



2021 Pharmacy Benefit Drug List Changes

Starting January 1, 2021, some prescription drugs may:

- Move to a higher or lower drug tier
- Be added or removed from the drug list
- Have a new special requirement

Below is a list of drugs in alpha order that will have one of these changes made. If you have a keyboard, you can search for a drug name by using the Control and F keys, or go to Edit in the drop-down menu and select Find/Search. Type in the word or phrase you are looking for and click on Search.

What you need to know:

- Talk with your doctor if any of these changes affect drugs you're currently using.
- Coverage for new drugs added to your plan will begin when your plan renews or starts on or after January 1, 2021.
- If your drug has been removed from coverage, ask your doctor about your options. Often, a covered generic or brand alternative may be available.
- If your drug has moved to a higher drug tier (e.g. tier 03 to tier 04), ask your doctor if a lower-cost alternative might be right for you.
- Your out-of-pocket costs may be less for drugs that move to a lower drug tier (e.g. tier 02 to tier 01).
- If your drug has a new special requirement, your doctor may need to submit a request to us before you may receive coverage.
- Call the Customer Service number on your Member ID card if you have any questions.

Pharmacy Benefit Drug List Changes – Effective on or after January 1, 2021

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier*	2021 Drug Tier*	Special Requirements**
ACEBUTOLOL CAP 200 MG	CARDIOVASCULARAGENTS			X	01	02	
ACEBUTOLOL CAP 400 MG	CARDIOVASCULARAGENTS			X	01	02	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG	ANALGESICS		X		04	N/A	
AEROBIKA MIS	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
AFINITOR TAB 2.5 MG	ANTINEOPLASTICS		X		05	N/A	
AFINITOR TAB 5 MG	ANTINEOPLASTICS		X		05	N/A	
AFINITOR TAB 7.5 MG	ANTINEOPLASTICS		X		05	N/A	
AFSTYLA KIT 250 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 500 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	X			N/A	05	

* Drug Tier Key: 01=Preferred Generic, 02=Non-Preferred Generic, 03=Preferred Brand, 04=Non-Preferred Brand, 05=Preferred Specialty, 06=Non-Preferred Specialty, N/A=Does/did not apply

** Special Requirements Key: PA=added to Prior Authorization program, ST=added to Step Therapy program, QL=new Dispensing/Quantity Limit applied

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
AFSTYLA KIT 1000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 1500 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 2000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 2500 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 3000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AKYNZEO CAP 300-0.5	ANTIEMETICS		X		04	N/A	
ALENDRONATE SOL 70/75 ML	METABOLIC BONE DISEASE AGENTS		X		04	N/A	
ALENDRONATE TAB 5 MG	METABOLIC BONE DISEASE AGENTS			X	01	04	
ALOCRIOL SOL 2%	OPHTHALMIC AGENTS				04	04	PA
ALORA DIS 0.025 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ALORA DIS 0.05 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ALORA DIS 0.075 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ALORA DIS 0.1 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ALPHAGAN-P 0.15% SOLN	OPHTHALMIC AGENTS		X		04	N/A	PA, QL
ALPRAZOLAM CON 1 MG/ML	ANXIOLYTICS		X		04	N/A	
ALPRAZOLAM TAB 0.25 ODT	ANXIOLYTICS		X		02	N/A	
ALPRAZOLAM TAB 0.5 MG ODT	ANXIOLYTICS		X		02	N/A	
ALPRAZOLAM TAB 1 MG ER	ANXIOLYTICS			X	02	01	
ALPRAZOLAM TAB 1 MG ODT	ANXIOLYTICS		X		02	N/A	

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ALPRAZOLAM TAB 1 MG XR	ANXIOLYTICS			X	02	01	
ALPRAZOLAM TAB 2MG ODT	ANXIOLYTICS		X		02	N/A	
AMANTADINE TAB 100 MG	ANTIPARKINSONAGENTS		X		02	N/A	
AMILORIDE TAB 5 MG	CARDIOVASCULARAGENTS			X	02	01	
AMITIZA CAP 8 MCG	GASTROINTESTINALAGENTS				04	04	QL
AMITIZA CAP 24 MCG	GASTROINTESTINALAGENTS				04	04	QL
AMLODIPINE BENZOATE ORAL SUSP 1 MG/ML	CARDIOVASCULARAGENTS						PA, QL
AMOXICILLIN & K CLAVULANATE TAB ER 12HR 1000-62.5 MG	ANTIBACTERIALS			X	02	04	
APIDRA INJ SOLOSTAR	BLOOD GLUCOSE REGULATORS		X		04	N/A	
APIDRA INJ U-100	BLOOD GLUCOSE REGULATORS		X		04	N/A	
APRISO CAP 0.375 GM	INFLAMMATORY BOWEL DISEASE AGENTS		X		03	N/A	
APTIOM TAB 200 MG	ANTICONSULSANTS		X		04	N/A	
APTIOM TAB 400 MG	ANTICONSULSANTS		X		04	N/A	
APTIOM TAB 600 MG	ANTICONSULSANTS		X		04	N/A	
APTIOM TAB 800 MG	ANTICONSULSANTS		X		04	N/A	
ARCAPTA CAP 75 MCG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
ARIPIRAZOLE TAB 10 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
ARIPIRAZOLE TAB 15 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
ATOVAQUONE SUS 750/5 ML	ANTIPARASITICS		X		02	N/A	
AZASITE SOL 1%	OPHTHALMIC AGENTS		X		04	N/A	
AZELASTINE DRO 0.05%	OPHTHALMIC AGENTS			X	02	01	
BACLOFEN ORAL SOLN 5 MG/5 ML	ANTISPASTICITY AGENTS						PA, QL
BESIVANCE SUS 0.6%	OPHTHALMIC AGENTS		X		04	N/A	
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%	DERMATOLOGICAL AGENTS			X	02	01	
BETAMETHASONE VALERATE AEROSOL FOAM 0.12%	DERMATOLOGICAL AGENTS		X		02	N/A	
BETHKIS NEB 300/4 ML	RESPIRATORY TRACT/ PULMONARY AGENTS		X		06	N/A	PA, QL
BIDIL TAB	CARDIOVASCULARAGENTS		X		04	N/A	
BISOPROLOL FUMARATE TAB 5 MG	CARDIOVASCULARAGENTS			X	01	02	

