWORX PROTECT U-PAK EXTERNAL KIT</b>	2	
thisilubin oral capsule	1 or 1b*	
toprophan oral capsule	1 or 1b*	
total body cleanse oral tablet	2	
total cardio health formula oral capsule	2	
total memory & focus formula oral tablet	2	
transferon oral capsule	2	
<b>TRIPLE FLEX ORAL CAPSULE</b>	2	
tumersaid oral tablet	2	
turmeric curcumin oral capsule	1 or 1b*	
<b>TYLER INDOLPLEX ORAL CAPSULE</b>	2	
<b>UPSPRING FERTILITY ORAL CAPSULE</b>	2	
<b>UPSPRING MILKFLOW ORAL CAPSULE</b>	2	
<b>UPSPRING MILKFLOW SUPPLEMENT ORAL POWDER</b>	2	
<b>UPSPRING STOMACH SETTLE MOUTH/THROAT LOZENGE</b>	2	
<b>URINOZINC PLUS ORAL TABLET</b>	2	
<b>URINOZINC PROSTATE CLASSIC ORAL CAPSULE</b>	2	
<b>URINOZINC PROSTATE ORAL CAPSULE</b>	2	
valinex oral capsule	2	
varivoda oral tablet	2	
vertigox external oil	2	
<b>VIRAGRAPHIS ORAL CAPSULE</b>	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
VITALVASC ORAL CAPSULE	2	
XENOPROTX ORAL CAPSULE	2	
ZARBEES ALL-IN-ONE ORAL SYRUP	2	
ZARBEES CGH/MUCUS AGV/IVY BABY ORAL SYRUP	2	
ZARBEES CGH/MUCUS HNY/IVY CHLD ORAL SYRUP	2	
ZARBEES COMP COUGH+IMMUNE BABY ORAL SYRUP	2	
ZARBEES COUGH AGAVE/THYME BABY ORAL SYRUP	2	
ZARBEES COUGH DK HONEY CHILD ORAL SYRUP	2	
ZARBEES COUGH/MUCUS & IMMUNE ORAL SYRUP	2	
ZARBEES COUGH+IMMUNE ORAL SYRUP	2	
ZARBEES THROAT SPRAY CHILDRENS ORAL LIQUID	2	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES***</b>		
adenosine-5-monophosphate powder	3	
adenosine-5-triphosphate powder	3	
ammonia inhalants inhalation inhaler	2	
chlorophyll-alfalfa oral tablet	2	
CHLOROXYGEN ORAL CAPSULE	2	
CHLOROXYGEN ORAL CONCENTRATE	2	
ENNDS ORAL TABLET	2	
gelatin oral capsule 600 mg	2	
gelatin oral capsule 650 mg	1 or 1b*	
qc aromatic ammonia inhalation spirit	2	

Drug Name	Tier	Notes
<b>*MONOCLONAL ANTIBODIES***</b>		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
GAMIFANT INTRAVENOUS SOLUTION	3	PA; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
UPLIZNA INTRAVENOUS SOLUTION	3	PA; QL
<b>*NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS***</b>		
VYVGART INTRAVENOUS SOLUTION	3	PA; SP
<b>*PATIENT ASSESSMENT SERVICES - NO DRUG DISPENSED***</b>		
eua patient assessment	3	
<b>*PERITONEAL DIALYSIS SOLUTIONS***</b>		
DELFLX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	3	
DELFLX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
DELFLX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3	

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

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Drug Name	Tier	Notes
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
EXTRANEAL INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION	3	
<b>*PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB***</b>		
VIJOICE ORAL TABLET THERAPY PACK	3	PA; SP; QL

Drug Name	Tier	Notes
<b>*POTASSIUM REMOVING AGENTS***</b>		
LOKELMA ORAL PACKET	3	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sps oral suspension	1 or 1b*	
VELTASSA ORAL PACKET	3	
<b>*PROSTAGLANDINS***</b>		
alprostadil injection solution	1 or 1b*	
PROSTIN VR INJECTION SOLUTION	3	
<b>*PURINE ANALOGS***</b>		
azasan oral tablet	1 or 1b*	
azathioprine oral tablet	1 or 1b*	
azathioprine powder	3	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN ORAL TABLET	3	
<b>*ROCK INHIBITORS***</b>		
REZUROCK ORAL TABLET	3	PA; QL
<b>*SCLEROSING AGENTS***</b>		
ASCLERA INTRAVENOUS SOLUTION	3	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 %	1 or 1b*	
sotradecol intravenous solution 3 %	1 or 1b*	
VARITHENA INTRAVENOUS FOAM	3	
<b>*SELECTIVE T-CELL COSTIMULATION BLOCKERS***</b>		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	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
<b>*THICKENED PRODUCTS***</b>		
THICK-IT ORAL LIQUID	2	
<b>*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS***</b>		
SAPHNELO INTRAVENOUS SOLUTION	3	PA; QL
<b>*UREMIC PRURITUS AGENTS***</b>		
KORSUVA INTRAVENOUS SOLUTION	3	PA
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*ANESTHETICS TOPICAL ORAL - COMBINATIONS***</b>		
ACTISEP (SPRAY) MOUTH/THROAT SOLUTION	2	
ACTISEP MOUTH/THROAT SOLUTION	2	
CEPACOL DUAL RELIEF MOUTH/THROAT LIQUID	2	
CEPACOL DUAL RELIEF ORAL LIQUID	2	
CEPACOL EXTRA STRENGTH MOUTH/THROAT LOZENGE	2	
CEPACOL INSTAMAX MOUTH/THROAT LOZENGE	2	
CEPACOL SORE THROAT EX ST MOUTH/THROAT LOZENGE	2	
CEPACOL SORE THROAT MAX NUMB MOUTH/THROAT LOZENGE 15-4 MG	2	
CEPACOL SORE THROAT MOUTH/THROAT LOZENGE 10-2.1 MG	2	

Drug Name	Tier	Notes
CEPACOL SORE THROAT SPRAY MOUTH/THROAT LIQUID	2	
CHLORASEPTIC MAX SORE THROAT MOUTH/THROAT LOZENGE	2	
CHLORASEPTIC MOUTH/THROAT LOZENGE	2	
CHLORASEPTIC SORE THROAT MOUTH/THROAT LOZENGE	2	
cvs sore throat mouth/throat lozenge	1 or 1b*	
cvs toothache relief mouth/throat gel	2	
G-BUCAL-C MOUTH/THROAT SOLUTION	2	
GILTUSS BUCALSEP MOUTH/THROAT LIQUID	2	
goodsense sore throat mouth/throat lozenge	1 or 1b*	
gumsol mouth/throat liquid	2	
MUCINEX INSTASOOthe THROAT/PN MOUTH/THROAT LIQUID	2	
ORASEP MOUTH/THROAT SOLUTION	2	
sore throat lozenges mouth/throat lozenge 6-10 mg	1 or 1b*	
sore throat mouth/throat lozenge 15-3.6 mg, 6-10 mg	1 or 1b*	
ultra throat mouth/throat lozenge	1 or 1b*	
<b>*ANESTHETICS TOPICAL ORAL***</b>		
ALLEVACAINE MOUTH/THROAT SOLUTION	1 or 1b*	
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT 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
<b>ANBESOL MAXIMUM STRENGTH MOUTH/THROAT LIQUID</b>	1 or 1b*	
<b>AVERTEAX MOUTH/THROAT OINTMENT</b>	2	
<b>BABY ANBESOL MOUTH/THROAT GEL</b>	2	
baby teething mouth/throat gel	1 or 1b*	
baby teething pain medicine mouth/throat gel	1 or 1b*	
<b>BENZODENT MOUTH/THROAT CREAM</b>	1 or 1b*	
complete toothache kit mouth/throat solution	2	
cvs baby teething oral pain mouth/throat gel	1 or 1b*	
cvs oral anesthetic max str mouth/throat gel	1 or 1b*	
cvs oral pain reliever max st mouth/throat paste	1 or 1b*	
cvs oral pain reliever mouth/throat cream	1 or 1b*	
<b>DENTS TOOTHACHE MOUTH/THROAT GUM</b>	2	
goodsense oral pain relief mouth/throat gel	1 or 1b*	
<b>HURRICAIN MOUTH/THROAT AEROSOL</b>	2	
<b>HURRICAIN MOUTH/THROAT GEL</b>	1 or 1b*	
<b>HURRICAIN MOUTH/THROAT SOLUTION</b>	2	
<b>HURRICAIN ONE MOUTH/THROAT SOLUTION</b>	2	
<b>HURRICAIN SNAP-N-GO MOUTH/THROAT SWAB</b>	2	
<b>HURRIPAK STARTER KIT MOUTH/THROAT KIT</b>	2	
instant oral pain relief max mouth/throat gel	1 or 1b*	
intense toothache pain relief mouth/throat gel	1 or 1b*	

Drug Name	Tier	Notes
lidocaine hcl mouth/throat solution	1 or 1a*	QL
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL
<b>LOLLICAINE MOUTH/THROAT GEL</b>	1 or 1b*	
<b>ORA-FILM MOUTH/THROAT STRIP</b>	2	
oral analgesic max st mouth/throat gel	1 or 1b*	
oral analgesic max st mouth/throat liquid	1 or 1b*	
oral analgesic max st mouth/throat paste	1 or 1b*	
oral anesthetic mouth/throat paste	1 or 1b*	
<b>ORAMAGIC PLUS MOUTH/THROAT SUSPENSION RECONSTITUTED</b>	2	
qc oral pain relieving mouth/throat gel	1 or 1b*	
ra mouth pain anesthetic mouth/throat liquid	1 or 1b*	
<b>ZILACTIN BABY MOUTH/THROAT GEL</b>	2	
<b>ZILACTIN MOUTH/THROAT GEL</b>	2	
<b>*ANTI-INFECTIVE COMBINATIONS - THROAT***</b>		
<b>ULCEREASE MOUTH/THROAT SOLUTION</b>	2	
<b>*ANTI-INFECTIVES - THROAT***</b>		
amphotericin b powder	3	
clotrimazole mouth/throat troche	1 or 1b*	QL
cvs peroxide sore mouth cleans mouth/throat solution	1 or 1b*	
<b>GLY-OXIDE MOUTH/THROAT SOLUTION</b>	2	
nystatin mouth/throat suspension	1 or 1b*	QL
<b>ORAVIG BUCCAL TABLET</b>	3	

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

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Drug Name	Tier	Notes
<b>PEROX-A-MINT MOUTH/THROAT SOLUTION</b>	1 or 1b*	
<b>PEROXYL EXTERNAL SOLUTION</b>	2	
<b>PEROXYL MOUTH/THROAT SOLUTION</b>	1 or 1b*	
<b>PEROXYL SPOT TREATMENT MOUTH/THROAT GEL</b>	2	
<b>*ANTISEPTIC COMBINATIONS - MOUTH/THROAT***</b>		
<b>CHLORASEPTIC MAX SORE THROAT MOUTH/THROAT LIQUID</b>	2	
<b>*ANTISEPTICS - MOUTH/THROAT***</b>		
<b>BETADINE ANTISEPTIC GARGLE MOUTH/THROAT SOLUTION</b>	2	
<b>BETADINE ANTISEPTIC RINSE MOUTH/THROAT SOLUTION</b>	2	
<b>CHLORASEPTIC MOUTH/THROAT LIQUID</b>	1 or 1b*	
<b>CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LIQUID</b>	1 or 1b*	
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL
cvs sore throat spray mouth/throat liquid	1 or 1b*	
<b>DIABETIC TUSSIN SORE THROAT MOUTH/THROAT LIQUID</b>	1 or 1b*	
eql sore throat spray mouth/throat liquid	1 or 1b*	
gnp sore throat spray mouth/throat liquid	1 or 1b*	
goodsense sore throat spray mouth/throat liquid	1 or 1b*	

Drug Name	Tier	Notes
<b>MUCINEX INSTASOOTHE THROAT/CMF MOUTH/THROAT LOZENGE</b>	2	
<b>MUCINEX INSTASOOTHE THROAT/PN MOUTH/THROAT LOZENGE</b>	2	
ora relief mouth/throat liquid	1 or 1b*	
oral relief mouth/throat liquid	1 or 1b*	
oralseptic mouth/throat liquid	1 or 1b*	
<b>PERIDEX MOUTH/THROAT SOLUTION</b>	3	QL
periogard mouth/throat solution	1 or 1a*	QL
phenaseptic mouth/throat liquid	1 or 1b*	
px sore throat mouth/throat liquid	1 or 1b*	
ra sore throat mouth/throat liquid	1 or 1b*	
sb sore throat spray mouth/throat liquid	1 or 1b*	
sm sore throat spray mouth/throat liquid	1 or 1b*	
sore throat mouth/throat liquid	1 or 1b*	
sore throat spray mouth/throat liquid	1 or 1b*	
<b>ST-37 MOUTH/THROAT LIQUID</b>	2	
<b>TRIAMINIC SORE THROAT MOUTH/THROAT SOLUTION</b>	2	
<b>ULCEREASE MOUTH/THROAT LIQUID</b>	2	
<b>*DENTAL AIDS***</b>		
<b>HURRIVIEW DENTAL SWAB</b>	2	
<b>HURRIVIEW II DENTAL SWAB</b>	2	
zinc acetate crystals	3	

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

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Drug Name	Tier	Notes
<b>*DENTAL PRODUCTS - COMBINATIONS***</b>		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
LISTERINE ESSENTIAL CARE DENTAL GEL	2	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
<b>*DENTAL PRODUCTS***</b>		
cvs anti-plaque mouth/throat liquid	1 or 1b*	
PLAX MOUTH/THROAT LIQUID	1 or 1b*	
sm dental rinse anti-plaque mouth/throat liquid	1 or 1b*	
<b>*DENTAL WHITENERS***</b>		
NUVORAWHITE MOUTH/THROAT LOZENGE	2	
<b>*DRY MOUTH AGENTS AND ARTIFICIAL SALIVA***</b>		
ACT DRY MOUTH MOISTURIZING MOUTH/THROAT GUM	2	
ACT DRY MOUTH MOUTH/THROAT LOZENGE	1 or 1b*	
BIOTENE DRY MOUTH MOISTURIZING MOUTH/THROAT SOLUTION	2	
BIOTENE DRY MOUTH MOUTH/THROAT GUM	2	
BIOTENE DRY MOUTH MOUTH/THROAT LOZENGE	1 or 1b*	

Drug Name	Tier	Notes
BIOTENE ORALBALANCE DRY MOUTH MOUTH/THROAT GEL	2	
BIOTENE PBF DRY MOUTH MOUTH/THROAT GUM	2	
CAPHOSOL MOUTH/THROAT SOLUTION	2	
cvs dry mouth mouth/throat solution	2	
dry mouth drops mouth/throat lozenge	1 or 1b*	
eql dry mouth oral rinse mouth/throat solution	2	
MIGHTEAFLOW MOUTH/THROAT GUM	2	
MOI-STIR MOUTH/THROAT SOLUTION	2	
MOUTH KOTE MOUTH/THROAT SOLUTION	2	
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION	2	
oral relief for dry mouth mouth/throat gel	2	
oral relief for dry mouth mouth/throat kit	2	
oral relief for dry mouth mouth/throat lozenge	1 or 1b*	
oral relief spray mouth/throat solution	2	
ra dry mouth mouth/throat solution	2	
SALESE/XYLITOL MOUTH/THROAT LOZENGE	1 or 1b*	
SALIVASURE MOUTH/THROAT LOZENGE	1 or 1b*	
THERABREATH DRY MOUTH MOUTH/THROAT LOZENGE	1 or 1b*	
XYLIMELTS MOUTH/THROAT DISK	2	

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Drug Name	Tier	Notes
<b>*FLUORIDE DENTAL PRODUCTS***</b>		
ACT ANTICAVITY FLUORIDE RINSE MOUTH/THROAT SOLUTION	1 or 1b*	
ACT KIDS ANTICAVITY FLUORIDE MOUTH/THROAT SOLUTION	1 or 1b*	
ACT RESTORING FLUORIDE RINSE MOUTH/THROAT SOLUTION	1 or 1b*	
ACT TOTAL CARE DRY MOUTH MOUTH/THROAT SOLUTION	1 or 1b*	
ACT TOTAL CARE MOUTH/THROAT SOLUTION	1 or 1b*	
ACT TOTAL CARE SENSITIVE MOUTH/THROAT SOLUTION	1 or 1b*	
clinpro 5000 dental paste	1 or 1b*	QL
CREST COMPLETE MOUTH/THROAT PASTE	2	
CREST PRO-HEALTH COMPLETE MOUTH/THROAT SOLUTION	1 or 1b*	
denta 5000 plus dental cream	1 or 1b*	QL
dentagel dental gel	1 or 1a*	QL
easygel dental gel	1 or 1b*	
eql anticavity mouthwash mouth/throat solution	1 or 1b*	
eql dental travel pack mouth/throat kit	2	
eql toothbrush/toothpaste mouth/throat paste	2	
fluoride mouth rinse mouth/throat solution	1 or 1b*	
fluoridex daily renewal mouth/throat concentrate	1 or 1b*	
fluoridex dental paste	1 or 1b*	QL
fluoridex enhanced whitening dental paste	1 or 1b*	QL
GEL-KAM DENTAL GEL	2	

Drug Name	Tier	Notes
JUST FOR KIDS DENTAL GEL	1 or 1b*	
LISTERINE TOTAL CARE MOUTH/THROAT SOLUTION	2	
LISTERINE TOTAL CARE ZERO MOUTH/THROAT SOLUTION	2	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	3	
OMNI GEL DENTAL GEL	2	
PARODONTAX MOUTH/THROAT PASTE	2	
PERIOMED MOUTH/THROAT CONCENTRATE	1 or 1b*	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	QL
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	QL
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	QL
PREVIDENT 5000 PLUS DENTAL CREAM	3	QL
PREVIDENT DENTAL GEL	3	QL
PREVIDENT MOUTH/THROAT SOLUTION	3	
ra anticavity fluoride rinse mouth/throat solution	1 or 1b*	
SENSODYNE COMPLETE PROTECTION MOUTH/THROAT PASTE	2	
SENSODYNE RAPID RELIEF MOUTH/THROAT PASTE	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
<b>SENSODYNE REPAIR &amp; PROTECT MOUTH/THROAT PASTE</b>	2	
sf 5000 plus dental cream	1 or 1b*	QL
sf dental gel	1 or 1a*	QL
sm anticavity fluoride rinse mouth/throat solution	1 or 1b*	
sodium fluoride 5000 plus dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental paste	1 or 1b*	QL
sodium fluoride dental cream	1 or 1b*	QL
stannous fluoride rinse mouth/throat liquid	2	
<b>THERABREATH ORAL RINSE MOUTH/THROAT SOLUTION</b>	1 or 1b*	
<b>*LOZENGE - COMBINATIONS***</b>		
<b>CEPACOL SORE THROAT &amp; COUGH MOUTH/THROAT LOZENGE</b>	2	
<b>CHLORASEPTIC TOTAL MOUTH/THROAT LOZENGE</b>	1 or 1b*	
eql sore throat & cough mouth/throat lozenge	1 or 1b*	
<b>MUCINEX INSTASOOTHIE THROAT/CGH MOUTH/THROAT LOZENGE</b>	2	
sore throat & cough lozenges mouth/throat lozenge	1 or 1b*	
<b>SUCRETS SORE THRT/CGH/DRY MOU MOUTH/THROAT LOZENGE</b>	2	
<b>SUCRETS SORETHROAT/COUGH MOUTH/THROAT LOZENGE</b>	2	
<b>*LOZENGES***</b>		
<b>CEPACOL FIZZLERS MOUTH/THROAT TABLET DISPERSIBLE</b>	2	

Drug Name	Tier	Notes
<b>CEPACOL REGULAR STRENGTH MOUTH/THROAT LOZENGE</b>	2	
<b>CEPACOL SORE THROAT MOUTH/THROAT LOZENGE 5.4 MG</b>	2	
cherry cough drops mouth/throat lozenge 6.1 mg	1 or 1b*	
<b>CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LOZENGE</b>	2	
cough drops menthol mouth/throat lozenge	1 or 1b*	
cough drops mouth/throat lozenge 10 mg, 3.1 mg, 5 mg, 5.4 mg, 5.8 mg, 6.5 mg, 7 mg, 7.5 mg, 7.6 mg, 8 mg, 8.4 mg	1 or 1b*	
cough drops mouth/throat lozenge 2.7 mg	2	
cvs cherry menthol drops mouth/throat lozenge	1 or 1b*	
cvs cough drops sugar free mouth/throat lozenge	1 or 1b*	
cvs honey lemon drops mouth/throat lozenge	1 or 1b*	
cvs menthol drops mouth/throat lozenge	1 or 1b*	
cvs throat relief childrens mouth/throat lozenge on a handle	1 or 1b*	
<b>DADS MENTHOL THROAT DROP MOUTH/THROAT LOZENGE</b>	2	
<b>DENTIVA MOUTH/THROAT LOZENGE</b>	2	
<b>DIABETIC TUSSIN COUGH DROPS MOUTH/THROAT LOZENGE</b>	2	
eq cough sugar free mouth/throat lozenge	1 or 1b*	
eql cough drops mouth/throat lozenge	1 or 1b*	
<b>FRUIT FROSTERS MOUTH/THROAT LOZENGE</b>	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
gnp herbal mouth/throat lozenge	1 or 1b*	
gnp throat drops mouth/throat lozenge 2.8 mg	1 or 1b*	
<b>LUDENS DUAL RELIEF MOUTH/THROAT LOZENGE</b>	2	
<b>LUDENS THROAT DROPS MOUTH/THROAT LOZENGE 1.6 MG, 1.7 MG, 2.8 MG</b>	2	
<b>LUDENS THROAT DROPS SUGAR FREE MOUTH/THROAT LOZENGE</b>	2	
medikoff drops mouth/throat lozenge 7.6 mg	1 or 1b*	
menthol cough drops mouth/throat lozenge 5 mg	1 or 1b*	
natural herb cough drops mouth/throat lozenge 3 mg	1 or 1b*	
qc cough drops mouth/throat lozenge	1 or 1b*	
qc sore throat mouth/throat lozenge	1 or 1b*	
ra cough drops mouth/throat lozenge 5.4 mg, 5.8 mg, 6.5 mg, 7 mg, 7.5 mg	1 or 1b*	
<b>RICOLA CHERRY HONEY HERB MOUTH/THROAT LOZENGE</b>	2	
<b>SALESE MOUTH/THROAT LOZENGE</b>	2	
sm cough drops mouth/throat lozenge 10 mg, 3.1 mg, 5 mg, 5.8 mg, 6.5 mg, 7 mg, 8 mg	1 or 1b*	
sm fruit coolers mouth/throat lozenge	1 or 1b*	
sm natural herb cough drops mouth/throat lozenge	1 or 1b*	
sore throat lollipops mouth/throat lozenge on a handle	2	
<b>SUCRETS SORE THROAT MOUTH/THROAT LOZENGE</b>	2	

Drug Name	Tier	Notes
throat discs mouth/throat lozenge	1 or 1b*	
<b>VICKS VAPODROPS MOUTH/THROAT LOZENGE</b>	2	
zinc w/a&c mouth/throat lozenge	2	
<b>*MOUTHWASHES***</b>		
antiseptic mouth rinse mouth/throat liquid	1 or 1b*	
antiseptic mouthrinse mouth/throat liquid	1 or 1b*	
<b>ASTRING-O-SOL MOUTH/THROAT LIQUID</b>	2	
<b>BIOTENE DRY MOUTH GENTLE MOUTH/THROAT LIQUID</b>	2	
<b>BIOTENE DRY MOUTH MOUTH/THROAT LIQUID</b>	2	
<b>BIOTENE PBF DRY MOUTH MOUTH/THROAT LIQUID</b>	2	
<b>CEPACOL ANTIBACTERIAL MOUTH/THROAT LIQUID</b>	2	
<b>CEPACOL MOUTHWASH/GARGLE MOUTH/THROAT LIQUID</b>	2	
<b>CREST PRO-HEALTH MOUTH/THROAT LIQUID</b>	1 or 1b*	
cvs antiseptic mouth rinse mouth/throat liquid	1 or 1b*	
cvs mouthwash mouth/throat liquid	1 or 1b*	
cvs oral rinse mouth/throat liquid	1 or 1b*	
eql antiseptic mouthrinse mouth/throat liquid	1 or 1b*	
eql antiseptic rinse mouth/throat liquid	1 or 1b*	
eql mouthwash/gargle mouth/throat liquid	1 or 1b*	
gnp dry mouth mouthwash mouth/throat liquid	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
goodsense mouth rinse mouth/throat liquid	1 or 1b*	
goodsense mouthwash mouth/throat liquid	1 or 1b*	
goodsense oral rinse mouth/throat liquid	1 or 1b*	
hm antiseptic mouthrinse mouth/throat liquid	2	
<b>LISTERINE ANTISEPTIC MOUTH/THROAT LIQUID</b>	2	
<b>LISTERINE MOUTH/THROAT LIQUID</b>	2	
<b>LISTERINE POCKETMIST MOUTH/THROAT LIQUID</b>	2	
<b>LISTERINE POCKETPAKS MOUTH/THROAT STRIP</b>	2	
<b>LISTERINE ULTRACLEAN MOUTH/THROAT LIQUID</b>	2	
<b>LISTERINE ZERO MOUTH/THROAT LIQUID</b>	2	
<b>LUMINEUX CLEAN/FRESH MOUTHWASH MOUTH/THROAT LIQUID</b>	2	
<b>LUMINEUX HYDRATING MOUTHWASH MOUTH/THROAT LIQUID</b>	2	
<b>LUMINEUX SENSITIVITY MOUTHWASH MOUTH/THROAT LIQUID</b>	2	
<b>LUMINEUX WHITENING MOUTHWASH MOUTH/THROAT LIQUID</b>	2	
mouth rinse mouth/throat liquid	1 or 1b*	
qc antiseptic mouth rinse mouth/throat liquid	2	

Drug Name	Tier	Notes
qc mouthwash mouth/throat liquid	2	
ra antiseptic mouth rinse mouth/throat liquid	1 or 1b*	
ra antiseptic rinse mouth/throat liquid	1 or 1b*	
ra dry mouth mouthwash mouth/throat liquid	2	
<b>SCOPE MOUTH/THROAT LIQUID</b>	2	
sm antiseptic mouth rinse mouth/throat liquid	1 or 1b*	
sm mouth rinse antiseptic mouth/throat liquid	1 or 1b*	
<b>THERABREATH HEALTHY GUMS RINSE MOUTH/THROAT LIQUID</b>	2	
<b>THERABREATH ORAL RINSE MOUTH/THROAT LIQUID</b>	2	
<b>TONSILINE MOUTH/THROAT LIQUID</b>	2	
<b>*PROTECTANTS - MOUTH/THROAT***</b>		
<b>ANBESOL COLD SORE THERAPY EXTERNAL OINTMENT</b>	1 or 1b*	
cold sore treatment external liquid	1 or 1b*	
eql cold sore treatment external liquid 0.13-3 %	1 or 1b*	
<b>HERPECIN-L EXTERNAL</b>	2	
lip-guard external ointment	1 or 1b*	
l-lysine external ointment	1 or 1b*	
<b>*SALIVA STIMULANTS***</b>		
cevimeline hcl oral capsule	1 or 1b*	
<b>EVOXAC ORAL CAPSULE</b>	3	
pilocarpine hcl oral tablet	1 or 1b*	QL
<b>SALAGEN ORAL TABLET</b>	3	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
<b>*STEROIDS - MOUTH/THROAT/DENTAL***</b>		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
<b>*THROAT PRODUCTS - MISC.***</b>		
anti-snore throat spray mouth/throat liquid	2	
<b>AYR THROAT SPRAY MOUTH/THROAT LIQUID</b>	2	
<b>ENTERTAINERS SECRET THROAT MOUTH/THROAT LIQUID</b>	2	
lemon-glycerin mouth/throat swab	2	
<b>OASIS MOISTURIZING MOUTH SPRAY MOUTH/THROAT LIQUID</b>	2	
<b>OASIS MOISTURIZING MOUTHWASH MOUTH/THROAT LIQUID</b>	2	
<b>*MULTIVITAMINS*</b>		
<b>*B-COMPLEX VITAMINS***</b>		
<b>APETEX ORAL ELIXIR</b>	2	
<b>APETIGEN ORAL ELIXIR</b>	2	
b complex oral capsule	1 or 1b*	
b complex vitamins oral capsule	1 or 1b*	
b-complex high potency oral tablet extended release	1 or 1b*	
b-complex plus b-12 oral tablet	1 or 1b*	\$0
b-complex/b-12 oral tablet	1 or 1b*	\$0
b-complex/b-12 sublingual liquid	1 or 1b*	
biopetit oral elixir	1 or 1b*	
<b>CVS BALANCED B100 ORAL TABLET EXTENDED RELEASE</b>	1 or 1b*	
ra b-complex oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
ra b-complex with b-12 oral tablet	1 or 1b*	\$0
vitamin b complex oral tablet	1 or 1b*	\$0
vitamin-b complex oral tablet	1 or 1b*	\$0
<b>*B-COMPLEX W/ C &amp; CALCIUM***</b>		
gnp b-complex plus vitamin c oral tablet	1 or 1b*	\$0
qc b-complex/vitamin c oral tablet	1 or 1b*	\$0
<b>*B-COMPLEX W/ C &amp; E + ZN***</b>		
bec/zinc oral tablet	1 or 1b*	
cvs stress formula/zinc oral tablet	1 or 1b*	
eql stress b-complex c/zinc oral tablet	1 or 1b*	
stress b/zinc oral tablet	1 or 1b*	
stress b-complex/vit c/zinc oral tablet	1 or 1b*	
stress formula/zinc (b-compl) oral tablet	1 or 1b*	
stress plus zinc oral tablet	1 or 1b*	
zinc-vites oral tablet	1 or 1b*	
<b>*B-COMPLEX W/ C &amp; E***</b>		
<b>PRONUTRIENTS SUPER B COMPLEX ORAL TABLET</b>	2	
<b>*B-COMPLEX W/ C &amp; FOLIC ACID***</b>		
b complex-c-folic acid oral tablet	1 or 1b*	\$0
b-complex balanced oral tablet	1 or 1b*	\$0
b-complex/folic acid/vitamin c oral tablet extended release	2	
b-complex/vitamin c oral tablet	1 or 1b*	\$0
b-complex-c (w/folic acid) oral tablet	1 or 1b*	\$0
dialyvite 800 oral tablet	1 or 1b*	\$0
<b>DIALYVITE 800 ORAL WAFER</b>	2	
eql super b complex/vitamin c oral tablet	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
<b>FULL SPECTRUM B/VITAMIN C ORAL TABLET</b>	2	\$0
kp b complex-c oral tablet	1 or 1b*	\$0
nephro vitamins oral tablet	1 or 1b*	\$0
<b>NEPHRONEX ORAL LIQUID 0.9 MG/5ML</b>	2	
<b>NEPHRO-VITE ORAL TABLET</b>	2	\$0
px b complex/vitamin c oral tablet	1 or 1b*	\$0
renal vitamin oral tablet	1 or 1b*	\$0
rena-vite oral tablet	1 or 1b*	\$0
rena-vite rx oral tablet	1 or 1b*	
reno caps oral capsule	1 or 1b*	
sm b super vitamin complex oral tablet	1 or 1b*	\$0
<b>SM B-COMPLEX/VITAMIN C ORAL TABLET</b>	2	\$0
stress formula (folic acid) oral tablet	1 or 1b*	\$0
super b complex/fa/vit c oral tablet	1 or 1b*	\$0
super b-complex/vit c/fa oral tablet	1 or 1b*	\$0
<b>*B-COMPLEX W/ C***</b>		
allbee/c oral tablet	1 or 1b*	\$0
b complex-c oral capsule	1 or 1b*	
b complex-c oral tablet	1 or 1b*	\$0
b complex-vitamin c oral capsule	1 or 1b*	
b-complex-c oral tablet	1 or 1b*	\$0
better b complex oral tablet	1 or 1b*	\$0
cvs b complex plus c oral tablet	1 or 1b*	\$0
cvs super b complex/c oral tablet	1 or 1b*	\$0
hm b complex/c oral tablet	1 or 1b*	\$0
ra b-complex/vitamin c cr oral tablet extended release	2	
sm super b complex/c oral tablet	1 or 1b*	\$0
sm vitamin b complex/vitamin c oral tablet	1 or 1b*	\$0
super b complex/vitamin c oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
super b/c oral capsule	1 or 1b*	
super b-complex + vitamin c oral tablet	1 or 1b*	\$0
vitamin b + c complex oral tablet	1 or 1b*	\$0
vitamin b complex-c oral capsule	1 or 1b*	
<b>*B-COMPLEX W/ C-BIOTIN-D &amp; FOLIC ACID***</b>		
<b>DIALYVITE 800 PLUS D ORAL WAFER</b>	2	
<b>*B-COMPLEX W/ C-BIOTIN-E &amp; FOLIC ACID***</b>		
<b>B COMPLEX-C-BIOTIN-E-FA ORAL TABLET</b>	2	\$0
<b>*B-COMPLEX W/ C-BIOTIN-FE &amp; FOLIC ACID***</b>		
<b>DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG</b>	2	
<b>*B-COMPLEX W/ C-ZN &amp; FOLIC ACID***</b>		
<b>DIALYVITE 800/ZINC ORAL TABLET</b>	2	
<b>DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG</b>	2	
<b>*B-COMPLEX W/ FOLIC ACID***</b>		
b complex (folic acid) oral tablet	1 or 1b*	\$0
b complex formula 1 (w/ fa) oral tablet	1 or 1b*	\$0
b complex vitamins (w/ fa) oral capsule	1 or 1b*	
balanced b-50 oral tablet extended release	2	
b-complex (folic acid) oral tablet	1 or 1b*	\$0
b-complex/electrolytes oral tablet	1 or 1b*	\$0
benfotiamine multi-b oral capsule	1 or 1b*	
big 100 oral tablet	1 or 1b*	\$0
kobee oral tablet	1 or 1b*	\$0
sm balanced b-100 oral tablet	1 or 1b*	\$0
sm balanced b-50 oral tablet	1 or 1b*	\$0

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

Drug Name	Tier	Notes
<b>*B-COMPLEX W/ IRON***</b>		
<b>APETIGEN-PLUS ORAL SOLUTION</b>	2	
b complex-c-iron oral tablet	1 or 1b*	
super b-complex/iron/vitamin c oral tablet	1 or 1b*	
<b>*B-COMPLEX W/ LYSINE-MIN-FE &amp; FOLIC ACID***</b>		
<b>ACTRIVIT ORAL LIQUID</b>	2	
<b>*B-COMPLEX W/ MINERALS***</b>		
<b>APETIGEN-PLUS ORAL TABLET</b>	2	
<b>ELDERTONIC ORAL LIQUID</b>	1 or 1b*	
<b>*B-COMPLEX W/BIOTIN &amp; FOLIC ACID***</b>		
<b>B ACTIV ORAL CAPSULE</b>	2	
b complex 100 tr oral tablet extended release	1 or 1b*	\$0
b-100 b-complex oral tablet	1 or 1b*	\$0
b-100 complex cr oral tablet extended release	1 or 1b*	\$0
b-100 high potency balanced oral capsule	2	
b-100 tr oral tablet extended release	1 or 1b*	\$0
b-50 complex oral tablet	1 or 1b*	\$0
balance b-50 oral tablet	1 or 1b*	\$0
balanced b complex oral tablet	1 or 1b*	\$0
balanced b-100 oral tablet	1 or 1b*	\$0
balanced b-100 oral tablet extended release	1 or 1b*	\$0
balanced b-50/fa oral tablet	1 or 1b*	\$0
b-compleet-100 oral tablet	1 or 1b*	\$0
b-compleet-50 oral tablet	1 or 1b*	\$0
b-complex oral capsule	2	
b-complex oral tablet	1 or 1b*	\$0
big 100 (biotin) oral tablet	1 or 1b*	\$0
b-right optimized b-complex oral capsule	2	

Drug Name	Tier	Notes
complex b-100 oral tablet extended release	1 or 1b*	\$0
complex b-50 prolonged release oral tablet extended release	1 or 1b*	\$0
endur-b oral tablet extended release	1 or 1b*	\$0
eql b complex 50 oral tablet	1 or 1b*	\$0
eql b-100 complex oral tablet extended release	1 or 1b*	\$0
gnp b-100 complex oral tablet extended release	1 or 1b*	\$0
gnp b-50 complex oral tablet extended release	1 or 1b*	\$0
qc b50 prolonged release oral tablet extended release	1 or 1b*	\$0
quin b strong b-25 oral tablet	1 or 1b*	\$0
ra balanced b-100 cr oral tablet extended release	1 or 1b*	\$0
ra balanced b-100 oral tablet	1 or 1b*	\$0
ra balanced b-50 oral tablet	1 or 1b*	\$0
ra balanced b-50 tr oral tablet extended release	1 or 1b*	\$0
sm b100 complex oral tablet	1 or 1b*	\$0
sm b-complex oral tablet	1 or 1b*	\$0
super b-100 oral tablet	1 or 1b*	\$0
<b>SUPER B-50 B COMPLEX ORAL CAPSULE</b>	2	
super b-50 oral tablet	1 or 1b*	\$0
super b-complex oral capsule	2	
super b-complex oral tablet	1 or 1b*	\$0
super dec b-100 oral tablet	1 or 1b*	\$0
super quints b-50 oral tablet	1 or 1b*	\$0
yl balanced b-100 oral tablet	1 or 1b*	\$0
<b>*BIOFLAVONOID PRODUCTS***</b>		
<b>ACTITROM ORAL CAPSULE</b>	2	
<b>ACTITROM-D ORAL CAPSULE</b>	2	
<b>ADVANCED C PLUS ORAL TABLET</b>	2	
anti-allergy oral tablet	1 or 1b*	
<b>BIO C 1:1 ORAL CAPSULE</b>	2	
bioflex 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
c 1000-bioflavonoids-rose hips oral capsule	2	
c complex oral tablet extended release	1 or 1b*	
c1000 tr/rose hip/bioflavonoid oral tablet extended release	1 or 1b*	
c1500 tr/rose hip/bioflavonoid oral tablet extended release 1500-50-50 mg	1 or 1b*	
citrus bioflavonoids oral powder	2	
daflonex-xl oral capsule	2	
daflonex-xl oral tablet extended release	2	
<b>EASY-C ORAL TABLET</b>	1 or 1b*	
<b>ESTER-C ORAL TABLET</b>	1 or 1b*	
<b>ESTER-C ORAL TABLET EXTENDED RELEASE</b>	1 or 1b*	
<b>FLEXGEN ORAL TABLET</b>	1 or 1b*	
fruit c 200 oral tablet chewable	2	
grape seed oral capsule 250-50 mg	2	
hi c-500 oral tablet	1 or 1b*	
pan-c 500/bioflavonoids oral tablet	1 or 1b*	
<b>PERIDIN-C ORAL TABLET</b>	2	
quercetin complex immune oral capsule	2	
ra vitamin c cr oral tablet extended release	1 or 1b*	
span c oral tablet	1 or 1b*	
super c-500 oral tablet	1 or 1b*	
super-c 1000 oral tablet	1 or 1b*	
<b>THORNE VITAMIN C-FLAVONOIDS ORAL CAPSULE</b>	2	
<b>TRI SUPER FLAVONS ORAL TABLET</b>	1 or 1b*	
<b>TROMBONEX ORAL CAPSULE</b>	2	
<b>TROMBONEX-D ORAL CAPSULE</b>	2	
vasoflex forte oral capsule	2	

