



## 2022 Pharmacy Benefit Drug List Changes

Starting January 1, 2022, 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, 2022.
- 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 listed on your Member ID card if you have any questions.

### Pharmacy Benefit Drug List Changes – Effective on or after January 1, 2022

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
1/2 ML ALLERG KIT 27 G X 1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
1/2 ML ALLERG KIT 27 G X 3/8"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
1/2 ML TB SYR MIS 27 G X 1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
1 ML ALLERGIS KIT TRAY SYR	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
1 ML TB SYRNG MIS 21 G X 1"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
2 ML TB SYRNG MIS LL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
2 ML TB SYRNG MIS LL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
2 ML TB SYRNG MIS LL ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
3 ML CTRL SYR MIS LL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
3 ML CTRL SYR MIS LL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
3 ML CTRL SYR MIS LL ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
3 ML SYRINGE MIS LL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
5 ML CONTROL MIS SANA-LOK	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
5 ML CTRL SYR MIS LL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	

\* 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	2021 Drug Tier *	2022 Drug Tier *	Special Requirements **
5 ML CTRL SYR MIS LL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
5 ML CTRL SYR MIS LL ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML CONTROL MIS SANA-LOK	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML CTR SYR MIS LL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML CTR SYR MIS LL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML CTR SYR MIS LL ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML LL SYRN MIS 23 G X 1.25	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML SYRINGE MIS GL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML SYRINGE MIS GL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML SYRINGE MIS LL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML SYRINGE MIS LL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML SYRINGE MIS LL ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML SYRINGE MIS ML ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML SYRINGE MIS ML ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
10 ML SYRINGE MIS ML ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
20 ML CONTROL MIS SANA-LOK	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
20 ML SYRINGE MIS LL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
20 ML SYRINGE MIS LL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
20 ML SYRINGE MIS LL ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
20 ML SYRINGE MIS ML ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
20 ML SYRINGE MIS ML ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
20 ML SYRINGE MIS ML ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
30 ML SYRINGE MIS GL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
30 ML SYRINGE MIS LL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
30 ML SYRINGE MIS LL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
30 ML SYRINGE MIS LL ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
30 ML SYRINGE MIS ML ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
30 ML SYRINGE MIS ML ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