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BRIMONIDINE 0.2% OPHTH SOLUTION	OPHTHALMIC AGENTS	X			01	01	
BRIVIACT SOL 10 MG/ML	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 10 MG	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 25 MG	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 50 MG	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 75 MG	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 100 MG	ANTICONVULSANTS		X		04	N/A	
BUPROPION HCL TAB 300 MG XL	ANTIDEPRESSANTS			X	02	01	
BUSPIRONE TAB 7.5 MG	ANXIOLYTICS		X		02	N/A	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	ANALGESICS		X		02	N/A	
BUTORPHANOL SOL 10 MG/ML	ANALGESICS		X		02	N/A	
CARBAGLU TAB 200 MG	ELECTROLYTES/MINERALS/METALS/VITAMINS			X	06	05	
CARBATROL CAP 100 MG	ANTICONVULSANTS		X		04	N/A	
CARBATROL CAP 200 MG	ANTICONVULSANTS		X		04	N/A	
CARBATROL CAP 300 MG	ANTICONVULSANTS		X		04	N/A	
CARBINOXAMINE SOL 4 MG/5 ML	RESPIRATORY TRACT/PULMONARY AGENTS			X	02	04	
CARBINOXAMINE TAB 4 MG	RESPIRATORY TRACT/PULMONARY AGENTS			X	02	04	
CEFDITOREN TAB 200 MG	ANTIBACTERIALS		X		04	N/A	
CEFDITOREN TAB 400 MG	ANTIBACTERIALS		X		04	N/A	
CELECOXIB CAP 50 MG	ANALGESICS			X	02	01	
CELECOXIB CAP 100 MG	ANALGESICS			X	02	01	
CELECOXIB CAP 200 MG	ANALGESICS			X	02	01	
CEPHALEXIN CAP 750 MG	ANTIBACTERIALS		X		02	N/A	
CETRAXAL SOL 0.2%	OTIC AGENTS		X		04	N/A	
CHLOROQUINE PHOSPHATE TAB 500 MG	ANTIPARASITICS			X	02	04	
CHLOROTHIAZIDE SUSP 250 MG/5 ML	CARDIOVASCULAR AGENTS						PA, QL
CHLOROTHIAZIDE TAB 500 MG	CARDIOVASCULAR AGENTS			X	02	04	
CHLORPROMAZINE HCL TAB 10 MG	ANTIEMETICS		X		02	N/A	
CHLORPROMAZINE HCL TAB 25 MG	ANTIEMETICS		X		02	N/A	

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CHLORPROMAZINE HCL TAB 50 MG	ANTIEMETICS		X		02	N/A	
CHLORPROMAZINE HCL TAB 100 MG	ANTIEMETICS		X		02	N/A	
CHLORPROMAZINE HCL TAB 200 MG	ANTIEMETICS		X		02	N/A	
CHLORTHALIDONE TAB 25 MG	CARDIOVASCULARAGENTS			X	02	01	
CICLOPIROX 0.77% CREAM	DERMATOLOGICALAGENTS				02	02	QL
CICLOPIROX 0.77% GEL	DERMATOLOGICALAGENTS				02	02	QL
CICLOPIROX 0.77% TOPICAL SUSPENSION	DERMATOLOGICALAGENTS				02	02	QL
CIMETIDINE SOL 300/5 ML	GASTROINTESTINALAGENTS			X	04	04	PA, QL
CLEOCIN-T (1% SOLUTION)	DERMATOLOGICALAGENTS						QL
CLINDACIN MIS ETZ 1%	ANTIBACTERIALS		X		02	N/A	
CLINDACIN-P PAD 1%	ANTIBACTERIALS		X		02	N/A	
CLINDAMYCIN PHOSPHATE 1% SOLUTION	ANTIBACTERIALS				02	02	QL
CLONAZEPAM ODT 0.125 MG	ANXIOLYTICS		X		02	N/A	
CLONAZEPAM ODT 0.25 MG	ANXIOLYTICS		X		02	N/A	
CLONAZEPAM ODT 0.5 MG	ANXIOLYTICS		X		02	N/A	
CLONAZEPAM ODT 1 MG	ANXIOLYTICS		X		02	N/A	
CLONAZEPAM ODT 2 MG	ANXIOLYTICS		X		02	N/A	
CLOPIDOGREL TAB 300 MG	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		02	N/A	
CLOZAPINE TAB 12.5/ODT	ANTIPSYCHOTICS		X		02	N/A	
CLOZAPINE TAB 25 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
CLOZAPINE TAB 100/ODT	ANTIPSYCHOTICS		X		02	N/A	
CLOZAPINE TAB 150/ODT	ANTIPSYCHOTICS		X		04	N/A	
CLOZAPINE TAB 200/ODT	ANTIPSYCHOTICS		X		04	N/A	
CO MONITOR MIS	RESPIRATORY THERAPY SUPPLIES/DEVICES		X		03	N/A	
CROTAN LOT 10%	DERMATOLOGICALAGENTS			X	02	04	
CUROSURF SUS 120/1.5	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
CUROSURF SUS 240/3ML	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
CUVPOSA SOL 1 MG/5 ML	GASTROINTESTINALAGENTS				04	04	PA

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CYPROHEPTADINE TAB 4 MG	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	01	
DANTROLENE CAP 25 MG	ANTISPASTICITY AGENTS		X		02	N/A	
DANTROLENE CAP 50 MG	ANTISPASTICITY AGENTS		X		02	N/A	
DANTROLENE CAP 100 MG	ANTISPASTICITY AGENTS		X		02	N/A	
DARAPRIM TAB 25 MG	ANTIPARASITICS		X		03	N/A	
DELZICOL CAP 400 MG	INFLAMMATORY BOWEL DISEASE AGENTS		X		03	N/A	
DEPENTITRA TAB 250 MG	GENITOURINARY AGENTS		X		05	N/A	
DEPO-PROVERA INJ 150 MG/ML	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
DESMOPRESSIN INJ 4 MCG/ML	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		X		02	N/A	
DEXMETHYLPHENIDATE TAB 2.5 MG	CENTRAL NERVOUS SYSTEM AGENTS			X	02	01	
DICLOFENAC TAB 100 MG ER	ANALGESICS		X		02	N/A	
DIDANOSINE CAP 200 MG	ANTIVIRALS			X	02	04	
DIDANOSINE CAP 250 MG	ANTIVIRALS			X	02	04	
DIDANOSINE CAP 400 MG	ANTIVIRALS			X	02	04	
DIGITEK TAB 0.125 MG	CARDIOVASCULARAGENTS			X	02	01	
DIGITEK TAB 0.25 MG	CARDIOVASCULARAGENTS			X	02	01	
DIGOX TAB 0.125 MG	CARDIOVASCULARAGENTS			X	02	01	
DIGOX TAB 0.25 MG	CARDIOVASCULARAGENTS			X	02	01	
DIGOXIN ORAL SOLN 1 MG/ML	CARDIOVASCULARAGENTS						PA, QL
DIGOXIN TAB 0.125 MG	CARDIOVASCULARAGENTS			X	02	01	
DIGOXIN TAB 0.25 MG	CARDIOVASCULARAGENTS			X	02	01	
DILANTIN CAP 30 MG	ANTICONVULSANTS		X		04	N/A	
DILANTIN CAP 100 MG	ANTICONVULSANTS		X		04	N/A	
DILANTIN CHW 50 MG	ANTICONVULSANTS		X		04	N/A	
DILANTIN-125 SUS 125/5 ML	ANTICONVULSANTS		X		04	N/A	
DILATRATE SR CAP 40MG	CARDIOVASCULARAGENTS		X		04	N/A	
DILT-XR CAP 120 MG	CARDIOVASCULARAGENTS			X	01	04	
DILT-XR CAP 180 MG	CARDIOVASCULARAGENTS			X	02	04	
DILT-XR CAP 240 MG	CARDIOVASCULARAGENTS			X	02	04	