Drug Name	Tier	Notes
vasoflex hd oral tablet	1 or 1b*	
<b>VASOFLEX ORAL CAPSULE</b>	2	
<b>VASOFLEX ORAL TABLET</b>	1 or 1b*	
vita c/bioflavonoids/rose hips oral tablet	1 or 1b*	
vitamin c oral tablet chewable	2	
vitamin c-bioflavonoids oral tablet extended release	1 or 1b*	
<b>*BIOTIN W/ VITAMINS C &amp; E***</b>		
hair skin & nails gummies oral tablet chewable	2	
hair/skin/nails oral tablet chewable	2	
<b>*BREWERS YEAST***</b>		
brewers yeast oral powder	2	
brewers yeast oral tablet , 487.5 mg	1 or 1b*	
<b>*IRON W/ VITAMINS***</b>		
<b>GERITOL COMPLETE ORAL TABLET</b>	1 or 1b*	
<b>GERITOL TONIC ORAL LIQUID</b>	2	
<b>*MULTIPLE VITAMINS W/ CALCIUM***</b>		
calci-max oral capsule	2	
eql one daily womens oral tablet	1 or 1b*	
essential one daily multivit oral tablet	1 or 1b*	
gnp one daily womens health oral tablet	1 or 1b*	
<b>ONE-A-DAY WOMENS FORMULA ORAL TABLET</b>	2	
signacal oral tablet	1 or 1b*	
sm one daily essential oral tablet	2	
<b>*MULTIPLE VITAMINS W/ IRON***</b>		
chlorella oral capsule	2	
daily vite multivitamin/iron oral tablet	1 or 1b*	\$0
daily-vitamin/iron oral tablet	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
multiple vitamins/iron oral tablet	1 or 1b*	\$0
multivitamin plus iron adult oral tablet	1 or 1b*	\$0
multi-vitamin/iron oral tablet	1 or 1b*	\$0
nat-rul daily-vite+iron oral tablet	1 or 1b*	\$0
one daily multivitamin/iron oral tablet	1 or 1b*	\$0
one-daily multi-vitamin/iron oral tablet	1 or 1b*	\$0
one-daily/iron oral tablet	1 or 1b*	\$0
<b>PROTECT IRON ORAL LIQUID</b>	2	
qc daily multivitamins/iron oral tablet	1 or 1b*	\$0
sm multiple vitamins/iron oral tablet	1 or 1b*	\$0
stress b complex/iron oral tablet	1 or 1b*	\$0
stress formula/iron oral tablet	1 or 1b*	\$0
tab-a-vite/iron oral tablet	1 or 1b*	\$0
<b>TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET</b>	2	\$0
<b>*MULTIPLE VITAMINS W/ MINERALS &amp; CALCIUM-FOLIC ACID***</b>		
<b>FOLGARD OS ORAL TABLET</b>	3	
<b>*MULTIPLE VITAMINS W/ MINERALS &amp; FLUORIDE-IRON-FOLIC ACID***</b>		
<b>QUFLORA FE ORAL TABLET CHEWABLE</b>	3	
<b>*MULTIPLE VITAMINS W/ MINERALS***</b>		
50+ adult eye health oral capsule	1 or 1b*	
a thru z advanced adult oral tablet	1 or 1b*	
a thru z advanced oral tablet	1 or 1b*	
a thru z high potency oral tablet	1 or 1b*	
a thru z select 50+ advanced oral tablet	1 or 1b*	

Drug Name	Tier	Notes
a thru z select 50+ mens oral tablet	1 or 1b*	
a thru z select advanced oral tablet	1 or 1b*	
a thru z select oral tablet	1 or 1b*	
a thru z select oral tablet chewable	1 or 1b*	
a thru z select ultimate women oral tablet	1 or 1b*	
a thru z ultimate mens oral tablet	1 or 1b*	
abc complete senior 50+ oral tablet	2	
abc complete senior mens 50+ oral tablet	2	
abc complete senior womens 50+ oral tablet	2	
<b>ACTIVESSENTIALS FOR WOMEN ORAL</b>	2	
<b>ACTIVESSENTIALS ORAL PACKET</b>	2	
<b>ACTIVESSENTIALS/ONC OPLEX &amp; D3 ORAL</b>	2	
<b>ACTIVNUTRIENTS ORAL CAPSULE</b>	2	
<b>ACTIVNUTRIENTS W/O COPPER/IRON ORAL POWDER</b>	2	
<b>ACTIVNUTRIENTS W/O IRON ORAL CAPSULE</b>	2	
<b>ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE</b>	2	
adult one daily gummies oral tablet chewable	2	
advanced diabetic multivitamin oral tablet	2	
advanced eye health oral capsule	1 or 1b*	
<b>ADVANCED MULTI EA ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>AIRBORNE GUMMIES ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>AIRBORNE KIDS ORAL TABLET CHEWABLE</b>	2	
<b>AIRBORNE ORAL PACKET</b>	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
AIRBORNE ORAL TABLET CHEWABLE	2	
AIRBORNE ORAL TABLET EFFERVESCENT	1 or 1b*	
AIRBORNE+EVERYDAY STRESS AWAY ORAL PACKET	2	
AIRBORNE+GOOD REST ORAL TABLET CHEWABLE	2	
AIRBORNE+NATURAL ENERGY ORAL LIQUID	2	
AIRBORNE+PROBIOTIC ORAL TABLET CHEWABLE	2	
algae based calcium oral tablet	2	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET	2	
ALIVE ENERGY 50+ ORAL TABLET	2	
ALIVE EVERYDAY IMMUNE HEALTH ORAL CAPSULE	2	
ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE	2	
ALIVE MULTI-VITAMIN ORAL LIQUID	2	
ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE	2	
ALIVE ONCE DAILY WOMENS ORAL TABLET	2	
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	2	
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE	2	
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	2	
ALIVE WOMENS ENERGY ORAL TABLET	2	
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE	2	

Drug Name	Tier	Notes
AMORYN MOOD BOOSTER ORAL CAPSULE	1 or 1b*	
antioxidant a/c/e/selenium oral tablet	1 or 1b*	
antioxidant formula oral tablet	2	
antioxidant formula/minerals oral capsule	1 or 1b*	
antioxidant oral capsule	1 or 1b*	
antioxidant protection formula oral tablet	1 or 1b*	
antioxidant vitamins oral tablet	1 or 1b*	
APPE-CURB ORAL CAPSULE	2	
ATP IGNITE ORAL PACKET	2	
AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET	2	
AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET	2	
BARIATRIC FUSION ORAL TABLET CHEWABLE	2	
bariatric multivitamins/iron oral capsule	2	
basic am oral tablet	2	
basic pm oral tablet	2	
BEROCCA ORAL TABLET EFFERVESCENT	1 or 1b*	
BIO-35 GLUTEN-FREE ORAL CAPSULE	2	
BIO-35 IRON FREE ORAL CAPSULE	2	
biocal oral capsule	2	
body/hair/skin/nails oral capsule	1 or 1b*	
BPROTECTED MULTI-VITE ORAL LIQUID	1 or 1b*	
BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID	2	
CAL-DAY 1000 ORAL TABLET	2	
c-buff oral powder	2	

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

Drug Name	Tier	Notes
CELEBRATE MULTI-COMplete 18 ORAL CAPSULE	2	
CELEBRATE MULTI-COMplete 18 ORAL TABLET CHEWABLE	2	
CELEBRATE MULTI-COMplete 36 ORAL CAPSULE	2	
CELEBRATE MULTI-COMplete 36 ORAL TABLET CHEWABLE	2	
CELEBRATE MULTI-COMplete 45 ORAL CAPSULE	2	
CELEBRATE MULTI-COMplete 45 ORAL TABLET CHEWABLE	2	
CELEBRATE MULTI-COMplete 60 ORAL CAPSULE	2	
CELEBRATE MULTI-COMplete 60 ORAL TABLET CHEWABLE	2	
centavite a-z complete-mineral oral tablet	1 or 1b*	
centravites 50 plus oral tablet	2	
centravites adults oral tablet	2	
centravites oral tablet	1 or 1b*	
CENTRUM ADULTS ORAL TABLET	2	
CENTRUM ADULTS ORAL TABLET CHEWABLE	2	
CENTRUM CARDIO ORAL TABLET	2	
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE	2	
CENTRUM FLAVOR BURST DRINK ORAL PACKET	2	
CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE	2	
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE	2	

Drug Name	Tier	Notes
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE	2	
CENTRUM MEN ORAL TABLET	2	
CENTRUM MINIS WOMEN 50+ ORAL TABLET	2	
CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE	2	
CENTRUM ORAL LIQUID	2	
CENTRUM SILVER 50+MEN ORAL TABLET	2	
CENTRUM SILVER 50+WOMEN ORAL TABLET	2	
CENTRUM SILVER ADULT 50+ ORAL TABLET	2	
CENTRUM SILVER ORAL TABLET	2	
CENTRUM SILVER ORAL TABLET CHEWABLE	2	
CENTRUM SILVER ULTRA WOMENS ORAL TABLET	2	
CENTRUM SPECIALIST HEART ORAL TABLET	2	
CENTRUM SPECIALIST IMMUNE ORAL TABLET	2	
CENTRUM SPECIALIST VISION ORAL TABLET	2	
CENTRUM ULTRA WOMENS ORAL TABLET	2	
CENTRUM VITAMINTS ORAL TABLET CHEWABLE	2	
CENTRUM WOMEN ORAL TABLET	2	
century mature oral tablet	1 or 1b*	
century oral tablet	1 or 1b*	
CEROVITE SENIOR ORAL TABLET	1 or 1b*	
CERTAVITE SENIOR ORAL TABLET	2	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET</b>	2	
<b>CERTAVITE/ANTIOXIDANTS ORAL TABLET</b>	1 or 1b*	
<b>CHOICEFUL MULTIVITAMIN ORAL CAPSULE</b>	2	
<b>CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE</b>	2	
companion oral tablet	1 or 1b*	
<b>COMPETE ORAL TABLET</b>	1 or 1b*	
complete multivitamin/mineral oral liquid	1 or 1b*	
<b>CONCEPTIONXR MOTILITY SUPPORT ORAL</b>	2	
coral calcium plus oral capsule	1 or 1b*	
<b>CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE</b>	2	
cvs adult 50+ eye health oral capsule	2	
<b>CVS AIRSHIELD FORMULA ORAL TABLET EFFERVESCENT</b>	1 or 1b*	
<b>CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE</b>	2	
<b>CVS AIRSHIELD ORAL TABLET CHEWABLE</b>	1 or 1b*	
cvs daily gummies adult oral tablet chewable	1 or 1b*	
cvs daily gummies oral tablet chewable	1 or 1b*	
cvs daily multiple for men oral tablet	1 or 1b*	
cvs daily multiple women 50+ oral tablet	1 or 1b*	
cvs diabetes health support oral	2	
cvs eye health & lutein oral tablet	1 or 1b*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
cvs eye health adult 50+ oral capsule	2	
cvs immune support vitamin c oral packet	2	
cvs mens daily gummies oral tablet chewable	1 or 1b*	
cvs one daily essential oral tablet	1 or 1b*	
cvs one daily mens 50+ adv oral tablet	2	
cvs one daily mens formula oral tablet	1 or 1b*	
cvs one daily womens 50+ adv oral tablet	2	
cvs one daily womens formula oral tablet	1 or 1b*	
cvs spectravite adult 50+ oral tablet	2	
cvs spectravite adult 50+ oral tablet chewable	2	
cvs spectravite adults oral tablet	2	
cvs spectravite advanced oral tablet	1 or 1b*	
cvs spectravite men 50+ oral tablet	1 or 1b*	
cvs spectravite men oral tablet	1 or 1b*	
cvs spectravite senior oral tablet	1 or 1b*	
cvs spectravite ultra men 50+ oral tablet	2	
cvs spectravite ultra mens oral tablet	1 or 1b*	
cvs spectravite ultra women oral tablet	2	
cvs spectravite women 50+ oral tablet	1 or 1b*	
cvs spectravite women oral tablet	1 or 1b*	
cvs spectravite women oral tablet chewable	2	
cvs spectravite womens senior oral tablet	1 or 1b*	
cvs vision health oral capsule	2	
cvs womens active daily oral tablet	1 or 1b*	
cvs womens daily gummies oral tablet chewable	1 or 1b*	

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

Drug Name	Tier	Notes
daily betic oral tablet	1 or 1b*	
daily combo multi vitamins oral tablet	1 or 1b*	
daily heart health support oral	2	
daily mens health formula oral tablet	1 or 1b*	
daily multiple vitamins/min oral tablet	1 or 1b*	
daily multivitamin oral capsule	1 or 1b*	
<b>DAILY PAK MAXIMUM MULTIVITAMIN ORAL</b>	2	
daily vitamin plus oral capsule	1 or 1b*	
daily womens health formula oral tablet	1 or 1b*	
daily-vitamin maximum formula oral tablet	1 or 1b*	
<b>DECUBI-VITE ORAL CAPSULE</b>	2	
dekas bariatric oral tablet chewable	2	
<b>DEKAS PLUS OCEAN ORAL CAPSULE</b>	2	
<b>DEKAS PLUS ORAL CAPSULE</b>	2	
<b>DEKAS PLUS ORAL TABLET CHEWABLE</b>	2	
<b>DERMAVITE ORAL TABLET</b>	2	
<b>DEXATRAN ORAL CAPSULE</b>	3	
diabetes health formula oral tablet	1 or 1b*	
<b>DIABETES HEALTH ORAL</b>	2	
dialyvite 800/ultra d oral tablet	1 or 1b*	
<b>DRY EYE FORMULA ORAL CAPSULE</b>	1 or 1b*	
<b>EMERGEN-C BLUE ORAL PACKET</b>	2	
<b>EMERGEN-C FIVE ORAL PACKET</b>	2	
<b>EMERGEN-C HEART HEALTH ORAL PACKET</b>	2	
<b>EMERGEN-C IMMUNE ORAL PACKET</b>	2	

Drug Name	Tier	Notes
<b>EMERGEN-C IMMUNE PLUS ORAL PACKET</b>	2	
<b>EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE</b>	2	
<b>EMERGEN-C IMMUNE+WARMERS ORAL PACKET</b>	2	
<b>EMERGEN-C JOINT HEALTH ORAL PACKET</b>	2	
<b>EMERGEN-C KIDZ ORAL PACKET</b>	2	
<b>EMERGEN-C MSM LITE ORAL PACKET</b>	2	
<b>EMERGEN-C PINK ORAL PACKET</b>	2	
<b>EMERGEN-C SUPER FRUIT ORAL PACKET</b>	2	
<b>EMERGEN-C VITAMIN C LITE ORAL PACKET</b>	2	
<b>EMERGEN-C VITAMIN C ORAL PACKET</b>	2	
<b>EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE</b>	2	
<b>EMERGEN-C VITAMIN D/CALCIUM ORAL PACKET</b>	2	
<b>ENDUR-VM ORAL TABLET EXTENDED RELEASE</b>	2	
<b>ENDUR-VM WITH IRON ORAL TABLET EXTENDED RELEASE</b>	2	
<b>ENERGY BOOSTER ORAL PACKET</b>	2	
eq complete multivit adult 50+ oral tablet	1 or 1b*	
eq complete multivitamin-adult oral tablet	2	
eq multivitamins adult gummy oral tablet chewable	2	
eq one daily mens 50+ oral tablet	2	
eq one daily mens health oral tablet	2	
<b>EQ ONE DAILY WOMENS 50+ ORAL TABLET</b>	2	

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

Drug Name	Tier	Notes
eq one daily womens health oral tablet	2	
eq vision formula 50+ oral capsule	1 or 1b*	
eql air protector oral tablet effervescent	1 or 1b*	
eql century mature adults 50+ oral tablet	2	
eql century mature men 50+ oral tablet	1 or 1b*	
eql century mature oral tablet	1 or 1b*	
eql century mature women 50+ oral tablet	1 or 1b*	
eql century mens oral tablet	2	
eql century oral tablet	1 or 1b*	
eql century womens oral tablet	2	
eql one daily adult gummies oral tablet chewable	2	
eql one daily mens 50+ advance oral tablet	1 or 1b*	
eql one daily mens health oral tablet	1 or 1b*	
eql one daily mens oral tablet	2	
eql one daily womens 50+ adv oral tablet	1 or 1b*	
eql vision formula oral tablet	1 or 1b*	
<b>ESSENTIA ORAL TABLET</b>	1 or 1b*	
essential balance oral tablet	1 or 1b*	
<b>ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET</b>	2	
<b>EVOLUTION60 ORAL PACKET</b>	2	
eye health + lutein oral tablet	2	
eye health oral capsule	2	
eye multivitamin oral capsule	2	
eye multivitamin/sodium oral tablet	2	
<b>EYE VITAMINS ORAL CAPSULE</b>	1 or 1b*	
<b>EYE-VITES ORAL TABLET</b>	1 or 1b*	
<b>FITNESS TABS FOR MEN AM/PM ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>FITNESS TABS FOR WOMEN AM/PM ORAL TABLET</b>	2	
<b>FOSFREE ORAL TABLET</b>	2	
freedavite oral tablet	2	
genadek step 1 oral capsule	2	
genadek step 2 oral capsule	2	
geri-freeda senior formula oral tablet	2	
gerivite complete oral tablet	1 or 1b*	
glucoten oral capsule	1 or 1b*	
gnp century mature women's 50+ oral tablet	1 or 1b*	
gnp hair/skin/nails oral tablet	1 or 1b*	
gnp healthy eyes oral tablet	1 or 1b*	
gnp healthy eyes supervision 2 oral capsule	1 or 1b*	
gnp immune support oral packet	2	
gnp immune support oral tablet effervescent	1 or 1b*	
gnp mega multi for men oral tablet	1 or 1b*	
gnp mega multi for women oral tablet	1 or 1b*	
gnp one daily mens health 50+ oral tablet	1 or 1b*	
gnp one daily mens/lycopene oral tablet	1 or 1b*	
gnp one daily womens 50+ oral tablet	1 or 1b*	
gnp one daily womens oral tablet	1 or 1b*	
gnp therapeutic-m oral tablet	1 or 1b*	
hair skin & nails advanced oral tablet	2	
hair skin and nails formula oral tablet	1 or 1b*	
hair skin nails oral capsule	1 or 1b*	
hair/skin/nails oral capsule	2	
hair/skin/nails oral tablet	1 or 1b*	
healthy eyes oral tablet	1 or 1b*	
healthy eyes supervision 2 oral capsule	2	
healthy eyes/lutein-zeaxanthin oral capsule	1 or 1b*	

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

Drug Name	Tier	Notes
high pot multivitamin/beta-car oral tablet	2	
high potency multivit/fa oral tablet	2	
hi-kovite 2-part formula oral tablet	1 or 1b*	
hi-potency multi-vitamin oral tablet	1 or 1b*	
hm complete men oral tablet	2	
hm complete women oral tablet	1 or 1b*	
hm hair/skin/nails oral tablet	2	
hm womens 50+ advanced daily oral tablet	1 or 1b*	
<b>ICAPS AREDS FORMULA ORAL TABLET</b>	2	
<b>ICAPS LUTEIN &amp; OMEGA-3 ORAL CAPSULE</b>	1 or 1b*	
<b>ICAPS MV ORAL TABLET</b>	1 or 1b*	
<b>ICAPS ORAL CAPSULE</b>	1 or 1b*	
<b>IMMUBLAST-C ORAL PACKET</b>	2	
immune support oral tablet chewable	2	
i-vite oral tablet	1 or 1b*	
kp adults 50+ daily formula oral tablet	1 or 1b*	
kp adults daily formula oral tablet	1 or 1b*	
kp mens 50+ daily formula oral tablet	1 or 1b*	
kp mens daily formula oral tablet	1 or 1b*	
kp mens daily pack oral	2	
<b>KP VISION FORMULA ORAL TABLET</b>	1 or 1b*	
<b>KP VISION FORMULA/LUTEIN ORAL TABLET</b>	1 or 1b*	
kp womens 50+ daily formula oral tablet	1 or 1b*	
kp womens daily formula oral tablet	1 or 1b*	
kp womens daily oral	2	

Drug Name	Tier	Notes
<b>K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET</b>	2	
<b>LIFE PACK MENS ORAL</b>	2	
<b>LIFE PACK WOMENS ORAL</b>	2	
liver detox oral tablet	2	
lutein-zeaxanthin oral tablet	2	
<b>LYSIPLEX PLUS ORAL LIQUID</b>	1 or 1b*	
<b>MACULAR HEALTH FORMULA ORAL CAPSULE</b>	1 or 1b*	
<b>MACUVITE EYE CARE ORAL TABLET</b>	1 or 1b*	
<b>MACUVITE ORAL TABLET</b>	1 or 1b*	
<b>MACUVITE/LUTEIN ORAL TABLET</b>	1 or 1b*	
magnum-75 oral tablet extended release	1 or 1b*	
<b>MAXIMIN PACK ORAL PACKET</b>	2	
maximum daily green oral tablet	1 or 1b*	
mega multi for women oral tablet	2	
<b>MEGA MULTI MEN ORAL TABLET</b>	2	
mega-marathon 100 tr oral tablet extended release	1 or 1b*	
megavite fruits & veggies oral tablet	2	
megavite golden years 55+ oral tablet	2	
meijer advanced formula oral tablet	1 or 1b*	
mens 50+ advanced oral capsule	2	
mens 50+ multi vitamin/min oral tablet	2	
mens 50+ multivitamin oral tablet	2	
mens daily formula/lycopene oral capsule	1 or 1b*	
mens daily pack oral packet	2	
<b>MENS LIFE PACK ORAL TABLET</b>	1 or 1b*	

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

Drug Name	Tier	Notes
mens multi vitamin & mineral oral tablet	2	
mens multivitamin oral tablet	2	
mens multivitamin oral tablet chewable	2	
<b>MENS PACK ORAL</b>	2	
<b>MILLTRIUM ADVANCED FORMULA ORAL TABLET</b>	1 or 1b*	
<b>MILLTRIUM CARDIO ORAL TABLET</b>	1 or 1b*	
<b>MILLTRIUM SENIOR ORAL TABLET</b>	1 or 1b*	
<b>MOOD FOOD ES ORAL CAPSULE</b>	2	
multi + omega-3 adult gummies oral tablet chewable	1 or 1b*	
multi adult gummies oral tablet chewable	1 or 1b*	
<b>MULTI COMPLETE ORAL CAPSULE</b>	1 or 1b*	
multi complete/iron oral tablet	1 or 1b*	
multi for her 50+ oral capsule	1 or 1b*	
multi for her 50+ oral tablet	1 or 1b*	
multi for her oral capsule	1 or 1b*	
multi for her oral packet	2	
multi for her oral tablet	1 or 1b*	
multi for him 50+ oral tablet	1 or 1b*	
<b>MULTI FOR HIM ORAL CAPSULE</b>	1 or 1b*	
<b>MULTI FOR HIM ORAL PACKET</b>	2	
<b>MULTI FOR HIM ORAL TABLET</b>	1 or 1b*	
multi vitamin/minerals oral tablet	1 or 1b*	
<b>MULTI-LEAN ORAL TABLET</b>	1 or 1b*	
multiple vit/minerals/no iron oral tablet	1 or 1b*	
multiple vitamins/womens oral tablet	1 or 1b*	
multivit/multimineral adult oral liquid	1 or 1b*	

Drug Name	Tier	Notes
multivitamin & mineral oral liquid	1 or 1b*	
multivitamin adult (minerals) oral tablet	2	
multivitamin adults 50+ oral tablet	1 or 1b*	
multivitamin adults oral tablet	1 or 1b*	
multivitamin gummies adult oral tablet chewable	1 or 1b*	
multivitamin gummies mens oral tablet chewable	1 or 1b*	
multi-vitamin gummies oral tablet chewable	1 or 1b*	
multivitamin gummies womens oral tablet chewable	1 or 1b*	
multivitamin men 50+ oral tablet	1 or 1b*	
multivitamin men oral tablet	2	
multi-vitamin menopausal oral tablet	1 or 1b*	
multi-vitamin monocaps oral tablet	2	
multivitamin oral liquid	1 or 1b*	
multivitamin women 50+ oral tablet	1 or 1b*	
multivitamin women oral tablet	1 or 1b*	
multivitamin womens 50+ adv oral tablet	1 or 1b*	
multi-vitamin/minerals oral tablet	1 or 1b*	
multivitamin/zinc stress oral tablet	2	
multivitamin-minerals oral tablet	2	
multi-vite oral liquid	2	
<b>MVW COMPLETE FORMULATION D3000 ORAL CAPSULE</b>	2	
<b>MVW COMPLETE FORMULATION D5000 ORAL CAPSULE</b>	2	
<b>MVW COMPLETE FORMULATION MINIS ORAL CAPSULE</b>	2	
<b>MVW COMPLETE FORMULATION ORAL CAPSULE</b>	2	

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



Drug Name	Tier	Notes
myamulti oral tablet	1 or 1b*	
<b>NANOVM ADULT ORAL POWDER</b>	2	
<b>NANOVM SENIOR + ORAL POWDER</b>	2	
nat-rul theravite-m oral tablet	2	
natrul-vites oral tablet	2	
no iron mult vitamin-minerals oral tablet	2	
ocular vitamins oral tablet	2	
ocutabs oral tablet	1 or 1b*	
ocutabs-lutein oral tablet	1 or 1b*	
<b>OCUVITE ADULT 50+ ORAL CAPSULE</b>	2	
<b>OCUVITE ADULT FORMULA ORAL CAPSULE</b>	2	
<b>OCUVITE EXTRA ORAL TABLET</b>	1 or 1b*	
<b>OCUVITE EYE + MULTI ORAL TABLET</b>	1 or 1b*	
<b>OCUVITE EYE HEALTH FORMULA ORAL CAPSULE</b>	1 or 1b*	
<b>OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>OCUVITE-LUTEIN ORAL CAPSULE</b>	2	
<b>OCUVITE-LUTEIN ORAL TABLET</b>	1 or 1b*	
<b>ONCOVITE ORAL TABLET</b>	2	
<b>ONE A DAY IMMUNITY DEFENSE ORAL TABLET CHEWABLE</b>	2	
<b>ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE</b>	2	
<b>ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE</b>	2	
one daily 50 plus oral tablet	1 or 1b*	
one daily calcium/iron oral tablet	1 or 1b*	
one daily complete for men oral tablet	1 or 1b*	
one daily complete oral tablet	1 or 1b*	

Drug Name	Tier	Notes
one daily for men 50+ advanced oral tablet	1 or 1b*	
one daily for men/lycopene oral tablet	1 or 1b*	
one daily for women 50+ adv oral tablet	1 or 1b*	
one daily for women oral tablet	1 or 1b*	
one daily healthy weight adv oral tablet	1 or 1b*	
one daily healthy weight oral tablet	1 or 1b*	
one daily maximum oral tablet	1 or 1b*	
one daily men formula w/o iron oral tablet	2	
one daily mens 50+ multivit oral tablet	2	
one daily mens 50+/lycopene oral tablet	1 or 1b*	
one daily mens health oral tablet	1 or 1b*	
one daily mens oral tablet	1 or 1b*	
one daily multivit/iron-free oral tablet	1 or 1b*	
one daily multivitamin men oral tablet	1 or 1b*	
one daily multivitamin women oral tablet	1 or 1b*	
one daily womens 50 plus oral tablet	1 or 1b*	
one daily womens 50+ oral tablet	1 or 1b*	
one daily womens oral tablet	1 or 1b*	
one daily/minerals oral tablet	1 or 1b*	
<b>ONE-A-DAY ENERGY ORAL TABLET</b>	2	
<b>ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE</b>	2	
<b>ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE</b>	2	
<b>ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET</b>	2	
<b>ONE-A-DAY MENS (MINERALS) ORAL TABLET</b>	2	

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

Drug Name	Tier	Notes
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	2	
ONE-A-DAY MENS 50+ ORAL TABLET	2	
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	2	
ONE-A-DAY MENS PRO EDGE ORAL TABLET	2	
ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE	2	
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	2	
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	1 or 1b*	
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	2	
ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE	2	
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE	2	
ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE	2	
ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE	2	
ONE-A-DAY WEIGHT SMART ADVANCE ORAL TABLET	2	
ONE-A-DAY WOMENS 50 PLUS ORAL TABLET	2	
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	2	
ONE-A-DAY WOMENS 50+ ORAL TABLET	2	
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	2	

Drug Name	Tier	Notes
ONE-A-DAY WOMENS MIND & BODY ORAL TABLET	2	
ONE-A-DAY WOMENS ORAL TABLET	2	
ONE-A-DAY WOMENS PETITES ORAL TABLET	2	
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	2	
one-daily multi caps oral capsule	2	
one-daily multi-vit/mineral oral tablet	1 or 1b*	
optic-vites oral tablet	1 or 1b*	
optic-vites with lutein oral tablet	1 or 1b*	
OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE	2	
optimum airvites oral tablet chewable	2	
optimum pms oral tablet	1 or 1b*	
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE	2	
OPTIVITE P.M.T. ORAL TABLET	2	
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE	2	
OPURITY ORAL TABLET	2	
OSTEOPRIME PLUS ORAL TABLET	2	
OSTEOPRIME ULTRA ORAL TABLET	1 or 1b*	
parvlex oral tablet	2	
PHLEXY-VITS ORAL POWDER	2	
PHYTOMULTI ORAL TABLET	2	
PREMIUM PACKETS ORAL	2	
PRESERVISION AREDS 2 ORAL CAPSULE	2	
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	2	

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

Drug Name	Tier	Notes
<b>PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE</b>	2	
<b>PRESERVISION AREDS ORAL CAPSULE</b>	2	
<b>PRESERVISION AREDS ORAL TABLET</b>	2	
<b>PRESERVISION/LUTEIN ORAL CAPSULE</b>	2	
<b>PRO-CAL ORAL TABLET</b>	2	
<b>PROCERV HP ORAL TABLET</b>	2	
<b>PRORENAL + D ORAL TABLET</b>	2	
<b>PRORENAL + D W/ OMEGA-3 ORAL CAPSULE</b>	2	
<b>PROSIGHT ORAL TABLET</b>	1 or 1b*	
<b>PROTECT CARDIO AF ORAL CAPSULE</b>	2	
<b>PROTECT PLUS SO ORAL CAPSULE</b>	2	
<b>PROTEGRA ORAL CAPSULE</b>	2	
<b>PROVIT ORAL TABLET</b>	2	
<b>PROXEED PLUS ORAL PACKET</b>	2	
px advanced formula multivits oral tablet	1 or 1b*	
px complete senior multivits oral tablet	1 or 1b*	
px mens multivitamins oral tablet	1 or 1b*	
qc daily multivit/multimineral oral tablet	1 or 1b*	
qc hair skin & nails oral tablet	1 or 1b*	
qc mens daily multivitamin oral tablet	1 or 1b*	
qc multi-vite 50 & over oral tablet	1 or 1b*	
qc multi-vite oral tablet	2	
<b>QC OCUHEALTH VISION SUPPORT 2 ORAL CAPSULE</b>	2	
qc therin-m oral tablet	1 or 1b*	

Drug Name	Tier	Notes
qc womens daily multivitamin oral tablet	1 or 1b*	
quin b strong oral tablet	2	
quintabs-m oral tablet	1 or 1b*	
ra central-vite mens mature oral tablet	1 or 1b*	
<b>RA CENTRAL-VITE ORAL TABLET</b>	2	
ra central-vite womens mature oral tablet	1 or 1b*	
<b>RA ESSENCE-C ORAL PACKET</b>	2	
ra one daily maximum oral tablet	1 or 1b*	
ra one daily mens 50+ w/vit d3 oral tablet	1 or 1b*	
ra one daily mens multi oral tablet	1 or 1b*	
ra one daily mens/vit d-3 oral tablet	1 or 1b*	
rayavit oral tablet	2	
<b>RENAPLEX ORAL TABLET</b>	1 or 1b*	
<b>RENAPLEX-D ORAL TABLET</b>	2	
senior tabs oral tablet	1 or 1b*	
sentry oral tablet	1 or 1b*	
sentry senior oral tablet	1 or 1b*	
sentry senior/lutein oral tablet	2	
skin beauty & wellness oral packet	2	
sm antioxidant vitamins oral tablet	1 or 1b*	
sm complete 50+ oral tablet	1 or 1b*	
sm complete 50+ ultimate mens oral tablet	1 or 1b*	
sm complete 50+ ultimate women oral tablet	1 or 1b*	
sm complete advanced formula oral tablet	1 or 1b*	
sm complete oral tablet	1 or 1b*	
sm complete senior formula oral tablet	1 or 1b*	
sm daily diet support oral tablet	1 or 1b*	
sm hair/skin/nails oral tablet	1 or 1b*	
sm one daily mens oral tablet	2	

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

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Drug Name	Tier	Notes
sm one daily womens oral tablet	2	
sm opti-vitamins oral tablet	1 or 1b*	
solo oral tablet	2	
<b>SPECTRAVITE ORAL TABLET</b>	2	
stress b complex/antioxid/zinc oral tablet	1 or 1b*	
stress formula/zinc oral tablet	1 or 1b*	
<b>STRESSTABS ADVANCED ORAL TABLET</b>	1 or 1b*	
super antioxidant oral capsule	2	
super antioxidants protector oral capsule	1 or 1b*	
super aytinal 50 plus oral tablet	1 or 1b*	
super aytinal oral tablet	1 or 1b*	
super multiple oral tablet	1 or 1b*	
super natrul-100 oral tablet extended release	1 or 1b*	
super thera vite m oral tablet	1 or 1b*	
super vita-mins oral tablet	1 or 1b*	
superior 35 oral tablet extended release	1 or 1b*	
<b>SYSTANE ICAPS AREDS2 ORAL CAPSULE</b>	1 or 1b*	
<b>SYSTANE ICAPS AREDS2 ORAL TABLET</b>	2	
<b>SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE</b>	2	
<b>THERA M PLUS ORAL TABLET</b>	2	
thera vital m oral tablet	1 or 1b*	
thera vital-m oral tablet	1 or 1b*	
therabasic-m oral tablet	1 or 1b*	
<b>THERABETIC MULTI-VITAMIN ORAL TABLET</b>	2	
<b>THERADEX M ORAL TABLET</b>	1 or 1b*	
<b>THERADEX M/BETA CAROTENE ORAL TABLET</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET</b>	2	
<b>THERAGRAN-M ADVANCED ORAL TABLET</b>	2	
<b>THERAGRAN-M ORAL TABLET</b>	2	
<b>THERAGRAN-M PREMIER 50 PLUS ORAL TABLET</b>	2	
<b>THERAGRAN-M PREMIER ORAL TABLET</b>	2	
thera-m oral tablet	1 or 1b*	
<b>THERAMILL FORTE ORAL CAPSULE</b>	2	
<b>THERA-MILL M ORAL TABLET</b>	1 or 1b*	
<b>THERANATAL LACTATION COMPLETE ORAL</b>	2	
<b>THERANATAL LACTATION ONE ORAL CAPSULE</b>	2	
therapeutic formula/hematinics oral tablet	1 or 1b*	
therapeutic-m oral tablet	1 or 1b*	
therapeutic-m/lutein oral tablet	1 or 1b*	
thera-tabs m oral tablet	2	
<b>THERATRUM COMPLETE 50 PLUS ORAL TABLET</b>	1 or 1b*	
<b>THERATRUM COMPLETE ORAL TABLET</b>	1 or 1b*	
<b>THEREMS-M ORAL TABLET</b>	2	
<b>THRIVE FOR LIFE WOMENS ORAL TABLET</b>	1 or 1b*	
totalday multiple oral tablet extended release	1 or 1b*	
tropical liquid nutrition oral liquid	1 or 1b*	
t-vites oral tablet	2	
ultra freeda oral tablet	1 or 1b*	
ultra freeda/iron 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
<b>ULTRA MEGA GOLD ORAL TABLET EXTENDED RELEASE</b>	2	
<b>ULTRA MEGA ORAL TABLET EXTENDED RELEASE</b>	2	
<b>ULTRA MEGA TWO ORAL TABLET EXTENDED RELEASE</b>	2	
ultra multi formula/iron oral capsule	1 or 1b*	
<b>ULTRACHOICE ADV FORMULA MATURE ORAL TABLET</b>	1 or 1b*	
<b>ULTRACHOICE ADVANCED FORMULA ORAL TABLET</b>	1 or 1b*	
ultra-mega oral tablet extended release	1 or 1b*	
vision formula 2 oral capsule	1 or 1b*	
vision formula/lutein oral tablet	1 or 1b*	
vision health oral capsule	2	
vision plus oral capsule	1 or 1b*	
vision vitamins oral tablet	1 or 1b*	
visivites oral tablet	1 or 1b*	
visivites/lutein oral tablet	1 or 1b*	
<b>VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE</b>	2	
<b>VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE</b>	2	
vita hair oral tablet	1 or 1b*	
vitabasic complete oral tablet	1 or 1b*	
vitabasic senior oral tablet	1 or 1b*	
vitabex oral capsule	2	
vitabex plus oral capsule	2	
vitachew adult multi vitamin oral tablet chewable	2	
vitamin c effervescent blend oral packet	2	
vitamin d3 complete oral tablet	2	
vita-min oral capsule	1 or 1b*	
vitamins a-d-e/selenium oral tablet	1 or 1b*	

Drug Name	Tier	Notes
<b>VITASANA ORAL TABLET</b>	2	
<b>VITATRUM COMPLETE ORAL TABLET</b>	1 or 1b*	
vitatrum oral tablet	2	
vitatrum oral tablet chewable	1 or 1b*	
<b>VITEYES CLASSIC ADVANCED ORAL CAPSULE</b>	2	
<b>VITEYES CLASSIC MACULAR SUPPOR ORAL CAPSULE</b>	2	
<b>VITEYES CLASSIC MULTIVITAMIN ORAL TABLET</b>	2	
<b>VITEYES CLASSIC+MULTI ORAL POWDER</b>	2	
<b>VITEYES CLASSIC+OMEGA-3 ORAL CAPSULE</b>	2	
<b>VITEYES COMPLETE ORAL CAPSULE</b>	1 or 1b*	
<b>VITEYES OPTIC NERVE SUPPORT ORAL TABLET</b>	2	
vitrum 50+ adult-multi oral tablet	2	
vitrum 50+ senior multi oral tablet	2	
<b>VITRUM SENIOR ORAL TABLET</b>	1 or 1b*	
<b>WAL-BORN VITAMIN C ORAL TABLET CHEWABLE</b>	2	
womens 50+ advanced oral capsule	1 or 1b*	
womens 50+ multi vitamin oral tablet	2	
womens 50+ multi vitamin/min oral tablet	2	
womens daily form/fa/ca/fe oral tablet	1 or 1b*	
womens daily formula oral tablet	1 or 1b*	
womens daily pack oral packet	2	
<b>WOMENS LIFE PACK ORAL TABLET</b>	1 or 1b*	