30 ML SYRINGE MIS ML ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
50 ML SYRINGE MIS LL ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
50 ML SYRINGE MIS LL ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
50 ML SYRINGE MIS LL ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
50 ML SYRINGE MIS ML ZONE 1	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
50 ML SYRINGE MIS ML ZONE 2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
50 ML SYRINGE MIS ML ZONE 3	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
ACITRETIN CAP 17.5 MG	DERMATOLOGICAL AGENTS		X		02	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
ADAPALENE CREAM 0.1%	DERMATOLOGICAL AGENTS		X		02	N/A	PA
ADAPALENE GEL 0.1%	DERMATOLOGICAL AGENTS						PA
ADAPALENE GEL 0.3%	DERMATOLOGICAL AGENTS						PA
ADAPALENE LOTION 0.1%	DERMATOLOGICAL AGENTS						PA
ADAPALENE PAD 0.1% SWAB	DERMATOLOGICAL AGENTS						QL
ADAPALENE SOLUTION 0.1%	DERMATOLOGICAL AGENTS						PA
ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5%	DERMATOLOGICAL AGENTS		X		02	N/A	PA
ADASUVE INH 10 MG	ANTIPSYCHOTICS		X		04	N/A	
AKLIEF CREAM 0.005%	DERMATOLOGICAL AGENTS						PA
AKTEN GEL 3.5%	OPHTHALMIC AGENTS		X		04	N/A	
ALA SCALP LOTION 2%	DERMATOLOGICAL AGENTS						PA
ALDACTAZIDE TAB 50/50	CARDIOVASCULAR AGENTS		X		04	N/A	
ALENDRONATE TAB 40 MG	METABOLIC BONE DISEASE AGENTS		X		04	N/A	
ALINIA TAB 500 MG	ANTIPARASITICS		X		03	N/A	
ALPRAZOLAM TAB 2 MG ER	ANXIOLYTICS			X	02	01	
ALPRAZOLAM TAB 3 MG ER	ANXIOLYTICS			X	02	01	
ALREX SUS 0.2%	OPHTHALMIC AGENTS			X	03	04	
ALTRENO LOTION 0.05%	DERMATOLOGICAL AGENTS						PA
ALUNBRIG TAB 30 MG	ANTINEOPLASTICS				06	06	QL
AMCINONIDE CREAM 0.1%	DERMATOLOGICAL AGENTS						QL
AMCINONIDE LOTION 0.1%	DERMATOLOGICAL AGENTS	X			N/A	04	QL
AMCINONIDE OINTMENT 0.1%	DERMATOLOGICAL AGENTS						QL
AMIODARONE TAB 400 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
AMITIZA CAP 8 MCG	GASTROINTESTINAL AGENTS		X		04	N/A	
AMITIZA CAP 24 MCG	GASTROINTESTINAL AGENTS		X		04	N/A	
AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	CARDIOVASCULAR AGENTS			X	01	02	
AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	CARDIOVASCULAR AGENTS			X	01	02	
AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	CARDIOVASCULAR AGENTS			X	01	02	
AMOXAPINE TAB 25 MG	ANTIDEPRESSANTS		X		04	N/A	
AMOXAPINE TAB 50 MG	ANTIDEPRESSANTS		X		04	N/A	
AMOXAPINE TAB 100 MG	ANTIDEPRESSANTS		X		04	N/A	
AMOXAPINE TAB 150 MG	ANTIDEPRESSANTS		X		04	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
ANESTH NEEDL MIS 20 G X 4"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
ANESTH NEEDL MIS 22 G X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
ANESTH NEEDL MIS 22 G X 4"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
APEXICON E CREAM 0.05%	DERMATOLOGICAL AGENTS						QL
ARAZLO LOTION 0.045%	DERMATOLOGICAL AGENTS						PA
ARIPIRAZOLE TAB 2 MG	ANTIPSYCHOTICS			X	02	01	
ARIPIRAZOLE TAB 5 MG	ANTIPSYCHOTICS			X	02	01	
ARIPIRAZOLE TAB 10 MG	ANTIPSYCHOTICS			X	02	01	
ARIPIRAZOLE TAB 15 MG	ANTIPSYCHOTICS			X	02	01	
ATRALIN GEL 0.05%	DERMATOLOGICAL AGENTS						PA
ATRIPLA TAB	ANTIVIRALS		X		03	N/A	
AUGMENTIN SUS 125/5 ML	ANTIBACTERIALS		X		04	N/A	
AVITA CREAM 0.025%	DERMATOLOGICAL AGENTS				02	02	PA
AVITA GEL 0.025%	DERMATOLOGICAL AGENTS		X		02	N/A	PA
AZOPT SUS 1% OP	OPHTHALMIC AGENTS		X		03	N/A	
BANZEL SUS 40 MG/ML	ANTICONVULSANTS		X		04	N/A	
BANZEL TAB 200 MG	ANTICONVULSANTS		X		04	N/A	
BANZEL TAB 400 MG	ANTICONVULSANTS		X		04	N/A	
BD ECLIPSE MIS 1 ML/30 G	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
BD YALE LNR MIS 30 G X 1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
BELSOMRA TAB 5 MG	SLEEP DISORDER AGENTS		X		03	N/A	