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DIURIL SUS 250/5 ML	CARDIOVASCULARAGENTS		X		04	N/A	
DORZOLAMIDE HCL-TIMOLOL MALEATE OPTH SOLN 22.3-6.8 MG/ML	OPHTHALMIC AGENTS			X	02	01	
DOXYCYCLINE MONOHYDRATE CAP 75 MG	ANTIBACTERIALS		X		02	N/A	
DOXYCYCLINE MONOHYDRATE CAP 150 MG	ANTIBACTERIALS		X		02	N/A	
DUOPA SUS 4.63-20	ANTIPARKINSONAGENTS		X		04	N/A	
DYRENIUM CAP 50 MG	CARDIOVASCULARAGENTS		X		04	N/A	
DYRENIUM CAP 100 MG	CARDIOVASCULARAGENTS		X		04	N/A	
ECONAZOLE 1% CREAM	DERMATOLOGICALAGENTS				02	02	QL
ELESTRINGEL 0.06%	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		X		04	N/A	
ELIXOPHYLLIN ELX 80/15 ML	RESPIRATORY TRACT/PULMONARY AGENTS		X		04	N/A	
EMENDSUS 125 MG	ANTIEMETICS		X		03	N/A	
EMTRICITABINE-TENOFOVIR DISOPROXIL TAB 200-300 MG	ANTIVIRALS	X			N/A	02	QL
ENALAPRIL MALEATE ORAL SOLN 1 MG/ML	CARDIOVASCULARAGENTS						PA, QL
EQUETRO CAP 100 MG	BIPOLARAGENTS		X		04	N/A	
EQUETRO CAP 200 MG	BIPOLARAGENTS		X		04	N/A	
EQUETRO CAP 300 MG	BIPOLARAGENTS		X		04	N/A	
ERY PAD 2%	ANTIBACTERIALS			X	02	04	
ERYGEL 2%	DERMATOLOGICALAGENTS						QL
ERYPEDSUS 400/5 ML	ANTIBACTERIALS		X		04	N/A	
ERYTHROMYCIN 2% GEL	DERMATOLOGICALAGENTS				02	02	QL
ERYTHROMYCIN 2% TOPICAL SOLN	DERMATOLOGICALAGENTS				02	02	QL
ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5 ML	ANTIBACTERIALS		X		02	N/A	
ERYTHROMYCIN W/DELAYED RELEASE PARTICLES CAP 250 MG	ANTIBACTERIALS			X	02	04	
ESPEROCT INJ 500 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	X			N/A	05	

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ESPEROCT INJ 1000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
ESPEROCT INJ 1500 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
ESPEROCT INJ 2000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
ESPEROCT INJ 3000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
ESTRING MIS 2 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	04	03	
ETHACRYNIC ACID TAB 25 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
EVAMIST SPR 1.53 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
EXELDERM CREAM 1%	ANTIFUNGALS		X		04	N/A	
EXELDERM SOLUTION 1%	ANTIFUNGALS		X		04	N/A	
EXTINA AEROSOL 2%	DERMATOLOGICAL AGENTS						QL
EZETIMIBE-SIMVASTATIN TAB 10-10 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
EZETIMIBE-SIMVASTATIN TAB 10-20 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
EZETIMIBE-SIMVASTATIN TAB 10-40 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
EZETIMIBE-SIMVASTATIN TAB 10-80 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
FAMOTIDINE TAB 20 MG	GASTROINTESTINAL AGENTS			X	02	01	
FAMOTIDINE TAB 40 MG	GASTROINTESTINAL AGENTS			X	02	01	
FARESTON TAB 60 MG	ANTINEOPLASTICS		X		05	N/A	
FARXIGA TAB 5 MG	BLOOD GLUCOSE REGULATORS			X	04	03	
FARXIGA TAB 10 MG	BLOOD GLUCOSE REGULATORS			X	04	03	
FEBUXOSTAT TAB 40 MG	ANTIGOUT AGENTS	X			N/A	02	
FEBUXOSTAT TAB 80 MG	ANTIGOUT AGENTS	X			N/A	02	
FEMRING MIS 0.05/24H	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	