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

Drug Name	Tier	Notes
womens multi gummies oral tablet chewable	2	
womens multi oral capsule	1 or 1b*	
womens multi vitamin & mineral oral tablet	2	
womens multivitamin + collagen oral tablet chewable	2	
womens multivitamin oral tablet	1 or 1b*	
<b>WOMENS PACK ORAL</b>	2	
<b>YELETS TEENAGE FORMULA ORAL TABLET</b>	2	
<b>YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE</b>	2	
zinc oral lozenge	2	
<b>*MULTIVITAMINS***</b>		
<b>AMLADEX ORAL TABLET</b>	3	\$0
antioxidant formula oral capsule 250-10000-200	1 or 1b*	
anti-oxidant oral tablet	1 or 1b*	\$0
<b>CHLOROCAPS ORAL CAPSULE</b>	1 or 1b*	
daily multiple vitamins oral tablet	2	\$0
daily value multivitamin oral tablet	1 or 1b*	\$0
daily vitamins oral tablet	1 or 1b*	\$0
daily vite oral tablet	1 or 1b*	\$0
daily vites oral tablet	1 or 1b*	\$0
daily-vitamin oral tablet	1 or 1b*	\$0
daily-vite multivitamin oral tablet	1 or 1b*	\$0
daily-vite oral tablet	1 or 1b*	\$0
dekas essential oral capsule	2	
dekas essential oral liquid	2	
<b>ESTROFACTORS ORAL TABLET</b>	2	\$0
gnp essential one daily oral tablet	1 or 1b*	\$0
healthy hair/skin/nails oral tablet	1 or 1b*	\$0
<b>HIGH POTENCY MULTIVITAMIN ORAL TABLET</b>	2	\$0

Drug Name	Tier	Notes
<b>INFUVITE ADULT INTRAVENOUS INJECTABLE</b>	3	
<b>MOMMY'S BLISS MV ORGANIC DROPS ORAL LIQUID</b>	2	
multi vitamin oral tablet	2	\$0
<b>MULTI VITAMIN W/D-3 ORAL TABLET</b>	2	\$0
multiple vitamin-folic acid oral tablet	1 or 1b*	\$0
multiple vitamins essential oral tablet	1 or 1b*	\$0
multiple vitamins oral tablet	1 or 1b*	\$0
multivitamin adult oral tablet	2	\$0
multivitamin iron-free oral tablet	1 or 1b*	\$0
<b>MULTIVITAMIN ORAL TABLET</b>	2	\$0
multi-vitamin oral tablet	1 or 1b*	\$0
multivitamin+ oral liquid	2	
mv-one oral capsule	1 or 1b*	
<b>NEOMULTIVITE ORAL TABLET</b>	2	\$0
nutra-z+ oral capsule	2	
<b>OMNICAP ORAL TABLET</b>	2	\$0
once daily oral tablet	1 or 1b*	\$0
one daily essential oral tablet	2	\$0
one daily multivitamin adult oral tablet	1 or 1b*	\$0
one daily oral tablet	1 or 1b*	\$0
<b>ONE-A-DAY ADULT VITACRAVES+DHA ORAL TABLET CHEWABLE</b>	2	
<b>ONE-A-DAY ESSENTIAL ORAL TABLET</b>	2	\$0
<b>ONE-A-DAY MENS ORAL TABLET</b>	2	\$0
one-daily multi vitamins oral tablet	1 or 1b*	\$0
one-daily multi-vitamin oral tablet	1 or 1b*	\$0
qc essentials oral tablet	1 or 1b*	\$0
<b>QUINTABS ORAL TABLET</b>	2	\$0

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

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Drug Name	Tier	Notes
sm multiple vitamins essential oral tablet	1 or 1b*	\$0
stress formula oral tablet	1 or 1b*	\$0
stresstabs energy oral tablet	1 or 1b*	\$0
tab-a-vite oral tablet	1 or 1b*	\$0
tab-a-vite/beta carotene oral tablet	1 or 1b*	\$0
<b>THERA ORAL TABLET</b>	2	\$0
thera-mill oral tablet	1 or 1b*	\$0
thera-tabs oral tablet	1 or 1b*	\$0
<b>THEREMS ORAL TABLET</b>	2	\$0
vit e-vit c-beta carotene oral tablet	1 or 1b*	\$0
vitalee oral tablet	1 or 1b*	\$0
<b>VITEYES CLASSIC ZINC FREE ORAL CAPSULE</b>	1 or 1b*	
<b>ZELDANA ORAL CAPSULE</b>	2	
<b>ZE-PLUS ORAL CAPSULE</b>	2	
<b>*NIACIN W/ INOSITOL***</b>		
cvs niacin flush free oral capsule	1 or 1b*	
gnp niacin flush free oral capsule	1 or 1b*	
niacin flush free oral capsule 400-100 mg	1 or 1b*	
no flush niacin oral capsule	1 or 1b*	
<b>*PED MULTI VITAMINS W/FL &amp; FE***</b>		
multi-vit/iron/fluoride oral solution	1 or 1b*	
multivitamin/fluoride/iron oral solution	1 or 1b*	
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
<b>POLY-VI-FLOR/IRON ORAL SUSPENSION</b>	3	
<b>POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE</b>	3	
<b>QUFLORA FE PEDIATRIC ORAL LIQUID</b>	3	

Drug Name	Tier	Notes
<b>*PED MULTIPLE VITAMINS W/ MINERALS***</b>		
<b>ACTIVNUTRIENTS ORAL TABLET CHEWABLE</b>	2	
<b>ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE</b>	2	
<b>CENTRUM KIDS ORAL TABLET CHEWABLE</b>	2	
childrens gummies oral tablet chewable	1 or 1b*	
cvs gummy dinos oral tablet chewable	1 or 1b*	
cvs gummy multivitamin kids oral tablet chewable	1 or 1b*	
<b>DEKAS PLUS ORAL LIQUID</b>	2	
eq multivitamin gummies oral tablet chewable	1 or 1b*	
eq multivitamins gummy child oral tablet chewable	1 or 1b*	
eql gummies childrens oral tablet chewable	1 or 1b*	
<b>FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>FLINTSTONES GUMMIES COMPLETE ORAL TABLET CHEWABLE</b>	2	
<b>FLINTSTONES GUMMIES ORAL TABLET CHEWABLE</b>	2	
<b>FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE</b>	2	
<b>FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE</b>	2	
<b>FLINTSTONES TODDLER ORAL TABLET CHEWABLE</b>	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
genadek oral liquid	2	
<b>GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE</b>	1 or 1b*	
healthy kids gummies oral tablet chewable	2	
just 4 kidz multivit/probiotic oral tablet chewable	2	
multivitamin childrens gummies oral tablet chewable	2	
multivit-min gummies childrens oral tablet chewable	1 or 1b*	
<b>MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>MVW COMPLETE FORMULATION ORAL SOLUTION</b>	2	
<b>MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE</b>	2	
mvw hi-d drops w/extra vit d oral liquid	2	
<b>NANOVM 1-3 YEARS ORAL POWDER</b>	2	
<b>NANOVM 4-8 YEARS ORAL POWDER</b>	2	
<b>NANOVM 9-18 YEARS ORAL POWDER</b>	2	
<b>NANOVM T/F ORAL POWDER</b>	2	
<b>ONE-A-DAY JOLLY RANCHER ORAL TABLET CHEWABLE</b>	2	
<b>SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>UPSPRING BABY IRON-IMMUNITY ORAL LIQUID</b>	2	
upspringbaby multivitamin/iron oral liquid	2	
vitachew multiple vitamin oral tablet chewable	1 or 1b*	
<b>VITALETS CHILDRENS ORAL TABLET CHEWABLE</b>	2	
<b>ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>*PED MV W/ FLUORIDE***</b>		
<b>FLORIVA PLUS ORAL SOLUTION</b>	3	
multivitamin + fluoride oral tablet chewable	2	
multivitamin/fluoride oral solution	1 or 1b*	\$0
multi-vitamin/fluoride oral solution	1 or 1b*	\$0
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1 or 1b*	\$0
<b>MULTI-VIT-FLOR ORAL TABLET CHEWABLE</b>	3	
<b>POLY-VI-FLOR ORAL SUSPENSION</b>	2	
<b>POLY-VI-FLOR ORAL TABLET CHEWABLE</b>	3	
<b>QUFLORA GUMMIES ORAL TABLET CHEWABLE</b>	2	
<b>QUFLORA PEDIATRIC ORAL SOLUTION</b>	3	
<b>QUFLORA PEDIATRIC ORAL TABLET CHEWABLE</b>	3	
<b>*PED MV W/ IRON***</b>		
bite-a-mins/iron oral tablet chewable	1 or 1b*	
<b>BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION</b>	2	
<b>CEROVITE JR ORAL TABLET CHEWABLE 18 MG</b>	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
childrens animal shapes oral tablet chewable 18 mg	1 or 1b*	
cvs chewable childrens vitamin oral tablet chewable 18 mg	1 or 1b*	
cvs childrens complete oral tablet chewable 18 mg	1 or 1b*	
eq complete multivitamin child oral tablet chewable 18 mg	1 or 1b*	
eq child multivit/minerals oral tablet chewable 18 mg	1 or 1b*	
<b>FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 10 MG, 18 MG</b>	1 or 1b*	
<b>FLINTSTONES W/IRON ORAL TABLET CHEWABLE</b>	1 or 1b*	
fruity chews/iron oral tablet chewable	1 or 1b*	
gnp childrens chewables/iron oral tablet chewable	1 or 1b*	
<b>HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE</b>	2	
<b>LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG</b>	1 or 1b*	
multivitamin drops/iron oral solution	2	
multivitamin infant & toddler oral solution 11 mg/ml	2	
multivitamins plus iron child oral tablet chewable	2	
pc pediatric poly-vita/fe drop oral solution	2	
<b>POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML</b>	2	
poly-vita/iron oral solution	2	
poly-vite/iron oral solution	2	
<b>PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE 18 MG</b>	1 or 1b*	
qc childrens complete oral tablet chewable 18 mg	1 or 1b*	
qc childrens vitamins/iron oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
ra vitamins complete childrens oral tablet chewable 18 mg	1 or 1b*	
sm animal shapes complete oral tablet chewable 18 mg	1 or 1b*	
<b>ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG</b>	1 or 1b*	
<b>*PED VITAMINS ACD &amp; FA W/ FLUORIDE***</b>		
<b>TRI-VI-FLOR ORAL SUSPENSION</b>	3	
<b>TRI-VI-FLORO ORAL SUSPENSION</b>	3	
<b>*PED VITAMINS ACD W/ FLUORIDE***</b>		
adc/f (0.5mg/ml) oral solution	1 or 1b*	\$0
multivitamin select/fluoride oral solution	1 or 1b*	\$0
tri-vite/fluoride oral solution	1 or 1b*	\$0
vitamins acid-fluoride oral solution	1 or 1b*	\$0
<b>*PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE***</b>		
<b>FLORIVA ORAL TABLET CHEWABLE</b>	3	
<b>*PEDIATRIC MULTIPLE VITAMINS***</b>		
bite-a-mins oral tablet chewable	1 or 1b*	
<b>BPROTECTED PEDIA POLY-VITE ORAL SOLUTION</b>	2	
childrens chew multivitamin oral tablet chewable	1 or 1b*	
childrens chewable vitamins oral tablet chewable	1 or 1b*	
<b>CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE</b>	1 or 1b*	

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

Drug Name	Tier	Notes
<b>FLINTSTONES MULTIVITAMIN ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE</b>	1 or 1b*	
fruity chews oral tablet chewable	1 or 1b*	
<b>GERBER GROW MIGHTY ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>GERBER LIL' BRAINIES ORAL TABLET CHEWABLE</b>	1 or 1b*	
gnp childrens chewables/ex c oral tablet chewable	1 or 1b*	
gnp little ones childrens oral tablet chewable	1 or 1b*	
<b>INFUVITE PEDIATRIC INTRAVENOUS SOLUTION</b>	3	
<b>LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE</b>	1 or 1b*	
little animals oral tablet chewable	1 or 1b*	
multivitamin childrens (w/ fa) oral tablet chewable	1 or 1b*	
multivitamin childrens oral tablet chewable	1 or 1b*	
multivitamin infant & toddler oral solution	2	
<b>NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID</b>	2	
<b>ONE-A-DAY VITACRAVES+OMEGA-3 ORAL TABLET CHEWABLE</b>	2	
pc pediatric poly-vitamin drop oral solution	2	
<b>POLY-VI-SOL ORAL SOLUTION</b>	2	
poly-vita oral solution	2	
poly-vite pediatric oral solution	2	
qc childrens vitamins/extra c oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
sm animal shapes kids first oral tablet chewable	1 or 1b*	
<b>ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>*PEDIATRIC VITAMINS A &amp; D W/ C***</b>		
pc pediatric tri-vitamin drops oral solution	1 or 1b*	
<b>TRI-VI-SOL A/C/D ORAL SOLUTION</b>	2	
tri-vite pediatric oral solution	1 or 1b*	
vitamin a/c/d/ infant/toddler oral solution	2	
vitamin a-c-d infant oral solution	2	
<b>*PEDIATRIC VITAMINS***</b>		
<b>HONEY BEARS ORAL TABLET CHEWABLE</b>	2	
multivitamin gummies childrens oral tablet chewable	2	
<b>*PRENATAL MV &amp; MIN W/FE-FA &amp; COENZYME Q10***</b>		
<b>THERANATAL OVAVITE ORAL THERAPY PACK</b>	2	
<b>*PRENATAL MV &amp; MIN W/FE-FA***</b>		
<b>ATABEX EC ORAL TABLET DELAYED RELEASE</b>	2	QL
<b>ATABEX OB ORAL TABLET</b>	2	QL
<b>ATABEX ORAL TABLET CHEWABLE</b>	2	
<b>AZESCO ORAL TABLET</b>	3	ST; QL
<b>CITRANATAL B-CALM ORAL</b>	2	QL
<b>CITRANATAL BLOOM ORAL TABLET</b>	3	ST; QL
<b>CLASSIC PRENATAL ORAL TABLET</b>	2	\$0; QL
<b>C-NATE DHA ORAL CAPSULE</b>	2	QL
<b>COMPLETENATE ORAL TABLET CHEWABLE</b>	2	QL

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

Drug Name	Tier	Notes
CO-NATAL FA ORAL TABLET	2	QL
CONCEPT DHA ORAL CAPSULE	2	QL
CONCEPT OB ORAL CAPSULE	2	QL
CVS PRENATAL ORAL TABLET 27-0.8 MG	2	ST; \$0; QL
DUET DHA 400 ORAL	3	ST; QL
DUET DHA BALANCED ORAL 25-1 & 267 MG	3	ST; QL
elite-ob oral tablet	1 or 1b*	QL
ENBRACE HR ORAL CAPSULE	3	ST; QL
EQL PRENATAL FORMULA ORAL TABLET	2	\$0; QL
FOLIVANE-OB ORAL CAPSULE 85-1 MG	2	QL
GNP PRENATAL ORAL TABLET	2	\$0; QL
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK	2	
inatal gt oral tablet	1 or 1b*	QL
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	ST; QL
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL
KP PRENATAL MULTIVITAMINS ORAL TABLET	2	\$0; QL
KPN PRENATAL ORAL TABLET	2	\$0; QL
MASONATAL ORAL TABLET	2	\$0; QL
M-NATAL PLUS ORAL TABLET	2	QL
MULTI PRENATAL ORAL TABLET	2	ST; \$0; QL
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	3	ST; QL
NATALVIT ORAL TABLET	2	QL
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3	ST; QL

Drug Name	Tier	Notes
NEONATAL COMPLETE ORAL TABLET	3	ST; QL
NEONATAL FE ORAL TABLET	3	ST; QL
NEONATAL PLUS ORAL TABLET	3	QL
neonatal prenatal oral tablet	2	\$0; QL
NEONATAL VITAMIN ORAL TABLET	2	ST; \$0; QL
NESTABS DHA ORAL	3	ST; QL
NESTABS ORAL TABLET	3	ST; QL
NIVA-PLUS ORAL TABLET	2	QL
OB COMPLETE ONE ORAL CAPSULE	3	ST; QL
OB COMPLETE ORAL TABLET	3	ST; QL
OB COMPLETE PETITE ORAL CAPSULE	3	ST; QL
OB COMPLETE PREMIER ORAL TABLET	3	ST; QL
OB COMPLETE/DHA ORAL CAPSULE	3	ST; QL
OBSTETRIX DHA ORAL	2	QL
OBSTETRIX EC ORAL TABLET	2	QL
OBTREX ORAL TABLET	2	
ONE VITE WOMENS ORAL TABLET	2	ST; \$0; QL
ONE VITE WOMENS PLUS ORAL TABLET	2	QL
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE	2	
ONE-A-DAY WOMENS PRENATAL ORAL	2	\$0; QL
pnv prenatal plus multivit+dha oral	3	QL
PNV TABS 20-1 ORAL TABLET	3	ST; QL
PNV-OMEGA ORAL CAPSULE	3	ST; QL
pnv-select oral tablet	1 or 1b*	ST; QL
PREGENNA ORAL TABLET	3	ST; QL

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

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Drug Name	Tier	Notes
<b>PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE</b>	3	ST; QL
prenatabs fa oral tablet 29-1 mg	2	
prenatabs rx oral tablet	1 or 1a*	ST; QL
<b>PRENATAL (W/IRON &amp; FA) ORAL TABLET</b>	2	ST; \$0; QL
prenatal 19 oral tablet	2	
<b>PRENATAL 19 ORAL TABLET 29-1 MG</b>	2	QL
prenatal 19 oral tablet chewable	1 or 1a*	QL
<b>PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG</b>	2	QL
prenatal complete oral capsule therapy pack	2	
<b>PRENATAL COMPLETE ORAL TABLET</b>	2	ST; \$0; QL
prenatal formula a-free oral tablet	2	
prenatal formula oral capsule	2	
<b>PRENATAL FORTE ORAL TABLET</b>	2	ST; \$0; QL
prenatal multi +dha oral capsule 27-0.8-228 mg	2	
<b>PRENATAL ONE DAILY ORAL TABLET</b>	2	ST; \$0; QL
<b>PRENATAL ORAL TABLET 27-0.8 MG</b>	2	ST; \$0; QL
<b>PRENATAL ORAL TABLET 27-1 MG</b>	2	QL
<b>PRENATAL ORAL TABLET 28-0.8 MG</b>	2	\$0; QL
prenatal oral tablet 6.75-0.2 mg	2	
<b>PRENATAL PLUS ORAL TABLET</b>	2	QL
<b>PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET</b>	2	QL
<b>PRENATAL VITAMIN AND MINERAL ORAL TABLET</b>	2	\$0; QL
<b>PRENATAL VITAMINS ORAL TABLET 28-0.8 MG</b>	2	\$0; QL

Drug Name	Tier	Notes
<b>PRENATAL/IRON ORAL TABLET</b>	2	ST; \$0; QL
<b>PRENATAL/IRON ORAL TABLET 28-0.8 MG</b>	2	\$0; QL
<b>PRENATAL-U ORAL CAPSULE</b>	2	QL
<b>PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG</b>	3	ST; QL
<b>PRENATRIX ORAL TABLET</b>	3	ST; QL
<b>PRENATRYL ORAL TABLET</b>	3	ST; QL
<b>PRENATVITE COMPLETE ORAL TABLET</b>	3	ST; QL
<b>PRENATVITE PLUS ORAL TABLET</b>	3	ST; QL
<b>PRENATVITE RX ORAL TABLET</b>	3	ST; QL
<b>PRIMACARE ORAL CAPSULE</b>	3	ST; QL
<b>PROVIDA OB ORAL CAPSULE</b>	2	QL
<b>PX PRENATAL MULTIVITAMINS ORAL TABLET</b>	2	\$0; QL
<b>QC PRENATAL ORAL TABLET</b>	2	\$0; QL
<b>RA PRENATAL FORMULA ORAL TABLET</b>	2	\$0; QL
<b>RA PRENATAL ORAL TABLET</b>	2	\$0; QL
<b>RELNATE DHA ORAL CAPSULE</b>	3	ST; QL
<b>SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG</b>	3	ST; QL
<b>SELECT-OB ORAL TABLET CHEWABLE 29-1 MG</b>	2	QL
<b>SE-NATAL 19 ORAL TABLET</b>	2	QL
<b>SE-NATAL 19 ORAL TABLET CHEWABLE</b>	2	QL
<b>SM ONE DAILY PRENATAL ORAL</b>	2	\$0; QL
<b>SM PRENATAL VITAMINS ORAL TABLET</b>	2	\$0; QL

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

Drug Name	Tier	Notes
TARON-C DHA ORAL CAPSULE 35-1 MG	2	QL
THERANATAL CORE NUTRITION ORAL TABLET	2	
THRIVITE RX ORAL TABLET	2	ST; QL
TRICARE ORAL TABLET	2	QL
TRINATAL RX 1 ORAL TABLET	2	QL
trinate oral tablet	1 or 1a*	QL
UPSPRING PRENATAL COMPLETE ORAL CAPSULE	2	
VINATE CARE ORAL TABLET CHEWABLE	2	
VINATE DHA RF ORAL CAPSULE	3	ST; QL
VINATE II ORAL TABLET	2	QL
VINATE ONE ORAL TABLET	2	QL
VIRT-NATE DHA ORAL CAPSULE	3	ST; QL
VITAFOL GUMMIES ORAL TABLET CHEWABLE	2	QL
VITAFOL-NANO ORAL TABLET	3	ST; QL
VITAFOL-OB ORAL TABLET	3	ST; QL
vita-pac oral capsule	2	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
VITATHELY WITH GINGER ORAL TABLET	3	ST; QL
VIVA DHA ORAL CAPSULE	3	ST; QL
WESTAB PLUS ORAL TABLET	2	QL
ZALVIT ORAL TABLET	3	ST; QL
ZIPHEX ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
<b>*PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL***</b>		
COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG	2	QL
prenatal + complete multi oral therapy pack 18-0.8 & 290 mg	2	
wesnatal dha complete oral	2	ST; QL
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA***</b>		
BRAINSTRONG PRENATAL ORAL	2	
cadeau dha oral capsule	3	
CENTRUM SPECIALIST PRENATAL ORAL	2	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3	ST; QL
CITRANATAL ASSURE ORAL 35-1 & 300 MG	3	ST; QL
CITRANATAL DHA ORAL	3	ST; QL
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3	
CITRANATAL MEDLEY ORAL CAPSULE	3	ST; QL
cvs prenatal multi+dha oral capsule	2	
cvs womens prenatal+dha oral	2	
ENFAMIL EXPECTA ORAL	2	\$0; QL
NEONATAL + DHA ORAL	3	ST; QL
NESTABS ONE ORAL CAPSULE	3	ST; QL
OBSTETRIX ONE ORAL CAPSULE	2	QL
OBTREX DHA ORAL 29-1 & 350 MG	2	
pnv-dha oral capsule	1 or 1b*	QL
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL
PREGEN DHA ORAL CAPSULE	3	ST; QL
PRENA 1 TRUE ORAL	2	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
<b>PRENAISSANCE ORAL CAPSULE</b>	3	ST; QL
<b>PRENAISSANCE PLUS ORAL CAPSULE</b>	3	ST; QL
prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-250 mg	2	
<b>PRENATAL MULTIVITAMIN + DHA ORAL</b>	2	\$0; QL
prenatal multivitamin plus dha oral capsule	2	
prenatal vitamin/min +dha oral capsule	2	
prenatal/folic acid+dha oral capsule	2	
prenatal+dha oral 28-0.975 & 200 mg	2	
<b>PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG</b>	3	ST; QL
<b>PRENATE ENHANCE ORAL CAPSULE</b>	3	ST; QL
<b>PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG</b>	3	ST; QL
<b>PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG</b>	3	ST; QL
<b>PRENATE PIXIE ORAL CAPSULE</b>	3	ST; QL
<b>PRENATE RESTORE ORAL CAPSULE</b>	3	ST; QL
<b>SELECT-OB+DHA ORAL</b>	3	ST; QL
<b>SIMILAC PRENATAL EARLY SHIELD ORAL</b>	2	
<b>STUART ONE ORAL CAPSULE</b>	2	
<b>THERANATAL COMPLETE ORAL</b>	2	
<b>THERANATAL ONE ORAL CAPSULE</b>	2	
<b>TRISTART DHA ORAL CAPSULE</b>	3	ST; QL
<b>TRISTART FREE ORAL CAPSULE</b>	3	ST; QL
<b>TRISTART ONE ORAL CAPSULE</b>	3	ST; QL
ultra prenatal + dha oral capsule	2	

Drug Name	Tier	Notes
<b>VIRT-PN DHA ORAL CAPSULE</b>	3	ST; QL
<b>VITAFOL FE+ ORAL CAPSULE</b>	3	ST; QL
<b>VITAFOL ULTRA ORAL CAPSULE</b>	3	ST; QL
<b>VITAFOL-OB+DHA ORAL</b>	3	ST; QL
<b>VITAFOL-ONE ORAL CAPSULE</b>	3	ST; QL
<b>VITATRUE ORAL</b>	3	ST; QL
<b>WESTGEL DHA ORAL CAPSULE</b>	3	ST; QL
<b>*PRENATAL MV &amp; MINERALS W/ FA WITHOUT IRON***</b>		
cvs prenatal gummy oral tablet chewable 0.4 mg	2	
<b>*PRENATAL MV &amp; MINERALS W/ FA- OMEGA FATTY ACIDS W/O IRON***</b>		
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	2	
<b>*PRENATAL MV &amp; MINERALS W/FA WITHOUT IRON***</b>		
<b>ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE</b>	2	
<b>ALIVE PRENATAL ORAL TABLET CHEWABLE 0.12-25 MG</b>	2	
cvs prenatal gummy oral tablet chewable 0.18-25 mg, 0.4-25 mg	2	
<b>GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE</b>	2	
<b>ONE A DAY PRENATAL ORAL TABLET CHEWABLE</b>	2	
prenatal + complete multi oral therapy pack 0.267 & 373 mg	2	
prenatal adult gummy/dha/fa oral tablet chewable	2	
prenatal gummies oral tablet chewable	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
prenatal gummies/dha & fa oral tablet chewable	2	
<b>PRENATE ORAL TABLET CHEWABLE</b>	3	ST; QL
<b>*PRENATAL VITAMINS***</b>		
<b>NEONATAL 19 ORAL TABLET</b>	3	ST; QL
<b>PREMESISRX ORAL TABLET</b>	3	ST; QL
<b>PRENA1 ORAL TABLET CHEWABLE</b>	3	ST; QL
<b>PRENATE AM ORAL TABLET</b>	3	ST; QL
<b>VITAFOL STRIPS ORAL FILM</b>	2	ST; QL
<b>VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG</b>	3	ST; QL
<b>*SPECIALTY VITAMINS PRODUCTS***</b>		
a thru z advantage oral tablet	1 or 1b*	
<b>ADRENAL MANAGER ORAL CAPSULE</b>	2	
adrenal stress calm oral tablet	2	
<b>ADRENALIV ORAL CAPSULE</b>	2	
adrenoid oral capsule	2	
<b>ALLERWELL ALLERGY FORMULA ORAL TABLET</b>	2	
bilberry plus oral capsule	2	
biotin plus keratin oral tablet	2	
brain might/dha & co q10 oral tablet	2	
cardiopress oral capsule	2	
<b>CENTRUM PERFORMANCE ORAL TABLET</b>	2	
<b>CENTRUM SPECIALIST ENERGY ORAL TABLET</b>	2	
cholase control oral capsule	2	
collagen ultra oral capsule	2	
complete menopause am/pm oral	2	
<b>CORTICARE B ORAL CAPSULE</b>	2	

Drug Name	Tier	Notes
cvs hair/skin/nails oral tablet	1 or 1b*	
cvs menopause support oral tablet	1 or 1b*	
<b>ELON MATRIX 5000 COMPLETE ORAL TABLET</b>	2	
<b>ELON MATRIX 5000 ORAL TABLET</b>	2	
<b>ELON MATRIX COMPLETE ORAL TABLET</b>	2	
<b>ELON MATRIX PLUS ORAL TABLET</b>	2	
<b>ELON R3 ORAL TABLET</b>	2	
<b>FEMQUIL ORAL CAPSULE</b>	2	
<b>GERM DEFENSE PM ORAL TABLET EFFERVESCENT</b>	2	
<b>GLYCOTROL COMPLETE ORAL CAPSULE</b>	2	
<b>GLYCOTROL ORAL CAPSULE</b>	2	
<b>HAIR FARE ORAL TABLET</b>	2	
hair nourishing supplement oral tablet	2	
healthy heart complex oral tablet	2	
heart savior oral capsule	2	
<b>HEART TABS ORAL TABLET</b>	2	
<b>ICAPS LUTEIN &amp; ZEAXANTHIN ORAL TABLET DELAYED RELEASE</b>	2	
<b>IMMUNERX ORAL CAPSULE</b>	2	
immunicare oral capsule	2	
inulose blood sugar support oral capsule	2	
<b>LIPIDSHIELD PLUS ORAL TABLET</b>	2	
<b>LIPOTRIAD VISION SUPPORT ORAL CAPSULE</b>	2	
lipotriad vision support plus oral capsule	2	

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

Drug Name	Tier	Notes
LIPOTRIAD VISIONARY ORAL CAPSULE	2	
MEDCAPS DPO ORAL CAPSULE	2	
MEDCAPS GI ORAL CAPSULE	2	
MEDCAPS IS ORAL CAPSULE	2	
MEMORALL ORAL CAPSULE	2	
METHYL PROTECT ORAL CAPSULE	2	
METHYL-GUARD ORAL CAPSULE	2	
METHYL-GUARD PLUS ORAL CAPSULE	2	
MG PLUS PROTEIN ORAL TABLET	2	
MIL ADREGEN ORAL TABLET	2	
MILLTRIUM STAMINA PLUS ORAL TABLET	1 or 1b*	
mm biotin/keratin oral capsule	2	
ra ear care oral tablet	2	
ra effervescent formula oral tablet effervescent	2	
RETAINE VISION ORAL CAPSULE	2	
synertropin oral capsule	2	
THERABETIC EYE HEALTH ORAL TABLET	2	
ultimate fat burner oral tablet	1 or 1b*	
UPSPRING HE NATAL ORAL TABLET	2	
varisan vitality oral tablet	1 or 1b*	
vitamins for hair oral capsule	2	
vitamins for hair oral tablet	1 or 1b*	
WAL-BORN ORAL TABLET EFFERVESCENT	2	
weight loss daily multi oral tablet	1 or 1b*	
WOMENS MENOPAUSE VITA PAK ORAL	2	
WOMENS VITA PAK ORAL	2	

Drug Name	Tier	Notes
<b>*VITAMIN C, VITAMIN D &amp; ZINC***</b>		
d3/vitamin c/zinc oral tablet	2	
<b>*VITAMIN D &amp; K***</b>		
<b>D3 + K2 DOTS ORAL TABLET</b>	2	
dosokap oral tablet	2	
k2 plus d3 oral tablet	2	
k2-d3 10,000 oral capsule	2	
k2-d3 5000 oral capsule	2	
<b>*VITAMIN MIXTURES***</b>		
e-400/selenium oral capsule	2	
ecee plus oral tablet	2	
vitamin c oral liquid	2	
<b>*VITAMINS A &amp; D W/ C***</b>		
cod liver oil w/vit a, c & d oral tablet chewable	1 or 1b*	
healthy kids cod liver/vit d oral tablet chewable	1 or 1b*	
<b>*VITAMINS A &amp; D W/ K***</b>		
adk oral capsule	2	
<b>*VITAMINS A &amp; D W/ MINERALS***</b>		
super d3 complex oral capsule	2	
<b>*VITAMINS A &amp; D***</b>		
a & d oral capsule	1 or 1b*	
cod liver oil for kids oral oil	2	
cod liver oil oral capsule , 1250-130 unit, 1250-133 unit, 1250-135 unit, 4000-200 unit	1 or 1b*	
<b>COD LIVER OIL ORAL OIL</b>	3	
cod liver oil oral oil 5000-500 unit/5ml	2	
cod liver oil w/vit a & d oral capsule	1 or 1b*	
cod liver oil/low vitamin a oral capsule	1 or 1b*	
cod liver oil/vitamins a & d oral capsule	1 or 1b*	
norwegian cod liver oil oral capsule	1 or 1b*	

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Drug Name	Tier	Notes
norwegian cod liver oil oral oil	2	
qc cod liver oil oral capsule	1 or 1b*	
qc cod liver oil oral oil	2	
ra cod liver oil oral capsule	1 or 1b*	
ra cod liver oil oral oil	2	
sm cod liver oil oral capsule	1 or 1b*	
vitamin a & d oral capsule 8000-400 unit	1 or 1b*	
vitamin a & d oral tablet	1 or 1b*	
vitamins a & d oral capsule 5000-400 unit	1 or 1b*	
vitamins a & d oral tablet	1 or 1b*	
yl natural vitamin a & d oral capsule	1 or 1b*	
<b>*VITAMINS C &amp; E***</b>		
<b>CRANBERRY URINARY COMFORT ORAL CAPSULE</b>	2	
<b>*VITAMINS W/ LIPOTROPICS***</b>		
<b>ACTIFLOVIT EAR HEALTH ORAL TABLET</b>	2	\$0
b complex (lipotropics) oral tablet	1 or 1b*	\$0
b complex formula 1 (lipotrop) oral tablet	1 or 1b*	\$0
balance b-100 oral tablet	1 or 1b*	\$0
balanced b-50 complex oral capsule	1 or 1b*	
balanced b-50 complex oral tablet	1 or 1b*	\$0
b-stress oral capsule	1 or 1b*	
<b>COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE</b>	2	\$0
cvs balanced b50 oral tablet	1 or 1b*	\$0
cvs inner ear plus oral tablet	1 or 1b*	\$0
ear health formula oral tablet	1 or 1b*	\$0
ear health plus oral tablet	1 or 1b*	\$0
geravine oral elixir	2	
lipo flavonoid plus oral tablet	1 or 1b*	\$0
lipoflavovit oral tablet	1 or 1b*	\$0
<b>LIPOTRIAD ORAL TABLET</b>	2	\$0

Drug Name	Tier	Notes
mega multiple/chelated mineral oral tablet	1 or 1b*	\$0
multi-vitamin hp/minerals oral capsule	1 or 1b*	
nat-rul b-50 oral tablet	1 or 1b*	\$0
px b-50 oral tablet	1 or 1b*	\$0
risanoid plus oral tablet	1 or 1b*	\$0
ultra b-100 complex oral tablet	1 or 1b*	\$0
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*ARTICULAR CARTILAGE REPAIR THERAPY***</b>		
<b>MACI INTRA-ARTICULAR SHEET</b>	3	
<b>*CENTRAL MUSCLE RELAXANTS***</b>		
baclofen (bulk) solution	3	
baclofen intrathecal solution	1 or 1b*	
<b>BACLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE</b>	3	
baclofen oral tablet	1 or 1b*	QL
baclofen powder	3	
carisoprodol oral tablet	1 or 1b*	QL
carisoprodol powder	3	
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
<b>GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</b>	3	
<b>GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML</b>	3	
<b>LIORESAL INTRATHECAL SOLUTION</b>	3	

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

Drug Name	Tier	Notes
lorzone oral tablet	1 or 1b*	ST; QL
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet 500 mg, 750 mg	1 or 1b*	QL
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL
orphenadrine citrate injection solution	1 or 1b*	
orphenadrine citrate powder	3	
<b>ROBAXIN INJECTION SOLUTION 1000 MG/10ML</b>	3	
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL
tizanidine hcl oral tablet	1 or 1b*	QL
vanadom oral tablet	1 or 1b*	QL
<b>ZANAFLEX ORAL CAPSULE 6 MG</b>	3	ST; QL
<b>ZANAFLEX ORAL TABLET</b>	3	ST; QL
<b>*DIRECT MUSCLE RELAXANTS***</b>		
<b>DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>DANTRIUM ORAL CAPSULE 25 MG</b>	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	1 or 1b*	
revonto intravenous solution reconstituted	1 or 1b*	
<b>RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED</b>	3	
<b>*MUSCLE RELAXANT COMBINATIONS***</b>		
norgesic oral tablet	1 or 1b*	ST; QL
<b>ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG</b>	1 or 1b*	ST; QL

Drug Name	Tier	Notes
orphengesic forte oral tablet 50-770-60 mg	1 or 1b*	ST; QL
<b>*VISCOSUPPLEMENTS*</b>		
<b>**</b>		
<b>DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE</b>	3	PA
<b>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE</b>	3	PA
<b>GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>HYALGAN INTRA-ARTICULAR SOLUTION</b>	3	PA
<b>HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	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
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*ANTIHISTAMINE-STERIOD***</b>		
azelastine-fluticasone nasal suspension	3	QL
<b>DYMISTA NASAL SUSPENSION</b>	3	QL
<b>*DECONGESTANT COMBINATION OTHER***</b>		
<b>AFRIN MENTHOL SPRAY NASAL SOLUTION</b>	2	
<b>*NASAL AGENTS - MISC.***</b>		
<b>AFRIN SALINE NASAL MIST NASAL SOLUTION</b>	1 or 1b*	
<b>ALLERBLOCK ADULT NASAL POWDER</b>	2	
<b>ALLERBLOCK TRAVEL NASAL POWDER</b>	2	
altamist spray nasal solution	1 or 1b*	
<b>AYR NASAL MIST ALLERGY/SINUS NASAL SOLUTION</b>	2	
<b>AYR NASAL SOLUTION</b>	1 or 1b*	
<b>AYR SALINE NASAL DROPS NASAL SOLUTION</b>	2	
<b>AYR SALINE NASAL NASAL GEL</b>	1 or 1b*	
<b>AYR SALINE NASAL NO-DRIP NASAL GEL</b>	1 or 1b*	
<b>BABY AYR SALINE NASAL SOLUTION</b>	1 or 1b*	
cvs nasal mist nasal aerosol solution	2	
cvs saline nasal spray nasal solution	1 or 1b*	
deep sea nasal spray nasal solution	1 or 1b*	
eq saline nasal spray nasal solution	1 or 1b*	
eql saline nasal spray nasal solution	1 or 1b*	
gnp nasal moisturizing nasal solution	1 or 1b*	