BELSOMRA TAB 10 MG	SLEEP DISORDER AGENTS		X		03	N/A	
BELSOMRA TAB 15 MG	SLEEP DISORDER AGENTS		X		03	N/A	
BELSOMRA TAB 20 MG	SLEEP DISORDER AGENTS		X		03	N/A	
BENZAEPRI & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	CARDIOVASCULAR AGENTS			X	02	04	
BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%	DERMATOLOGICAL AGENTS		X		02	N/A	
BEPREVE DRO 1.5%	OPHTHALMIC AGENTS		X		04	N/A	
BETAMETHASONE DIPROPIONATE CREAM 0.05%	DERMATOLOGICAL AGENTS				02	02	QL
BETAMETHASONE DIPROPIONATE LOTION 0.05%	DERMATOLOGICAL AGENTS				02	02	QL
BETAMETHASONE DIPROPIONATE OINTMENT 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
BOSULIF TAB 100 MG	ANTINEOPLASTICS				05	05	QL
BRIMONIDINE SOLUTION 0.15%	OPHTHALMIC AGENTS		X		02	N/A	
BROMFENAC SOLUTION 0.09% OP	OPHTHALMIC AGENTS		X		02	N/A	
BRYHALI LOTION 0.01%	DERMATOLOGICAL AGENTS						QL
BUPROPION TAB 75 MG	ANTIDEPRESSANTS			X	02	01	
BUTRANS DIS 7.5/HR	ANALGESICS		X		04	N/A	
BYSTOLIC TAB 2.5 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
BYSTOLIC TAB 5 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
BYSTOLIC TAB 10 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
BYSTOLIC TAB 20 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
CALCIPOTRIEN AER 0.005%	DERMATOLOGICAL AGENTS						PA, QL
CALCIPOTRIENE OINTMENT 0.005%	DERMATOLOGICAL AGENTS		X		02	N/A	PA, QL
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINTMENT 0.005-0.064%	DERMATOLOGICAL AGENTS						QL
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%	DERMATOLOGICAL AGENTS						QL
CALCITRIOL OINTMENT 3 MCG/GM	DERMATOLOGICAL AGENTS		X		04	N/A	
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG	CENTRAL NERVOUS SYSTEM AGENT			X	01	04	
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG	CENTRAL NERVOUS SYSTEM AGENT			X	01	04	
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG	CENTRAL NERVOUS SYSTEM AGENT			X	02	04	
CEFACLOR CAP 250 MG	ANTIBACTERIALS			X	02	04	
CEFACLOR CAP 500 MG	ANTIBACTERIALS			X	02	04	
CEFADROXIL TAB 1 GM	ANTIBACTERIALS			X	02	04	
CERVIDIL VAG MIS 10 MG INS			X		04	N/A	
CHLOROQUINE TAB 500 MG	ANTIPARASITICS		X		04	N/A	
CHLOROTHIAZIDE TAB 250 MG	CARDIOVASCULAR AGENTS		X		04	N/A	

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CHLOROTHIAZIDE TAB 500 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
CHLORZOAZONE TAB 500 MG	SKELETAL MUSCLE RELAXANTS	X			N/A	02	
CIPRODEX SUS 0.3-0.1%	OTIC AGENTS		X		04	N/A	
CIPROFLOXACIN FOR ORAL SUSP 500 MG/5 ML (10%) (10 GM/100 ML)	ANTIBACTERIALS		X		02	N/A	
CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLUTION 0.3-0.025%	OTIC AGENTS		X		04	N/A	
CIPROFLOXACIN TAB 100 MG	ANTIBACTERIALS		X		04	N/A	
CLENPIQ SOLUTION	GASTROINTESTINAL AGENTS	X			N/A	04	
CLINDAMYCIN CAP 75 MG	ANTIBACTERIALS			X	02	01	
CLINDAMYCIN PHOSPHATE-TRETINOIN GEL 1.2-0.025%	DERMATOLOGICAL AGENTS						PA
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1-5%	DERMATOLOGICAL AGENTS		X		02	N/A	
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	DERMATOLOGICAL AGENTS	X			N/A	02	
CLOBAZAM SUS 2.5 MG/ML	ANTICONVULSANTS	X			N/A	02	
CLOBAZAM TAB 10 MG	ANTICONVULSANTS	X			N/A	02	
CLOBAZAM TAB 20 MG	ANTICONVULSANTS	X			N/A	02	
CLOBETASOL AER 0.05%	DERMATOLOGICAL AGENTS						QL
CLOBETASOL GEL 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	
CLOBETASOL LOTION 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	
CLOBETASOL SHA 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	
CLOCORTOLONE CREAM 0.1%	DERMATOLOGICAL AGENTS	X			N/A	04	
CLOTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	
COLCHICINE TAB 0.6 MG	ANTIGOUT AGENTS	X			N/A	02	
COLESEVELAM PAK 3.75	CARDIOVASCULAR AGENTS				02	N/A	PA, QL
COLESEVELAM PAK 3.75 GM	CARDIOVASCULAR AGENTS		X		02	N/A	