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FEMRING MIS 0.1MG/24	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		X		04	N/A	
FENOPROFEN TAB 600 MG	ANALGESICS				02	02	PA, QL
FIRAZYR INJ 30 MG/3 ML	IMMUNOLOGICAL AGENTS		X		05	N/A	
FLUORIDE SENSITIVITY PASTE 1.1-5%	ELECTROLYTES/MINERALS/METALS/VITAMINS			X	02	01	
FLUORIDEX DAILY RENEWAL	ELECTROLYTES/MINERALS/METALS/VITAMINS			X	01	02	
FLUOXETINE SOL 20 MG/5 ML	ANTIDEPRESSANTS			X	01	02	
FLUOXETINE TAB 10 MG	ANTIDEPRESSANTS		X		02	N/A	
FLUOXETINE TAB 20 MG	ANTIDEPRESSANTS		X		02	N/A	
FLUPHENAZINE TAB 1 MG	ANTIPSYCHOTICS			X	02	04	
FLUPHENAZINE TAB 2.5 MG	ANTIPSYCHOTICS			X	02	04	
FLUPHENAZINE TAB 5 MG	ANTIPSYCHOTICS			X	02	04	
FLUPHENAZINE TAB 10 MG	ANTIPSYCHOTICS			X	02	04	
FLURBIPROFEN SOL 0.03% OP	OPHTHALMIC AGENTS			X	01	04	
FOLBIC TAB	ELECTROLYTES/MINERALS/METALS/VITAMINS			X	02	04	
FOSAMAX + D TAB 70-2800	METABOLIC BONE DISEASE AGENTS		X		04	N/A	
FOSAMAX + D TAB 70-5600	METABOLIC BONE DISEASE AGENTS		X		04	N/A	
FRAGMIN INJ 2500/0.2	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 5000/0.2	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 7500/0.3	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 10000/ML	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 12500 UNT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 15000 UNT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 18000 UNT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		04	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
FRAGMIN INJ 95000 UNT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		04	N/A	
FUROSEMIDE ORAL SOLN 8 MG/ML	CARDIOVASCULAR AGENTS						PA, QL
GAVILYTE-C	GASTROINTESTINAL AGENTS			X	01	04	
GENTAMICIN CRE 0.1%	DERMATOLOGICAL AGENTS				02	02	QL
GENTAMICIN SULFATE CREAM 0.1%	DERMATOLOGICAL AGENTS				01	01	QL
GENTAMICIN SULFATE OINT 0.1%	DERMATOLOGICAL AGENTS						QL
GLYCOPYRROLATE ORAL SOLN 1 MG/5 ML	GASTROINTESTINAL AGENTS						PA
GUANFACINE TAB 1 MG	CARDIOVASCULAR AGENTS			X	01	02	
GUANFACINE TAB 2 MG	CARDIOVASCULAR AGENTS			X	01	02	
HALOPERIDOL CON 2 MG/ML	ANTIPSYCHOTICS			X	02	01	
HUMALOG INJ 100/ML	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMALOG JR INJ 100/ML	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMALOG MIX INJ 75/25KWP	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN INJ 70/30	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN INJ 70/30KWP	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN N INJ U-100	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN N INJ U-100KWP	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN R INJ U-100	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HYDROCODONE CAP 10 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 15 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 20 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 30 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 40 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 50 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE/ACETAMINOPHEN TAB 10-325 MG	ANALGESICS			X	02	01	
ILEVRO DRO 0.3% OP	OPHTHALMIC AGENTS		X		04	N/A	
IMBRUVICA 140 MG CAP	ANTINEOPLASTICS				05	05	QL
IMIPRAM PAM CAP 75 MG	ANTIDEPRESSANTS		X		02	N/A	
IMIPRAM PAM CAP 100 MG	ANTIDEPRESSANTS		X		02	N/A	
IMIPRAM PAM CAP 125 MG	ANTIDEPRESSANTS		X		02	N/A	
IMIPRAM PAM CAP 150 MG	ANTIDEPRESSANTS		X		02	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
IN-CHK DIAL MIS TRAINER	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
IN-CHK FLOW MIS METER	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
INDOCIN SUPPOSITORY	ANALGESICS						PA, QL
INFASURF SUS 35 MG/ML	RESPIRATORY TRACT/PULMONARY AGENTS		X		04	N/A	
INFASURF SUS 35 MG/ML	RESPIRATORY TRACT/PULMONARY AGENTS		X		04	N/A	
INPEN 100EL MIS BLUE	INJECTION DEVICES		X		03	N/A	
INPEN 100EL MIS GRAY	INJECTION DEVICES		X		03	N/A	
INPEN 100EL MIS PINK	INJECTION DEVICES		X		03	N/A	
INPEN 100NN MIS BLUE	INJECTION DEVICES		X		03	N/A	
INPEN 100NN MIS GREY	INJECTION DEVICES		X		03	N/A	
INPEN 100NN MIS PINK	INJECTION DEVICES		X		03	N/A	
INSULIN LISP INJ 100/ML	BLOOD GLUCOSE REGULATORS		X		04	N/A	
INSULIN LISP INJ JUNIOR	BLOOD GLUCOSE REGULATORS		X		04	N/A	
INSULIN LISP INJ PROTAMIN	BLOOD GLUCOSE REGULATORS	X			N/A	04	
ISONIAZID TAB 100 MG	ANTIMYCOBACTERIALS			X	01	04	
IXINITY INJ 250 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 500 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 1000 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 1500 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 2000 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 3000 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		X		05	N/A	
JENTADUETO	BLOOD GLUCOSE REGULATORS						ST
JENTADUETO XR	BLOOD GLUCOSE REGULATORS						ST
JIVI INJ 500 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	X			N/A	05	
JIVI INJ 1000 UNIT	BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	X			N/A	05	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
JIVI INJ 2000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
JIVI INJ 3000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
J-TIP KIT ADAPTERS	INJECTION DEVICES		X		03	N/A	
JUXTAPID CAP 5 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 10 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 20 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 30 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 40 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 60 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JYNARQUE PAK 30-15MG	ELECTROLYTES/MINERALS/ METALS/VITAMINS			X	04	06	
JYNARQUE PAK 45-15MG	ELECTROLYTES/MINERALS/ METALS/VITAMINS			X	04	06	
JYNARQUE PAK 60-30MG	ELECTROLYTES/MINERALS/ METALS/VITAMINS			X	04	06	
JYNARQUE PAK 90-30MG	ELECTROLYTES/MINERALS/ METALS/VITAMINS			X	04	06	
JYNARQUE TAB 15MG	ELECTROLYTES/MINERALS/ METALS/VITAMINS			X	04	06	
KAZANO	BLOOD GLUCOSE REGULATORS						ST
KESIMPTA 20MG/0.4 ML	CENTRAL NERVOUS SYSTEM AGENTS	X			N/A	05	PA, QL
KETOCONAZOLE 2% AEROSOL FOAM	DERMATOLOGICAL AGENTS						QL
KETOCONAZOLE 2% CREAM	DERMATOLOGICAL AGENTS				02	02	QL
KETODAN AEROSOL 2%	DERMATOLOGICAL AGENTS						QL
KETOPROFEN CAP 25 MG	ANALGESICS				04	04	PA
KETOPROFEN CAP 50 MG	ANALGESICS		X		04	N/A	
KETOPROFEN CAP 75 MG	ANALGESICS		X		04	N/A	
KETOPROFEN CAP 200 MG ER	ANALGESICS						PA, QL
KISQALI DAILY DOSE PAK 200 MG TAB	ANTINEOPLASTICS				05	05	PA, QL
KISQALI DAILY DOSE PAK 400 MG TAB	ANTINEOPLASTICS				05	05	PA, QL
KISQALI-FEMARA DAILY DOSE PAK 200 MG TAB	ANTINEOPLASTICS				05	05	PA, QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
KISQALI-FEMARA DAILY DOSE PAK 400 MG TAB	ANTINEOPLASTICS				05	05	PA, QL
KITABIS PAK NEB 300/5 ML	RESPIRATORY TRACT/ PULMONARY AGENTS		X		06	N/A	PA, QL
KOMBIGLYZE XR TAB 2.5-1000	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
KOMBIGLYZE XR TAB 5-500 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
KOMBIGLYZE XR TAB 5-1000 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
K-TAB TAB 20 MEQ	ELECTROLYTES/MINERALS/ METALS/VITAMINS		X		04	N/A	
LACRISERT MIS 5 MG OP	OPHTHALMIC AGENTS		X		04	N/A	
LAMICTAL XR KIT	ANTICONVULSANTS		X		04	N/A	
LAMOTRIGINE KIT START 35	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE KIT START 49	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE KIT START 98	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE TAB 25 MG ODT	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE TAB 50 MG ODT	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE TAB 100 MG ODT	ANTICONVULSANTS		X		02	N/A	
LANOXIN TAB 0.0625 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
LANOXIN TAB 0.125 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
LANOXIN TAB 0.25 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
LASTACAFT SOL 0.25%	OPHTHALMIC AGENTS				04	04	PA
LATUDA 20 MG TAB	ANTIPSYCHOTICS			X	04	03	QL
LATUDA 40 MG TAB	ANTIPSYCHOTICS			X	04	03	QL
LATUDA 60 MG TAB	ANTIPSYCHOTICS			X	04	03	QL
LATUDA 80 MG TAB	ANTIPSYCHOTICS			X	04	03	QL
LATUDA 120 MG TAB	ANTIPSYCHOTICS			X	04	03	QL
LETAIRIS TAB 5 MG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		05	N/A	
LETAIRIS TAB 10 MG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		05	N/A	
LEVOBUNOLOL SOL 0.5% OP	OPHTHALMIC AGENTS			X	01	04	
LEVO-T TAB 300 MCG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)			X	02	01	
LEVOTHYROXINE TAB 300 MCG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)			X	02	01	
LIDOCAINE GEL 2% JELLY	ANESTHETICS			X	02	04	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
LINZESS CAP 72 MCG	GASTROINTESTINALAGENTS		X		03	N/A	PA, QL
LINZESS CAP 145 MCG	GASTROINTESTINALAGENTS		X		03	N/A	PA, QL
LINZESS CAP 290 MCG	GASTROINTESTINALAGENTS		X		03	N/A	PA, QL
LISINOPRIL ORAL SOLN 1 MG/ML	CARDIOVASCULARAGENTS						PA, QL
LITHIUM CARBONATE TAB 300 MG ER	BIPOLARAGENTS			X	02	01	
LITHIUM CARBONATE TAB 450 MG ER	BIPOLARAGENTS			X	02	01	
LITHOBID TAB 300 MG CR	BIPOLARAGENTS		X		04	N/A	
LIVALO TAB 1 MG	CARDIOVASCULARAGENTS		X		04	N/A	
LIVALO TAB 2 MG	CARDIOVASCULARAGENTS		X		04	N/A	
LIVALO TAB 4 MG	CARDIOVASCULARAGENTS		X		04	N/A	
LOPROX 0.77% CREAM	DERMATOLOGICALAGENTS						QL
LOPROX 0.77% SUSPENSION	DERMATOLOGICALAGENTS						QL
LORCET HD TAB 10-325 MG	ANALGESICS			X	02	01	
LOTEMAX SUS 0.5%	OPHTHALMICAGENTS		X		04	N/A	
LOTEPREDNOL SUS 0.5%	OPHTHALMICAGENTS		X		02	N/A	
LYRICA CAP 25 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 50 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 75 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 100 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 150 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 200 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 225 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 300 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA SOL 20 MG/ML	ANTICONVULSANTS		X		03	N/A	
MEGESTROL SUS 625 MG/5 ML	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		02	N/A	
MENOSTARDIS 14 MCG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
MESTINON SOL 60 MG/5 ML	ANTIMYASTHENICAGENTS		X		04	N/A	
METFORMIN HCL ORAL SOLN 500 MG/5 ML	BLOOD GLUCOSE REGULATORS						PA, QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
METHITEST TAB 10 MG	ANDROGENS/ANABOLIC STEROIDS				04	04	PA, QL
METHYLPHENIDATE TAB 5 MG	CENTRAL NERVOUS SYSTEM AGENTS			X	02	01	
METHYLPREDNISOLONE TAB 4 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)			X	02	01	
METHYLTESTOSTERONE CAP 10 MG	ANDROGENS/ANABOLIC STEROIDS						PA, QL
METOCLOPRAMIDE TAB 5 MG ODT	GASTROINTESTINAL AGENTS		X		04	N/A	
METOCLOPRAMIDE TAB 10 MG ODT	GASTROINTESTINAL AGENTS		X		04	N/A	
METOPROLOL SUCCINATE TAB 100 MG ER	CARDIOVASCULAR AGENTS			X	02	01	
METRONIDAZOLE CAP 375 MG	ANTIBACTERIALS		X		02	N/A	
MIGLITOL TAB 25 MG	BLOOD GLUCOSE REGULATORS		X		02	N/A	
MIGLITOL TAB 50 MG	BLOOD GLUCOSE REGULATORS		X		02	N/A	
MIGLITOL TAB 100 MG	BLOOD GLUCOSE REGULATORS		X		02	N/A	
MINOCYCLINE TAB 50 MG	ANTIBACTERIALS		X		02	N/A	PA, QL
MINOCYCLINE TAB 75 MG	ANTIBACTERIALS		X		02	N/A	PA, QL
MINOCYCLINE TAB 100 MG	ANTIBACTERIALS		X		02	N/A	PA, QL
MISTASSIST MIS	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
MONDOXYNE NL CAP 75 MG	ANTIBACTERIALS		X		02	N/A	
MONUROL PAK GRANULES	ANTIBACTERIALS		X		04	N/A	
MOTEGRITY TAB 1 MG	GASTROINTESTINAL AGENTS						PA, QL
MOTEGRITY TAB 2 MG	GASTROINTESTINAL AGENTS						PA, QL
MOVANTIK TAB 12.5 MG	GASTROINTESTINAL AGENTS		X		04	N/A	PA, QL
MOVANTIK TAB 25 MG	GASTROINTESTINAL AGENTS		X		04	N/A	PA, QL
MOVIPREP	GASTROINTESTINAL AGENTS		X		04	N/A	
NAFTIFINE CRE HCL 1%	ANTIFUNGALS			X	02	04	PA
NEBULIZER MIS CUP/TUBI	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
NEBUPENT INH 300 MG	ANTIPARASITICS		X		04	N/A	
NEBUSAL NEB 3%	RESPIRATORY TRACT/PULMONARY AGENTS			X	02	01	
NESINA	BLOOD GLUCOSE REGULATORS						ST