Drug Name	Tier	Notes
<b>LITTLE REMEDIES SALINE MIST NASAL AEROSOL SOLUTION</b>	2	
<b>LITTLE REMEDIES SALINE NASAL SOLUTION</b>	2	
meijer saline nasal spray nasal solution	1 or 1b*	
<b>NASADROPS SALINE ON THE GO NASAL SOLUTION</b>	2	
<b>NASAL MOIST NASAL SOLUTION</b>	1 or 1b*	
nasal moisturizing spray nasal solution	1 or 1b*	
<b>NASOGEL NASAL GEL</b>	1 or 1b*	
<b>NOZIN NASAL SANITIZER NASAL KIT</b>	2	
<b>NOZIN NASAL SANITIZER POPSWAB NASAL SWAB</b>	2	
<b>OCEAN FOR KIDS NASAL SOLUTION</b>	1 or 1b*	
<b>OCEAN NASAL SPRAY NASAL SOLUTION</b>	2	
px saline nasal spray nasal solution	1 or 1b*	
qc saline nasal relief nasal solution	1 or 1b*	
qc saline nasal spray nasal solution	1 or 1b*	
ra saline nasal spray nasal solution	1 or 1b*	
ra sterile saline nasal mist nasal solution	2	
saline mist spray nasal solution	1 or 1b*	
saline nasal gel	1 or 1b*	
saline nasal spray nasal solution	1 or 1b*	
sb saline nose nasal solution	1 or 1b*	
<b>SIMPLY SALINE NASAL AEROSOL SOLUTION</b>	2	
sinus wash salt nasal crystals	2	
sm nasal spray saline nasal solution	1 or 1b*	
<b>ZARBEES SOOTHING SALINE MIST NASAL AEROSOL SOLUTION</b>	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
<b>*NASAL AGENTS MISC. - COMBINATIONS***</b>		
<b>4-WAY SALINE NASAL SOLUTION</b>	2	
<b>ALKALOL NASAL SOLUTION</b>	2	
<b>ALKALOL SALINE NASAL SOLUTION</b>	2	
<b>ALLERRINSE SINUS RINSE KIT NASAL PACKET</b>	2	
<b>AYR SALINE NASAL GEL NASAL SWAB</b>	2	
<b>AYR SALINE NASAL NETI RINSE NASAL PACKET</b>	2	
<b>AYR SALINE NASAL RINSE NASAL PACKET</b>	2	
classic neti pot sinus wash nasal kit	1 or 1b*	
cvs allergy relief neti pot nasal kit	1 or 1b*	
cvs neti pot soft tip nasal kit	1 or 1b*	
cvs saline sinus wash refills nasal packet	1 or 1b*	
cvs sinus wash system nasal kit	1 or 1b*	
<b>GELONASAL NASAL SOLUTION</b>	2	
gnp sinus wash neti pot nasal kit	1 or 1b*	
gnp sinus wash refill nasal packet	1 or 1b*	
kettle neti pot sinus wash nasal kit	1 or 1b*	
<b>NASADOCK PLUS NASAL PACKET</b>	2	
<b>NASAFLO NETI POT NASAL WASH NASAL PACKET</b>	2	
<b>NASAFLO PORCELAIN NASAL RINSE NASAL PACKET</b>	2	
<b>NASAL MOIST NASAL GEL</b>	2	
<b>NASALCARE FOR KIDS NASAL PACKET</b>	2	
<b>NASALCARE FOR KIDS STARTER KIT NASAL PACKET</b>	2	

Drug Name	Tier	Notes
<b>NASALCARE NASAL PACKET</b>	2	
<b>NASALCARE NASALCLEANSE KIT NASAL PACKET</b>	2	
<b>NASAMIST ALL-IN-ONE NASAL AEROSOL SOLUTION</b>	2	
<b>NASAMIST HYPERTONIC NASAL AEROSOL SOLUTION</b>	2	
<b>NASAMIST ISOTONIC NASAL AEROSOL SOLUTION</b>	2	
neti pot sinus wash nasal kit	1 or 1b*	
<b>NOSE BETTER EXTERNAL GEL</b>	2	
<b>NOSE BETTER NATURAL MIST NASAL SOLUTION</b>	2	
<b>OCEAN COMPLETE SINUS RINSE NASAL AEROSOL SOLUTION</b>	2	
<b>OCEAN NASAL MOISTURIZER NASAL GEL</b>	2	
<b>OCEAN ULTRA SALINE MIST NASAL SOLUTION</b>	2	
<b>PONARIS NASAL SOLUTION</b>	2	
<b>PRETZ IRRIGATION NASAL SOLUTION</b>	2	
<b>PRETZ NASAL SOLUTION</b>	2	
<b>PRETZ NATUR MOIST NASAL SPRAY NASAL SOLUTION</b>	2	
ra micro-filtered sinus wash nasal kit	1 or 1b*	
ra sinus wash nasal relief nasal packet	2	
ra sinus wash neti pot nasal packet	2	
<b>RHINASE NASAL GEL</b>	2	
<b>RHINASE NASAL SOLUTION</b>	2	
saline nasal packet	1 or 1b*	
sesame oil nasal spray nasal solution	2	

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

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Drug Name	Tier	Notes
SINUCLEANSE NETI POT NASAL KIT	2	
SINUCLEANSE REFILL NASAL PACKET	2	
SINUCLEANSE SQUEEZE NASAL KIT	2	
SINUFLO READYRINSE NASAL KIT	2	
SINUGATOR NASAL WASH NASAL PACKET	2	
SINUS RINSE BOTTLE KIT NASAL PACKET	2	
SINUS RINSE KIT NASAL PACKET	2	
SINUS RINSE KIT PEDIATRIC NASAL PACKET	2	
SINUS RINSE NASAL PACKET	2	
SINUS RINSE PEDIATRIC STARTER NASAL PACKET	2	
SINUS RINSE REFILL NASAL PACKET	2	
SINUS RINSE REFILL PEDIATRIC NASAL PACKET	2	
sinus wash squeeze bottle nasal kit	1 or 1b*	
sm sinus wash nasal packet	1 or 1b*	
sm sinus wash neti pot nasal kit	1 or 1b*	
squeeze bottle sinus wash nasal kit	1 or 1b*	
XLEAR SINUS CARE SPRAY NASAL SOLUTION	2	
XLEAR SINUS CARE SPRAY/KIDS NASAL SOLUTION	2	
XYNASE NASAL SOLUTION	2	
<b>*NASAL ANESTHETICS***</b>		
COCAINE HCL NASAL SOLUTION	3	
GOPRELTO NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION	3	

Drug Name	Tier	Notes
<b>*NASAL ANTICHOLINERGICS***</b>		
ipratropium bromide nasal solution	1 or 1b*	QL
<b>*NASAL ANTIHISTAMINES***</b>		
ASTEPRO CHILDRENS NASAL SOLUTION	1 or 1b*	
ASTEPRO NASAL SOLUTION 205.5 MCG/SPRAY	1 or 1b*	
azelastine hcl nasal solution	1 or 1b*	QL
olopatadine hcl nasal solution	1 or 1b*	QL
PATANASE NASAL SOLUTION	3	QL
<b>*NASAL DECONGESTANT INHALERS***</b>		
BENZEDREX NASAL INHALER	2	
<b>*NASAL MAST CELL STABILIZERS***</b>		
cromolyn sodium nasal aerosol solution	1 or 1b*	
NASALCROM NASAL AEROSOL SOLUTION	2	
<b>*NASAL STEROIDS***</b>		
allergy relief nasal suspension	1 or 1b*	
allergy spray 24 hour nasal aerosol	1 or 1b*	
allergy spray 24 hour nasal suspension	1 or 1b*	
budesonide nasal suspension	1 or 1b*	
CLARISPRAY NASAL SUSPENSION	1 or 1b*	
cvs budesonide nasal suspension	1 or 1b*	
cvs fluticasone propionate nasal suspension	1 or 1b*	
cvs nasal allergy spray nasal aerosol	1 or 1b*	
eq allergy relief nasal suspension	1 or 1b*	
eq budesonide nasal nasal suspension	1 or 1b*	
eq nasal allergy nasal aerosol	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
eql fluticasone childrens nasal suspension	1 or 1b*	
<b>FLONASE ALLERGY RELIEF NASAL SUSPENSION</b>	2	
<b>FLONASE SENSIMIST NASAL SUSPENSION</b>	2	
flunisolide nasal solution 25 mcg/act (0.025%)	3	
fluticasone propionate nasal suspension	1 or 1a*	QL
gnp 24 hour nasal allergy nasal aerosol	1 or 1b*	
gnp budesonide nasal spray nasal suspension	1 or 1b*	
gnp fluticasone propionate nasal suspension	1 or 1b*	
goodsense nasal allergy spray nasal aerosol	1 or 1b*	
hm 24 hour nasal allergy nasal aerosol	1 or 1b*	
hm allergy relief nasal suspension	1 or 1b*	
<b>KLS ALLER-CORT NASAL AEROSOL</b>	1 or 1b*	
<b>KLS ALLER-FLO NASAL SUSPENSION</b>	1 or 1b*	
mometasone furoate nasal suspension	3	ST; QL
<b>NASACORT ALLERGY 24HR NASAL AEROSOL</b>	2	
nasal allergy 24 hour nasal aerosol	1 or 1b*	
<b>PROPEL MINI NASAL IMPLANT</b>	3	
<b>PROPEL MINI SDS NASAL IMPLANT</b>	3	
<b>PROPEL NASAL IMPLANT</b>	3	
qc allergy relief nasal suspension	1 or 1b*	
ra budesonide nasal suspension	1 or 1b*	
ra nasal allergy nasal aerosol	1 or 1b*	
sm allergy relief nasal suspension	1 or 1b*	
triamcinolone acetone nasal aerosol	1 or 1b*	

Drug Name	Tier	Notes
<b>*SYSTEMIC DECONGESTANTS***</b>		
12 hour decongestant oral tablet extended release 12 hour	1 or 1b*	
12 hour nasal decongestant oral tablet extended release 12 hour	1 or 1b*	
cvs 12 hour nasal decongestant oral tablet extended release 12 hour	1 or 1b*	
cvs nasal decongestant oral capsule	1 or 1b*	
cvs nasal decongestant oral tablet	1 or 1b*	
cvs sinus pe decongestant oral tablet	1 or 1b*	
decongestant oral tablet 30 mg	1 or 1b*	
eq sinus 12-hour oral tablet extended release 12 hour	1 or 1b*	
eql nasal decongestant oral tablet	1 or 1b*	
eql nasal decongestant pe oral tablet	1 or 1b*	
gnp nasal decongestant oral tablet	1 or 1b*	
gnp nasal decongestant pe oral tablet	1 or 1b*	
gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour	1 or 1b*	
hm nasal decongestant 12 hour oral tablet extended release 12 hour	1 or 1b*	
hm nasal decongestant pe oral tablet	1 or 1b*	
kp pseudoephedrine hcl oral tablet	1 or 1b*	
meijer nasal decongestant oral tablet	1 or 1b*	
nasal decongestant 12hr oral tablet extended release 12 hour	1 or 1b*	
nasal decongestant oral tablet 30 mg	1 or 1b*	
nasal decongestant pe max st oral tablet	1 or 1b*	
nasal decongestant pe 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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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
non-pseudo sinus decongestant oral tablet	1 or 1b*	
phenylephrine hcl oral tablet	1 or 1b*	
phenylpropanolamine hcl powder	3	
pseudoephedrine hcl crystals	3	
pseudoephedrine hcl er oral tablet extended release 12 hour	1 or 1b*	
pseudoephedrine hcl oral tablet	1 or 1b*	
pseudoephedrine hcl powder	3	
px nasal decongestant oral tablet	1 or 1b*	
px nasal decongestant oral tablet extended release 12 hour	1 or 1b*	
px nasal decongestant pe oral tablet	1 or 1b*	
qc nasal decongestant pe oral tablet	1 or 1b*	
qc suphedrine maximum strength oral tablet extended release 12 hour	1 or 1b*	
ra nasal decongestant pe oral tablet	1 or 1b*	
ra sinus/congestion relief oral tablet	1 or 1b*	
ra sinus/congestion relief oral tablet extended release 12 hour	1 or 1b*	
ra sinus/congestion relief pe oral tablet	1 or 1b*	
ra suphedrine oral tablet 30 mg	1 or 1b*	
ra suphedrine oral tablet extended release 12 hour	1 or 1b*	
sinus 12 hour oral tablet extended release 12 hour	1 or 1b*	
sinus congestion max strength oral tablet	1 or 1b*	
sm nasal decongestant max st oral tablet	1 or 1b*	
sm nasal decongestant oral tablet extended release 12 hour	1 or 1b*	
sm nasal decongestant pe oral tablet	1 or 1b*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>SUDAFED CHILDRENS ORAL LIQUID</b>	2	
<b>SUDAFED ORAL TABLET</b>	2	
<b>SUDAFED PE CHILDRENS ORAL SOLUTION</b>	2	
<b>SUDAFED PE SINUS CONGESTION ORAL TABLET</b>	2	
<b>SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	1 or 1b*	
<b>SUDAFED SINUS CONGESTION 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	2	
<b>SUDAFED SINUS CONGESTION ORAL TABLET</b>	2	
sudogest 12 hour oral tablet extended release 12 hour	1 or 1b*	
<b>SUDOGEST MAXIMUM STRENGTH ORAL TABLET</b>	1 or 1b*	
<b>SUDOGEST ORAL TABLET</b>	1 or 1b*	
suphedrine 12hour oral tablet extended release 12 hour	1 or 1b*	
<b>WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	1 or 1b*	
<b>WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	1 or 1b*	
<b>WAL-PHED ORAL TABLET</b>	1 or 1b*	
<b>WAL-PHED PE ORAL TABLET</b>	1 or 1b*	
<b>ZEPHREX-D ORAL CAPSULE ABUSE-DETERRENT</b>	2	
<b>ZEPHREX-D ORAL TABLET ABUSE-DETERRENT</b>	2	

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

Drug Name	Tier	Notes
<b>*TOPICAL DECONGESTANTS***</b>		
12 hour decongestant nasal solution	1 or 1b*	
12 hour nasal decongestant nasal solution	1 or 1b*	
12 hour nasal relief spray nasal solution	1 or 1b*	
12 hour nasal spray nasal solution	1 or 1b*	
<b>4-WAY FAST ACTING NASAL SOLUTION</b>	1 or 1b*	
<b>4-WAY MENTHOL NASAL SOLUTION</b>	1 or 1b*	
<b>AFRIN 12 HOUR NASAL SOLUTION</b>	2	
<b>AFRIN ALL NIGHT NODRIP NASAL SOLUTION</b>	2	
<b>AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION</b>	2	
<b>AFRIN NODRIP ORIGINAL NASAL SOLUTION</b>	2	
<b>AFRIN NODRIP SEVERE CONGEST NASAL SOLUTION</b>	2	
<b>AFRIN NODRIP SINUS NASAL SOLUTION</b>	2	
<b>AFRIN PUMP MIST NASAL SOLUTION</b>	2	
anefrin spray nasal solution	1 or 1b*	
cvs nasal mist nasal solution	1 or 1b*	
cvs nasal spray nasal solution 0.05 %	1 or 1b*	
<b>DRISTAN NASAL SOLUTION</b>	1 or 1b*	
<b>DURATION 12 HOUR NASAL SPRAY NASAL SOLUTION</b>	2	
<b>DURATION SPRAY NASAL SOLUTION</b>	2	
ephrine nose drops nasal solution	1 or 1b*	
eq nasal spray fast acting nasal solution	1 or 1b*	
eq nasal spray nasal solution	1 or 1b*	

Drug Name	Tier	Notes
eql nasal spray 12 hour nasal solution	1 or 1b*	
eql nasal spray fast acting nasal solution	1 or 1b*	
eql nasal spray no drip nasal solution	1 or 1b*	
<b>GILTUSS SEVERE SINUS NASAL SOLUTION</b>	1 or 1b*	
gnp nasal four spray nasal solution	1 or 1b*	
gnp nasal spray extra moist nasal solution	1 or 1b*	
gnp nasal spray fast acting nasal solution	1 or 1b*	
gnp nasal spray nasal solution	1 or 1b*	
gnp no drip nasal spray nasal solution	1 or 1b*	
hm nose drops nasal solution	1 or 1b*	
<b>LITTLE REMEDIES DECONG NOSE NASAL SOLUTION</b>	2	
long acting nasal spray nasal solution	1 or 1b*	
long lasting nasal spray nasal solution	1 or 1b*	
<b>MUCINEX CHILDRENS STUFFY NOSE NASAL SOLUTION</b>	1 or 1b*	
<b>MUCINEX SINUS-MAX CLEAR &amp; COOL NASAL SOLUTION</b>	1 or 1b*	
<b>MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION</b>	1 or 1b*	
nasal decongestant spray nasal solution	1 or 1b*	
nasal four nasal solution	1 or 1b*	
nasal relief nasal solution	1 or 1b*	
nasal spray 12 hour nasal solution	1 or 1b*	
nasal spray extra moisturizing nasal solution	1 or 1b*	
nasal spray max strength nasal solution	1 or 1b*	
nasal spray nasal solution 0.05 %	1 or 1b*	
nasal spray no drip nasal 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
nasal spray sinus nasal solution	1 or 1b*	
<b>NEO-SYNEPHRINE COLD/ALLRG MILD NASAL SOLUTION</b>	2	
<b>NEO-SYNEPHRINE COLD/ALLRGY EXT NASAL SOLUTION</b>	2	
<b>NEO-SYNEPHRINE COLD/ALLRGY REG NASAL SOLUTION</b>	2	
no drip nasal spray nasal solution	1 or 1b*	
<b>NOSTRILLA NASAL SOLUTION</b>	1 or 1b*	
phenylephrine hcl crystals	3	
phenylephrine hcl powder	3	
px nasal four nasal solution	1 or 1b*	
px nasal spray moisturizing nasal solution	1 or 1b*	
px no drip nasal spray nasal solution	1 or 1b*	
px original nasal spray nasal solution	1 or 1b*	
qc nasal spray nasal solution 0.05 %	1 or 1b*	
qc no drip extra moisturizing nasal solution	1 or 1b*	
qc no drip nasal relief nasal solution	1 or 1b*	
qc no drip original 12 hours nasal solution	1 or 1b*	
<b>QLEARQUIL NASAL SOLUTION</b>	1 or 1b*	
ra 12 hour nasal spray nasal solution	1 or 1b*	
ra nose drops extra strength nasal solution	1 or 1b*	
<b>RHINASE D NASAL GEL</b>	2	
sb 12hr nasal spray nasal solution	1 or 1b*	
sb nasal spray no-drip nasal solution	1 or 1b*	
sb sinus relief nasal solution	1 or 1b*	
sinus nasal spray nasal solution	1 or 1b*	
sinus relief extra strength nasal solution	1 or 1b*	

Drug Name	Tier	Notes
sinus relief mist nasal solution	1 or 1b*	
sinus relief nasal solution	1 or 1b*	
sm nasal spray 12 hour nasal solution	1 or 1b*	
sm nasal spray moisturizing nasal solution	1 or 1b*	
sm nasal spray nasal solution 0.05 %	1 or 1b*	
sm nasal spray sinus nasal solution	1 or 1b*	
sm nose drops nasal decongest nasal solution	1 or 1b*	
<b>VICKS SINEX 12 HOUR DECONGEST NASAL SOLUTION</b>	2	
<b>VICKS SINEX MOISTURIZING NASAL SOLUTION</b>	2	
<b>VICKS SINEX SEVERE DECONGEST NASAL SOLUTION</b>	2	
<b>VICKS SINEX SEVERE NASAL SOLUTION</b>	2	
<b>WAL-FOUR NASAL SOLUTION</b>	1 or 1b*	
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*ALS AGENT COMBINATIONS***</b>		
<b>RELYVRIO ORAL PACKET</b>	3	PA; ST; QL
<b>*ALS AGENTS - MISCELLANEOUS***</b>		
<b>RADICAVA ORS ORAL SUSPENSION</b>	3	PA; QL
<b>RADICAVA ORS STARTER KIT ORAL SUSPENSION</b>	3	PA; QL
<b>*BENZATHIAZOLES***</b>		
<b>RILUTEK ORAL TABLET</b>	3	SP; QL
riluzole oral tablet	1 or 1b*	SP; QL
<b>TIGLUTIK ORAL SUSPENSION</b>	3	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
<b>*DEPOLARIZING MUSCLE RELAXANTS***</b>		
ANECTINE INJECTION SOLUTION	3	
QUELICIN INJECTION SOLUTION	3	
<b>*MUSCULAR DYSTROPHY AGENTS***</b>		
AMONDYS 45 INTRAVENOUS SOLUTION	3	PA
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA
VILTEPSO INTRAVENOUS SOLUTION	3	PA
VYONDYS 53 INTRAVENOUS SOLUTION	3	PA
<b>*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS***</b>		
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA
DYSPORE INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
<b>*NONDEPOLARIZING MUSCLE RELAXANTS***</b>		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	

Drug Name	Tier	Notes
NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML	3	
rocuronium bromide intravenous solution	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
<b>*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS***</b>		
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA; QL
<b>*NUTRIENTS*</b>		
<b>*AMINO ACID MIXTURES***</b>		
ADD-INS COMPLETE ORAL PACKET	2	
ADRENAMAX ORAL CAPSULE	1 or 1b*	
AMINO 4800 ORAL TABLET EXTENDED RELEASE	2	
amino action oral tablet	1 or 1b*	
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	
aminosyn ii intravenous solution 15 %	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	3	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	
ARGUMENT AT ORAL PACKET	2	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
clinisol sf intravenous solution	1 or 1b*	
COMPLETE AMINO ACID MIX ORAL POWDER	2	
COMPLEX ESSENTIAL MSD ORAL POWDER	2	
COMPLEX JUNIOR MSD ORAL POWDER	2	
COMPLEX MSUD ORAL BAR	2	
COMPLEX MSUD ORAL POWDER	2	
daily amino 6000 oral tablet chewable	2	
daily amino acid oral tablet	1 or 1b*	
DECUBAMINE ORAL POWDER	2	

Drug Name	Tier	Notes
ESSENTIAL AMINO ACID MIX ORAL POWDER	2	
GLUTARADE AMINO ACID BLEND ORAL POWDER	2	
GLUTARADE ESSENTIAL GA-1 ORAL POWDER	2	
GLUTARADE JUNIOR GA-1 ORAL POWDER	2	
G-PREPROTEIN ORAL LIQUID	2	
LIQUACEL ORAL LIQUID	2	
LIQUACEL PUMP + GO ORAL LIQUID	2	
nutrasentials oral powder	2	
PERIFLEX LQ PKU ORAL LIQUID	2	
PHENYLADE AMINO ACID BLEND ORAL PACKET	2	
PHENYLADE AMINO ACID ORAL BAR	2	
PHENYLADE MTE AMINO ACID BLEND ORAL PACKET	2	
PHENYLADE MTE ORAL POWDER	2	
PHENYLADE ORAL POWDER	2	
PHENYLADE PHEBLOC ORAL POWDER	2	
PHENYLADE PHEBLOC ORAL TABLET	2	
PHENYLADE40 DRINK MIX ORAL PACKET	2	
PHLEXY-10 ORAL TABLET	1 or 1b*	
PKU GOLIKE 10G P.E. ORAL BAR	2	
PKU GOLIKE 5G P.E. ORAL BAR	2	
PKU GOLIKE PLUS 16+ ORAL PACKET	2	
PKU GOLIKE PLUS 4-16 ORAL PACKET	2	
PKU MAXAMUM ORAL POWDER	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
plenamine intravenous solution	1 or 1b*	
<b>PRE PROTEIN ORAL TABLET</b>	1 or 1b*	
<b>PREMASOL INTRAVENOUS SOLUTION 10 %</b>	3	
<b>PREPROTEIN 20 ORAL LIQUID</b>	2	
<b>PREPROTEIN ORAL LIQUID</b>	2	
<b>PROSOL INTRAVENOUS SOLUTION</b>	3	
<b>PROTEINEX ORAL TABLET</b>	1 or 1b*	
super amino acids oral tablet	1 or 1b*	
<b>TRAVASOL INTRAVENOUS SOLUTION</b>	3	
triamino oral tablet	2	
<b>TROPHAMINE INTRAVENOUS SOLUTION 10 %</b>	3	
<b>XPHE MAXAMUM ORAL PACKET</b>	2	
<b>XPHE MAXAMUM ORAL POWDER</b>	2	
<b>XYMOBOIX ORAL POWDER</b>	2	
<b>*AMINO ACIDS-SINGLE***</b>		
<b>ACTICARNITINE SF ORAL SOLUTION</b>	2	
alanine powder	3	
arginine oral packet	2	
arginine oral tablet	2	
arginine2000 oral packet	2	
<b>CARNITEX ORAL CAPSULE</b>	2	
<b>CITRULLINE 1000 ORAL PACKET</b>	2	
<b>CITRULLINE200 ORAL PACKET</b>	2	
cvs l-lysine oral tablet	1 or 1b*	
cystine oral packet	2	
<b>CYTO ARG ORAL POWDER</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>CYTO CARN ORAL POWDER</b>	2	
<b>CYTOLLINE ORAL POWDER</b>	2	
dl-alanine powder	3	
dl-leucine powder	3	
dl-methionine powder	3	
dl-phenylalanine powder	2	
<b>ELCYS INTRAVENOUS SOLUTION</b>	3	
eql l-lysine oral tablet	1 or 1b*	
g-levocarnitine s/f oral solution	1 or 1b*	
glutamine oral capsule	1 or 1b*	
glutamine oral powder	1 or 1b*	
glutamine powder	3	
<b>GLUTASOLVE ORAL PACKET</b>	2	
glutathione powder	2	
glutathione reduced oral capsule	2	
glutathione-l powder	3	
glutathione-l reduced powder	3	
glycine oral powder	2	
glycine500 oral packet	2	
<b>GLYMAX ORAL POWDER</b>	1 or 1b*	
gnp l-lysine oral tablet	2	
<b>ISOLEUCINE 1000 ORAL PACKET</b>	2	
isoleucine oral packet	2	
l-alanine powder	3	
l-arginine double strength oral tablet	1 or 1b*	
l-arginine maximum strength oral tablet	1 or 1b*	
l-arginine oral capsule	1 or 1b*	
l-arginine oral powder	2	
l-arginine oral tablet 1000 mg	1 or 1b*	
l-arginine oral tablet extended release	2	
l-arginine powder	2	
l-carnitine oral capsule 500 mg	1 or 1b*	
l-carnitine oral tablet 500 mg	1 or 1b*	

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

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Drug Name	Tier	Notes
l-cystine powder	3	
leucine oral packet	2	
leucine powder	2	
levocarnitine (dietary) oral solution	2	
levocarnitine (dietary) oral tablet	2	
levocarnitine l-tartrate oral tablet	2	
levocarnitine oral capsule	1 or 1b*	
l-formula lysine hcl oral tablet	1 or 1b*	
l-glutamic acid powder	2	
l-glutamine crystals	3	
l-glutamine oral capsule	1 or 1b*	
l-glutamine oral powder	1 or 1b*	
l-glutamine oral tablet	1 or 1b*	
l-glutamine powder	3	
l-glutathione crystals	3	
l-histidine monohydrochloride crystals	3	
l-histidine monohydrochloride powder	3	
l-histidine powder	2	
l-isoleucine oral powder	2	
l-isoleucine powder	3	
l-leucine powder	2	
l-lysine hcl oral tablet	1 or 1b*	
l-lysine oral capsule	2	
l-lysine oral tablet 1000 mg, 500 mg	1 or 1b*	
l-methionine powder	3	
l-ornithine powder	2	
l-phenylalanine oral tablet	1 or 1b*	
l-phenylalanine powder	2	
l-proline oral capsule	2	
l-proline powder	2	
l-theanine oral capsule 100 mg	1 or 1b*	
l-theanine oral capsule 200 mg	2	
l-threonine crystals	3	
l-threonine oral tablet	2	
l-tryptophan oral capsule	2	
l-tryptophan oral tablet	2	

Drug Name	Tier	Notes
l-tryptophan powder	2	
l-tyrosine oral capsule	1 or 1b*	
l-tyrosine oral powder	2	
l-tyrosine oral tablet 1000 mg	2	
l-tyrosine oral tablet 500 mg	1 or 1b*	
l-tyrosine powder	2	
l-valine crystals	3	
l-valine oral powder	2	
l-valine powder	3	
lysine hcl oral tablet 1000 mg, 500 mg	1 or 1b*	
lysine hcl oral tablet 600 mg	2	
methionine oral packet	2	
methionine powder	3	
nac 600 oral capsule	1 or 1b*	
nac oral capsule 500 mg	2	
nac oral capsule 600 mg	1 or 1b*	
<b>N-A-C SUSTAIN ORAL TABLET EXTENDED RELEASE</b>	2	
n-acetyl cysteine oral tablet	2	
<b>NF FORMULAS NAC ORAL CAPSULE</b>	1 or 1b*	
phenylalanine oral packet	2	
pure l-arginine hcl oral capsule	1 or 1b*	
pure l-citrulline oral capsule	2	
pure l-citrulline oral powder	2	
pure l-tyrosine oral capsule	1 or 1b*	
ra l-arginine oral tablet	1 or 1b*	
ra l-carnitine oral capsule	1 or 1b*	
ra l-lysine oral tablet	1 or 1b*	
s-acetyl glutathione oral capsule delayed release	2	
sm l-lysine oral tablet	1 or 1b*	
sp l-lysine oral tablet	1 or 1b*	
taurine liquid	3	
taurine oral capsule	2	
taurine powder	3	
threonine powder	2	
tryptophan powder	3	
tyrosine oral packet	2	
<b>VALINE 1000 ORAL PACKET</b>	2	

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

Drug Name	Tier	Notes
valine oral packet	2	
valine powder	3	
<b>VITAMELTS RELAX L-THEANINE ORAL TABLET DISPERSIBLE</b>	2	
<b>*CARBOHYDRATES***</b>		
cvs glucose shot oral liquid	1 or 1b*	
dextrose anhydrous granules	2	
dextrose anhydrous powder	3	
dextrose intravenous solution 10 %, 5 %, 70 %	1 or 1b*	
<b>DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %</b>	3	
dextrose monohydrate powder	2	
dextrose powder	3	
fructose granules	2	
fructose powder	3	
<b>GERBER GOOD START WATER ORAL SOLUTION</b>	1 or 1b*	
gluco shot oral liquid	1 or 1b*	
<b>GLUCOSE NURSETTE ORAL SOLUTION</b>	2	
glucose oral liquid	1 or 1b*	
<b>GOOD START 5% GLUCOSE WATER ORAL SOLUTION</b>	1 or 1b*	
<b>POLYCOSE ORAL LIQUID</b>	2	
<b>POLYCOSE ORAL POWDER</b>	2	
<b>SIMILAC GLUCOSE WATER ORAL SOLUTION 10 %</b>	2	
<b>SIMILAC GLUCOSE WATER ORAL SOLUTION 5 %</b>	1 or 1b*	
<b>*LIPIDS***</b>		
<b>CLINOLIPID INTRAVENOUS EMULSION</b>	3	
<b>DOJOLVI ORAL LIQUID</b>	3	PA; SP; QL
<b>INTRALIPID INTRAVENOUS EMULSION</b>	3	

Drug Name	Tier	Notes
<b>KQUIK ORAL EMULSION</b>	2	
<b>LIQUIGEN ORAL EMULSION</b>	2	
<b>MCT OIL ORAL OIL</b>	2	
<b>MICROLIPID ORAL EMULSION</b>	2	
<b>NEOKE MCT70 ORAL POWDER</b>	2	
<b>NUTRILIPID INTRAVENOUS EMULSION 20 %</b>	3	
<b>OMEGAVEN INTRAVENOUS EMULSION</b>	3	
organic mct oil oral oil	2	
<b>SMOFLIPID INTRAVENOUS EMULSION</b>	3	
<b>*LIPOTROPIC COMBINATIONS***</b>		
<b>ACTIPOCHOL PLUS ORAL TABLET</b>	2	
cvs lecithin oral capsule	1 or 1b*	
gram-o-leci oral tablet chewable	2	
lecithin concentrate oral capsule	2	
lecithin granules	2	
lecithin oral capsule 1200 mg	1 or 1b*	
<b>LECITHIN ORAL GRANULES</b>	3	
<b>LIVERITE ORAL TABLET</b>	2	
<b>OVASITOL ORAL PACKET</b>	2	
<b>PREGNITUDE ORAL PACKET</b>	2	
sm soya lecithin oral capsule	1 or 1b*	
soya lecithin oral capsule	1 or 1b*	
<b>*LIPOTROPICS***</b>		
choline bitartrate crystals	3	
choline bitartrate powder	3	
choline citrate oral tablet	2	
choline sr oral tablet extended release	2	
inositol oral powder	2	
inositol oral tablet 650 mg	1 or 1b*	

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

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Drug Name	Tier	Notes
phosphatidylserine oral capsule	2	
<b>*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS***</b>		
<b>CHOLESTEROL TRIO ORAL CAPSULE</b>	2	
cla oral capsule 500-1000 mg	2	
co q-10 vitamin e fish oil oral capsule	2	
<b>EQUAZEN PRO ORAL CAPSULE</b>	2	
<b>EQUAZEN PRO ORAL LIQUID</b>	2	
evening primrose oil-vit e oral capsule 45-360-15 mg-mg-unit	2	
garlic-parsley oral capsule	2	
garlic-parsley oral tablet 100-175 mg	1 or 1b*	
kelp-b6-lecithin-vinegar oral capsule	2	
lecithin w/kelp/b-6 oral tablet	2	
lecithin-kelp-b6-cider vinegar oral capsule	2	
lipotriad dry eye oral capsule delayed release	2	
<b>NITEBITE ORAL BAR</b>	2	
omega-3 + vitamin d3 ultra str oral liquid	2	
omega-3 complex oral capsule	2	
<b>RELION GLUCOSE SHOT ORAL LIQUID</b>	2	
<b>TRUEPLUS GLUCOSE SHOT ORAL LIQUID</b>	2	
<b>UPSPRING BABY VIT D + BRAIN ORAL LIQUID</b>	2	
<b>*MISC. NUTRITIONAL SUBSTANCES***</b>		
<b>ALASKA WILD FISH OIL ORAL CAPSULE DELAYED RELEASE</b>	2	
algal omega-3 dha oral capsule	1 or 1b*	
<b>ALGAL-900 DHA ORAL CAPSULE 300 MG</b>	1 or 1b*	
<b>ALGAL-900 DHA ORAL CAPSULE 450 MG</b>	2	

Drug Name	Tier	Notes
alp high3 oral capsule delayed release	2	
atabex dha 200 oral capsule	1 or 1b*	
bee pollen oral capsule	2	
bee pollen oral tablet 1000 mg	2	
<b>COROMEGA OMEGA 3 KIDS ORAL EMULSION</b>	2	
<b>COROMEGA OMEGA 3 SQUEEZE ORAL EMULSION</b>	2	
creatine5000 oral packet	2	
cvs algal-900 dha oral capsule	1 or 1b*	
cvs fish oil half-the-size oral capsule	1 or 1b*	
cvs fish oil oral capsule	1 or 1b*	
cvs fish oil oral capsule delayed release	1 or 1b*	
cvs natural fish oil oral capsule	1 or 1b*	
cvs omega-3 gummy fish oral tablet chewable	1 or 1b*	
<b>CYTOTINE ORAL LIQUID</b>	2	
<b>DHA ALGAL-900 ORAL CAPSULE</b>	1 or 1b*	
dha complete oral capsule	1 or 1b*	
dha from algae oral capsule	1 or 1b*	
<b>DIALYVITE OMEGA-3 CONCENTRATE ORAL CAPSULE</b>	1 or 1b*	
eql evening primrose oil oral capsule	1 or 1b*	
eql fish oil oral capsule 1000 mg	1 or 1b*	
eql omega 3 fish oil oral capsule 1000 mg, 1200 mg	1 or 1b*	
eql omega 3 fish oil oral capsule delayed release	1 or 1b*	
evening primrose oil oral capsule 1000 mg	2	
evening primrose oil oral capsule 500 mg	1 or 1b*	
fish oil adult gummies oral tablet chewable	1 or 1b*	
fish oil burp-less 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
fish oil concentrate oral capsule	1 or 1b*	
fish oil double strength oral capsule	1 or 1b*	
fish oil extra strength oral capsule	1 or 1b*	
fish oil maximum strength oral capsule	1 or 1b*	
fish oil maximum strength oral capsule delayed release	1 or 1b*	
fish oil odor-less oral capsule	1 or 1b*	
fish oil omega-3 oral capsule	1 or 1b*	
fish oil oral capsule 1000 mg, 1200 mg, 300 mg, 435 mg, 500 mg, 600 mg, 645 mg	1 or 1b*	
fish oil oral capsule 875 mg	2	
fish oil oral capsule delayed release	1 or 1b*	
fish oil oral tablet chewable	2	
<b>FISH OIL PEARLS ORAL CAPSULE 150 MG, 180 MG, 183.33 MG</b>	2	
<b>FISH OIL PEARLS ORAL CAPSULE 300 MG</b>	1 or 1b*	
fish oil triple strength oral capsule	2	
fish oil ultra oral capsule 1400 mg	2	
fish oil/super potent/no burp oral capsule	1 or 1b*	
ginseng extract oral capsule	1 or 1b*	
ginseng oral capsule 100 mg, 250 mg	1 or 1b*	
<b>GIN-ZING ORAL CAPSULE</b>	1 or 1b*	
gla-45 oral capsule	2	
gnp evening primrose oil oral capsule	1 or 1b*	
gnp fish oil max st oral capsule delayed release	1 or 1b*	
gnp fish oil oral capsule 1000 mg	1 or 1b*	
gnp fish oil oral capsule delayed release 1000 mg	1 or 1b*	
gnp fish oil oral capsule delayed release 840 mg	2	
gnp ginseng oral capsule	1 or 1b*	

Drug Name	Tier	Notes
hm fish oil oral capsule 1000 mg, 1200 mg	1 or 1b*	
korean ginseng oral capsule 250 mg	1 or 1b*	
korean ginseng oral capsule 350 mg, 518 mg	2	
korean ginseng oral tablet	2	
kp fish oil oral capsule	1 or 1b*	
kp omega-3 fish oil oral capsule	1 or 1b*	
kp omega-3 fish oil oral capsule delayed release	1 or 1b*	
lifes dha adult oral capsule	1 or 1b*	
lifes dha kids oral capsule	2	
maxepa oral capsule	1 or 1b*	
<b>MAXIMUM EPA ORAL CAPSULE</b>	1 or 1b*	
<b>MEGARED KIDS ORAL TABLET CHEWABLE</b>	2	
mini fish oil oral capsule	1 or 1b*	
mini omega-3 burp-less oral capsule	2	
<b>MULTI GINSENG ORAL CAPSULE</b>	2	
norwegian salmon oil oral capsule	1 or 1b*	
<b>OCEAN BLUE MINICAPS OMEGA-3 ORAL CAPSULE</b>	2	
odorless coated fish oil oral capsule delayed release	1 or 1b*	
omega 3 oral capsule 1000 mg, 1200 mg	1 or 1b*	
omega 3 oral capsule delayed release	2	
omega iii epa+dha oral capsule	1 or 1b*	
<b>OMEGA MONOPURE 1300 EC ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>OMEGA MONOPURE 650 EC ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>OMEGA MONOPURE DHA EC ORAL CAPSULE DELAYED RELEASE</b>	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
<b>OMEGA MONOPURE EPA EC ORAL CAPSULE DELAYED RELEASE</b>	2	
omega-3 cf oral capsule	1 or 1b*	
omega-3 epa fish oil oral capsule	2	
omega-3 fish oil concentrate oral capsule delayed release	1 or 1b*	
omega-3 fish oil ex st oral capsule	2	
omega-3 fish oil oral capsule	1 or 1b*	
omega-3 microgel oral capsule	1 or 1b*	
omega-3 oral capsule 1000 mg	1 or 1b*	
omega-3 oral capsule 1400 mg	2	
omega-3 oral capsule delayed release	2	
<b>OMEGAPURE 600 EC ORAL CAPSULE DELAYED RELEASE</b>	1 or 1b*	
<b>OMEGAPURE 780 EC ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>OMEGAPURE 820 ORAL CAPSULE</b>	2	
<b>OMEGAPURE 900 EC ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>OMEGAPURE 900-TG ORAL CAPSULE</b>	2	
<b>OMERA ORAL CAPSULE 750 MG</b>	2	
<b>OVEGA-3 ORAL CAPSULE</b>	1 or 1b*	
prenatal dha oral capsule 200 mg	1 or 1b*	
<b>PRENATAL OMEGA BABY ORAL EMULSION</b>	2	
<b>PRO NUTRIENTS OMEGA 3 ORAL CAPSULE DELAYED RELEASE</b>	2	
px fish oil oral capsule	1 or 1b*	
qc fish oil oral capsule	1 or 1b*	
ra fish oil oral capsule 1000 mg	1 or 1b*	