COLY-MYCIN S SUS OTIC	OTIC AGENTS				04	04	PA
COMBIGAN SOLUTION 0.2/0.5%	OPHTHALMIC AGENTS	X			N/A	04	
CONDYLOX GEL 0.5%	DERMATOLOGICAL AGENTS		X		04	N/A	
CORTISPORIN CREAM 0.5%	DERMATOLOGICAL AGENTS		X		04	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
CORTISPORIN OINTMENT 1%	DERMATOLOGICAL AGENTS		X		04	N/A	
CYCLOPHOSPHAMIDE CAP 25 MG	ANTINEOPLASTICS		X		02	N/A	
CYCLOPHOSPHAMIDE CAP 50 MG	ANTINEOPLASTICS		X		02	N/A	
CYCLOPHOSPHAMIDE TAB 25 MG	ANTINEOPLASTICS			X	04	02	
CYCLOPHOSPHAMIDE TAB 50 MG	ANTINEOPLASTICS			X	04	02	
CYCLOSERINE CAP 250 MG	ANTIMYCOBACTERIALS		X		02	N/A	
DESMOPRESSIN ACETATE NASAL SPRAY SOLUTION 0.01% (REFRIGERATED)	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		X		02	N/A	
DESONIDE LOTION 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	
DESOXIMETASONE CREAM 0.05%	DERMATOLOGICAL AGENTS						QL
DESOXIMETASONE CREAM 0.25%	DERMATOLOGICAL AGENTS				02	02	QL
DESOXIMETASONE GEL 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	QL
DESOXIMETASONE SPRAY 0.25%	DERMATOLOGICAL AGENTS						QL
DESOXIMETASONE OINTMENT 0.05%	DERMATOLOGICAL AGENTS						QL
DESOXIMETASONE OINTMENT 0.25%	DERMATOLOGICAL AGENTS				02	02	QL
DIASTAT PED GEL 2.5M GEL	ANTICONSULSANTS			X	03	04	
DIASTAT ACDL GEL 5-10 MG	ANTICONSULSANTS			X	03	04	
DIASTAT ACDL GEL 12.5-20	ANTICONSULSANTS			X	03	04	
DIFFERIN CREAM 0.1%	DERMATOLOGICAL AGENTS						PA
DIFFERIN GEL 0.1%	DERMATOLOGICAL AGENTS						PA
DIFFERIN GEL 0.3%	DERMATOLOGICAL AGENTS						PA
DIFFERIN LOTION 0.1%	DERMATOLOGICAL AGENTS						PA
DIFLORASONE CREAM 0.05%	DERMATOLOGICAL AGENTS						QL
DIFLORASONE OINTMENT 0.05%	DERMATOLOGICAL AGENTS	X			N/A	02	QL
DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML	ANTIMIGRAINE AGENTS						PA
DILTIAZEM CAP 180 MG ER	CARDIOVASCULAR AGENTS			X	02	01	

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DILTIAZEM CAP 360 MG CD	CARDIOVASCULAR AGENTS		X		02	N/A	
DILTIAZEM CAP 360 MG ER	CARDIOVASCULAR AGENTS		X		02	N/A	
DILTIAZEM ER TAB 300 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
DILTIAZEM ER TAB 360 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
DILTIAZEM ER TAB 420 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
DIPHENOXYLATE W/ ATROPINE LIQ 2.5-0.025 MG/5 ML	GASTROINTESTINAL AGENTS		X		04	N/A	PA, QL
DORAL TAB 15 MG	SLEEP DISORDER AGENTS						PA, QL
DOXEPIN HCL CREAM 5%	DERMATOLOGICAL AGENTS	X			N/A	04	
DOXYCYCLINE MONOHYDRATE TAB 150 MG	ANTIBACTERIALS		X		02	N/A	
DUOBRII LOTION	DERMATOLOGICAL AGENTS						QL
EC-NAPROXEN TAB 375 MG	ANALGESICS		X		01	N/A	
EC-NAPROXEN TAB 500 MG	ANALGESICS		X		01	N/A	
EDARBI TAB 40 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
EDARBI TAB 80 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
ELEPSIA XR TAB 1000 MG	ANTICONVULSANTS						PA, QL
ELEPSIA XR TAB 1500 MG	ANTICONVULSANTS						PA, QL
EMBEDA CAP 20-0.8 MG	ANALGESICS		X		04	N/A	
EMBEDA CAP 30-1.2 MG	ANALGESICS		X		04	N/A	
EMBEDA CAP 50-2 MG	ANALGESICS		X		04	N/A	
EMBEDA CAP 60-2.4 MG	ANALGESICS		X		04	N/A	
EMBEDA CAP 80-3.2 MG	ANALGESICS		X		04	N/A	
EMBEDA CAP 100-4 MG	ANALGESICS		X		04	N/A	
EMSAM DIS 6 MG/24 HR	ANTIDEPRESSANTS		X		04	N/A	
EMSAM DIS 9 MG/24 HR	ANTIDEPRESSANTS		X		04	N/A	
EMSAM DIS 12 MG/24 HR	ANTIDEPRESSANTS		X		04	N/A	
EMTRIVA CAP 200 MG	ANTIVIRALS		X		04	N/A	
ENSTILAR AER	DERMATOLOGICAL AGENTS				03	03	QL
EPIDUO GEL 0.1-2.5%	DERMATOLOGICAL AGENTS						PA
EPIDUO FORTE GEL 0.3-2.5%	DERMATOLOGICAL AGENTS						PA
EPIDURAL NEEDLE (DISP) 17 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (DISP) 17 X 5"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (DISP) 17 X 8 CM	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