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
NEUPRO DIS 1 MG/24HR	ANTIPARKINSONAGENTS		X		04	N/A	
NEUPRO DIS 2 MG/24HR	ANTIPARKINSONAGENTS		X		04	N/A	
NEUPRO DIS 3 MG/24HR	ANTIPARKINSONAGENTS		X		04	N/A	
NEUPRO DIS 4 MG/24HR	ANTIPARKINSONAGENTS		X		04	N/A	
NEUPRO DIS 6 MG/24HR	ANTIPARKINSONAGENTS		X		04	N/A	
NEUPRO DIS 8 MG/24HR	ANTIPARKINSONAGENTS		X		04	N/A	
NEVIRAPINE TAB 100 MG	ANTIVIRALS			X	02	04	
NEXIUM GRA 10 MG DR	GASTROINTESTINALAGENTS		X		04	N/A	
NEXIUM GRA 20 MG DR	GASTROINTESTINALAGENTS		X		04	N/A	
NEXIUM GRA 40 MG DR	GASTROINTESTINALAGENTS		X		04	N/A	
NITRO-DUR DIS 0.3 MG/HR	CARDIOVASCULARAGENTS		X		04	N/A	
NITRO-DUR DIS 0.8 MG/HR	CARDIOVASCULARAGENTS		X		04	N/A	
NITROGLYCRN SPRAY 0.4 MG	CARDIOVASCULARAGENTS		X		02	N/A	
NITROMIST AER 400 MCG	CARDIOVASCULARAGENTS		X		04	N/A	
NITRO-TIME CAP 2.5 MG CR	CARDIOVASCULARAGENTS			X	02	04	
NITRO-TIME CAP 6.5 MG CR	CARDIOVASCULARAGENTS			X	02	04	
NITRO-TIME CAP 9 MG CR	CARDIOVASCULARAGENTS			X	02	04	
NIZATIDINE CAP 150 MG	GASTROINTESTINALAGENTS			X	01	04	
NIZATIDINE SOL 15 MG/ML	GASTROINTESTINALAGENTS		X		04	N/A	
NP THYROID TAB 60 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)			X	01	02	
NUZYRA TAB 150 MG	ANTIBACTERIALS		X		04	N/A	
NYVEPRIA 6 MG/0.6 ML	BLOOD PRODUCTS/MODIFIERS	X			N/A	05	
OBBRA TABLE MIS COMPRESS	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
OCALIVA TAB 5 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		06	N/A	
OCALIVA TAB 10 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		06	N/A	
OLANZAPINE TAB 5 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
OLANZAPINE TAB 10 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
OLANZAPINE TAB 15 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
OLANZAPINE TAB 20 MG ODT	ANTIPSYCHOTICS		X		02	N/A	