Drug Name	Tier	Notes
ra fish oil oral capsule delayed release 1000 mg	1 or 1b*	
<b>REALROOT GINSENG ORAL CAPSULE</b>	2	
<b>SALMON ORAL CAPSULE</b>	2	
sam-e.p.a. oral capsule	1 or 1b*	
sb omega-3 fish oil oral capsule	1 or 1b*	
<b>SEA-OMEGA ORAL CAPSULE</b>	1 or 1b*	
siberian ginseng oral capsule	1 or 1b*	
sm fish oil oral capsule 1000 mg, 1200 mg, 300 mg	1 or 1b*	
sm fish oil oral capsule 554 mg	2	
sm fish oil oral capsule delayed release	1 or 1b*	
sm omega-3 fish oil oral capsule	1 or 1b*	
<b>SUPER DHA GEMS ORAL CAPSULE</b>	1 or 1b*	
super omega 3 epa/dha oral capsule	1 or 1b*	
<b>SUPER OMEGA 3 ORAL CAPSULE</b>	1 or 1b*	
<b>SUPER OMEGA-3 ORAL CAPSULE 1000 MG</b>	1 or 1b*	
sv fish oil oral capsule	1 or 1b*	
the very finest fish oil oral liquid	1 or 1b*	
the very finest fish oil/kids oral liquid	1 or 1b*	
<b>THERAGRAN-M FISH OIL CONC ORAL CAPSULE</b>	1 or 1b*	
<b>THEROMEGA ORAL CAPSULE</b>	1 or 1b*	
<b>ULTRA OMEGA 3 ORAL CAPSULE 1000 MG</b>	1 or 1b*	
<b>ULTRA OMEGA 3 ORAL CAPSULE 952 MG</b>	2	
ultra omega-3 fish oil oral capsule	2	
<b>VITEYES OMEGA-3 TG ORAL CAPSULE</b>	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
VITEYES OMEGA-3 VISION SUPPORT ORAL CAPSULE DELAYED RELEASE	1 or 1b*	
<b>*PROTEIN COMBINATIONS***</b>		
l-carnitine 500 oral tablet	2	
N.O.MAX ER ORAL TABLET EXTENDED RELEASE	2	
n-acetyl tyrosine oral capsule	2	
PRO-STAT 101 ORAL LIQUID	1 or 1b*	
PRO-STAT 64 ORAL LIQUID	1 or 1b*	
PRO-STAT AWC ORAL LIQUID	1 or 1b*	
PRO-STAT MAX ORAL LIQUID	1 or 1b*	
PRO-STAT ORAL LIQUID	1 or 1b*	
PRO-STAT PROFILE ORAL LIQUID	1 or 1b*	
PRO-STAT RC ORAL LIQUID	1 or 1b*	
PRO-STAT SUGAR FREE ORAL LIQUID	1 or 1b*	
PRO-STAT/FIBER ORAL LIQUID	1 or 1b*	
PROTEINEX ORAL LIQUID	2	
PROTEINEX P100 ORAL LIQUID	2	
PROTEINEX P18 ORAL LIQUID	2	
PROTEINEX-18 ORAL LIQUID	2	
<b>*PROTEIN PRODUCTS***</b>		
BENEPROTEIN ORAL PACKET	2	
BENEPROTEIN ORAL POWDER	2	
BOOST SOOTHE ORAL LIQUID	2	
CARDIOWHEY ORAL POWDER	2	
cvs whey protein oral packet	2	
cvs whey protein oral powder	2	

Drug Name	Tier	Notes
FITFOOD LEAN WHEY ORAL PACKET	2	
GI PROTECT ORAL POWDER	2	
IGG PURE ORAL POWDER	2	
NATURAL WHEY ORAL POWDER	2	
NEW ZEALAND WHEY PROTEIN ORAL POWDER	2	
NUTRA/PRO CHOCOLATE ORAL PACKET	2	
NUTRA/PRO STRAWBERRY ORAL PACKET	2	
NUTRA/PRO VANILLA ORAL PACKET	2	
PRE PROTEIN ORAL POWDER	2	
PROCEL 100 ORAL POWDER	2	
PROCEL ORAL PACKET	2	
PROCEL ORAL POWDER	2	
PROSOURCE GELATEIN PLUS ORAL GEL	2	
PROSOURCE GELATEIN PLUS/MCT ORAL GEL	2	
PROSOURCE GELATEIN20 ORAL GEL	2	
PROSOURCE NO CARB ORAL PACKET	2	
PROSOURCE ORAL PACKET	2	
PROSOURCE PLUS ORAL PACKET	2	
PROSOURCE TF FREE ENTERAL LIQUID	2	
PROSOURCE TF20 ENFIT COMPATIBL ENTERAL LIQUID	2	
prosynminic oral powder	2	
protein oral powder	2	
protein oral tablet chewable	1 or 1b*	
RENAMENT ORAL PACKET	2	

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

Drug Name	Tier	Notes
UNJURY ORAL POWDER	2	
VEGAPRO ORAL POWDER	2	
wellness protein shake oral powder	2	
whey protein concentrate oral powder	2	
whey protein oral powder	2	
<b>*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS***</b>		
KABIVEN INTRAVENOUS EMULSION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
<b>*OPHTHALMIC AGENTS*</b>		
<b>*ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB***</b>		
SIMBRINZA OPTHALMIC SUSPENSION	2	QL
<b>*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***</b>		
ALTALUBE OPTHALMIC OINTMENT	1 or 1b*	
artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %, 5-6 mg/ml	1 or 1b*	
artificial tears pf ophthalmic solution	1 or 1b*	
CLEAR EYES NATURAL TEARS OPTHALMIC SOLUTION	1 or 1b*	
cvs artificial tears ophthalmic solution 1-0.3 %	1 or 1b*	
cvs dry eye relief ophthalmic solution	1 or 1b*	
cvs dry-eye relief nighttime ophthalmic ointment	1 or 1b*	
cvs eye lubricant ophthalmic ointment	1 or 1b*	

Drug Name	Tier	Notes
cvs lubricant drops fast act ophthalmic solution	1 or 1b*	
cvs lubricant drops long last ophthalmic solution	1 or 1b*	
cvs lubricant drops ophthalmic gel 0.25-0.3 %	2	
cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	1 or 1b*	
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %	1 or 1b*	
cvs lubricating eye/overnight ophthalmic ointment	1 or 1b*	
cvs natural tears pf ophthalmic solution	1 or 1b*	
cvs nighttime dry-eye relief ophthalmic ointment	1 or 1b*	
dry eye relief drops ophthalmic solution	1 or 1b*	
dry eye relief ophthalmic gel 0.4-0.3 %	1 or 1b*	
eq artificial tears ophthalmic solution	1 or 1b*	
eq lubricant eye drops ophthalmic solution	1 or 1b*	
<b>EQ RESTORE PM OPTHALMIC OINTMENT</b>	1 or 1b*	
eye lubricant ophthalmic ointment	1 or 1b*	
for sty relief ophthalmic ointment	1 or 1b*	
<b>FRESHKOTE OPTHALMIC SOLUTION</b>	2	
<b>FRESHKOTE PF OPTHALMIC SOLUTION</b>	2	
<b>GENTEAL TEARS MODERATE PF OPTHALMIC SOLUTION</b>	2	
<b>GENTEAL TEARS NIGHT-TIME OPTHALMIC OINTMENT</b>	1 or 1b*	
<b>GENTEAL TEARS PF OPTHALMIC SOLUTION</b>	2	

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

Drug Name	Tier	Notes
<b>GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL</b>	2	
gnp artificial tears ophthalmic solution	1 or 1b*	
gnp eye drops long lasting ophthalmic solution	1 or 1b*	
gnp eye drops ophthalmic solution 0.2-0.2-1 %	1 or 1b*	
goodsense artificial tears ophthalmic solution	1 or 1b*	
goodsense ultra lubricant drop ophthalmic solution	1 or 1b*	
hm dry eye relief ophthalmic solution	1 or 1b*	
hm lubricating tears ophthalmic solution	1 or 1b*	
<b>HYPOTEARs OPHTHALMIC OINTMENT</b>	1 or 1b*	
lubricant drops/dual-action ophthalmic solution	1 or 1b*	
lubricant eye drops (pf) ophthalmic solution	1 or 1b*	
lubricant eye drops ophthalmic solution 0.4-0.3 %	1 or 1b*	
lubricant eye fast acting ophthalmic ointment	1 or 1b*	
lubricant eye nighttime ophthalmic ointment	1 or 1b*	
lubricant eye ophthalmic ointment	1 or 1b*	
lubricant pm ophthalmic ointment	1 or 1b*	
lubricating eye drops ophthalmic solution 0.4-0.3 %	1 or 1b*	
lubricating tears eye drops ophthalmic solution	1 or 1b*	
lubrifresh p.m. ophthalmic ointment	1 or 1b*	
<b>MOISTURE EYES OPHTHALMIC SOLUTION</b>	2	
px artificial tears ophthalmic solution	1 or 1b*	
qc artificial tears ophthalmic solution	1 or 1b*	

Drug Name	Tier	Notes
ra artificial tears ophthalmic solution	1 or 1b*	
ra lubricant eye ophthalmic solution 0.4-0.3 %, 1-0.3 %	1 or 1b*	
<b>REFRESH DIGITAL OPHTHALMIC SOLUTION</b>	2	
<b>REFRESH DIGITAL PF OPHTHALMIC SOLUTION</b>	2	
<b>REFRESH LACRI-LUBE OPHTHALMIC OINTMENT</b>	1 or 1b*	
<b>REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %</b>	2	
<b>REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION</b>	2	
<b>REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION</b>	2	
<b>REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION</b>	2	
<b>REFRESH OPTIVE OPHTHALMIC GEL</b>	2	
<b>REFRESH OPTIVE OPHTHALMIC SOLUTION</b>	2	
<b>REFRESH OPTIVE PF OPHTHALMIC SOLUTION</b>	2	
<b>REFRESH RELIEVA OPHTHALMIC SOLUTION</b>	2	
<b>REFRESH RELIEVA PF OPHTHALMIC SOLUTION</b>	2	
<b>RETAINÉ MGD OPHTHALMIC EMULSION</b>	2	
<b>RETAINÉ PM OPHTHALMIC OINTMENT</b>	1 or 1b*	
sm dry eye relief ophthalmic solution	1 or 1b*	
sm lubricant eye drops ophthalmic 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
sm lubricating tears ophthalmic solution	1 or 1b*	
<b>SOOTHE NIGHTTIME OPHTHALMIC OINTMENT</b>	1 or 1b*	
<b>SOOTHE OPHTHALMIC SOLUTION 0.6-0.6 %</b>	2	
<b>STYE OPHTHALMIC OINTMENT</b>	1 or 1b*	
<b>STYE OPHTHALMIC SOLUTION</b>	1 or 1b*	
<b>SYSTANE HYDRATION PF OPHTHALMIC SOLUTION</b>	2	
<b>SYSTANE NIGHTTIME OPHTHALMIC OINTMENT</b>	1 or 1b*	
<b>SYSTANE OPHTHALMIC GEL</b>	2	
<b>SYSTANE OPHTHALMIC SOLUTION</b>	2	
<b>SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION</b>	2	
<b>SYSTANE ULTRA OPHTHALMIC SOLUTION</b>	2	
<b>SYSTANE ULTRA PF OPHTHALMIC SOLUTION</b>	2	
<b>ULTRA FRESH PM OPHTHALMIC OINTMENT</b>	1 or 1b*	
ultra lubricating eye drops ophthalmic solution	1 or 1b*	
ultra lubricating eye drops pf ophthalmic solution	1 or 1b*	
<b>*ARTIFICIAL TEAR SOLUTIONS***</b>		
<b>GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %</b>	1 or 1b*	
just tears eye drops ophthalmic solution	1 or 1b*	
sm artificial tears ophthalmic solution	1 or 1b*	
<b>SOOTHE HYDRATION OPHTHALMIC SOLUTION</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>SOOTHE XP OPHTHALMIC SOLUTION</b>	1 or 1b*	
<b>SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION</b>	1 or 1b*	
<b>SYSTANE CONTACTS OPHTHALMIC SOLUTION</b>	1 or 1b*	
<b>*ARTIFICIAL TEARS AND LUBRICANTS***</b>		
artificial tears ophthalmic solution 1 %	1 or 1b*	
<b>BIOLLE GEL TEARS OPHTHALMIC GEL</b>	1 or 1b*	
<b>BIOLLE TEARS OPHTHALMIC SOLUTION</b>	1 or 1b*	
<b>BLINK TEARS OPHTHALMIC GEL</b>	2	
<b>BLINK TEARS OPHTHALMIC SOLUTION</b>	2	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	1 or 1b*	
<b>CLEAR EYES ADV DRY &amp; ITCHY RLF OPHTHALMIC SOLUTION</b>	2	
<b>COMPUTER EYE DROPS OPHTHALMIC SOLUTION</b>	2	
cvs lubricant drops ophthalmic gel 1 %	1 or 1b*	
cvs lubricant drops ophthalmic solution	1 or 1b*	
cvs lubricant eye drops (pf) ophthalmic solution 0.5 %	1 or 1b*	
cvs lubricant eye drops ophthalmic solution 0.25 %, 0.5 %, 0.6 %	1 or 1b*	
dry eye relief ophthalmic gel 1 %	1 or 1b*	
eq restore plus lubricant eye ophthalmic solution	1 or 1b*	
eq restore tears ophthalmic solution	1 or 1b*	
<b>GENTEAL SEVERE OPHTHALMIC GEL</b>	2	

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

Drug Name	Tier	Notes
gnp lubricating plus eye drops ophthalmic solution	1 or 1b*	
goodsense lubricating eye drop ophthalmic solution	1 or 1b*	
<b>IMPROVUE OPTHALMIC SOLUTION PREFILLED SYRINGE</b>	2	
lubricant eye drops ophthalmic solution 0.5 %, 0.6 %	1 or 1b*	
lubricant eye drops pf ophthalmic solution	1 or 1b*	
lubricating plus eye drops ophthalmic solution	1 or 1b*	
moisturizing lubricant eye ophthalmic solution 0.25 %	1 or 1b*	
<b>OASIS TEARS PF OPTHALMIC SOLUTION</b>	2	
<b>OASIS TEARS PLUS PF OPTHALMIC SOLUTION</b>	2	
polyvinyl alcohol ophthalmic solution	1 or 1b*	
<b>PURE &amp; GENTLE LUBRICANT OPTHALMIC SOLUTION 3 MG/ML</b>	2	
ra lubricant eye drops ophthalmic solution	1 or 1b*	
<b>REFRESH CELLUVISC OPTHALMIC GEL</b>	1 or 1b*	
<b>REFRESH LIQUIGEL OPTHALMIC GEL</b>	2	
<b>REFRESH PLUS OPTHALMIC SOLUTION</b>	2	
<b>REFRESH TEARS OPTHALMIC SOLUTION</b>	2	
sm lubricating plus ophthalmic solution	1 or 1b*	
<b>STERILE LUBRICANT OPTHALMIC LIQUID</b>	2	
<b>SYSTANE BALANCE OPTHALMIC SOLUTION</b>	2	
<b>SYSTANE COMPLETE OPTHALMIC SOLUTION</b>	2	

Drug Name	Tier	Notes
<b>THERATEARS NIGHTTIME OPTHALMIC GEL</b>	1 or 1b*	
<b>ULTRA FRESH OPTHALMIC SOLUTION</b>	1 or 1b*	
<b>VISINE DRY EYE RELIEF OPTHALMIC SOLUTION</b>	2	
<b>VISINE TIRED EYE RELIEF OPTHALMIC SOLUTION 1 %</b>	2	
<b>*BETA-BLOCKERS - OPTHALMIC COMBINATIONS***</b>		
brimonidine tartrate-timolol ophthalmic solution	1 or 1b*	QL
<b>COMBIGAN OPTHALMIC SOLUTION</b>	2	QL
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	QL
<b>*BETA-BLOCKERS - OPTHALMIC***</b>		
betaxolol hcl ophthalmic solution	1 or 1b*	QL
<b>BETIMOL OPTHALMIC SOLUTION</b>	3	QL
<b>BETOPTIC-S OPTHALMIC SUSPENSION</b>	2	QL
carteolol hcl ophthalmic solution	1 or 1a*	
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL
timolol maleate ophthalmic solution	1 or 1b*	QL
timolol maleate pf ophthalmic solution	1 or 1b*	QL
<b>TIMOPTIC OCUDOSE OPTHALMIC SOLUTION</b>	3	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
TIMOPTIC OPTHALMIC SOLUTION	3	QL
TIMOPTIC-XE OPTHALMIC GEL FORMING SOLUTION	3	QL
<b>*CYCLOPLEGIC MYDRIATIC COMBINATIONS***</b>		
CYCLOMYDRIL OPTHALMIC SOLUTION	3	
<b>*CYCLOPLEGIC MYDRIATICS***</b>		
atropine sulfate ophthalmic ointment	1 or 1b*	
ATROPINE SULFATE OPTHALMIC SOLUTION 1 %	3	QL
CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPTHALMIC SOLUTION 1 %	3	QL
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL
ISOPTO ATROPINE OPTHALMIC SOLUTION	3	QL
MYDRIACYL OPTHALMIC SOLUTION	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
tropicamide powder	3	
<b>*GONIOSCOPIIC SOLUTIONS***</b>		
GONIOTAIRE OPTHALMIC SOLUTION	2	
<b>*HARD LENS PRODUCTS***</b>		
LOBOB HARD CONTACT LENS CLEAN SOLUTION	2	

Drug Name	Tier	Notes
LOBOB HARD CONTACT LENS WET SOLUTION	2	
LOBOB HARD LENS SOAKING SOLUTION	2	
<b>*HARD/SOFT/GAS PERMEABLE PRODUCTS***</b>		
REFRESH RELIEVA FOR CONTACTS SOLUTION	2	
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***</b>		
XIIDRA OPTHALMIC SOLUTION	2	PA; QL
<b>*MIOTICS - CHOLINESTERASE INHIBITORS***</b>		
PHOSPHOLINE IODIDE OPTHALMIC SOLUTION RECONSTITUTED	3	
<b>*MIOTICS - DIRECT ACTING***</b>		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	
MIOSTAT INTRAOCULAR SOLUTION	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
<b>*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS***</b>		
VABYSMO INTRAVITREAL SOLUTION	3	PA; SP
<b>*OPHTHALMIC ANTIALLERGIC***</b>		
ALAWAY CHILDRENS ALLERGY OPTHALMIC SOLUTION	1 or 1b*	
ALAWAY OPTHALMIC SOLUTION	1 or 1b*	
azelastine hcl ophthalmic 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
<b>CLARITIN EYE OPHTHALMIC SOLUTION</b>	1 or 1b*	
cromolyn sodium ophthalmic solution	1 or 1a*	QL
cvs allergy eye drops ophthalmic solution	1 or 1b*	
cvs eye itch relief ophthalmic solution	1 or 1b*	
cvs olopatadine hcl ophthalmic solution	1 or 1b*	
epinastine hcl ophthalmic solution	1 or 1b*	QL
eq eye itch relief ophthalmic solution	1 or 1b*	
eye allergy itch relief ophthalmic solution	1 or 1b*	
eye allergy itch/redness rel ophthalmic solution	1 or 1b*	
eye itch relief ophthalmic solution	1 or 1b*	
gnp olopatadine hcl ophthalmic solution	1 or 1b*	
hm eye allergy itch relief ophthalmic solution	1 or 1b*	
hm eye allergy itch/red relief ophthalmic solution	1 or 1b*	
ketotifen fumarate ophthalmic solution	1 or 1b*	
<b>LASTACFT OPHTHALMIC SOLUTION</b>	2	
<b>PATADAY OPHTHALMIC SOLUTION</b>	2	
qc olopatadine hcl ophthalmic solution	1 or 1b*	
ra eye itch relief ophthalmic solution	1 or 1b*	
sm eye itch relief ophthalmic solution	1 or 1b*	
sm olopatadine hcl ophthalmic solution	1 or 1b*	
<b>ZADITOR OPHTHALMIC SOLUTION</b>	2	
<b>*OPHTHALMIC ANTIBIOTICS***</b>		
<b>AZASITE OPHTHALMIC SOLUTION</b>	3	QL

Drug Name	Tier	Notes
bacitracin ophthalmic ointment	1 or 1b*	QL
<b>BESIVANCE OPHTHALMIC SUSPENSION</b>	3	QL
<b>CILOXAN OPHTHALMIC OINTMENT</b>	3	QL
ciprofloxacin hcl ophthalmic solution	1 or 1a*	QL
erythromycin ophthalmic ointment	1 or 1a*	QL
gatifloxacin ophthalmic solution	1 or 1b*	QL
gentamicin sulfate ophthalmic solution	1 or 1a*	QL
levofloxacin ophthalmic solution	1 or 1b*	QL
<b>MITOSOL OPHTHALMIC KIT</b>	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL
moxifloxacin hcl ophthalmic solution	1 or 1b*	QL
<b>OCUFLOX OPHTHALMIC SOLUTION</b>	3	QL
ofloxacin ophthalmic solution	1 or 1a*	QL
tobramycin ophthalmic solution	1 or 1a*	QL
<b>TOBREX OPHTHALMIC OINTMENT</b>	3	QL
<b>VIGAMOX OPHTHALMIC SOLUTION</b>	3	QL
<b>ZYMAXID OPHTHALMIC SOLUTION</b>	3	QL
<b>*OPHTHALMIC ANTIFUNGAL***</b>		
<b>NATACYN OPHTHALMIC SUSPENSION</b>	3	QL
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***</b>		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1 or 1a*	QL

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



Drug Name	Tier	Notes
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	QL
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1 or 1b*	QL
neo-polycin ophthalmic ointment	1 or 1b*	QL
polycin ophthalmic ointment	1 or 1a*	QL
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL
<b>POLYTRIM OPTHALMIC SOLUTION</b>	3	QL
<b>*OPHTHALMIC ANTISEPTICS***</b>		
<b>BETADINE OPTHALMIC PREP OPTHALMIC SOLUTION</b>	3	
<b>*OPHTHALMIC ANTIVIRALS***</b>		
trifluridine ophthalmic solution	1 or 1b*	QL
<b>ZIRGAN OPTHALMIC GEL</b>	3	QL
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***</b>		
brinzolamide ophthalmic suspension	1 or 1b*	QL
dorzolamide hcl ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC DECONGESTANT COMBINATIONS***</b>		
advanced lubricant ophthalmic solution	1 or 1b*	
allergy eye ophthalmic solution	1 or 1b*	
<b>CLEAR EYES COMPLETE OPTHALMIC SOLUTION</b>	2	
<b>CLEAR EYES COOLING COMFORT OPTHALMIC SOLUTION 0.012-0.25-0.25 %</b>	2	

Drug Name	Tier	Notes
<b>CLEAR EYES COOLING COMFORT OPTHALMIC SOLUTION 0.5-0.03 %</b>	1 or 1b*	
<b>CLEAR EYES MAX REDNESS RELIEF OPTHALMIC SOLUTION</b>	1 or 1b*	
<b>CLEAR EYES MAXIMUM ITCHY EYE OPTHALMIC SOLUTION</b>	2	
<b>CLEAR EYES PURE RELIEF MS PF OPTHALMIC SOLUTION</b>	2	
<b>CLEAR EYES REDNESS RELIEF OPTHALMIC SOLUTION 0.012-0.25 %</b>	2	
<b>CLEAR EYES SENSITIVE EYES OPTHALMIC SOLUTION</b>	2	
<b>CLEAR EYES TRIPLE ACTION OPTHALMIC SOLUTION</b>	2	
cvs astringent eye drops ophthalmic solution	1 or 1b*	
cvs eye allergy relief ophthalmic solution 0.027-0.315 %	1 or 1b*	
cvs eye drops ophthalmic solution 0.05-0.1-1-1 %	1 or 1b*	
cvs redness relief ophthalmic solution	1 or 1b*	
eq eye allergy relief ophthalmic solution	1 or 1b*	
eql advanced relief ophthalmic solution	1 or 1b*	
eql eye drops ac ophthalmic solution	1 or 1b*	
eql redness relief ophthalmic solution	2	
eye allergy relief ophthalmic solution	1 or 1b*	
eye drops advanced relief ophthalmic solution	1 or 1b*	
eye drops ar ophthalmic solution	1 or 1b*	
eye drops maximum relief ophthalmic 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
eye drops ophthalmic solution 0.012-0.2 %	1 or 1b*	
eye irritation relief ophthalmic solution 0.05-0.5-0.6 %	2	
gnp eye drops ophthalmic solution 0.012-0.25 %, 0.03-0.5 %, 0.05-0.1-1-1 %, 0.05-0.25 %	1 or 1b*	
goodsense eye drops ophthalmic solution 0.05-0.1-1-1 %	1 or 1b*	
goodsense relief eye drops ophthalmic solution	1 or 1b*	
hm eye drops advanced relief ophthalmic solution	1 or 1b*	
<b>NAPHCAN-A OPTHALMIC SOLUTION</b>	2	
<b>OPCON-A OPTHALMIC SOLUTION</b>	2	
qc eye drops ophthalmic solution 0.05-0.1-1-1 %	1 or 1b*	
ra eye allergy relief ophthalmic solution	1 or 1b*	
ra sterile eye drops ophthalmic solution 0.012-0.2 %	1 or 1b*	
redness relief max strength ophthalmic solution	1 or 1b*	
<b>REDNESS RELIEF OPTHALMIC SOLUTION</b>	1 or 1b*	
relief drops ophthalmic solution	1 or 1b*	
relief eye drops ophthalmic solution	1 or 1b*	
sm eye drops ophthalmic solution 0.05-0.1-1-1 %	1 or 1b*	
<b>VASOCLEAR-A OPTHALMIC SOLUTION</b>	2	
<b>VISINE OPTHALMIC SOLUTION 0.025-0.3 %</b>	1 or 1b*	
<b>VISINE RED EYE HYDRATING COMF OPTHALMIC SOLUTION</b>	1 or 1b*	

Drug Name	Tier	Notes
<b>VISINE RED EYE TOTAL COMFORT OPTHALMIC SOLUTION</b>	2	
<b>VISINE-AC OPTHALMIC SOLUTION</b>	1 or 1b*	
<b>*OPHTHALMIC DECONGESTANTS***</b>		
cvs eye drops ophthalmic solution 0.05 %	1 or 1b*	
eq eye drops ophthalmic solution	1 or 1b*	
eql eye drops ophthalmic solution	1 or 1b*	
eye drops ophthalmic solution 0.05 %	1 or 1b*	
gnp eye drops ophthalmic solution 0.05 %	1 or 1b*	
goodsense eye drops ophthalmic solution 0.05 %	1 or 1b*	
hm eye drops ophthalmic solution 0.05 %	1 or 1b*	
px sterile eye drops ophthalmic solution	1 or 1b*	
qc eye drops ophthalmic solution 0.05 %	1 or 1b*	
redness reliever eye drops ophthalmic solution	1 or 1b*	
sm eye drops ophthalmic solution 0.05 %	1 or 1b*	
<b>VISINE RED EYE COMFORT OPTHALMIC SOLUTION</b>	2	
<b>*OPHTHALMIC DIAGNOSTIC PRODUCTS***</b>		
altafluor benox ophthalmic solution	1 or 1b*	
<b>FLUORESCEIN SODIUM/BENOXINATE OPTHALMIC SOLUTION</b>	3	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
<b>FLUORESCITE INTRAVENOUS SOLUTION</b>	3	
fluor-i-strips a.t. ophthalmic strip	1 or 1b*	

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Drug Name	Tier	Notes
<b>FLURA-SAFE OPHTHALMIC SOLUTION</b>	3	
<b>GLOSTRIPS OPHTHALMIC STRIP 1.3 MG</b>	2	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
<b>*OPHTHALMIC HYPEROSMOLAR PRODUCTS***</b>		
<b>ALTACHLORE OPHTHALMIC OINTMENT</b>	1 or 1b*	
<b>ALTACHLORE OPHTHALMIC SOLUTION</b>	1 or 1b*	
cvs sod chloride hypertonicity ophthalmic ointment	1 or 1b*	
cvs sodium chloride ophthalmic ointment	1 or 1b*	
cvs sodium chloride ophthalmic solution	1 or 1b*	
<b>MURO 128 OPHTHALMIC OINTMENT</b>	2	
<b>MURO 128 OPHTHALMIC SOLUTION</b>	2	
sodium chloride (hypertonic) ophthalmic ointment	1 or 1b*	
sodium chloride (hypertonic) ophthalmic solution	1 or 1b*	
<b>*OPHTHALMIC IMMUNOMODULATORS ***</b>		
cyclosporine ophthalmic emulsion	1 or 1b*	PA; QL
<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	2	PA; QL
<b>RESTASIS OPHTHALMIC EMULSION</b>	2	PA; QL
<b>VERKAZIA OPHTHALMIC EMULSION</b>	3	PA; QL

Drug Name	Tier	Notes
<b>*OPHTHALMIC IRRIGATION SOLUTIONS***</b>		
<b>BSS INTRAOCULAR SOLUTION</b>	3	
<b>BSS PLUS INTRAOCULAR SOLUTION</b>	3	
<b>COLLYRIUM EYE WASH OPHTHALMIC SOLUTION</b>	1 or 1b*	
collyrium for fresh eyes ophthalmic solution	1 or 1b*	
cvs eye wash ophthalmic solution 99.05 %	1 or 1b*	
<b>EYE STREAM OPHTHALMIC SOLUTION</b>	2	
eye wash ophthalmic solution	1 or 1b*	
<b>EYEAID IRRIGATING OPHTHALMIC SOLUTION</b>	2	
mediwash eye irrigant ophthalmic solution	1 or 1b*	
ra sterile eye wash ophthalmic solution	1 or 1b*	
sm eye wash ophthalmic solution	1 or 1b*	
<b>*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***</b>		
<b>ROCKLATAN OPHTHALMIC SOLUTION</b>	3	QL
<b>*OPHTHALMIC LOCAL ANESTHETICS***</b>		
<b>AKTEN OPHTHALMIC GEL</b>	3	
<b>ALCAINE OPHTHALMIC SOLUTION</b>	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
<b>*OPHTHALMIC NERVE GROWTH FACTORS***</b>		
<b>OXERVATE OPHTHALMIC SOLUTION</b>	3	PA; QL

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

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Drug Name	Tier	Notes
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***</b>		
ACULAR LS OPTHALMIC SOLUTION	3	QL
ACULAR OPTHALMIC SOLUTION	3	QL
ACUVAIL OPTHALMIC SOLUTION	3	QL
bromfenac sodium (once-daily) ophthalmic solution	1 or 1b*	QL
BROMSITE OPTHALMIC SOLUTION	3	QL
diclofenac sodium ophthalmic solution	1 or 1b*	QL
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL
ILEVRO OPTHALMIC SUSPENSION	2	QL
ketorolac tromethamine ophthalmic solution	1 or 1b*	QL
NEVANAC OPTHALMIC SUSPENSION	3	QL
PROLENSA OPTHALMIC SOLUTION	3	QL
<b>*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS***</b>		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	3	SP; QL
<b>*OPHTHALMIC PHOTOENHANCER COMBINATIONS***</b>		
PHOTREXA-PHOTREXA VISCOUS KIT OPTHALMIC SOLUTION PREFILLED SYRINGE	3	
<b>*OPHTHALMIC RHO KINASE INHIBITORS***</b>		
RHOPRESSA OPTHALMIC SOLUTION	3	QL

Drug Name	Tier	Notes
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	3	QL
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL
IOPIDINE OPTHALMIC SOLUTION 1 %	3	
LUMIFY OPTHALMIC SOLUTION	2	
<b>*OPHTHALMIC STEROID COMBINATIONS***</b>		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	QL
MAXITROL OPTHALMIC OINTMENT	3	QL
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1 or 1a*	QL
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	QL
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL
TOBRADEX OPTHALMIC OINTMENT	2	
TOBRADEX OPTHALMIC SUSPENSION	3	QL
TOBRADEX ST OPTHALMIC SUSPENSION	3	QL

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

Drug Name	Tier	Notes
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL
<b>ZYLET OPHTHALMIC SUSPENSION</b>	2	QL
<b>*OPHTHALMIC STEROIDS***</b>		
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
<b>DEXTENZA OPHTHALMIC INSERT</b>	3	
<b>DEXYCU INTRAOCULAR SUSPENSION</b>	3	
difluprednate ophthalmic emulsion	1 or 1b*	QL
<b>DUREZOL OPHTHALMIC EMULSION</b>	3	QL
<b>FLAREX OPHTHALMIC SUSPENSION</b>	3	
fluorometholone ophthalmic suspension	1 or 1b*	
<b>FML FORTE OPHTHALMIC SUSPENSION</b>	3	
<b>FML LIQUIFILM OPHTHALMIC SUSPENSION</b>	3	
<b>ILUVIEN INTRAVITREAL IMPLANT</b>	3	PA; SP
<b>INVELTYS OPHTHALMIC SUSPENSION</b>	3	QL
<b>LOTEMAX OPHTHALMIC GEL</b>	3	QL
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	3	QL
<b>LOTEMAX OPHTHALMIC SUSPENSION</b>	3	QL
<b>LOTEMAX SM OPHTHALMIC GEL</b>	3	QL
loteprednol etabonate ophthalmic gel	1 or 1b*	QL
loteprednol etabonate ophthalmic suspension	1 or 1b*	QL

Drug Name	Tier	Notes
<b>MAXIDEX OPHTHALMIC SUSPENSION</b>	3	
<b>OZURDEX INTRAVITREAL IMPLANT</b>	3	PA; SP
<b>PRED MILD OPHTHALMIC SUSPENSION</b>	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	QL
<b>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</b>	3	QL
<b>RETISERT INTRAVITREAL IMPLANT</b>	3	PA; SP
<b>TRIESENCE INTRAOCULAR SUSPENSION</b>	3	
<b>XIPERE INTRAOCULAR SUSPENSION</b>	3	PA
<b>YUTIQ INTRAVITREAL IMPLANT</b>	3	PA
<b>*OPHTHALMIC SULFONAMIDES***</b>		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC SURGICAL AIDS - COMBINATIONS***</b>		
<b>DISCOVISC INTRAOCULAR SOLUTION</b>	3	
<b>DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML</b>	3	
<b>OMIDRIA INTRAOCULAR SOLUTION</b>	3	
<b>VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE</b>	3	

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

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Drug Name	Tier	Notes
<b>*OPHTHALMIC SURGICAL AIDS***</b>		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
CELLUGEL INTRAOCULAR SOLUTION	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
<b>*OPHTHALMICS - BLEPHAROPTOSIS AGENTS**</b>		
UPNEEQ OPHTHALMIC SOLUTION	3	PA; QL
<b>*OPHTHALMICS - CYSTINOSIS AGENTS**</b>		
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; QL
CYSTARAN OPHTHALMIC SOLUTION	3	PA; QL

Drug Name	Tier	Notes
<b>*OXYGEN PERMEABLE LENS PRODUCTS***</b>		
BOSTON ADVANCE CLEANER SOLUTION	2	
BOSTON ADVANCE CONDITIONING SOLUTION	2	
BOSTON CLEANER SOLUTION	2	
BOSTON CONDITIONING SOLUTION	2	
BOSTON ONE STEP CLEANER SOLUTION	2	
BOSTON REWETTING SOLUTION	2	
BOSTON SIMPLUS SOLUTION	2	
LOBOB GAS PERM WETTING/REWET SOLUTION	2	
LOBOB GAS PERM/CLEAN/DISINFECT SOLUTION	2	
OPTIMUM CLEAN/DISINFECT SOLUTION	2	
OPTIMUM EXTRA STRENGTH RGP SOLUTION	2	
OPTIMUM WETTING/REWETTING DROP SOLUTION	2	
RENU REWETTING DROPS SOLUTION	2	
<b>*PROSTAGLANDINS - OPHTHALMIC***</b>		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT	3	PA; SP; QL
latanoprost ophthalmic solution	1 or 1b*	QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
tafluprost (pf) ophthalmic solution	1 or 1b*	QL
travoprost (bak free) ophthalmic solution	1 or 1b*	QL

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Drug Name	Tier	Notes
<b>VYZULTA OPTHALMIC SOLUTION</b>	3	QL
<b>XELPROS OPTHALMIC EMULSION</b>	3	QL
<b>ZIOPTAN OPTHALMIC SOLUTION 0.0015 %</b>	3	QL
<b>*SOFT LENS PRODUCTS***</b>		
<b>B&amp;L SENSITIVE EYES DAILY CLEAN SOLUTION</b>	2	
<b>B&amp;L SENSITIVE EYES SALINE SOLUTION</b>	2	
<b>B&amp;L SENSITIVE EYES SOLUTION</b>	2	
<b>BIOTRUE SOLUTION</b>	2	
cleaning & disinfecting lens solution	2	
<b>CLEAR CARE PLUS/HYDRAGLYDE SOLUTION</b>	2	
<b>CLEAR CARE SOLUTION</b>	2	
<b>CLEAR EYES CONTACT LENS RELIEF SOLUTION</b>	2	
cvs contact lens relief/rewet solution	2	
cvs multi-purpose no-rub solution	2	
cvs multi-purpose solution	2	
cvs saline solution	2	
daily cleaner solution	1 or 1b*	
eq hydrogen peroxide lens care solution	1 or 1b*	
eq multi-purpose solution solution	2	
eq saline solution/sensitive solution	2	
eq clean/disinfect lens care solution	1 or 1b*	
eq multi-purpose disinfecting solution	2	
eq multi-purpose solution	1 or 1b*	
gnp multi-purpose solution	1 or 1b*	
goodsense multi-purpose soln solution	2	

Drug Name	Tier	Notes
hm multi-purpose no rub solution	1 or 1b*	
<b>LOBOB SOFT LENS CLEANER SOLUTION</b>	2	
multi-purpose no-rub solution	1 or 1b*	
multi-purpose solution solution	1 or 1b*	
<b>OPTI-FREE DAILY CLEANER SOLUTION</b>	2	
<b>OPTI-FREE EXPRESS REWETTING SOLUTION</b>	2	
<b>OPTI-FREE EXPRESS SOLUTION</b>	2	
<b>OPTI-FREE PUREMOIST REWETTING SOLUTION</b>	2	
<b>OPTI-FREE PUREMOIST SOLUTION</b>	2	
<b>OPTI-FREE REPLENISH PACK SOLUTION</b>	2	
<b>OPTI-FREE REPLENISH REWETTING SOLUTION</b>	2	
<b>OPTI-FREE REPLENISH SOLUTION</b>	2	
<b>OPTI-FREE SUPRA CLENS SOLUTION</b>	1 or 1b*	
<b>PEROXICLEAR SOLUTION</b>	2	
ra cleaning/disinfecting lens solution	1 or 1b*	
ra rewetting drops solution	1 or 1b*	
ra saline solution solution	1 or 1b*	
<b>RAININ LENS GUIDE</b>	2	
<b>REFRESH CONTACTS DROPS SOLUTION</b>	2	
<b>RENU 1 STEP ENZYMATIC CLEANER TABLET</b>	2	
<b>RENU DISINFECTING SOLUTION</b>	2	
<b>RENU MULTIPLUS LUB/REWETTING SOLUTION</b>	2	
<b>RENU MULTIPLUS SOLUTION</b>	2	
<b>RENU SALINE SOLUTION</b>	2	
<b>REVITALENS OCUTEC SOLUTION</b>	2	