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OLMESARTAN MEDOXOMIL TAB 5 MG	CARDIOVASCULARAGENTS			X	02	01	
OLMESARTAN MEDOXOMIL TAB 20 MG	CARDIOVASCULARAGENTS			X	02	01	
OLMESARTAN MEDOXOMIL TAB 40 MG	CARDIOVASCULARAGENTS			X	02	01	
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	CARDIOVASCULARAGENTS			X	02	01	
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	CARDIOVASCULARAGENTS			X	02	01	
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	CARDIOVASCULARAGENTS			X	02	01	
ONDANSETRON TAB 24 MG	ANTIEMETICS		X		02	N/A	
ONGLYZA TAB 2.5 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
ONGLYZA TAB 5 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
ORFADIN CAP 2 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		05	N/A	
ORFADIN CAP 5 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		05	N/A	
ORFADIN CAP 10 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		05	N/A	
ORGOVYX TAB 120 MG	ANTINEOPLASTICS	X			N/A	06	PA
OSENI	BLOOD GLUCOSE REGULATORS						ST
OXAZEPAM CAP 10MG	ANXIOLYTICS			X	02	04	
OXAZEPAM CAP 15MG	ANXIOLYTICS			X	02	04	
OXICONAZOLE NITRATE CREAM 1%	ANTIFUNGALS		X		02	N/A	PA, QL
OXISTAT LOTION	ANTIFUNGALS						PA, QL
OXYBUTYNIN TAB 5 MG	GENITOURINARY AGENTS			X	02	01	
OXYBUTYNIN TAB 5 MG ER	GENITOURINARY AGENTS			X	02	01	
OXYBUTYNIN TAB 15 MG ER	GENITOURINARY AGENTS			X	02	01	
OXYCODONE TAB 10 MG	ANALGESICS			X	02	01	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
OXYCODONE-ASPIRIN TAB 4.8355-325 MG	ANALGESICS			X	02	04	
PARAGARD IUD	INTRAUTERINE DEVICE (IUD)		X		04	N/A	
PAROMOMYCIN CAP 250 MG	ANTIBACTERIALS			X	02	03	
PENTAMIDINE INH 300 MG	ANTIPARASITICS		X		02	N/A	
PHENYTEK CAP 200 MG	ANTICONSULSANTS		X		04	N/A	
PHENYTEK CAP 300 MG	ANTICONSULSANTS		X		04	N/A	
PHOSLYRA SOL	ELECTROLYTES/MINERALS/ METALS/VITAMINS		X		04	N/A	
PIMECROLIMUS CRE 1%	DERMATOLOGICAL AGENTS	X			N/A	02	
PLEGRIDY SOL 125 MCG/0.5 ML	CENTRAL NERVOUS SYSTEM AGENTS	X			N/A	05	PA, QL
PREDNISOLONE SODIUM PHOSPHATE SOL 5 MG/5 ML	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		X		02	N/A	
PREDNISOLONE SUS 1% OP	OPHTHALMIC AGENTS			X	02	04	
PREDNISONE CON 5 MG/ML	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		X		04	N/A	
PREDNISONE PAK 5 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)			X	02	01	
PREDNISONE TAB 50 MG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)			X	02	01	
PREVYMIS TAB 240 MG	ANTIVIRALS		X		04	N/A	
PREVYMIS TAB 480 MG	ANTIVIRALS		X		04	N/A	
PROAIR HFA	RESPIRATORY TRACT/ PULMONARY AGENTS		X		03	N/A	
PROAIR RESPICLICK	RESPIRATORY TRACT/ PULMONARY AGENTS		X		03	N/A	
PROFENO TAB 600 MG	ANALGESICS				02	02	PA, QL
PROGLYCEM SUS 50 MG/ML	BLOOD GLUCOSE REGULATORS		X		03	N/A	
PROMETHEGAN SUP 50 MG	ANTIEMETICS			X	02	04	
PROPAFENONE TAB 150 MG	CARDIOVASCULAR AGENTS			X	02	01	
PROPRANOLOL SOL 20 MG/5 ML	CARDIOVASCULAR AGENTS			X	03	03	PA, QL
PROPRANOLOL SOL 40 MG/5 ML	CARDIOVASCULAR AGENTS			X	03	03	PA, QL
PROPRANOLOL TAB 40 MG	CARDIOVASCULAR AGENTS			X	02	01	