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

Drug Name	Tier	Notes
rewetting drops solution	1 or 1b*	
saline solution	1 or 1b*	
sb multi-purpose solution	1 or 1b*	
sb saline sensitive solution	1 or 1b*	
<b>SENSITIVE EYES ENZYME CLEANER TABLET EFFERVESCENT</b>	2	
<b>SENSITIVE EYES PLUS SALINE SOLUTION</b>	2	
<b>SENSITIVE EYES SALINE SOLUTION</b>	2	
sm multi-purpose solution	1 or 1b*	
sm saline solution solution	1 or 1b*	
<b>STERILE DAILY CLEANER SOLUTION</b>	2	
sterile preserved saline solution	1 or 1b*	
<b>STERILE SALINE SOLUTION</b>	2	
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS***</b>		
<b>BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>BYOOVIZ INTRAVITREAL SOLUTION</b>	3	PA
<b>CIMERLI INTRAVITREAL SOLUTION</b>	3	PA
<b>EYLEA INTRAVITREAL SOLUTION</b>	3	PA; SP
<b>EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE</b>	3	PA; SP
<b>LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE</b>	3	PA; SP
<b>SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION</b>	3	SP
<b>SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION</b>	3	SP

Drug Name	Tier	Notes
<b>*OTIC AGENTS*</b>		
<b>*OTIC AGENTS - MISCELLANEOUS***</b>		
acetic acid otic solution	1 or 1b*	
<b>AURO DRI SWIMMERS EARS OTIC LIQUID</b>	1 or 1b*	
<b>CLEARCANAL EAR WAX REMOVAL OTIC KIT</b>	2	
<b>CLEARCANAL EARWAX SOFTENER OTIC SOLUTION</b>	1 or 1b*	
<b>CLINERE EARWAX REMOVAL KIT OTIC OIL</b>	2	
<b>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION</b>	1 or 1b*	
cvs ear drops otic solution	1 or 1b*	
cvs ear wax removal system otic solution	1 or 1b*	
cvs earwax removal kit otic solution	1 or 1b*	
cvs swimmers ear drops otic liquid	1 or 1b*	
<b>DEBROX OTIC SOLUTION</b>	2	
ear drops otic solution	1 or 1b*	
ear wax cleansing otic kit	2	
ear wax removal drops otic solution	1 or 1b*	
ear wax removal kit otic solution	1 or 1b*	
ear wax removal system otic oil	2	
ear wax removal system otic solution	1 or 1b*	
earwax removal kit otic solution	1 or 1b*	
earwax removal otic solution	1 or 1b*	
eq ear wax removal aid otic solution	1 or 1b*	
eq earwax removal aid otic solution	1 or 1b*	
gnp earwax removal drops otic solution	1 or 1b*	
gnp earwax removal kit otic solution	1 or 1b*	

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



Drug Name	Tier	Notes
goodsense ear wax kit otic solution	1 or 1b*	
goodsense ear wax removal otic solution	1 or 1b*	
hm earwax removal kit otic solution	1 or 1b*	
hm earwax removal otic solution	1 or 1b*	
instant ear-dry otic liquid	1 or 1b*	
<b>MURINE EAR OTIC SOLUTION</b>	1 or 1b*	
<b>MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION</b>	1 or 1b*	
qc ear wax removal otic solution	1 or 1b*	
qc earwax removal kit otic solution	1 or 1b*	
qc earwax removal otic solution	1 or 1b*	
qc instant ear-dry otic liquid	1 or 1b*	
ra ear drops otic solution	1 or 1b*	
ra ear drying agent otic liquid	1 or 1b*	
ra earwax removal kit otic solution	1 or 1b*	
sm ear drops otic solution	1 or 1b*	
sm swimmers ear drops otic liquid	1 or 1b*	
<b>SWIM EAR OTIC LIQUID</b>	2	
swimmers ear drops otic liquid	1 or 1b*	
<b>*OTIC ANALGESIC COMBINATIONS***</b>		
<b>PRAMOTIC OTIC LIQUID</b>	3	
<b>*OTIC ANTI-INFECTIVES***</b>		
<b>CETRALAX OTIC SOLUTION</b>	3	QL
ciprofloxacin hcl otic solution	1 or 1b*	QL
ofloxacin otic solution	1 or 1b*	QL
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***</b>		
<b>CIPRODEX OTIC SUSPENSION</b>	3	QL

Drug Name	Tier	Notes
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	QL
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	QL
<b>CORTISPORIN-TC OTIC SUSPENSION</b>	3	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	QL
<b>OTOVEL OTIC SOLUTION</b>	3	QL
<b>*OTIC STEROIDS***</b>		
<b>DERMOTIC OTIC OIL</b>	3	
flac otic oil	1 or 1b*	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	QL
<b>*OXYTOCICS*</b>		
<b>*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS***</b>		
carboprost tromethamine intramuscular solution	1 or 1b*	
<b>CERVIDIL VAGINAL INSERT</b>	3	
<b>HEMABATE INTRAMUSCULAR SOLUTION</b>	3	
<b>PREPIDIL VAGINAL GEL</b>	3	
<b>*OXYTOCICS***</b>		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
<b>PITOCIN INJECTION SOLUTION</b>	3	

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

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Drug Name	Tier	Notes
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*ANTITOXINS-ANTIVENINS***</b>		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*ANTIVIRAL MONOCLONAL ANTIBODIES***</b>		
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; SP
<b>*BACTERIAL MONOCLONAL ANTIBODIES***</b>		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA
<b>*IMMUNE SERUMS***</b>		
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL	3	
CUTAQUIG SUBCUTANEOUS SOLUTION	3	PA; SP
CYTOGAM INTRAVENOUS INJECTABLE	3	SP
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA; SP

Drug Name	Tier	Notes
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	3	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML	3	PA; SP
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	3	SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	3	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	SP
HYPERRAB INJECTION SOLUTION	3	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; SP; QL
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	SP
KEDRAB INJECTION SOLUTION	3	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; SP; QL
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	3	LD; SP

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

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Drug Name	Tier	Notes
<b>OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML</b>	3	PA; SP
<b>OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML</b>	3	PA; LD; SP
<b>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	3	LD; SP; QL
<b>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE</b>	3	SP; QL
<b>VARIZIG INTRAMUSCULAR SOLUTION</b>	3	
<b>WINRHO SDF INJECTION SOLUTION</b>	3	SP; QL
<b>XEMBIFY SUBCUTANEOUS SOLUTION</b>	3	PA; SP
<b>*PENICILLINS*</b>		
<b>*AMINOPENICILLINS**</b>		
*		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*	
amoxicillin trihydrate powder	3	
ampicillin oral capsule 500 mg	1 or 1a*	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
<b>*NATURAL PENICILLINS***</b>		
<b>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	
<b>PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION</b>	3	
penicillin g potassium injection solution reconstituted	1 or 1b*	
penicillin g sodium injection solution reconstituted	1 or 1b*	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	1 or 1b*	
<b>*PENICILLIN COMBINATIONS***</b>		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet chewable	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1 or 1b*	
ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	
<b>AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	2	
<b>AUGMENTIN ORAL TABLET 500-125 MG</b>	3	
<b>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION</b>	3	

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

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Drug Name	Tier	Notes
<b>BICILLIN C-R INTRAMUSCULAR SUSPENSION</b>	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1 or 1b*	
<b>UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM</b>	3	
<b>UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM</b>	3	
<b>ZOSYN INTRAVENOUS SOLUTION</b>	3	
<b>*PENICILLINASE-RESISTANT PENICILLINS***</b>		
dicloxacillin sodium oral capsule	1 or 1b*	
<b>NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</b>	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
nafcillin sodium intravenous solution reconstituted	1 or 1b*	
<b>OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</b>	3	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
oxacillin sodium intravenous solution reconstituted	1 or 1b*	
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*ALKALIZING AGENTS***</b>		
trolamine liquid	3	
<b>*ANTIMICROBIAL AGENTS***</b>		
benzyl alcohol liquid	3	
butylparaben powder	2	
chlorobutanol anhydrous powder	3	
chlorobutanol crystals	3	

Drug Name	Tier	Notes
chlorobutanol hemihydrate crystals	3	
chlorobutanol powder	3	
methylparaben powder	3	
methylparaben sodium powder	3	
potassium sorbate crystals	3	
potassium sorbate granules	3	
potassium sorbate powder	3	
propylparaben powder	3	
propylparaben sodium powder	3	
sorbic acid powder	3	
<b>*BUFFER REFERENCE STANDARDS***</b>		
meter buffer solution	3	
ph buffer solution	3	
<b>*COLORING AGENTS***</b>		
amaranth powder	3	
brilliant blue g powder	3	
evans blue powder	3	
fd&c blue #2 powder	2	
fd&c red #40 aluminum lake powder	3	
fd&c yellow #5 powder	3	
fd&c yellow #6 aluminum lake powder	3	
fdc blue 1 aluminum lake powder	3	
fdc blue 1 powder	3	
fdc blue 2 powder	3	
fdc green #3 powder	3	
fdc red #3 powder	3	
fdc red 40 powder	3	
fdc yellow 5 aluminum lake powder	3	
fdc yellow 6 powder	3	
food color black powder	3	
food color blue oral liquid	3	
food color blue powder	3	
food color blue royal powder	3	
food color brown powder	3	
food color flesh powder	2	
food color green liquid	3	

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

Drug Name	Tier	Notes
food color green powder	3	
food color lime green powder	3	
food color orange - yellow #6 powder	3	
food color orange powder	3	
food color pink liquid	3	
food color red liquid	3	
food color red powder	3	
food color violet powder	3	
food color white liquid	3	
food color yellow #5 alum lake powder	3	
food color yellow liquid	3	
food color yellow powder	3	
lissamine green b powder	3	
quinizarin green ss powder	3	
sulphan blue powder	3	
trypan blue powder	3	
<b>*EXTERNAL VEHICLE INGREDIENTS***</b>		
acacia powder	3	
<b>ARLASILK PHOSPHOLIPID PLN LIQUID</b>	3	
astragalus root powder	3	
bees wax wax	3	
beeswax (yellow) wax	3	
beeswax wax	3	
bentonite powder	3	
camphor blocks gum	2	
cetyl alcohol flakes	3	
cetyl alcohol powder	3	
emulsifying wax wax	3	
gelatin powder	3	
gum arabic powder	3	
lecithin-isopropyl palmitate solution	3	
<b>LIPMAX SOLUTION</b>	3	
<b>LIPOIL OIL</b>	3	
methylcellulose gel	3	
methylcellulose powder	3	
oleic acid liquid	3	
paraffin wax	3	
paraffin wax beads wax	3	

Drug Name	Tier	Notes
<b>PCCA LECITHIN ISOPROPYL PALM SOLUTION</b>	3	
sodium lauryl sulfate powder	3	
stearyl alcohol flakes	3	
stearyl alcohol powder	3	
tragacanth powder	3	
wax, white wax	3	
white bees wax wax	3	
white wax wax	3	
yellow wax wax	3	
zinc stearate powder	3	
<b>*EXTERNAL VEHICLES***</b>		
<b>ADA EXTERNAL SHAMPOO</b>	3	
collodion flexible external liquid	3	
collodion liquid	3	
ethyl alcohol solution 100 %	3	
<b>FOAMIL EXTERNAL LIQUID</b>	3	
regent alcohol solution	3	
<b>RHEOSPRAY EXTERNAL LIQUID</b>	3	
rose water external liquid	2	
supposibase f powder	3	
<b>SUSPENDOL-S LIQUID</b>	2	
<b>U-MILD EXTERNAL SHAMPOO</b>	3	
<b>VERSAPRO EXTERNAL SHAMPOO</b>	3	
<b>*FLAVORING AGENTS***</b>		
alfalfa flavor powder	3	
almond oil bitter flavor liquid	3	
anise extract liquid	3	
anise flavor oil	3	
apple flavor liquid	3	
apple flavor powder	3	
apple flavor water miscible powder	3	
apricot flavor liquid	3	
apricot flavor powder	3	
bacon flavor liquid	3	

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

Drug Name	Tier	Notes
banana concentrate liquid	3	
banana cream flavor liquid	3	
banana creme flavor liquid	3	
banana flavor liquid	3	
beef (grilled) flavor oil sol liquid	3	
beef braised natural flavor liquid	3	
beef flavor liquid	3	
beef flavor powder	3	
beef type flavor natural liquid	3	
beef type flavor os liquid	3	
beef-ade powder	3	
benzaldehyde oral elixir	3	
bitter stop flavor liquid	3	
<b>BITTER-BLOC PURE POWDER</b>	3	
<b>BITTER-BLOC WS CONCENTRATE POWDER</b>	3	
<b>BITTER-BLOC WS/OS LIQUID CONCENTRATE</b>	3	
bitterness mask flavor liquid	3	
bitterness reducing agent powder	3	
bitterness suppressor flavor liquid	3	
blackberry flavor liquid	3	
blood orange os liquid	3	
blueberry flavor liquid	3	
bubble gum concentrate liquid	3	
bubble gum flavor liquid	3	
bubble gum os liquid	3	
bubble gum ws liquid	3	
butter flavor liquid	3	
butter rum flavor liquid	3	
butterscotch flavor liquid	3	
caramel flavor liquid	3	
caramel os liquid	3	
cheese-ade flavor powder	3	
cheesecake flavor liquid	3	
cherry flavor liquid	3	
cherry-ade flavor powder	3	

Drug Name	Tier	Notes
chicken (grilled) flavor liquid	3	
chicken broth flavor powder	3	
chicken flavor liquid	3	
chicken flavor oil miscible liquid	3	
chicken flavor oil soluble liquid	3	
chicken flavor powder	3	
chicken flavor water miscible liquid	3	
chicken roasted concentrate liquid	3	
chocolate concentrate concentrate	3	
chocolate flavor liquid	3	
chocolate flavor powder	3	
chocolate hazelnut flavor liquid	3	
chocolate natural & artifical concentrate	3	
cinnamon flavor oil	3	
coconut flavor liquid	3	
coffee flavor liquid	3	
cola flavor liquid	3	
cotton candy flavor liquid	3	
cran-raspberry flavor liquid	3	
creme de menthe flavor liquid	3	
creme de menthe flavor oil	3	
creme dementhe flavor liquid	3	
creme os liquid	3	
english toffee flavor liquid	3	
eucalyptus flavor oil	3	
eugenol flavor liquid	3	
fish flavor liquid	3	
flavor conc-chlorhexidine concentrate	3	
<b>FLAVORX LIQUID</b>	3	
grape concord os liquid	3	
grape flavor liquid	3	
grapefruit flavor oil	3	
green apple os liquid	3	
guava flavor liquid	3	
ham flavor liquid	3	
honey flavor liquid	3	

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

Drug Name	Tier	Notes
kahlua flavor liquid	3	
lemon extract liquid	3	
lemon flavor liquid	3	
lemon flavor oil	3	
lemonade flavor oil	3	
lemon-lime sd powder	3	
licorice flavor liquid	3	
lime flavor oil	3	
liver concentrate liquid	3	
liver flavor liquid	3	
liver flavor powder	3	
mango flavor liquid	3	
mango flavor powder	3	
mango flavor sweetened powder	3	
mango passion fruit os liquid	3	
maple flavor liquid	3	
marshmallow artificial flavor concentrate	3	
marshmallow flavor liquid	3	
marshmallow os liquid	3	
<b>MARSHMALLOW WS LIQUID</b>	3	
mint chocolate chip flavor liquid	3	
molasses flavor powder	3	
natural caramel liquid	3	
orange concentrate liquid	3	
orange cream flavor liquid	3	
orange flavor liquid	3	
orange flavor powder	3	
orange oil flavor liquid	3	
passion fruit flavor powder	3	
passion fruit flavor sweetened powder	3	
<b>PCCA SWEETNESS ENHANCER LIQUID</b>	3	
peach flavor liquid	3	
peanut butter flavor liquid	3	
peanut butter flavor oil	3	
<b>PEANUT BUTTER OS CONCENTRATE</b>	3	
peppermint burst os liquid	3	
peppermint flavor oil	3	

Drug Name	Tier	Notes
pina colada flavor liquid	3	
pineapple flavor liquid	3	
pralines and cream flavor liquid	3	
pumpkin flavor liquid	3	
raspberry concentrate concentrate	3	
raspberry flavor artificial concentrate	3	
raspberry flavor liquid	3	
raspberry flavor powder	3	
raspberry os liquid	3	
root beer flavor liquid	3	
sardine flavor liquid	3	
shrimp flavor liquid	3	
spearmint flavor oil	3	
spearmint os liquid	3	
stevia glycerite extract liquid	3	
strawberry flavor liquid	3	
strawberry os liquid	3	
super synersweet flavor powder	3	
sweet corn flavor concentrate	3	
sweetening enhancer liquid	3	
tangerine flavor oil	3	
tangerine flavor powder	3	
tangerine flavor sweetened powder	3	
teaberry flavor oil	3	
tropical fusion os liquid	3	
<b>TROPICAL FUSION WS LIQUID</b>	3	
tropical punch flavor liquid	3	
tuna flavor liquid	3	
tuna flavor powder	3	
tuna type flavor os liquid	3	
tutti frutti concentrate concentrate	3	
tutti frutti flavor liquid	3	
tutti-frutti flavor liquid	3	
vanilla butternut flavor liquid	3	
vanilla flavor liquid	3	
vanilla os liquid	3	
vanillin flavor powder	3	

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

Drug Name	Tier	Notes
very berry os liquid	3	
vitamin/iron masking agent liquid	3	
watermelon flavor liquid	3	
wild cherry flavor liquid	3	
wild cherry os liquid	3	
wild cherry sd flavor powder	3	
<b>*GELATIN CAPSULES (EMPTY)***</b>		
capsule con-snap #0 blu/white capsule	3	
capsule con-snap #0 clear capsule	3	
capsule con-snap #0 dark blue capsule	3	
capsule con-snap #0 green/clr capsule	3	
capsule con-snap #0 pink capsule	3	
capsule con-snap #0 purple capsule	3	
capsule con-snap #0 red/white capsule	3	
capsule con-snap #0 white capsule	3	
capsule con-snap #00 clear capsule	3	
capsule con-snap #00 white capsule	3	
capsule con-snap #000 clear capsule	3	
capsule con-snap #1 aqua blue capsule	3	
capsule con-snap #1 blue capsule	3	
capsule con-snap #1 blue/pink capsule	3	
capsule con-snap #1 blue/wht capsule	3	
capsule con-snap #1 brown capsule	3	
capsule con-snap #1 brwn/ivry capsule	3	
capsule con-snap #1 clear capsule	3	
capsule con-snap #1 dk grn/or capsule	3	

Drug Name	Tier	Notes
capsule con-snap #1 drk green capsule	3	
capsule con-snap #1 grey/pink capsule	3	
capsule con-snap #1 grn/ylw capsule	3	
capsule con-snap #1 orange capsule	3	
capsule con-snap #1 pink capsule	3	
capsule con-snap #1 pink/blue capsule	3	
capsule con-snap #1 pink/clr capsule	3	
capsule con-snap #1 pink/whit capsule	3	
capsule con-snap #1 pink/yllw capsule	3	
capsule con-snap #1 purple capsule	3	
capsule con-snap #1 red/blue capsule	3	
capsule con-snap #1 red/white capsule	3	
capsule con-snap #1 white capsule	3	
capsule con-snap #1 white/grn capsule	3	
capsule con-snap #1 wht/clr capsule	3	
capsule con-snap #1 yellow capsule	3	
capsule con-snap #1 yellow/gr capsule	3	
capsule con-snap #2 clear capsule	3	
capsule con-snap #2 white capsule	3	
capsule con-snap #3 blu/clear capsule	3	
capsule con-snap #3 brn/blue capsule	3	
capsule con-snap #3 clear capsule	3	
capsule con-snap #3 gray/ylw capsule	3	
capsule con-snap #3 green/blu capsule	3	

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

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Drug Name	Tier	Notes
capsule conis-snap #3 grey/pink capsule	3	
capsule conis-snap #3 maron/blu capsule	3	
capsule conis-snap #3 mint grn capsule	3	
capsule conis-snap #3 olive/clr capsule	3	
capsule conis-snap #3 orange capsule	3	
capsule conis-snap #3 pink/pink capsule	3	
capsule conis-snap #3 pnk/clear capsule	3	
capsule conis-snap #3 red/clear capsule	3	
capsule conis-snap #3 red/red capsule	3	
capsule conis-snap #3 white capsule	3	
capsule conis-snap #3 wht/clr capsule	3	
capsule conis-snap #3 yellow capsule	3	
capsule conis-snap #4 black/grn capsule	3	
capsule conis-snap #4 clear capsule	3	
capsule conis-snap #4 white capsule	3	
capsule ezeefit #0 clear capsule	3	
capsule ezeefit #00 clear capsule	3	
capsule size 1 lactose capsule	3	
<b>DRCAPS SIZE 00 CAPSULE</b>	3	
<b>DRCAPS SIZE 1 CAPSULE</b>	3	
empty capsule #0 red/white capsule	3	
empty capsule #00 black/red capsule	3	
empty capsule #00 blue/white capsule	3	
empty capsule #00 pink/pink capsule	3	
empty capsule #00 purple capsule	3	

Drug Name	Tier	Notes
empty capsule #00 purple/white capsule	3	
empty capsule #00 red/white capsule	3	
empty capsule #00 yellow/yello capsule	3	
empty capsule capsule	3	
empty capsule size 0 blue capsule	3	
empty capsule size 0 blue/wht capsule	3	
empty capsule size 0 capsule	3	
empty capsule size 0 clear capsule	3	
empty capsule size 0 fun caps capsule	3	
empty capsule size 0 green capsule	3	
empty capsule size 0 green/clr capsule	3	
empty capsule size 0 grn/clear capsule	3	
empty capsule size 0 maroon capsule	3	
empty capsule size 0 orange capsule	3	
empty capsule size 0 pink capsule	3	
empty capsule size 0 purp/wht capsule	3	
empty capsule size 0 purple capsule	3	
empty capsule size 0 red capsule	3	
empty capsule size 0 red/clear capsule	3	
empty capsule size 0 red/white capsule	3	
empty capsule size 0 white capsule	3	
empty capsule size 0 white/clr capsule	3	
empty capsule size 0 white/opa capsule	3	
empty capsule size 0 yellow capsule	3	
empty capsule size 00 blue capsule	3	

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

Drug Name	Tier	Notes
empty capsule size 00 blue opq capsule	3	
empty capsule size 00 clear capsule	3	
empty capsule size 00 drk grn capsule	3	
empty capsule size 00 green capsule	3	
empty capsule size 00 orange capsule	3	
empty capsule size 00 red capsule	3	
empty capsule size 00 white capsule	3	
empty capsule size 00 wht/clr capsule	3	
empty capsule size 000 clear capsule	3	
empty capsule size 000 white capsule	3	
empty capsule size 1 aqua blue capsule	3	
empty capsule size 1 blue capsule	3	
empty capsule size 1 blue/pink capsule	3	
empty capsule size 1 blue/red capsule	3	
empty capsule size 1 blue/wht capsule	3	
empty capsule size 1 blueclear capsule	3	
empty capsule size 1 brn/ivory capsule	3	
empty capsule size 1 clear capsule	3	
empty capsule size 1 drk green capsule	3	
empty capsule size 1 green capsule	3	
empty capsule size 1 grey/pink capsule	3	
empty capsule size 1 grn/ornge capsule	3	
empty capsule size 1 grn/white capsule	3	
empty capsule size 1 grn/yllw capsule	3	

Drug Name	Tier	Notes
empty capsule size 1 ivory capsule	3	
empty capsule size 1 lght blue capsule	3	
empty capsule size 1 maroon/cl capsule	3	
empty capsule size 1 mint grn capsule	3	
empty capsule size 1 orange capsule	3	
empty capsule size 1 orge/clr capsule	3	
empty capsule size 1 orge/yllw capsule	3	
empty capsule size 1 ornge/grn capsule	3	
empty capsule size 1 ornge/wht capsule	3	
empty capsule size 1 pink capsule	3	
empty capsule size 1 pink/blue capsule	3	
empty capsule size 1 pink/clr capsule	3	
empty capsule size 1 pink/yllw capsule	3	
empty capsule size 1 pnk/white capsule	3	
empty capsule size 1 purple capsule	3	
empty capsule size 1 pwdr blue capsule	3	
empty capsule size 1 red capsule	3	
empty capsule size 1 red/blue capsule	3	
empty capsule size 1 red/white capsule	3	
empty capsule size 1 white capsule	3	
empty capsule size 1 white/opa capsule	3	
empty capsule size 1 wht/clear capsule	3	
empty capsule size 1 yellow capsule	3	
empty capsule size 10 clear capsule	3	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
empty capsule size 11 clear capsule	3	
empty capsule size 13 clear capsule	3	
empty capsule size 2 blue capsule	3	
empty capsule size 2 clear capsule	3	
empty capsule size 2 green capsule	3	
empty capsule size 2 white capsule	3	
empty capsule size 3 black/grn capsule	3	
empty capsule size 3 blue capsule	3	
empty capsule size 3 blue opq capsule	3	
empty capsule size 3 blue/clr capsule	3	
empty capsule size 3 blue/marn capsule	3	
empty capsule size 3 blue/wht capsule	3	
empty capsule size 3 clear capsule	3	
empty capsule size 3 dark grn capsule	3	
empty capsule size 3 dark orng capsule	3	
empty capsule size 3 gray/pink capsule	3	
empty capsule size 3 gray/yllw capsule	3	
empty capsule size 3 green capsule	3	
empty capsule size 3 grey/pink capsule	3	
empty capsule size 3 grey/yllw capsule	3	
empty capsule size 3 grn/blue capsule	3	
empty capsule size 3 marn/blue capsule	3	
empty capsule size 3 marn/clr capsule	3	
empty capsule size 3 maroon capsule	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
empty capsule size 3 mint grn capsule	3	
empty capsule size 3 olive capsule	3	
empty capsule size 3 olive/clr capsule	3	
empty capsule size 3 orange capsule	3	
empty capsule size 3 orange/wh capsule	3	
empty capsule size 3 pink capsule	3	
empty capsule size 3 pink/blue capsule	3	
empty capsule size 3 pink/wh capsule	3	
empty capsule size 3 pink/yllw capsule	3	
empty capsule size 3 pnk/clear capsule	3	
empty capsule size 3 prple/clr capsule	3	
empty capsule size 3 purple capsule	3	
empty capsule size 3 pwdr blue capsule	3	
empty capsule size 3 red capsule	3	
empty capsule size 3 red/clear capsule	3	
empty capsule size 3 red/white capsule	3	
empty capsule size 3 white capsule	3	
empty capsule size 3 white/clr capsule	3	
empty capsule size 3 white/opa capsule	3	
empty capsule size 3 yellow capsule	3	
empty capsule size 3 yellw/clr capsule	3	
empty capsule size 4 black capsule	3	
empty capsule size 4 blue/whit capsule	3	
empty capsule size 4 clear capsule	3	

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

Drug Name	Tier	Notes
empty capsule size 4 dark blue capsule	3	
empty capsule size 4 purple capsule	3	
empty capsule size 4 red/white capsule	3	
empty capsule size 4 white capsule	3	
empty capsule size 4 white/clr capsule	3	
empty capsule size 4 yellow capsule	3	
empty capsule size 5 clear capsule	3	
empty capsule size 7 clear capsule	3	
<b>*MISC. VEHICLES***</b>		
fixed oil suspension liquid	3	
<b>FOS-A LIQUID</b>	3	
<b>PCCA FIXED OIL BASE LIQUID</b>	3	
<b>PCCA PRACAMAC BASE OIL</b>	3	
<b>SERAQUA EXTERNAL LIQUID</b>	3	
<b>SOLYDRA EXTERNAL LIQUID</b>	3	
<b>*NON GELATIN CAPSULES (EMPTY)***</b>		
<b>AR CAPS #1 ACID RESISTANT CAPSULE</b>	3	
capsule #0 clear/clear veg capsule	3	
capsule #0 white/white opq veg capsule	3	
capsule #1 clear/clear veg capsule	3	
capsule #1 white/white opq veg capsule	3	
capsule #3 clear/clear veg capsule	3	
capsule #3 white/white opq veg capsule	3	
capsule 0 clear dr capsule	3	
capsule 0 clear veggie capsule	3	
capsule 00 clear veggie capsule	3	

Drug Name	Tier	Notes
capsule 1 clear veggie capsule	3	
capsule 3 clear veggie capsule	3	
capsule coni-snap #0 clear veg capsule	3	
capsule coni-snap #1 veggie capsule	3	
capsule coni-snap #3 clear veg capsule	3	
empty capsule size 1 veg clear capsule	3	
non gelatin capsules (empty) capsule	3	
vegetable capsule #0 green capsule	3	
vegetable capsule #0 white capsule	3	
vegetable capsule #00 white capsule	3	
vegetable capsule #1 white capsule	3	
vegetable capsule #2 white capsule	3	
vegetable capsule #3 white capsule	3	
vegetable capsule #4 white capsule	3	
<b>*ORAL VEHICLES***</b>		
<b>ARROWHEAD DISTILLED WATER ORAL LIQUID</b>	2	
base gelatin gummy troche gel	3	
cherry concentrate oral syrup	3	
cherry oral syrup	3	
cola syrup oral syrup	2	
corn (syrup) oral syrup	3	
custom polyglycol troche base flakes	3	
custom polyglycol troche base wax	3	
cvs distilled water oral liquid	2	
cvs purified water oral liquid	2	
distillata distilled water oral liquid	2	
distilled water oral liquid	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
<b>FLAVOR BLEND ORAL SUSPENSION</b>	3	
flavor plus oral liquid	3	
flavor sweet oral syrup	3	
flavor sweet-sf oral syrup	3	
<b>FREEDOM PEG TROCHE BASE POWDER</b>	3	
<b>GERBER GOOD START WATER ORAL LIQUID</b>	2	
<b>GOOD START STERILE WATER ORAL LIQUID</b>	2	
grape syrup oral syrup	3	
gum base (gelatin) gel	3	
infant drinking water oral liquid	3	
lozibase	3	
<b>LOZIBASE S</b>	3	
<b>MX-SOL BLEND ORAL SUSPENSION</b>	3	
<b>MX-SOL BLEND SF ORAL SUSPENSION</b>	3	
<b>MX-SOL ORAL SYRUP</b>	3	
<b>MX-SOL SF ORAL SYRUP</b>	3	
<b>MX-SOL SUSPEND ORAL SUSPENSION</b>	3	
<b>NICE DISTILLED WATER ORAL LIQUID</b>	3	
<b>ORA-BLEND ORAL SUSPENSION</b>	3	
<b>ORA-BLEND SF ORAL SUSPENSION</b>	3	
<b>ORAL MIX ORAL SUSPENSION</b>	3	
<b>ORAL MIX SF ORAL SUSPENSION</b>	3	
oral suspend oral liquid	3	
oral syrup oral syrup	3	
oral syrup sf oral syrup	3	
<b>ORAPENN SD ANYHYD SWEETENED ORAL LIQUID</b>	3	
<b>ORAPENN SD ANYHYD UNSWEETEN ORAL LIQUID</b>	3	
<b>ORA-PLUS ORAL LIQUID</b>	3	

Drug Name	Tier	Notes
<b>ORA-SWEET ORAL SYRUP</b>	2	
<b>ORA-SWEET SF ORAL SYRUP</b>	3	
<b>PCCA ACACIA SYRUP BASE ORAL SYRUP</b>	3	
<b>PCCA CUSTOM NATATROCHE HMP WAX</b>	3	
<b>PCCA CUSTOM TROCHE BASE (LS) POWDER</b>	3	
<b>PCCA CUSTOM TROCHE BASE WAX</b>	3	
<b>PCCA NATATROCHE BASE WAX</b>	3	
<b>PCCA POLYGLYCOL TROCHE POWDER</b>	3	
<b>PCCA SWEET-SF ORAL SYRUP</b>	3	
<b>PCCA SYRUP VEHICLE ORAL SYRUP</b>	3	
<b>PCCA-PLUS ORAL SUSPENSION</b>	3	
purified water oral liquid	3	
px purified water oral liquid	2	
raspberry syrup oral syrup	3	
<b>SIMILAC STERILIZED WATER ORAL LIQUID</b>	2	
simple syrup oral syrup	3	
sorbitol solution	3	
sorbitol solution 70 %	2	
<b>SOSWEET ORAL SYRUP</b>	3	
<b>SUSPENDIT ANHYDROUS ORAL SUSPENSION</b>	3	
<b>SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION</b>	3	
<b>SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION</b>	3	
suspension vehicle oral suspension	3	
<b>SYRPALTA (RED) ORAL SYRUP</b>	3	
<b>SYRPALTA ORAL SYRUP</b>	3	

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

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Drug Name	Tier	Notes
<b>SYRSPEND SF ALKA ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>SYRSPEND SF ORAL LIQUID</b>	3	
<b>SYRSPEND SF ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED</b>	3	
syrup nf oral syrup	2	
syrup vehicle oral syrup	3	
syrup vehicle sf oral syrup	3	
<b>TECHNA 10 SF TROCHE BASE POWDER</b>	3	
<b>TECHNA 20 SF TROCHE BASE FLAKES</b>	2	
<b>TECHNA 20 TROCHE BASE POWDER</b>	3	
<b>TECHNA NATURAL SF TROCHE BASE GRANULES</b>	3	
<b>TECHNA NATURAL TROCHE BASE G2 GRANULES</b>	3	
troche base powder	3	
<b>TROCHIBASE FLAKES</b>	2	
<b>TROCHIBASE S CLASSIC FLAKES</b>	2	
trochibase s flakes	3	
<b>UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION</b>	3	
<b>UNISPEND ANHYDROUS UNSWEETENED ORAL SUSPENSION</b>	3	
<b>VERSAFREE ORAL SYRUP</b>	3	
<b>VERSAPLUS ORAL SYRUP</b>	3	
<b>*PARENTERAL VEHICLES***</b>		
bacteriostatic water(benz alc) injection solution	1 or 1b*	
diluent for treprostinil intravenous solution	3	
saline bacteriostatic injection solution	1 or 1b*	

Drug Name	Tier	Notes
saline-phenol injection solution	3	
sodium chloride bacteriostatic injection solution	1 or 1b*	
<b>STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION</b>	3	
sterile diluent/epoprostenol intravenous solution	1 or 1b*	
sterile water for injection injection solution	1 or 1b*	
<b>*PHARMACEUTICAL EXCIPIENTS***</b>		
alkyl acrylate crosspolymer powder	3	
<b>BACOCALMINE LIQUID</b>	3	
base x flakes	3	
bitter drug powder	3	
<b>CAPSORAL W/DYNAMIC STATIC GRD POWDER</b>	3	
<b>CAPSUBLEND-H POWDER</b>	3	
<b>CAPSUBLEND-P POWDER</b>	3	
<b>CAPSUBLEND-S POWDER</b>	3	
carrageenan powder	3	
cocoa butter	3	
cocoa butter cream	2	
<b>COLLASIL OSA POWDER</b>	3	
effervescent base powder	3	
<b>EMULGADE CM LIQUID</b>	3	
ethyl acetate solution	3	
<b>EXCELL-RDT SF BASE POWDER</b>	3	
fragron capfill pro powder	3	
fragron dispersapro powder	3	
<b>FATTYBLEND</b>	3	
<b>FIZZMIX BASE POWDER</b>	3	
<b>F-MELT POWDER</b>	3	
freedom lollipop base	3	
<b>FREEDOM ODT BASE POWDER</b>	3	

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

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Drug Name	Tier	Notes
freedom simplecap powder	3	
isomalt lollipop base powder	3	
karaya gum gum	3	
<b>KRYSTAL SF POWDER</b>	2	
lactose anhydrous powder	3	
lactose hydrous powder	3	
lactose monohydrate powder	3	
lactose powder	3	
<b>LIQUIGEL COMPLEX LIQUID</b>	3	
<b>LOLLIBASE POWDER</b>	3	
<b>LOXORAL BASE POWDER</b>	3	
magnesium stearate powder	3	
medi-rdt base powder	3	
medi-rdt kit	3	
<b>MUCOLOX LIQUID</b>	3	
natural bitterness powder	3	
<b>NEXTOL SF</b>	2	
pcca custom rdt powder	3	
<b>PCCA EMULSIFIX-205 BASE LIQUID</b>	3	
pcca loxasperse base powder	3	
<b>PCCA MBK (FATTY ACID) BASE</b>	3	
<b>PCCA RAPID DISSOLVE TABLET POWDER</b>	3	
<b>PCCA SORBITOL LOLLIPOP BASE FLAKES</b>	3	
<b>PCCA XYLIFOS BASE POWDER</b>	3	
<b>PLURONIC F127 POWDER</b>	3	
<b>PLURONIC GEL</b>	3	
<b>PLURONIC L64 LIQUID</b>	3	
<b>POLOX GEL</b>	3	
poloxamer 188 powder	3	
poloxamer 407 powder	3	
<b>POLYBLEND RX</b>	3	
polymatrix powder	3	
polypeg	3	
rdt base powder	3	
<b>RDT-PLUS POWDER</b>	3	
<b>SEPINEO P 600 LIQUID</b>	3	

Drug Name	Tier	Notes
shea butter	3	
shea butter organic	3	
sodium benzoate powder	3	
sodium thiosulfate crystals	3	
sodium thiosulfate powder	3	
sorbitol candy base	3	
sorbitol candy base crystals	3	
spg supposi-base pellet	3	
stearic acid flakes	3	
stearic acid powder	3	
<b>SUPPOSIBLEND PELLETT</b>	2	
<b>SUPPOSI-PLEX R36 PELLETT</b>	2	
<b>SUPPOSI-PLEX V33 PELLETT</b>	2	
<b>SYNAPSIN POWDER</b>	3	
<b>UCARE POLYMER JR-400 POWDER</b>	3	
<b>WITEPSOL PELLETT</b>	2	
<b>WITEPSOL WAX</b>	3	
xanthan gum powder	3	
<b>*PLACEBOS***</b>		
cherry concentrate oral concentrate	3	
<b>*SEMI SOLID VEHICLES***</b>		
1st base external cream	3	
alcohol base gel gel	3	
<b>ALPAWASH EXTERNAL OINTMENT</b>	3	
<b>ALTADERM EXTERNAL CREAM</b>	3	
<b>ANHYDROUS BASE CREAM</b>	3	
anhydrous base ointment	3	
anhydrous cream base cream	3	
anhydrous gel base gel	3	
<b>ARBEM H-COSMETIC EXTERNAL CREAM</b>	3	
<b>ARBEM LIPOPEN EXTERNAL CREAM</b>	3	
<b>ATREVIS HYDROGEL EXTERNAL CREAM</b>	3	
<b>AUXIPRO VANISHING EXTERNAL CREAM</b>	3	
az cream external cream	3	

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

Drug Name	Tier	Notes
baby skin protectant external ointment	2	
base a polyethylene glycol powder	3	
base c polyethylene glycol 300 liquid	3	
base d polyethyl glycol 4600 granules	3	
base d polyethylene glycol powder	3	
<b>BASE PCCA CLARIFYING EXTERNAL CREAM</b>	3	
base w301 external cream	3	
bhrt base cream	3	
<b>CARBOGEL 940 GEL</b>	3	
<b>CARBOHOL 940 GEL</b>	3	
carbomer aqueous gel	3	
carbomer hydroalcoholic gel	3	
<b>CHEMSIL K-12 PASTE</b>	3	
<b>CHEMSIL K-51 GEL</b>	3	
<b>CHEW-HESIVE OINTMENT</b>	3	
<b>CHRYSADERM DAY EXTERNAL CREAM</b>	3	
<b>CHRYSADERM NIGHT EXTERNAL CREAM</b>	3	
<b>CLEODERM EXTERNAL CREAM</b>	3	
<b>CLOVAGEL GEL</b>	3	
cold cream external cream	2	
cream base external cream	3	
cream base with liposome external cream	3	
cream concentrate external cream	3	
cutis plus external cream	3	
cvs petroleum jelly external gel	1 or 1b*	
daily moisturizer external ointment	2	
<b>DELBASE COMPOUNDING EXTERNAL OINTMENT</b>	2	
dermashield hydrogel gel	3	
<b>DURABASE ADVANCED EXTERNAL CREAM</b>	3	

Drug Name	Tier	Notes
<b>DURABASE EXTERNAL CREAM</b>	3	
<b>EMOLIVAN EXTERNAL CREAM</b>	3	
emollient base external cream	3	
<b>ESPUMIL FOAM</b>	3	
fagron ls plus external cream	3	
fagron natural external cream	3	
fagron supreme external cream	3	
<b>FAGRON VERSIFIX TRANSDERMAL LIQUID</b>	3	
fattibase external ointment	3	
<b>FITALITE EXTERNAL CREAM</b>	3	
freedom adaptaderm external cream	3	
freedom adaptaderm gel	3	
freedom cepapro gel	3	
freedom derma serum external cream	3	
<b>FREEDOM DERMA-D EXTERNAL CREAM</b>	3	
<b>FREEDOM DERMA-N EXTERNAL CREAM</b>	3	
freedom silomac anhydrous gel	3	
goodsense petroleum jelly gel	1 or 1b*	
hm petroleum jelly gel	1 or 1b*	
hormone cream base cream	3	
hrt base (men) gel	3	
hrt base cream	3	
<b>HRT BOTANICAL CREAM</b>	3	
hrt cream base cream	3	
hrt cream base women cream	3	
<b>HRT CREAM CREAM</b>	3	
hrt essential cream	3	
<b>HRT HEAVY CREAM</b>	3	
hrt natural lotion	3	
<b>HYDROGEL GEL</b>	3	
hydrophilic external ointment	3	
hydrophilic petrolatum external ointment	3	

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



Drug Name	Tier	Notes
hydrous emulsified base external cream	3	
<b>JELENE OINTMENT</b>	3	
kris-ester 236 liquid	3	
krisgel 100 external gel	3	
lanolin alcohol wax	3	
lanolin anhydrous external ointment	3	
lanolin oil	3	
lanolin ointment	1 or 1b*	
lecithin organogel external gel	3	
<b>LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM</b>	3	
lip balm base external ointment	3	
lip balm base natural ointment	3	
lipo cream base external cream	3	
<b>LIPOBASE EXTERNAL CREAM</b>	3	
<b>LIPOCREAM BASE EXTERNAL CREAM</b>	3	
lipof foam rx foam	3	
lipolayer external cream	3	
<b>LIOPEN ANHYDROUS LOTION</b>	3	
lipopen ultra base external cream	3	
liposomal heavy external cream	3	
liposomal regular external cream	3	
lipovan base external cream	3	
<b>LIPOZYME EXTERNAL CREAM</b>	3	
<b>LUBRAJEL NP GEL</b>	3	
medibase c liquid	3	
<b>MEDIDERM EXTERNAL CREAM</b>	3	
<b>MEDIHOL BASE GEL</b>	3	
microderm base external cream	3	
<b>MICROSOME BASE EXTERNAL CREAM</b>	3	

Drug Name	Tier	Notes
<b>MULTIBASE EXTERNAL CREAM</b>	3	
multi-phasic penetrating compd external cream	3	
<b>NOURILITE EXTERNAL CREAM</b>	3	
<b>NOURIVAN ANTIOX BASE EXTERNAL CREAM</b>	3	
<b>NOVAFILM GEL</b>	3	
<b>OCCLUVAN EXTERNAL OINTMENT</b>	3	
ointment base (emulsifying) ointment	3	
oleabase plasticized ointment	3	
<b>OMNIBASE EXTERNAL CREAM</b>	3	
<b>ORA-HESIVE BASE PASTE</b>	3	
<b>PCCA ALADERM BASE EXTERNAL CREAM</b>	3	
<b>PCCA ANHYDROUS BASE OINTMENT</b>	3	
<b>PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM</b>	3	
<b>PCCA BASE 7542 EXTERNAL CREAM</b>	3	
<b>PCCA BIOPEPTIDE BASE EXTERNAL CREAM</b>	3	
<b>PCCA CANNIDEX 2.0 CUSTOM BASE EXTERNAL CREAM</b>	3	
<b>PCCA CANNIDEX CUSTOM BASE EXTERNAL CREAM</b>	3	
<b>PCCA COBASE #1 EXTERNAL OINTMENT</b>	3	
<b>PCCA COSMETIC HRT BASE EXTERNAL CREAM</b>	3	
<b>PCCA CUSTOM LIPO-MAX EXTERNAL CREAM</b>	3	
<b>PCCA ELLAGE VAGINAL CREAM</b>	3	
<b>PCCA EMOLLIENT CREAM BASE EXTERNAL CREAM</b>	3	

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

Drug Name	Tier	Notes
PCCA GELATIN BASE OINTMENT	3	
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	3	
PCCA LIPODERM BASE EXTERNAL CREAM	3	
PCCA LIPODERM HMW GEL	3	
PCCA LIPOSOMIC BASE DRY EXTERNAL CREAM	3	
PCCA LIPOSOMIC BASE NORMAL EXTERNAL CREAM	3	
PCCA LIPOSOMIC BASE OILY EXTERNAL CREAM	3	
PCCA LIPOSOMIC BASE SENSITIVE EXTERNAL CREAM	3	
PCCA MVC BASE EXTERNAL CREAM	3	
PCCA NATACREAM EXTERNAL CREAM	3	
PCCA OCCLUSADERM GEL	3	
PCCA PERME8 ANHYDROUS GEL	3	
PCCA PLASTICIZED BASE OINTMENT	3	
PCCA PLURONIC F127 BASE GEL 30 %	3	
PCCA POLOXAMER 407 GEL	3	
PCCA POLYPEG BASE EXTERNAL OINTMENT	3	
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM	3	
pcca spira-wash base gel	3	
PCCA VANISHING CREAM BASE EXTERNAL CREAM	3	
PCCA VANISHING CREAM LIGHT EXTERNAL CREAM	3	
PCCA VANPEN BASE EXTERNAL CREAM	3	

Drug Name	Tier	Notes
PCCA W06 ANHYDROUS TOPICAL GEL	3	
PCCA WAV CUSTOM BASE EXTERNAL CREAM	3	
peg 300 liquid	3	
peg blend external ointment	3	
peg external ointment	2	
peg ointment base external ointment	3	
PENCREAM EXTERNAL CREAM	3	
penderm external cream	3	
pensomal external cream	3	
petrolatum external ointment	2	
petrolatum gel	1 or 1b*	
petrolatum white external ointment	3	
petrolatum white gel	1 or 1b*	
petroleum jelly baby external ointment	2	
petroleum jelly external gel	1 or 1b*	
petroleum jelly external ointment	2	
petroleum jelly gel	1 or 1b*	
PFCB EXTERNAL CREAM	3	
PHARMABASE ANTIOXIDANT EXTERNAL CREAM	3	
PHARMABASE COSMETIC EXTERNAL CREAM	3	
PHARMABASE COSMETIC NATURAL EXTERNAL CREAM	3	
PHARMABASE HEAVY EXTERNAL CREAM	3	
PHARMABASE LIGHT EXTERNAL CREAM	3	
PHARMABASE VAGINAL EXTERNAL CREAM	3	
PHYTOBASE EXTERNAL CREAM	3	
plastibase ointment	3	
plasticized base ointment	3	

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

Drug Name	Tier	Notes
<b>PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL</b>	3	
<b>PLO GEL - MEDIFLO EXTERNAL KIT</b>	3	
<b>PLO GEL - MEDIFLO PRE-MIXED EXTERNAL GEL</b>	3	
plo transdermal external cream	3	
<b>PLO20 FLOWABLE EXTERNAL GEL</b>	3	
<b>PLO20 NON-FLOWABLE EXTERNAL GEL</b>	3	
<b>PLURONIC F127 GEL</b>	3	
polyethylene glycol 1000 liquid	2	
polyethylene glycol 1000 powder	3	
polyethylene glycol 1450 flakes	3	
polyethylene glycol 1450 liquid	3	
polyethylene glycol 1450 powder	3	
polyethylene glycol 1500 powder	3	
polyethylene glycol 300 liquid	3	
polyethylene glycol 3350 granules	3	
polyethylene glycol 3350 powder	3	
polyethylene glycol 400 liquid	2	
polyethylene glycol 4500 powder	3	
polyethylene glycol 600 liquid	3	
polyethylene glycol 8000 external ointment	3	
polyethylene glycol 8000 granules	3	
polyethylene glycol 8000 powder	3	
polyethylene glycol powder	3	
polymac progel gel	3	
p-siloxan ds external cream	3	

Drug Name	Tier	Notes
qc petroleum jelly external gel	1 or 1b*	
ra petroleum jelly external ointment	2	
renewcream hrt cream	3	
sa3 derm external cream	3	
salt durable cream external cream	3	
<b>SALT STABLE LS ADVANCED EXTERNAL CREAM</b>	3	
<b>SALTSTABLE LO EXTERNAL CREAM</b>	3	
<b>SANARE ADVANCED SCAR THERAPY EXTERNAL CREAM</b>	3	
sanare scar therapy external cream	3	
scar care base enhanced gel	3	
scar care external cream	3	
silprotex plus external cream	3	
<b>SIMPLGEL 30 GEL</b>	3	
skin protectant external ointment	2	
skyy derm external cream	3	
sm petroleum jelly gel	1 or 1b*	
<b>SUSPENDIT GEL</b>	3	
<b>TDC MAX EXTERNAL CREAM</b>	3	
teroderm external cream	3	
teroderm-plus external cream	3	
<b>TOMMY GEL GEL</b>	3	
transdermal pain base external cream	3	
<b>U-BASE EXTERNAL CREAM</b>	3	
unibase external cream	3	
universal water gel	3	
<b>VANIBASE EXTERNAL CREAM</b>	3	
vanishing cream botanical base external cream	3	
vanishing external cream	3	
vanish-pen external cream	3	
<b>VASELINE GEL</b>	1 or 1b*	
<b>VASELINE PURE ULTRA WHITE GEL</b>	1 or 1b*	

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

Drug Name	Tier	Notes
versabase cream	3	
versabase foam	3	
versabase gel	3	
<b>VERSABASE HRT GEL</b>	3	
versabase lotion	3	
versabase shampoo	3	
<b>VERSAPRO ANHYDROUS BASE GEL</b>	3	
<b>VERSAPRO EXTERNAL CREAM</b>	3	
<b>VERSAPRO FOAM</b>	3	
<b>VERSAPRO GEL</b>	3	
<b>VERSAPRO LOTION</b>	3	
versatile cream base external cream	3	
<b>VERSATILE RICH BASE EXTERNAL CREAM</b>	3	
<b>VERSIGEL EXTERNAL CREAM</b>	3	
vp dermabase external cream	3	
water base gel gel	3	
white petrolatum external ointment	2	
white petrolatum gel	1 or 1b*	
white petroleum jelly external gel	1 or 1b*	
<b>WILEY BASIC ELEMENTS BHRT BASE CREAM</b>	3	
wound care external cream	3	
<b>XCEL 100 EXTERNAL CREAM</b>	3	
<b>XEMATOP BASE EXTERNAL CREAM</b>	3	
yellow petrolatum external ointment	3	
<b>ZOSIL PASTE</b>	3	
<b>*SURFACTANTS***</b>		
mytj 53 powder	3	
polyoxyl 40 stearate pellet	3	
polyoxyl 40 stearate powder	3	
<b>*THICKENING AGENTS***</b>		
cvs instant food thickener oral powder	1 or 1b*	

Drug Name	Tier	Notes
<b>GELMIX INFANT THICKENER ORAL POWDER</b>	2	
<b>PURATHICK ORAL POWDER</b>	2	
<b>RESOURCE THICKENUP CLEAR ORAL POWDER</b>	2	
<b>RESOURCE THICKENUP ORAL PACKET</b>	2	
<b>RESOURCE THICKENUP ORAL POWDER</b>	2	
<b>SIMPLYTHICK EASY MIX ORAL GEL</b>	2	
<b>SIMPLYTHICK ORAL GEL</b>	2	
<b>THICK &amp; EASY ORAL PACKET</b>	1 or 1b*	
<b>THICK &amp; EASY ORAL POWDER</b>	1 or 1b*	
<b>THICK NOW ORAL POWDER</b>	1 or 1b*	
<b>THICK-IT #2 ORAL PACKET</b>	2	
<b>THICK-IT #2 ORAL POWDER</b>	2	
<b>THICK-IT ORAL PACKET</b>	1 or 1b*	
<b>THICK-IT ORAL POWDER</b>	2	
<b>THIK &amp; CLEAR ORAL PACKET</b>	2	
<b>THIK &amp; CLEAR ORAL POWDER</b>	2	
<b>*PROGESTINS*</b>		
<b>*PROGESTINS***</b>		
<b>AYGESTIN ORAL TABLET</b>	3	
medroxyprogesterone acetate oral tablet	1 or 1a*	QL
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
norethindrone acetate powder	3	
progesterone intramuscular oil	1 or 1b*	
progesterone oral capsule	1 or 1b*	QL
<b>PROVERA ORAL TABLET</b>	3	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
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*AGENTS FOR OPIOID WITHDRAWAL***</b>		
LUCEMYRA ORAL TABLET	3	QL
<b>*ALCOHOL DETERRENTS***</b>		
acamprosate calcium oral tablet delayed release	1 or 1b*	QL
disulfiram oral tablet	1 or 1b*	
<b>*ANTI-CATAPLECTIC AGENTS***</b>		
sodium oxybate oral solution	3	PA; QL
XYREM ORAL SOLUTION	3	PA; QL
<b>*ANTIDEMENTIA AGENT COMBINATIONS***</b>		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
<b>*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
<b>*BENZODIAZEPINES &amp; TRICYCLIC AGENTS***</b>		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
<b>*CHOLINOMIMETICS - ACHE INHIBITORS***</b>		
ARICEPT ORAL TABLET 10 MG, 23 MG	3	QL
ARICEPT ORAL TABLET 5 MG	3	DO
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	QL

Drug Name	Tier	Notes
EXELON TRANSDERMAL PATCH 24 HOUR	3	ST; QL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	QL
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO
galantamine hydrobromide oral solution	1 or 1b*	QL
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	QL
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG	3	QL
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG	3	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	QL
rivastigmine transdermal patch 24 hour	1 or 1b*	QL
<b>*FIBROMYALGIA AGENT - SNRIS***</b>		
SAVELLA ORAL TABLET	2	QL
SAVELLA TITRATION PACK ORAL	2	QL
<b>*MELANOCORTIN RECEPTOR AGONISTS***</b>		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
<b>*MOVEMENT DISORDER DRUG THERAPY***</b>		
AUSTEDO ORAL TABLET	3	PA; SP; QL
INGREZZA ORAL CAPSULE 40 MG	3	PA; DO; LD; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; LD; SP; 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
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
<b>*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
AUBAGIO ORAL TABLET	3	PA; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***</b>		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	3	PA; SP; QL
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; SP; QL

Drug Name	Tier	Notes
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES***</b>		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
LEMTRADA INTRAVENOUS SOLUTION	3	PA; SP; QL
TYSABRI INTRAVENOUS CONCENTRATE	3	PA; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***</b>		
dimethyl fumarate oral capsule delayed release	1 or 1b*	PA; SP; QL

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

Drug Name	Tier	Notes
dimethyl fumarate starter pack oral	1 or 1b*	PA; SP; QL
<b>VUMERITY ORAL CAPSULE DELAYED RELEASE</b>	3	PA; LD; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***</b>		
<b>AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	PA; SP; QL
dalfampridine er oral tablet extended release 12 hour	1 or 1b*	PA; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS***</b>		
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; SP; QL
glatiramer acetate subcutaneous solution prefilled syringe	3	PA; LD; SP; QL
glatopa subcutaneous solution prefilled syringe	3	PA; LD; SP; QL
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***</b>		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	1 or 1b*	DO
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	1 or 1b*	QL
memantine hcl oral solution 2 mg/ml	1 or 1b*	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	1 or 1b*	QL
memantine hcl oral tablet 5 mg	1 or 1b*	DO
<b>NAMENDA ORAL TABLET 10 MG</b>	3	QL
<b>NAMENDA ORAL TABLET 5 MG</b>	3	DO
<b>NAMENDA TITRATION PAK ORAL TABLET</b>	3	QL
<b>*PHENOTHIAZINES &amp; TRICYCLIC AGENTS***</b>		
perphenazine-amitriptyline oral tablet	1 or 1b*	

Drug Name	Tier	Notes
<b>*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***</b>		
<b>GRALISE ORAL TABLET 300 MG</b>	2	PA; DO
<b>GRALISE ORAL TABLET 600 MG</b>	2	PA; QL
<b>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG</b>	3	PA; DO
<b>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG</b>	3	PA; QL
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1 or 1b*	PA; DO
pregabalin er oral tablet extended release 24 hour 330 mg	1 or 1b*	PA; QL
<b>*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***</b>		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL
<b>*PSEUDOBULBAR AFFECT AGENT COMBINATIONS***</b>		
<b>NUEDEXTA ORAL CAPSULE</b>	3	PA; QL
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***</b>		
ergoloid mesylates oral tablet	1 or 1b*	QL
pimozide oral tablet	1 or 1b*	QL
<b>*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***</b>		
<b>ADDYI ORAL TABLET</b>	3	PA; QL

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

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Drug Name	Tier	Notes
<b>*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***</b>		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
ONPATRO INTRAVENOUS SOLUTION	3	PA; QL
<b>*SMOKING DETERRENTS***</b>		
APO-VARENICLINE ORAL TABLET	3	PA; \$0; QL
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; \$0; QL
cvs nicotine mouth/throat gum	1 or 1b*	\$0
cvs nicotine mouth/throat lozenge	1 or 1b*	\$0
cvs nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
cvs nicotine transdermal patch 24 hour	1 or 1b*	\$0
eq nicotine mouth/throat gum 4 mg	1 or 1b*	\$0
eq nicotine mouth/throat lozenge	1 or 1b*	\$0
eq nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*	\$0
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	\$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine mouth/throat gum 4 mg	1 or 1b*	\$0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0

Drug Name	Tier	Notes
gnp nicotine transdermal patch 24 hour	1 or 1b*	\$0
goodsense nicotine mouth/throat gum	1 or 1b*	\$0
goodsense nicotine mouth/throat lozenge	1 or 1b*	\$0
habitrol transdermal patch 24 hour	1 or 1b*	\$0
hm nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
hm nicotine polacrilex mouth/throat lozenge 2 mg	1 or 1b*	\$0
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1 or 1b*	\$0
kls quit2 mouth/throat gum	1 or 1b*	\$0
kls quit2 mouth/throat lozenge	1 or 1b*	\$0
kls quit4 mouth/throat gum	1 or 1b*	\$0
kls quit4 mouth/throat lozenge	1 or 1b*	\$0
<b>NICODERM CQ TRANSDERMAL PATCH 24 HOUR</b>	2	\$0
<b>NICORETTE MINI MOUTH/THROAT LOZENGE</b>	2	\$0
<b>NICORETTE MOUTH/THROAT GUM</b>	2	\$0
<b>NICORETTE MOUTH/THROAT LOZENGE</b>	2	\$0
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM</b>	2	\$0
nicotine mini mouth/throat lozenge	1 or 1b*	\$0
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*	\$0
nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
nicotine step 1 transdermal patch 24 hour	1 or 1b*	\$0
nicotine step 2 transdermal patch 24 hour	1 or 1b*	\$0
nicotine step 3 transdermal patch 24 hour	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
<b>NICOTINE TRANSDERMAL KIT</b>	2	\$0
nicotine transdermal patch 24 hour	1 or 1b*	\$0
<b>NICOTROL INHALATION INHALER</b>	3	PA; \$0; QL
<b>NICOTROL NS NASAL SOLUTION</b>	3	PA; \$0; QL
px stop smoking aid mouth/throat gum	1 or 1b*	\$0
px stop smoking aid mouth/throat lozenge	1 or 1b*	\$0
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*	\$0
ra mini nicotine mouth/throat lozenge	1 or 1b*	\$0
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	\$0
ra nicotine mouth/throat gum	1 or 1b*	\$0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	\$0
sm nicotine mouth/throat gum	1 or 1b*	\$0
sm nicotine mouth/throat lozenge	1 or 1b*	\$0
sm nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
sm nicotine transdermal patch 24 hour	1 or 1b*	\$0
thrive mouth/throat gum 2 mg	1 or 1b*	\$0
varenicline tartrate oral tablet	1 or 1b*	PA; \$0; QL
varenicline tartrate oral tablet therapy pack	1 or 1b*	\$0; QL
<b>*SNRIS &amp; ANESTHETICS/ANALGESICS***</b>		
<b>DULOXICAIN COMBINATION KIT</b>	3	

Drug Name	Tier	Notes
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***</b>		
fingolimod hcl oral capsule	1 or 1b*	PA; QL
<b>MAYZENT ORAL TABLET</b>	3	PA; SP; QL
<b>MAYZENT STARTER PACK ORAL TABLET THERAPY PACK</b>	3	PA; SP; QL
<b>PONVORY ORAL TABLET</b>	3	PA; SP; QL
<b>PONVORY STARTER PACK ORAL TABLET THERAPY PACK</b>	3	PA; SP; QL
<b>TASCENSO ODT ORAL TABLET DISPERSIBLE</b>	3	PA; QL
<b>ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK</b>	3	PA; SP; QL
<b>ZEPOSIA ORAL CAPSULE</b>	3	PA; SP; QL
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK</b>	3	PA; SP; QL
<b>*THIENBENZODIAZEPINES &amp; OPIOID ANTAGONISTS***</b>		
<b>LYBALVI ORAL TABLET</b>	3	ST; QL
<b>*THIENBENZODIAZEPINES &amp; SSRIS***</b>		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	QL
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO
<b>SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG</b>	3	DO
<b>*VASOMOTOR SYMPTOM AGENTS - SSRIS***</b>		
paroxetine mesylate 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
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*ALPHA-PROTEINASE INHIBITOR (HUMAN)***</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	3	PA; SP
GLASSIA INTRAVENOUS SOLUTION	3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*CFTR POTENTIATORS***</b>		
KALYDECO ORAL PACKET	3	PA; LD; QL
KALYDECO ORAL TABLET	3	PA; LD; QL
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS***</b>		
ORKAMBI ORAL PACKET	3	PA; QL
ORKAMBI ORAL TABLET	3	PA; QL
SYMDEKO ORAL TABLET THERAPY PACK	3	PA; QL
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL
<b>*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS***</b>		
BRONCHITOL INHALATION CAPSULE	3	PA; SP; QL
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	3	PA; SP; QL

Drug Name	Tier	Notes
<b>*HYDROLYTIC ENZYMES***</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	SP; QL
<b>*PLEURAL SCLEROSING AGENTS***</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	3	
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***</b>		
OFEV ORAL CAPSULE	3	PA; SP; QL
<b>*PULMONARY FIBROSIS AGENTS***</b>		
ESBRIET ORAL CAPSULE	3	PA; LD; SP; QL
pirfenidone oral capsule	1 or 1b*	PA; QL
pirfenidone oral tablet 267 mg, 801 mg	1 or 1b*	PA; LD; SP; QL
pirfenidone oral tablet 534 mg	1 or 1b*	PA; QL
<b>*RESPIRATORY AGENTS - MISC.***</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	3	
INFASURF INTRATRACHEAL SUSPENSION	3	
SURVANTA INTRATRACHEAL SUSPENSION	3	
<b>*SULFONAMIDES*</b>		
<b>*SULFONAMIDES***</b>		
sulfadiazine oral tablet	1 or 1b*	
sulfadiazine powder	3	
sulfadiazine sodium powder	3	
sulfamethoxazole micro powder	3	
sulfamethoxazole powder	3	

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

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Drug Name	Tier	Notes
sulfapyridine powder	3	
sulfathiazole powder	3	
sulfisoxazole crystals	3	
<b>*TETRACYCLINES*</b>		
<b>*AMINOMETHYLCYCLOPENTANES***</b>		
<b>NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>NUZYRA ORAL TABLET 150 MG</b>	3	PA; QL
<b>*FLUOROCYCLINES***</b>		
<b>XERAVA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*GLYCYLCYCLINES***</b>		
<b>TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*TETRACYCLINES***</b>		
demeclocycline hcl oral tablet	1 or 1b*	
doxy 100 intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate oral capsule 100 mg	1 or 1b*	QL
doxycycline hyclate oral capsule 50 mg	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1 or 1b*	QL
doxycycline hyclate powder	3	
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 150 mg	3	ST
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL

Drug Name	Tier	Notes
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral tablet 150 mg	1 or 1b*	
lymepak oral tablet	1 or 1b*	QL
<b>MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
minocycline hcl oral capsule	1 or 1b*	QL
minocycline hcl oral tablet	1 or 1b*	QL
minocycline hcl powder	3	
mondoxyne nl oral capsule 100 mg	1 or 1b*	QL
oxytetracycline hcl powder	3	
targadox oral tablet	1 or 1b*	QL
tetracycline hcl oral capsule	1 or 1b*	
<b>*THYROID AGENTS*</b>		
<b>*ANTITHYROID AGENTS - RADIOPHARMACEUTICALS***</b>		
<b>SODIUM IODIDE I-131 ORAL SOLUTION</b>	3	
<b>*ANTITHYROID AGENTS***</b>		
methimazole oral tablet	1 or 1a*	
methimazole powder	3	
propylthiouracil oral tablet	1 or 1b*	
<b>*THYROID HORMONES***</b>		
<b>ADTHYZA ORAL TABLET</b>	3	
<b>ARMOUR THYROID ORAL TABLET</b>	3	
<b>CYTOMEL ORAL TABLET</b>	3	
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	
<b>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML</b>	3	

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

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Drug Name	Tier	Notes
<b>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
levothyroxine sodium oral capsule	1 or 1b*	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
np thyroid oral tablet	1 or 1a*	
<b>SYNTHROID ORAL TABLET</b>	3	
<b>THYQUIDITY ORAL SOLUTION</b>	3	
thyroid powder	3	
<b>TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	3	
<b>TIROSINT-SOL ORAL SOLUTION</b>	3	
unithroid oral tablet	1 or 1a*	
<b>*TOXOIDS*</b>		
<b>*TOXOID COMBINATIONS***</b>		
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	3	\$0
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	3	\$0
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	3	\$0
<b>INFANRIX INTRAMUSCULAR SUSPENSION</b>	3	\$0

Drug Name	Tier	Notes
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	\$0
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	3	\$0
<b>QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>TDVAX INTRAMUSCULAR SUSPENSION</b>	3	\$0
<b>TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU</b>	3	\$0
<b>TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION</b>	3	\$0
<b>VAXELIS INTRAMUSCULAR SUSPENSION</b>	3	
<b>VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>		
<b>*ANTICHOLINERGIC COMBINATIONS***</b>		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
<b>LIBRAX ORAL CAPSULE</b>	3	
<b>*ANTISPASMODICS***</b>		
<b>BENTYL INTRAMUSCULAR SOLUTION</b>	3	
dicyclomine hcl intramuscular 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
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
<b>*BELLADONNA ALKALOIDS***</b>		
<b>ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR</b>	3	
<b>ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML</b>	3	
<b>ATROPINE SULFATE INTRAVENOUS SOLUTION</b>	3	
atropine sulfate monohydrate powder	3	
atropine sulfate powder	3	
hyoscyamine sulfate powder	3	
scopolamine hbr powder	3	
<b>*H-2 ANTAGONIST-ANTACID COMBINATIONS***</b>		
acid reducer complete oral tablet chewable	1 or 1b*	
cvs dual action complete oral tablet chewable	1 or 1b*	
<b>DUO FUSION ORAL TABLET CHEWABLE</b>	1 or 1b*	
eq acid reducer complete oral tablet chewable	1 or 1b*	
eql dual action complete oral tablet chewable	1 or 1b*	
hm dual action complete oral tablet chewable	1 or 1b*	
kls acid controller complete oral tablet chewable	1 or 1b*	
<b>PEPCID COMPLETE ORAL TABLET CHEWABLE</b>	2	
px dual action oral tablet chewable	1 or 1b*	
ra acid reducer plus antacid oral tablet chewable	1 or 1b*	
ra dual action complete oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
<b>*H-2 ANTAGONISTS***</b>		
acid control maximum strength oral tablet 20 mg	1 or 1b*	
acid controller max st oral tablet	1 or 1b*	
acid controller oral tablet	1 or 1b*	
acid reducer maximum strength oral tablet 20 mg	1 or 1b*	
acid reducer oral tablet 10 mg	1 or 1b*	
cimetidine 200 oral tablet	1 or 1b*	
cimetidine acid reducer oral tablet	1 or 1b*	
cimetidine hcl oral solution 300 mg/5ml	1 or 1b*	QL
cimetidine oral tablet	1 or 1b*	QL
cimetidine powder	3	
cvs acid controller max st oral tablet	1 or 1b*	
cvs acid controller oral tablet	1 or 1b*	
cvs heartburn relief oral tablet	1 or 1b*	
eq acid reducer oral tablet 10 mg, 200 mg	1 or 1b*	
eq cimetidine oral tablet	1 or 1b*	
eq famotidine max st oral tablet	1 or 1b*	
eql heartburn prevention oral tablet	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1 or 1b*	
famotidine maximum strength oral tablet	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	QL
famotidine oral tablet 10 mg	1 or 1b*	
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	QL
famotidine orig st oral tablet	1 or 1b*	
famotidine premixed intravenous solution	1 or 1b*	
gnp acid reducer max st oral tablet	1 or 1b*	
gnp acid reducer oral tablet 10 mg	1 or 1b*	

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

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Drug Name	Tier	Notes
heartburn relief max st oral tablet 20 mg	1 or 1b*	
heartburn relief oral tablet 10 mg	1 or 1b*	
kls acid controller max st oral tablet	1 or 1b*	
<b>MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET</b>	1 or 1b*	
nizatidine oral capsule	1 or 1b*	QL
<b>PEPCID AC MAXIMUM STRENGTH ORAL TABLET</b>	2	
<b>PEPCID AC ORAL TABLET</b>	2	
<b>PEPCID ORAL TABLET</b>	3	QL
px acid reducer max st oral tablet 20 mg	1 or 1b*	
px acid reducer oral tablet 10 mg, 200 mg	1 or 1b*	
qc acid controller max st oral tablet	1 or 1b*	
qc acid controller oral tablet	1 or 1b*	
qc famotidine acid reducer oral tablet	1 or 1b*	
ra acid reducer max st oral tablet 20 mg	1 or 1b*	
ra acid reducer oral tablet 10 mg	1 or 1b*	
sb acid controller max st oral tablet	1 or 1b*	
sb acid controller oral tablet	1 or 1b*	
sb acid reducer oral tablet 10 mg	1 or 1b*	
sb cimetidine oral tablet	1 or 1b*	
sm acid reducer max st oral tablet 20 mg	1 or 1b*	
sm acid reducer oral tablet 10 mg, 200 mg	1 or 1b*	
<b>TAGAMET HB ORAL TABLET</b>	2	
<b>ZANTAC 360 MAX ST ORAL TABLET</b>	1 or 1b*	
<b>ZANTAC 360 ORAL TABLET</b>	1 or 1b*	
<b>*MISC. ANTI-ULCER***</b>		
<b>CARAFATE ORAL SUSPENSION</b>	3	

Drug Name	Tier	Notes
<b>CARAFATE ORAL TABLET</b>	3	
sucrafate oral suspension	1 or 1b*	
sucrafate oral tablet	1 or 1b*	
sucrafate powder	3	
<b>*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS***</b>		
cvs omeprazole-sod bicarbonate oral capsule	1 or 1b*	
<b>*PROTON PUMP INHIBITORS***</b>		
acid reducer oral capsule delayed release	1 or 1b*	
acid reducer oral tablet delayed release	1 or 1b*	
cvs esomeprazole magnesium oral capsule delayed release	1 or 1b*	
cvs lansoprazole oral tablet delayed release dispersible	1 or 1b*	
cvs omeprazole magnesium oral capsule delayed release	1 or 1b*	
cvs omeprazole oral tablet delayed release	1 or 1b*	
cvs omeprazole oral tablet delayed release dispersible	1 or 1b*	
eq esomeprazole magnesium oral capsule delayed release	1 or 1b*	
eq lansoprazole oral capsule delayed release	1 or 1b*	
eq omeprazole magnesium oral capsule delayed release	1 or 1b*	
eq omeprazole oral tablet delayed release	1 or 1b*	
eql lansoprazole oral capsule delayed release	1 or 1b*	
eql omeprazole oral tablet delayed release	1 or 1b*	
esomeprazole magnesium oral tablet delayed release	1 or 1b*	
esomeprazole sodium intravenous solution reconstituted 40 mg	1 or 1b*	
gnp esomeprazole magnesium oral capsule delayed release	1 or 1b*	
gnp lansoprazole oral capsule delayed release	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
gnp omeprazole oral capsule delayed release	1 or 1b*	
gnp omeprazole oral tablet delayed release	1 or 1b*	
gnp omeprazole oral tablet delayed release dispersible	1 or 1b*	
<b>GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE</b>	1 or 1b*	
goodsense lansoprazole oral capsule delayed release	1 or 1b*	
hm esomeprazole magnesium dr oral capsule delayed release	1 or 1b*	
hm omeprazole oral tablet delayed release	1 or 1b*	
kls esomeprazole magnesium oral capsule delayed release	1 or 1b*	
kls lansoprazole oral capsule delayed release	1 or 1b*	
kp omeprazole magnesium oral capsule delayed release	1 or 1b*	
lansoprazole oral capsule delayed release 15 mg	1 or 1b*	ST; QL
<b>NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>NEXIUM 24HR ORAL TABLET DELAYED RELEASE</b>	2	
<b>NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG</b>	3	
omeprazole magnesium oral capsule delayed release	1 or 1b*	
omeprazole magnesium oral tablet delayed release	1 or 1b*	
omeprazole oral capsule delayed release	1 or 1b*	
omeprazole oral tablet delayed release	1 or 1b*	
omeprazole oral tablet delayed release dispersible	1 or 1b*	
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
pantoprazole sodium oral tablet delayed release	1 or 1b*	
<b>PREVACID 24HR ORAL CAPSULE DELAYED RELEASE</b>	2	
<b>PRIOSEC OTC ORAL TABLET DELAYED RELEASE</b>	2	
<b>PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
px omeprazole oral tablet delayed release	1 or 1b*	
qc esomeprazole magnesium oral capsule delayed release	1 or 1b*	
qc lansoprazole oral capsule delayed release	1 or 1b*	
qc omeprazole magnesium oral capsule delayed release	1 or 1b*	
qc omeprazole oral tablet delayed release	1 or 1b*	
ra esomeprazole magnesium oral capsule delayed release	1 or 1b*	
ra omeprazole oral tablet delayed release	1 or 1b*	
sb omeprazole oral tablet delayed release	1 or 1b*	
sm esomeprazole magnesium oral capsule delayed release	1 or 1b*	
sm lansoprazole oral capsule delayed release	1 or 1b*	
sm omeprazole oral tablet delayed release	1 or 1b*	
<b>*QUATERNARY ANTICHOLINERGICS***</b>		
<b>CUVPOSA ORAL SOLUTION</b>	3	
<b>GLYCATE ORAL TABLET</b>	3	PA
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
<b>GLYCOPYRROLATE ORAL TABLET 1.5 MG</b>	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
<b>GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML</b>	3	
glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml	3	
<b>GLYRX-PF INJECTION SOLUTION</b>	3	
<b>GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE</b>	3	
isopropamide iodide powder	3	
methscopolamine bromide oral tablet	1 or 1b*	
propantheline bromide powder	3	
<b>ROBINUL ORAL TABLET</b>	3	
<b>ROBINUL-FORTE ORAL TABLET</b>	3	
<b>*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS***</b>		
<b>HELIDAC THERAPY ORAL</b>	3	ST; QL
<b>PYLERA ORAL CAPSULE</b>	3	ST; QL
<b>*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS***</b>		
amoxicill-clarithro-lansopraz oral therapy pack	1 or 1b*	ST; QL
<b>OMECLAMOX-PAK ORAL</b>	3	ST; QL
<b>TALICIA ORAL CAPSULE DELAYED RELEASE</b>	3	ST; QL
<b>*ULCER DRUGS - PROSTAGLANDINS***</b>		
<b>CYTOTEC ORAL TABLET</b>	3	
misoprostol oral tablet	1 or 1a*	

Drug Name	Tier	Notes
<b>*URINARY ANTISPASMODICS*</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**</b>		
*		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	QL
fesoterodine fumarate er oral tablet extended release 24 hour	1 or 1b*	QL
oxybutynin chloride er oral tablet extended release 24 hour	1 or 1b*	QL
oxybutynin chloride oral syrup	1 or 1b*	QL
oxybutynin chloride oral tablet 5 mg	1 or 1b*	QL
<b>OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY</b>	2	
solifenacin succinate oral tablet	1 or 1b*	QL
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL
tolterodine tartrate oral tablet	1 or 1b*	QL
trospium chloride er oral capsule extended release 24 hour	1 or 1b*	QL
trospium chloride oral tablet	1 or 1b*	QL
<b>*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***</b>		
<b>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER</b>	3	QL
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***</b>		
bethanechol chloride 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
<b>*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***</b>		
flavoxate hcl oral tablet	1 or 1b*	
<b>*VACCINES*</b>		
<b>*BACTERIAL VACCINES***</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3	\$0
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	\$0
MENACTRA INTRAMUSCULAR SOLUTION	3	\$0
MENQUADFI INTRAMUSCULAR SOLUTION	3	\$0
MENVEO INTRAMUSCULAR SOLUTION	3	\$0
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	\$0
PNEUMOVAX 23 INJECTION INJECTABLE	2	\$0
PREVNAR 13 INTRAMUSCULAR SUSPENSION	2	\$0
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0

Drug Name	Tier	Notes
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
<b>*VIRAL VACCINE COMBINATIONS***</b>		
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	\$0
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
<b>*VIRAL VACCINES***</b>		
ACAM2000 INJECTION SOLUTION RECONSTITUTED	3	\$0
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	\$0; QL

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

Drug Name	Tier	Notes
COMIRNATY INTRAMUSCULAR SUSPENSION	2	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	\$0
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	\$0
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	\$0; QL
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	\$0; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	2	\$0; QL

Drug Name	Tier	Notes
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	\$0; QL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	\$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	\$0
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	\$0
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
IPOL INJECTION INJECTABLE	3	\$0
IXIARO INTRAMUSCULAR SUSPENSION	3	
janssen covid-19 vaccine intramuscular suspension	2	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	\$0
moderna covid-19 bival 6m-5y intramuscular suspension	2	
moderna covid-19 bival booster intramuscular suspension	2	
novavax covid-19 vaccine intramuscular suspension	2	
pfizer covid-19 bival 6mo-4yr intramuscular suspension	2	
pfizer covid-19 vac bival 5-11 intramuscular suspension	2	
pfizer covid-19 vac bivalent intramuscular suspension	2	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	3	\$0