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PROVENTILAERHFA	RESPIRATORY TRACT/ PULMONARY AGENTS		X		03	N/A	
PULMOSAL NEB 7%	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	01	
PYRIDOSTIGMINE TAB ER 180 MG	ANTIMYASTHENIC AGENTS		X		02	N/A	
RADIOGARDASE CAP 0.5 GM	ANTIDOTES AND CHELATING AGENTS		X		04	N/A	
RANITIDINE SYP 75 MG/5 ML	GASTROINTESTINAL AGENTS		X		02	N/A	
RANITIDINE SYP 150/10 ML	GASTROINTESTINAL AGENTS		X		02	N/A	
RANITIDINE TAB 150 MG	GASTROINTESTINAL AGENTS		X		02	N/A	
RANITIDINE TAB 300 MG	GASTROINTESTINAL AGENTS		X		02	N/A	
REDITREX 7.5 MG/0.3 ML	IMMUNOLOGICAL AGENTS	X			N/A	03	ST
REDITREX 10 MG/0.4 ML	IMMUNOLOGICAL AGENTS	X			N/A	03	ST
REDITREX 12.5 MG/0.5 ML	IMMUNOLOGICAL AGENTS	X			N/A	03	ST
REDITREX 15 MG/0.6 ML	IMMUNOLOGICAL AGENTS	X			N/A	03	ST
REDITREX 17.5 MG/0.7 ML	IMMUNOLOGICAL AGENTS	X			N/A	03	ST
REDITREX 20 MG/0.8 ML	IMMUNOLOGICAL AGENTS	X			N/A	03	ST
REDITREX 22.5 MG/0.9 ML	IMMUNOLOGICAL AGENTS	X			N/A	03	ST
REDITREX 25 MG/ML	IMMUNOLOGICAL AGENTS	X			N/A	03	ST
RELISTOR INJ 8/0.4 ML SYRINGE	GASTROINTESTINAL AGENTS						PA, QL
RELISTOR INJ 12/0.6 ML SYRINGE	GASTROINTESTINAL AGENTS						PA, QL
RELISTOR INJ 12/0.6 ML SYRINGE KIT	GASTROINTESTINAL AGENTS						PA, QL
RELISTOR INJ 12/0.6 ML VIALS	GASTROINTESTINAL AGENTS						PA, QL
RELISTOR TAB 150 MG	GASTROINTESTINAL AGENTS						PA, QL
RHOPRESSA SOL 0.02%	OPHTHALMIC AGENTS	X			N/A	04	
RIBAVIRIN INH 6GM	RESPIRATORY TRACT/ PULMONARY AGENTS		X		02	N/A	
RIMANTADINE TAB 100 MG	ANTIVIRALS			X	02	04	
RYBELSUS 3 MG TAB	BLOOD GLUCOSE REGULATORS				03	03	QL
RYTARY CAP 95 MG	ANTIPARKINSON AGENTS		X		04	N/A	
RYTARY CAP 145 MG	ANTIPARKINSON AGENTS		X		04	N/A	
RYTARY CAP 195 MG	ANTIPARKINSON AGENTS		X		04	N/A	
RYTARY CAP 245 MG	ANTIPARKINSON AGENTS		X		04	N/A	
SANTYL OIN 250/GM	DERMATOLOGICAL AGENTS				04	04	PA
SAVELLA MIS TITRATION PAK	CENTRAL NERVOUS SYSTEM AGENTS				04	04	PA

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SAVELLA TAB 12.5 MG	CENTRAL NERVOUS SYSTEM AGENTS				04	04	PA
SAVELLA TAB 25 MG	CENTRAL NERVOUS SYSTEM AGENTS				04	04	PA
SAVELLA TAB 100 MG	CENTRAL NERVOUS SYSTEM AGENTS				04	04	PA
SELEGILINE TAB 5 MG	ANTIPARKINSONAGENTS			X	02	04	
SILENOR TAB 3 MG	SLEEP DISORDERAGENTS		X		04	N/A	
SILENOR TAB 6 MG	SLEEP DISORDERAGENTS		X		04	N/A	
SODIUM CHLORIDE NEB 3%	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	01	
SODIUM CHLORIDE NEB 7%	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	01	
SODIUM FLUORIDE PASTE 1.1-5%	ELECTROLYTES/MINERALS/ METALS/VITAMINS			X	02	01	
SOLTAMOX SOL 10 MG/5 ML	ANTINEOPLASTICS		X		04	N/A	
SOTALOL AF TAB 120 MG	CARDIOVASCULARAGENTS			X	02	01	
SOTALOL HCL ORAL SOLN 5 MG/ML	CARDIOVASCULARAGENTS						PA, QL
STALEVO 50 TAB	ANTIPARKINSONAGENTS		X		04	N/A	
STALEVO 75 TAB	ANTIPARKINSONAGENTS		X		04	N/A	
STALEVO 100 TAB	ANTIPARKINSONAGENTS		X		04	N/A	
STALEVO 125 TAB	ANTIPARKINSONAGENTS		X		04	N/A	
STALEVO 150 TAB	ANTIPARKINSONAGENTS		X		04	N/A	
STALEVO 200 TAB	ANTIPARKINSONAGENTS		X		04	N/A	
STRIVERDIAER 2.5 MCG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		03	N/A	
SUBVENITE KIT START 35	ANTICONSULSANTS		X		02	N/A	
SUBVENITE KIT START 49	ANTICONSULSANTS		X		02	N/A	
SUBVENITE KIT START 98	ANTICONSULSANTS		X		02	N/A	
SURVANTA INH	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
SYMPROIC TAB 0.2 MG	GASTROINTESTINALAGENTS				03	03	PA, QL
TAMOXIFEN TAB 10 MG	ANTINEOPLASTICS			X	02	01	
TARCEVA TAB 25 MG	ANTINEOPLASTICS		X		05	N/A	
TARCEVA TAB 100 MG	ANTINEOPLASTICS		X		05	N/A	
TARCEVA TAB 150 MG	ANTINEOPLASTICS		X		05	N/A	
TARGRETIN GEL 1%	ANTINEOPLASTICS				06	06	PA

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TEGRETOL SUS 100/5 ML	ANTICONVULSANTS		X		04	N/A	
TEGRETOL TAB 200 MG	ANTICONVULSANTS		X		04	N/A	
TEGRETOL-XR TAB 100 MG	ANTICONVULSANTS		X		04	N/A	
TEGRETOL-XR TAB 200 MG	ANTICONVULSANTS		X		04	N/A	
TEGRETOL-XR TAB 400 MG	ANTICONVULSANTS		X		04	N/A	
TELMISARTAN TAB 80 MG	CARDIOVASCULARAGENTS			X	02	01	
TENCON TAB 50-325 MG	ANALGESICS		X		04	N/A	
TESTOSTERONE ENANTHANATE INJ 200 MG/ML	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)			X	02	04	
THEO-24 CAP 400 MG ER	RESPIRATORY TRACT/PULMONARY AGENTS		X		04	N/A	
THEOPHYLLINE TAB 300 MG ER	RESPIRATORY TRACT/PULMONARY AGENTS			X	02	04	
THEOPHYLLINE TAB 450 MG ER	RESPIRATORY TRACT/PULMONARY AGENTS			X	02	04	
THRIVACIN 30 LIQ	NUTRITIONAL PRODUCTS		X		04	N/A	
THRIVACIN LIQ DETOX	NUTRITIONAL PRODUCTS		X		04	N/A	
THYQUIDITY SOL 100 MCG/5 ML	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	X			N/A	04	
TIMOLOL GEL SOL 0.25% OP	OPHTHALMIC AGENTS		X		04	N/A	PA, QL
TIMOLOL GEL SOL 0.5% OP	OPHTHALMIC AGENTS		X		04	N/A	PA, QL
TIMOPTIC-XE SOL 0.25% OP	OPHTHALMIC AGENTS		X		04	N/A	PA, QL
TOBRADEX OIN 0.3-0.1%	OPHTHALMIC AGENTS		X		04	N/A	
TOBRAMYCIN OPHTH SOLN 0.3%	OPHTHALMIC AGENTS				01	01	QL
TOBREX OPHTH SOLN 0.3%	OPHTHALMIC AGENTS						QL
TRACLEER TAB 62.5 MG	RESPIRATORY TRACT/PULMONARY AGENTS		X		05	N/A	
TRACLEER TAB 125 MG	RESPIRATORY TRACT/PULMONARY AGENTS		X		05	N/A	
TRADJENTA	BLOOD GLUCOSE REGULATORS						ST
TRAVATAN Z DRO 0.004%	OPHTHALMIC AGENTS		X		04	N/A	
TREXALL TAB 5 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
TREXALL TAB 7.5 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
TREXALL TAB 10 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
TREXALL TAB 15 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	

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TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM	DERMATOLOGICAL AGENTS		X		02	N/A	
TRIFLURIDINE SOL 1% OP	OPHTHALMIC AGENTS			X	02	04	
TRULANCE TAB 3 MG	GASTROINTESTINAL AGENTS			X	04	03	PA, QL
TRUVADA TAB 200-300 MG	ANTIVIRALS		X		03	N/A	
UNITHROID TAB 300 MCG	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)			X	02	01	
VANOCIN CAP 125 MG	ANTIBACTERIALS						QL
VANOCIN CAP 250 MG	ANTIBACTERIALS						QL
VANCOMYCIN CAP 125 MG	ANTIBACTERIALS				02	02	QL
VANCOMYCIN CAP 250 MG	ANTIBACTERIALS				02	02	QL
VASCEPA CAP 0.5 GM	CARDIOVASCULAR AGENTS	X			N/A	03	
VASCEPA CAP 1 GM	CARDIOVASCULAR AGENTS	X			N/A	03	
VERAPAMIL CAP 100 MG ER	CARDIOVASCULAR AGENTS			X	02	04	
VERAPAMIL CAP 200 MG ER	CARDIOVASCULAR AGENTS			X	02	04	
VERAPAMIL CAP 300 MG ER	CARDIOVASCULAR AGENTS			X	02	04	
VERSACLOZ SUS 50 MG/ML	ANTIPSYCHOTICS		X		04	N/A	
VESICARE TAB 5 MG	GENITOURINARY AGENTS		X		03	N/A	
VESICARE TAB 10 MG	GENITOURINARY AGENTS		X		03	N/A	
VIBERZI TAB 75 MG	GASTROINTESTINAL AGENTS			X	04	03	
VIBERZI TAB 100 MG	GASTROINTESTINAL AGENTS			X	04	03	
VIEKIRA PAK TAB	ANTIVIRALS		X		06	N/A	
VIMPAT SOL 10 MG/ML	ANTICONVULSANTS			X	04	03	
VIMPAT TAB 50 MG	ANTICONVULSANTS			X	04	03	
VIMPAT TAB 100 MG	ANTICONVULSANTS			X	04	03	
VIMPAT TAB 150 MG	ANTICONVULSANTS			X	04	03	
VIMPAT TAB 200 MG	ANTICONVULSANTS			X	04	03	
XELJANZ TAB 10 MG	IMMUNOLOGICAL AGENTS				05	05	QL
XHANCE 93 MCG/ACT	RESPIRATORY TRACT/PULMONARY AGENTS	X			N/A	04	PA, QL
ZARONTIN CAP 250 MG	ANTICONVULSANTS		X		04	N/A	
ZARONTIN SOL 250/5 ML	ANTICONVULSANTS		X		04	N/A	
ZELNORM TAB 6 MG	GASTROINTESTINAL AGENTS						PA, QL
ZERVIAE DRO 0.24%	OPHTHALMIC AGENTS	X			N/A	04	PA
ZITHROMAX POW 1 GM PAK	ANTIBACTERIALS		X		04	N/A	

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ZOKINVY CAP 50 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	X			N/A	05	PA, QL
ZOKINVY CAP 75 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	X			N/A	05	PA, QL
ZONISAMIDE CAP 25 MG	ANTICONVULSANTS			X	02	01	
ZORTRESS TAB 0.25 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
ZORTRESS TAB 0.5 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
ZORTRESS TAB 0.75 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
ZYTIGA TAB 500 MG	ANTINEOPLASTICS		X		05	N/A	

This list is not all inclusive and may be subject to change. Product names are the property of their respective owners.

Treatment decisions are always between you and your doctor. Coverage is subject to the terms and limits noted in your benefit materials. See your plan materials for details.

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