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

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Drug Name	Tier	Notes
RABA VERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	\$0
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	3	\$0
ROTARIX ORAL SUSPENSION	3	\$0
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	\$0
ROTATEQ ORAL SOLUTION	3	\$0
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	\$0
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION	2	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	\$0
VARI VAX SUBCUTANEOUS INJECTABLE	3	\$0
YF-VAX SUBCUTANEOUS INJECTABLE	3	
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*DOUCHE PRODUCTS***</b>		
eq feminine douche vaginal solution	1 or 1b*	

Drug Name	Tier	Notes
SUMMERS EVE FRESH VAGINAL SOLUTION	1 or 1b*	
SUMMERS EVE ISLAND SPLASH VAGINAL SOLUTION	1 or 1b*	
SUMMERS EVE VAGINAL SOLUTION	1 or 1b*	
<b>*FERTILITY ENHANCERS***</b>		
PRO-CEPTION VAGINAL KIT	2	
<b>*IMIDAZOLE-RELATED ANTIFUNGALS***</b>		
3 day vaginal vaginal cream	1 or 1b*	
clotrimazole 3 vaginal cream	1 or 1b*	
clotrimazole vaginal cream 1 %	1 or 1b*	
clotrimazole-7 vaginal cream	1 or 1b*	
cvs clotrimazole 3 vaginal cream	1 or 1b*	
cvs miconazole 1 combo pack vaginal kit	1 or 1b*	
cvs miconazole 1 combo- wipes vaginal kit	2	
cvs miconazole 3 combo pack vaginal kit	1 or 1b*	
cvs miconazole 3 combo- supp vaginal kit	1 or 1b*	
cvs miconazole 7 vaginal cream	1 or 1b*	
cvs tioconazole 1 vaginal ointment	1 or 1b*	
eq miconazole 1 vaginal kit	1 or 1b*	
eq miconazole 7 day treatment vaginal cream	1 or 1b*	
eq tioconazole 1 vaginal ointment	1 or 1b*	
eq miconazole 3 vaginal kit	1 or 1b*	
eq miconazole 7 vaginal cream	1 or 1b*	
eq tioconazole-1 vaginal ointment	1 or 1b*	
gnp clotrimazole 3 vaginal cream	1 or 1b*	
gnp miconazole 1 vaginal kit	1 or 1b*	
gnp miconazole 3 vaginal kit	1 or 1b*	
gnp miconazole 7 vaginal cream	1 or 1b*	

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

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Drug Name	Tier	Notes
<b>GYNAZOLE-1 VAGINAL CREAM</b>	3	
<b>GYNE-LOTRIMIN 3 VAGINAL CREAM</b>	2	
<b>GYNE-LOTRIMIN VAGINAL CREAM</b>	2	
miconazole 1 vaginal kit	1 or 1b*	
miconazole 3 combo pack app vaginal kit	1 or 1b*	
miconazole 3 combo pack vaginal kit	1 or 1b*	
miconazole 3 combo-supp vaginal kit	1 or 1b*	
miconazole 3 vaginal suppository	1 or 1b*	
miconazole 7 vaginal cream	1 or 1b*	
miconazole 7 vaginal suppository	1 or 1b*	
miconazole nitrate vaginal cream	1 or 1b*	
<b>MONISTAT 1 COMBO PACK VAGINAL KIT</b>	2	
<b>MONISTAT 1 DAY OR NIGHT VAGINAL KIT</b>	2	
<b>MONISTAT 1-DAY VAGINAL OINTMENT</b>	1 or 1b*	
<b>MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 &amp; 2 MG-% (9GM), 200-2 MG-%</b>	2	
<b>MONISTAT 3 COMBO PACK APP VAGINAL KIT</b>	2	
<b>MONISTAT 3 VAGINAL CREAM</b>	2	
<b>MONISTAT 7 COMBO PACK APP VAGINAL KIT</b>	2	
<b>MONISTAT 7 COMPLETE THERAPY VAGINAL KIT</b>	2	
<b>MONISTAT 7 SIMPLY CURE VAGINAL CREAM</b>	2	
px miconazole 3-day combo vaginal kit	1 or 1b*	
qc 3 day vaginal cream	1 or 1b*	
qc clotrimazole vaginal cream	1 or 1b*	

Drug Name	Tier	Notes
qc miconazole 7 vaginal cream	1 or 1b*	
ra clotrimazole 7 vaginal cream	1 or 1b*	
ra miconazole 3 combo pack app vaginal kit	1 or 1b*	
ra miconazole 3 combo pack vaginal kit	1 or 1b*	
ra miconazole 7 vaginal cream	1 or 1b*	
ra tioconazole 1 vaginal ointment	1 or 1b*	
sm 3-day vaginal vaginal cream	1 or 1b*	
sm clotrimazole vaginal vaginal cream	1 or 1b*	
sm miconazole 3 applicator vaginal kit	1 or 1b*	
sm miconazole 3 vaginal kit	1 or 1b*	
sm miconazole 7 vaginal cream	1 or 1b*	
sm miconazole 7 vaginal suppository	1 or 1b*	
sm tioconazole-1 vaginal ointment	1 or 1b*	
terconazole vaginal cream	1 or 1b*	QL
terconazole vaginal suppository	1 or 1b*	QL
tioconazole-1 vaginal ointment	1 or 1b*	
<b>VAGISTAT-3 VAGINAL KIT</b>	1 or 1b*	
<b>*MISCELLANEOUS VAGINAL COMBINATIONS***</b>		
cvs itch relief vaginal cream	2	
<b>VAGISIL BATH BOMB EXTERNAL</b>	2	
<b>VH ESSENTIALS MEDICATED VAGINAL CREAM</b>	2	
<b>*MISCELLANEOUS VAGINAL PRODUCTS***</b>		
<b>AZO BORIC ACID VAGINAL SUPPOSITORY</b>	2	
cvs cleansing wash odor block external liquid	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
cvs cleansing wash/sensitive external liquid	1 or 1b*	
cvs feminine moisturizer vaginal gel	2	
cvs vagicaine external cream	1 or 1b*	
douche vinegar/water vaginal solution	1 or 1b*	
eq feminine wash sensitive external liquid	1 or 1b*	
<b>FEMINEASE VAGINAL CREAM</b>	2	
<b>HYALO GYN VAGINAL GEL</b>	2	
<b>INTRAROSA VAGINAL INSERT</b>	3	ST; QL
<b>KEY-E COMBINATION SUPPOSITORY</b>	2	
<b>K-Y LIQUIBEADS VAGINAL INSERT</b>	2	
<b>LUVENA DAILY THERAPEUTIC WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>LUVENA PREBIOTIC LUBRICANT VAGINAL SOLUTION</b>	2	
<b>LUVENA RESTORATIVE RINSE VAGINAL LIQUID</b>	2	
<b>LUVENA VAGINAL MOISTURIZER VAGINAL GEL</b>	2	
<b>MONISTAT CARE VAGINAL GEL</b>	2	
<b>NORFORMS VAGINAL SUPPOSITORY</b>	1 or 1b*	
qc feminine anti-itch max external cream	1 or 1b*	
ra feminine cleansing wash external liquid	1 or 1b*	
<b>REPHRESH VAGINAL GEL</b>	1 or 1b*	
<b>REPLENS VAGINAL GEL</b>	2	
<b>REVAREE VAGINAL SUPPOSITORY</b>	1 or 1b*	
sb ex cleansing vinegar/water vaginal solution	1 or 1b*	
<b>SUMMERS EVE CLEANSING WASH EXTERNAL LIQUID</b>	2	

Drug Name	Tier	Notes
<b>SUMMERS EVE EXTRA CLEANSING VAGINAL SOLUTION</b>	1 or 1b*	
<b>SUMMERS EVE FEMININE WASH EXTERNAL LIQUID</b>	2	
<b>SUMMERS EVE NIGHT-TIME EXTERNAL LIQUID</b>	2	
<b>TRIMO-SAN VAGINAL GEL 0.025 %</b>	2	
<b>VAGISIL EXTERNAL CREAM 5-2 %</b>	2	
<b>VAGISIL FEMININE MOISTURIZER VAGINAL LOTION</b>	2	
<b>VAGISIL FEMININE WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>VAGISIL INTIMATE WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>VAGISIL LUBRICANT VAGINAL GEL</b>	2	
<b>VAGISIL MAXIMUM STRENGTH EXTERNAL CREAM</b>	2	
vagisil ph balance external liquid	1 or 1b*	
<b>VAGISIL SENSITIVE PLUS WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>VAGISIL YEAST-CONTROL VAGINAL SUPPOSITORY</b>	2	
<b>VCF VAGINAL ODOR ELIMINATING VAGINAL FILM</b>	2	
<b>VH ESSENTIALS BORIC+TEA TREE VAGINAL SUPPOSITORY</b>	2	
<b>VH ESSENTIALS FEMININE WASH EXTERNAL LIQUID</b>	1 or 1b*	
<b>VH ESSENTIALS MOISTURIZER VAGINAL GEL</b>	2	
<b>VH ESSENTIALS PREBIOTIC VAGINAL SUPPOSITORY</b>	2	

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

Drug Name	Tier	Notes
VH ESSENTIALS VAGINAL ODOR VAGINAL SUPPOSITORY	2	
VH ESSENTIALS VITAMIN C VAGINAL TABLET	2	
<b>*SPERMICIDES***</b>		
ENCARE VAGINAL SUPPOSITORY	2	\$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	\$0
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL	2	\$0
TODAY SPONGE VAGINAL	2	\$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	\$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	2	\$0
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	\$0
<b>*VAGINAL ANTI- INFECTIVES***</b>		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM	3	
medicated douche vaginal solution	1 or 1b*	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL	3	
SUMMERS EVE DISP MEDICATED VAGINAL SOLUTION	1 or 1b*	
VANAZOLE VAGINAL GEL	1 or 1b*	

Drug Name	Tier	Notes
<b>*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS***</b>		
PHEXXI VAGINAL GEL	3	
<b>*VAGINAL ESTROGENS***</b>		
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	QL
ESTRING VAGINAL RING	3	QL
FEMRING VAGINAL RING	3	QL
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	QL
IMVEXXY STARTER PACK VAGINAL INSERT	3	QL
PREMARIN VAGINAL CREAM	2	QL
yuvafem vaginal tablet	1 or 1b*	QL
<b>*VAGINAL PROGESTINS***</b>		
CRINONE VAGINAL GEL 4 %	3	SP
CRINONE VAGINAL GEL 8 %	3	PA; SP; QL
ENDOMETRIN VAGINAL INSERT	3	PA
<b>*VASOPRESSORS*</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS***</b>		
ADRENALIN INJECTION SOLUTION	3	
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL
<b>*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***</b>		
droxidopa oral capsule	1 or 1b*	PA; SP; QL
<b>*VASOPRESSORS***</b>		
AKOVAZ INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
<b>AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE</b>	3	
<b>BIORPHEN INTRAVENOUS SOLUTION</b>	3	
<b>EMERPHED INTRAVENOUS SOLUTION</b>	3	
<b>EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION</b>	3	
<b>EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML</b>	3	
<b>EPINEPHRINE PF INJECTION SOLUTION</b>	3	
<b>GIAPREZA INTRAVENOUS SOLUTION</b>	3	
<b>LEVOPHED INTRAVENOUS SOLUTION</b>	3	
midodrine hcl oral tablet	1 or 1b*	
norepinephrine bitartrate intravenous solution	1 or 1b*	
<b>PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 10 MG/ML</b>	3	
<b>VAZCULEP INTRAVENOUS SOLUTION</b>	3	
<b>*VITAMINS*</b>		
<b>*BIOFLAVONOID COMBINATIONS***</b>		
<b>DIOVASC ORAL CAPSULE</b>	2	
<b>FLOGEN ORAL TABLET</b>	2	
<b>VASOFLEX D1 ORAL TABLET</b>	2	
venaliv oral tablet	2	
<b>*BIOFLAVONOIDS***</b>		
quercetin oral capsule	2	
quercetin oral tablet	2	
rutin oral tablet 50 mg	2	

Drug Name	Tier	Notes
<b>*BIOTIN***</b>		
biotin beauty extra strength oral tablet dispersible	2	
biotin forte oral tablet 3 mg	2	
biotin forte oral tablet 5 mg	1 or 1b*	
biotin maximum strength oral capsule	1 or 1b*	
biotin maximum strength oral tablet	1 or 1b*	
biotin oral capsule 1 mg	2	
biotin oral capsule 10 mg, 5 mg, 5000 mcg	1 or 1b*	
biotin oral tablet 10 mg, 1000 mcg, 10000 mcg, 5 mg, 5000 mcg, 800 mcg	1 or 1b*	
biotin oral tablet 300 mcg	2	
biotin oral tablet chewable	2	
biotin oral tablet dispersible	2	
biotin sublingual tablet sublingual	2	
cvs biotin high potency oral tablet	1 or 1b*	
cvs biotin oral capsule	1 or 1b*	
cvs hair/skin/nails oral tablet chewable	2	
<b>CYTO B7 ORAL LIQUID</b>	2	
eql biotin oral capsule	1 or 1b*	
gnp biotin oral capsule	1 or 1b*	
<b>HARD NAILS ORAL CAPSULE</b>	2	
hm biotin oral capsule	1 or 1b*	
hm biotin oral tablet dispersible	1 or 1b*	
<b>LEXINAL ORAL TABLET</b>	1 or 1b*	
mega biotin oral capsule	2	
<b>MERIBIN ORAL CAPSULE</b>	1 or 1b*	
<b>NAIL-EX ORAL TABLET</b>	1 or 1b*	
qc biotin oral tablet	1 or 1b*	
ra biotin oral capsule	1 or 1b*	
ra biotin oral tablet	1 or 1b*	
sm biotin oral capsule	1 or 1b*	
sm biotin oral tablet	1 or 1b*	
super biotin oral capsule	1 or 1b*	
super biotin 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
<b>VB7 MAX ORAL POWDER</b>	2	
<b>*PABA***</b>		
aminobenzoic acid powder	3	
paba oral tablet	2	
para-aminobenzoic acid powder	3	
potassium aminobenzoate powder	3	
<b>*VITAMIN A***</b>		
a-10000 oral capsule 3 mg (10000 ut)	1 or 1b*	
a-25 oral capsule 7.5 mg (25000 ut)	1 or 1b*	
<b>AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML</b>	3	
beta carotene oral capsule 25000 unit	1 or 1b*	
beta carotene provitamin a oral capsule	1 or 1b*	
cvs beta carotene oral capsule 15 mg	2	
cvs vitamin a oral capsule 2400 mcg (8000 ut)	1 or 1b*	
gnp vitamin a oral capsule 3 mg (10000 ut)	1 or 1b*	
natural vitamin a oral capsule 3 mg (10000 ut)	1 or 1b*	
px vitamin a oral capsule 2400 mcg (8000 ut)	1 or 1b*	
ra vitamin a oral capsule 3 mg (10000 ut)	1 or 1b*	
<b>VITAMIN A FISH ORAL CAPSULE 2250 MCG (7500 UT)</b>	2	
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut), 7.5 mg (25000 ut)	1 or 1b*	
vitamin a oral tablet 2400 mcg (8000 ut)	2	
vitamin a oral tablet 3 mg (10000 ut)	1 or 1b*	
vitamin a palmitate oral tablet 3 mg (10000 ut)	1 or 1b*	
vitamin a palmitate oral tablet 4.5 mg (15000 ut)	2	

Drug Name	Tier	Notes
vitamin a-beta carotene oral capsule	1 or 1b*	
vitamin a-beta carotene oral tablet 15000-10000 unit	2	
xcellent a 3000 oral capsule	1 or 1b*	
yl beta carotene oral capsule	1 or 1b*	
<b>*VITAMIN B-1***</b>		
arkaliox oral capsule	2	
b1 natural oral tablet	2	
b1 oral tablet	1 or 1b*	
b-1 oral tablet 100 mg, 250 mg	1 or 1b*	
b-1 oral tablet 500 mg	2	
benfotiamine oral capsule	2	
benfotiamine-v oral capsule	2	
cvs b-1 oral tablet	1 or 1b*	
<b>CYTO B1 ORAL POWDER</b>	2	
gnp vitamin b-1 oral tablet	1 or 1b*	
qc vitamin b1 oral tablet	1 or 1b*	
ra vitamin b-1 oral tablet	1 or 1b*	
sm vitamin b1 oral tablet	1 or 1b*	
thiamine hcl injection solution 100 mg/ml	1 or 1b*	
thiamine hcl oral tablet	1 or 1b*	
thiamine hcl powder	2	
thiamine mononitrate oral tablet	1 or 1b*	
thiamine mononitrate powder	3	
vitamin b-1 oral tablet	1 or 1b*	
vitamin b1 oral tablet 100 mg	1 or 1b*	
<b>*VITAMIN B-2***</b>		
b-2 oral tablet	1 or 1b*	
<b>B-2-400 ORAL CAPSULE</b>	2	
cvs vitamin b-2 oral tablet	1 or 1b*	
<b>CYTO B2 ORAL POWDER</b>	2	
riboflavin oral tablet	2	
vitamin b-2 oral tablet	1 or 1b*	
<b>*VITAMIN B-3***</b>		
<b>ENDUR-ACIN ORAL TABLET EXTENDED RELEASE</b>	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
<b>ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE</b>	1 or 1b*	
kp niacin oral tablet	1 or 1b*	
niacin er oral capsule extended release	1 or 1b*	
niacin er oral tablet extended release 1000 mg	2	
niacin er oral tablet extended release 250 mg, 500 mg	1 or 1b*	
niacin oral tablet	1 or 1b*	
niacin powder	3	
niacinamide er oral tablet extended release	1 or 1b*	
niacinamide oral tablet	1 or 1b*	
niacinamide powder	3	
<b>NIAVASC 750 ORAL TABLET EXTENDED RELEASE</b>	1 or 1b*	
<b>NIAVASC ORAL TABLET EXTENDED RELEASE</b>	1 or 1b*	
nicotinamide powder	3	
plain niacin oral tablet	1 or 1b*	
px niacin oral tablet	1 or 1b*	
qc niacin oral tablet	1 or 1b*	
ra niacin oral tablet	1 or 1b*	
ra no flush niacin oral tablet	1 or 1b*	
<b>SLO-NIACIN ORAL TABLET EXTENDED RELEASE</b>	2	
sm niacin cr oral tablet extended release	1 or 1b*	
<b>*VITAMIN B-5***</b>		
calcium pantothenate oral tablet 100 mg, 200 mg	2	
calcium pantothenate oral tablet 500 mg	1 or 1b*	
calcium pantothenate powder	2	
<b>*VITAMIN B-6***</b>		
b6 natural oral tablet	1 or 1b*	
b-6 oral tablet 100 mg, 250 mg, 500 mg	1 or 1b*	
b-6 oral tablet 500 mg	2	
<b>B-NATAL MOUTH/THROAT LOZENGE</b>	2	

Drug Name	Tier	Notes
<b>B-NATAL MOUTH/THROAT LOZENGE ON A HANDLE</b>	2	
cvs b6 oral tablet	1 or 1b*	
eql b-6 oral tablet	1 or 1b*	
gnp vitamin b-6 oral tablet 100 mg	1 or 1b*	
kp vitamin b-6 oral tablet	1 or 1b*	
pyridoxine hcl oral tablet 25 mg, 50 mg	1 or 1b*	
pyridoxine hcl powder	2	
qc vitamin b6 oral tablet	1 or 1b*	
ra vitamin b-6 oral tablet	1 or 1b*	
sm vitamin b6 oral tablet	1 or 1b*	
sm vitamin b-6 oral tablet	1 or 1b*	
vitamin b-6 er oral tablet extended release	2	
vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	
vitamin b6 oral tablet 100 mg, 250 mg, 500 mg	1 or 1b*	
yl vitamin b-6 oral tablet	1 or 1b*	
<b>*VITAMIN C***</b>		
<b>ACEROLA C 500 ORAL WAFER</b>	2	
acerola c-500 oral tablet chewable	1 or 1b*	
<b>ASCOR INTRAVENOUS SOLUTION</b>	3	
ascorbic acid oral powder	2	
ascorbic acid oral tablet 1000 mg, 500 mg	1 or 1b*	
<b>BPROTECTED VITAMIN C ORAL LIQUID</b>	1 or 1b*	
buffered c powder oral packet	2	
buffered vitamin c oral capsule	2	
c 1000 oral tablet	1 or 1b*	
c 250 oral tablet	1 or 1b*	
c 500 oral tablet	1 or 1b*	
c 500 oral tablet chewable	1 or 1b*	
c 500/rose hips oral tablet	1 or 1b*	
c-1000 oral tablet	1 or 1b*	
c-1000 oral tablet extended release	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
c-1000 sr oral tablet extended release	1 or 1b*	
c-1000/rose hips oral tablet	1 or 1b*	
c-1000/rose hips sr oral tablet extended release	1 or 1b*	
c-1500/rose hips sr oral tablet extended release	1 or 1b*	
c-250 oral tablet	1 or 1b*	
c-250 oral tablet chewable	1 or 1b*	
c-500 non-acid oral tablet	1 or 1b*	
c-500 oral tablet	1 or 1b*	
c-500 oral tablet chewable	1 or 1b*	
c-500 oral tablet extended release	1 or 1b*	
c-500 sr oral capsule extended release	1 or 1b*	
c-500 sr oral tablet extended release	1 or 1b*	
c-500/rose hips oral tablet	1 or 1b*	
calcium ascorbate oral tablet	1 or 1b*	
calcium ascorbate powder	2	
c-chewable oral tablet chewable 500 mg	1 or 1b*	
<b>CRUSH VITAMIN C DROPS MOUTH/THROAT LOZENGE</b>	1 or 1b*	
cvs chewable c with rose hips oral tablet chewable	1 or 1b*	
cvs vitamin c oral tablet	1 or 1b*	
cvs vitamin c-rose hips oral tablet	1 or 1b*	
<b>CYTO C ORAL POWDER</b>	2	
<b>ENDUR-C ORAL TABLET EXTENDED RELEASE</b>	1 or 1b*	
eql vitamin c drops mouth/throat lozenge	2	
eql vitamin c gummies oral tablet chewable	1 or 1b*	
eql vitamin c oral tablet	1 or 1b*	
eql vitamin c/rose hips oral tablet	1 or 1b*	
fruit c 500 oral tablet chewable	1 or 1b*	
fruit c oral tablet chewable	1 or 1b*	
fruity c oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
gnp vitamin c drops mouth/throat lozenge	1 or 1b*	
gnp vitamin c oral tablet	1 or 1b*	
gnp vitamin c oral tablet chewable	1 or 1b*	
gnp vitamin c oral tablet extended release	1 or 1b*	
gnp vitamin c w/rose hips oral tablet 500-37 mg	1 or 1b*	
gnp vitamin c/rose hips oral tablet	1 or 1b*	
hm vitamin c oral tablet chewable	1 or 1b*	
<b>LIQUID C 500 ORAL LIQUID</b>	2	
liquid c oral liquid 500 mg/5ml	1 or 1b*	
meijer c oral tablet	1 or 1b*	
natural c/rose hips oral tablet	1 or 1b*	
<b>PUREWAY-C ORAL TABLET</b>	1 or 1b*	
px vitamin c oral tablet	1 or 1b*	
qc vitamin c oral tablet	1 or 1b*	
qc vitamin c oral tablet chewable	1 or 1b*	
qc vitamin c with rose hips oral tablet	1 or 1b*	
ra vitamin c cr oral tablet extended release 500 mg	1 or 1b*	
ra vitamin c drops mouth/throat lozenge 53 mg	2	
ra vitamin c oral tablet	1 or 1b*	
ra vitamin c oral tablet chewable 250 mg, 500 mg	1 or 1b*	
ra vitamin c/acerola oral tablet chewable	1 or 1b*	
ra vitamin c/rose hips oral tablet	1 or 1b*	
sb vitamin c oral tablet	1 or 1b*	
sm chewable c oral tablet chewable	1 or 1b*	
sm chewable vitamin c oral tablet chewable	1 or 1b*	
sm vit c/rose hips oral tablet	1 or 1b*	
sm vitamin c cr oral tablet extended release	1 or 1b*	
sm vitamin c oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
sm vitamin c oral tablet chewable	1 or 1b*	
sm vitamin c/rose hips oral tablet	1 or 1b*	
sodium ascorbate granules	3	
sodium ascorbate powder	2	
<b>SUNKIST VITAMIN C ORAL TABLET CHEWABLE</b>	1 or 1b*	
vita-c oral crystals	2	
vitachew vit c citrus burst oral tablet chewable	1 or 1b*	
<b>VITAJOY DAILY C GUMMIES ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>VITAMELTS VITAMIN C ORAL TABLET DISPERSIBLE</b>	2	
vitamin c (calcium ascorbate) oral solution reconstituted	2	
vitamin c adult gummies oral tablet chewable	1 or 1b*	
vitamin c drops mouth/throat lozenge	1 or 1b*	
vitamin c er oral capsule extended release	1 or 1b*	
vitamin c er oral tablet extended release 1500 mg, 500 mg	1 or 1b*	
vitamin c gummie oral tablet chewable	2	
vitamin c gummies oral tablet chewable	1 or 1b*	
vitamin c immune health oral tablet chewable	1 or 1b*	
vitamin c oral capsule	2	
vitamin c oral liquid 500 mg/5ml	1 or 1b*	
vitamin c oral powder	2	
vitamin c oral tablet 100 mg	2	
vitamin c oral tablet 1000 mg, 250 mg, 500 mg	1 or 1b*	
vitamin c oral tablet chewable 100 mg, 125 mg, 250 mg, 500 mg	1 or 1b*	
vitamin c plus wild rose hips oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
vitamin c/bioflavonoids/rosehp oral tablet	1 or 1b*	
vitamin c/natural rose hips oral tablet	1 or 1b*	
vitamin c/rose hips oral tablet	1 or 1b*	
vitamin c/rose hips tr oral tablet extended release	1 or 1b*	
vitamin c-acerola oral tablet chewable	1 or 1b*	
vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg	1 or 1b*	
vitamin c-rose hips oral tablet 1000 mg, 500 mg	1 or 1b*	
vitamin c-rose hips oral tablet chewable	1 or 1b*	
vitamin c-rose hips tr oral tablet extended release	1 or 1b*	
<b>XCELLENT C ORAL CAPSULE</b>	2	
yl vitamin c oral tablet	1 or 1b*	
yl vitamin c-rose hips oral tablet	1 or 1b*	
<b>*VITAMIN D***</b>		
<b>AQUA-D ORAL LIQUID</b>	2	
aqueous vitamin d oral liquid 10 mcg/ml	1 or 1b*	
<b>BABY DDROPS ORAL LIQUID 10 MCG /0.028ML, 10 MCG/0.03ML</b>	2	
baby super daily d3 oral liquid 10 mcg /0.028ml	1 or 1b*	
baby vitamin d3 oral liquid 10 mcg /0.028ml	1 or 1b*	
<b>BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML</b>	2	
<b>BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML</b>	2	
<b>BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML</b>	1 or 1b*	
<b>CALCIDOL ORAL SOLUTION 200 MCG/ML</b>	1 or 1a*	
cvs d3 oral capsule	1 or 1b*	
cvs vitamin d3 oral capsule 250 mcg (10000 ut)	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
cvs vitamin d3 oral tablet chewable	1 or 1b*	
d 1000 oral capsule	1 or 1b*	
d 1000 oral tablet chewable	1 or 1b*	
d 10000 oral capsule	1 or 1b*	
d 5000 oral capsule	1 or 1b*	
d-1000 extra strength oral tablet	1 or 1b*	
d-1000 oral tablet	1 or 1b*	
d2000 ultra strength oral capsule	1 or 1b*	
d3 2000 oral capsule	1 or 1b*	
d3 5000 oral capsule	1 or 1b*	
d3 adult oral tablet chewable	1 or 1b*	
d3 baby drops oral liquid	2	
d3 high potency oral capsule	1 or 1b*	
d3 high potency oral tablet	1 or 1b*	
d3 kids oral tablet chewable	1 or 1b*	
d3 liquid oral liquid	2	
d3 maximum strength oral capsule	1 or 1b*	
d3 oral tablet	1 or 1b*	
d3 oral tablet chewable	1 or 1b*	
d3 super strength oral capsule	1 or 1b*	
d3-1000 oral capsule	1 or 1b*	
d3-1000 oral tablet	1 or 1b*	
d-3-5 oral capsule	1 or 1b*	
<b>D3-50 ORAL CAPSULE</b>	1 or 1b*	
d-400 oral tablet	1 or 1b*	
d-5000 oral tablet	1 or 1b*	
<b>DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML</b>	2	
<b>DDROPS ORAL LIQUID 25 MCG /0.028ML, 25 MCG/0.03ML, 50 MCG /0.028ML, 50 MCG/0.03ML</b>	2	
<b>DECARA ORAL CAPSULE 1.25 MG (50000 UT)</b>	1 or 1b*	
<b>DECARA ORAL CAPSULE 625 MCG (25000 UT)</b>	2	
delta d3 oral tablet	1 or 1b*	

Drug Name	Tier	Notes
<b>DIALYVITE VITAMIN D 5000 ORAL CAPSULE</b>	1 or 1b*	
<b>DIALYVITE VITAMIN D3 MAX ORAL TABLET</b>	1 or 1b*	
<b>DRISDOL ORAL CAPSULE</b>	3	
<b>D-VI-SOL ORAL LIQUID 10 MCG/ML</b>	2	
d-vite pediatric oral liquid	1 or 1b*	
eq d3 drops infants/childrens oral liquid	2	
eql vitamin d3 gummies oral tablet chewable	1 or 1b*	
eql vitamin d3 oral capsule	1 or 1b*	
ergocalciferol oral capsule	1 or 1a*	
ergocalciferol oral solution 200 mcg/ml	1 or 1a*	
ergocalciferol powder	3	
finest nutrition vitamin d3 oral capsule	1 or 1b*	
gnp d 1000 oral capsule	1 or 1b*	
gnp d 2000 oral tablet chewable	1 or 1b*	
gnp vitamin d maximum strength oral tablet	1 or 1b*	
gnp vitamin d oral tablet 25 mcg (1000 ut)	1 or 1b*	
gnp vitamin d oral tablet chewable	1 or 1b*	
gnp vitamin d super strength oral tablet	1 or 1b*	
gnp vitamin d3 extra strength oral tablet	1 or 1b*	
<b>HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE</b>	1 or 1b*	
hm vitamin d3 oral tablet 25 mcg (1000 ut)	1 or 1b*	
<b>IS-D 10,000 ORAL CAPSULE</b>	1 or 1b*	
<b>KIDS FIRST VITAMIN D3 GUMMIES ORAL TABLET CHEWABLE</b>	1 or 1b*	
kls d3 oral capsule	1 or 1b*	
kp vitamin d oral capsule 25 mcg (1000 ut)	1 or 1b*	
kp vitamin d oral tablet chewable	1 or 1b*	

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

Drug Name	Tier	Notes
kp vitamin d3 oral capsule	1 or 1b*	
<b>MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)</b>	2	
<b>MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML</b>	2	
nat-rul vitamin d oral tablet	1 or 1b*	
natural vitamin d-3 oral tablet	1 or 1b*	
<b>OPTIMAL D3 M ORAL CAPSULE</b>	2	
<b>OPTIMAL D3 ORAL CAPSULE</b>	1 or 1b*	
<b>OPURITY VITAMIN D ORAL TABLET CHEWABLE</b>	1 or 1b*	
osteo-vit3 oral liquid	2	
pharmacist choice d-vitamin oral liquid	1 or 1b*	
<b>PRONUTRIENTS VITAMIN D3 ORAL CAPSULE</b>	1 or 1b*	
qc vitamin d3 oral capsule	1 or 1b*	
qc vitamin d3 oral tablet	1 or 1b*	
ra vitamin d-3 oral capsule	1 or 1b*	
ra vitamin d-3 oral tablet	1 or 1b*	
<b>RADIANCE PLATINUM VITAMIN D3 ORAL TABLET</b>	1 or 1b*	
<b>REPLESTA NX ORAL WAFER</b>	2	
<b>REPLESTA ORAL WAFER</b>	2	
sm vitamin d oral tablet	1 or 1b*	
sm vitamin d3 oral capsule 100 mcg (4000 ut)	2	
sm vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg, 50 mcg (2000 ut)	1 or 1b*	
sm vitamin d3 oral tablet	1 or 1b*	
super daily d3 oral liquid 25 mcg /0.028ml, 50 mcg /0.028ml	2	
<b>THERA-D 2000 ORAL TABLET</b>	1 or 1b*	
<b>THERA-D 4000 ORAL TABLET</b>	2	

Drug Name	Tier	Notes
<b>THERA-D RAPID REPLETION ORAL TABLET</b>	1 or 1b*	
<b>UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML</b>	2	
vitachew vitamin d3 oral tablet chewable	1 or 1b*	
<b>VITAJEY DAILY D GUMMIES ORAL TABLET CHEWABLE</b>	1 or 1b*	
<b>VITAMELTS VITAMIN D ORAL TABLET DISPERSIBLE</b>	2	
vitamin d (cholecalciferol) oral capsule	1 or 1b*	
vitamin d (cholecalciferol) oral tablet	1 or 1b*	
vitamin d (cholecalciferol) oral tablet chewable	1 or 1b*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 50 mcg (2000 ut)	2	
vitamin d high potency oral capsule	1 or 1b*	
vitamin d infant oral liquid 10 mcg/ml	1 or 1b*	
vitamin d oral capsule 50 mcg (2000 ut)	1 or 1b*	
vitamin d oral liquid 10 mcg/ml	1 or 1b*	
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	1 or 1b*	
<b>VITAMIN D-1000 MAX ST ORAL TABLET</b>	1 or 1b*	
vitamin d2 oral tablet	2	
vitamin d3 adult gummies oral tablet chewable	1 or 1b*	
vitamin d3 extra strength oral tablet chewable	1 or 1b*	
vitamin d3 gummies adult oral tablet chewable	1 or 1b*	
vitamin d3 gummies oral tablet chewable	1 or 1b*	
<b>VITAMIN D3 IMMUNE HEALTH ORAL LIQUID</b>	2	

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

Drug Name	Tier	Notes
vitamin d3 maximum strength oral capsule	1 or 1b*	
vitamin d3 oral capsule	1 or 1b*	
vitamin d-3 oral capsule	1 or 1b*	
vitamin d3 oral liquid 10 mcg/ml	1 or 1b*	
vitamin d3 oral liquid 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml	2	
vitamin d-3 oral tablet	1 or 1b*	
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 50 mcg (2000 ut)	1 or 1b*	
vitamin d3 oral tablet 20 mcg (800 unit), 250 mcg (10000 ut), 75 mcg (3000 ut)	2	
vitamin d3 oral tablet chewable	1 or 1b*	
vitamin d3 oral tablet dispersible	2	
vitamin d3 ultra potency oral tablet 1250 mcg	1 or 1b*	
<b>WEEKLY-D ORAL CAPSULE</b>	1 or 1b*	
<b>*VITAMIN E***</b>		
<b>ADVANCED E ORAL CAPSULE</b>	2	
<b>AQUA-E ORAL LIQUID 20 UNIT, 50.25 MG/ML (75 UT/ML)</b>	2	
aqueous vitamin e oral solution 15 mg/0.67ml	1 or 1b*	
cvs e oil oral oil 45 mg/0.25ml	1 or 1b*	
cvs e oral capsule 90 mg (200 unit)	1 or 1b*	
cvs vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)	1 or 1b*	
e 1000 oral capsule 450 mg (1000 ut), 670 mg (1000 ut)	1 or 1b*	
e-1000 oral capsule	1 or 1b*	
e-200 oral capsule	1 or 1b*	
e200 oral capsule 90 mg (200 unit)	1 or 1b*	
e-400 oral capsule	1 or 1b*	
e400 oral capsule 180 mg (400 unit), 268 mg (400 unit)	1 or 1b*	

Drug Name	Tier	Notes
e-400-clear oral capsule 268 mg (400 unit)	1 or 1b*	
e-oil oral oil 100 unt/0.25ml	1 or 1b*	
eql vitamin e oral capsule 400 unit	1 or 1b*	
gnp vitamin e oral capsule 180 mg (400 unit), 400 unit, 450 mg (1000 ut), 90 mg (200 unit)	1 or 1b*	
high potency e oral capsule	1 or 1b*	
hm e vitamin oral capsule 180 mg (400 unit)	1 or 1b*	
<b>KEY-E ORAL TABLET CHEWABLE 268 MG (400 UNIT)</b>	2	
kp vitamin e oral capsule 45 mg (100 unit)	1 or 1b*	
natural vitamin e oral capsule 100 unit, 400 unit, 670 mg (1000 ut)	1 or 1b*	
natural vitamin e oral tablet 200 unit, 268 mg (400 unit)	2	
px vitamin e oral capsule	1 or 1b*	
qc vitamin e oral capsule 180 mg (400 unit)	1 or 1b*	
ra natural vitamin e oral capsule 268 mg (400 unit)	1 or 1b*	
ra vitamin e natural oral capsule 670 mg (1000 ut)	1 or 1b*	
ra vitamin e oral capsule 134 mg (200 unit), 268 mg (400 unit)	1 or 1b*	
sm vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut), 90 mg (200 unit)	1 or 1b*	
<b>SOLUVITA E ORAL SOLUTION 15.8 MG/0.7ML</b>	1 or 1b*	
vitamin e blend oral capsule 400 unit	1 or 1b*	
vitamin e high potency oral capsule 180 mg (400 unit), 90 mg	1 or 1b*	
vitamin e oral capsule 100 unit, 1000 unit, 134 mg (200 unit), 180 mg (400 unit), 200 unit, 268 mg (400 unit), 400 unit, 45 mg (100 unit), 450 mg (1000 ut), 670 mg (1000 ut), 90 mg (200 unit)	1 or 1b*	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
vitamin e oral oil 45 mg/0.25ml, 67 mg/0.25ml	1 or 1b*	
vitamin e oral solution 6.75 mg/0.3ml	1 or 1b*	
vitamin e oral tablet	2	
vitamin e oral tablet chewable	2	
vitamin e powder 500 unit/gm	3	
vitamin e water soluble oral capsule 180 mg (400 unit), 450 mg (1000 ut)	1 or 1b*	
vitamin e/d-alpha natural oral capsule 134 mg (200 unit), 268 mg (400 unit)	1 or 1b*	
vitamin e/d-alpha oral capsule 134 mg (200 unit)	1 or 1b*	
<b>XCELLENT E ORAL CAPSULE</b>	2	
<b>*VITAMIN K***</b>		
<b>AQUA-K ORAL LIQUID</b>	2	
k 100 oral tablet	1 or 1b*	
<b>K1-1000 ORAL CAPSULE</b>	2	
k2 oral liquid	2	
k2-45 oral capsule	2	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
<b>SUPERIORSOURCE K1 ORAL TABLET DISPERSIBLE</b>	2	
vitamin k (phytonadione) oral tablet	1 or 1b*	
vitamin k oral tablet	2	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
vitamin k2 oral capsule	2	
vitamin k2 oral tablet	2	

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