EPIDURAL NEEDLE (DISP) 18 X 2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (DISP) 18 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (DISP) 18 X 4"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (DISP) 18 X 5"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (DISP) 18 X 8 CM	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (DISP) 20 X 2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (DISP) 20 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (REUSABLE) 14 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (REUSABLE) 16 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (REUSABLE) 17 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (REUSABLE) 17 X 7"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (REUSABLE) 18 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
EPIDURAL NEEDLE (REUSABLE) 18 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
ERGOMAR SUB 2 MG	ANTIMIGRAINE AGENTS		X		04	N/A	
ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	ANTIMIGRAINE AGENTS		X		02	N/A	PA, QL
ERYTHROMYCIN STEARATE TAB 250 MG	ANTIBACTERIALS		X		03	N/A	
ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	ANTIBACTERIALS		X		04	N/A	
ESOMEPRAZOLE GRA 10 MG DR	GASTROINTESTINAL AGENTS				02	02	PA
ESOMEPRAZOLE GRA 20 MG DR	GASTROINTESTINAL AGENTS				02	02	PA
ESOMEPRAZOLE GRA 40 MG DR	GASTROINTESTINAL AGENTS				02	02	PA
EXTINA AER 2%	ANTIFUNGALS						PA
FABIOR AER 0.1%	DERMATOLOGICAL AGENTS						PA

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
FALESSA KIT	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
FAMCICLOVIR TAB 125 MG	ANTIVIRALS			X	01	02	
FENOFIBRATE CAP 43 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
FENOFIBRATE CAP 67 MG	CARDIOVASCULAR AGENTS			X	02	01	
FENOFIBRATE CAP 130 MG	CARDIOVASCULAR AGENTS		X		02	N/A	ST
FENOFIBRATE TAB 40 MG	CARDIOVASCULAR AGENTS						ST
FENOFIBRATE TAB 120 MG	CARDIOVASCULAR AGENTS						ST
FENOFIBRIC CAP 45 MG DR	CARDIOVASCULAR AGENTS		X		02	N/A	
FENOFIBRIC CAP 135 MG DR	CARDIOVASCULAR AGENTS		X		02	N/A	
FENOPROFEN TAB 600 MG	ANALGESICS		X		02	N/A	
FERRIPROX TAB 500 MG	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		06	N/A	
FERROUS SULFATE LIQUID 220 MG/5 ML (44 MG/5 ML ELEMENTAL FE)	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		03	N/A	
FILTER NEEDL MIS 18 X 1-1/2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
FIRDAPSE TAB 10 MG	CENTRAL NERVOUS SYSTEM AGENTS		X		06	N/A	
FLUOCINONIDE CREAM 0.05%	DERMATOLOGICAL AGENTS				02	02	QL
FLUOCINONIDE CREAM E 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	QL
FLUOCINONIDE GEL 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	QL
FLUOCINONIDE OINTMENT 0.05%	DERMATOLOGICAL AGENTS				02	02	QL
FLUOCINONIDE SOLUTION 0.05%	DERMATOLOGICAL AGENTS				02	02	QL
FLUOROURACIL CREAM 5%	DERMATOLOGICAL AGENTS				02	02	PA
FLURBIPROFEN TAB 50 MG	ANALGESICS			X	01	04	
FLUTAMIDE CAP 125 MG	ANTINEOPLASTICS			X	02	04	
HALCINONIDE CREAM 0.1%	DERMATOLOGICAL AGENTS						QL
HALOBETASOL AER 0.05%	DERMATOLOGICAL AGENTS						PA, QL
HALOBETASOL OINTMENT 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	
HALOG CREAM 0.1%	DERMATOLOGICAL AGENTS						QL
HALOG OINTMENT 0.1%	DERMATOLOGICAL AGENTS						QL
HALOG SOLUTION 0.1%	DERMATOLOGICAL AGENTS						PA, QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
HALOPERIDOL CON 2 MG/ML	ANTIPSYCHOTICS			X	01	02	
HELIXATE FS INJ 500 UNIT	BLOOD PRODUCTS AND MODIFIERS		X		05	N/A	
HELIXATE FS INJ 1000 UNIT	BLOOD PRODUCTS AND MODIFIERS		X		05	N/A	
HELIXATE FS INJ 2000 UNIT	BLOOD PRODUCTS AND MODIFIERS		X		05	N/A	
HELIXATE FS INJ 3000 UNIT	BLOOD PRODUCTS AND MODIFIERS		X		05	N/A	
HEPLISAV-B INJ 20 MCG	VACCINE		X		03	N/A	
HUMALOG KWIK INJ 200/ML	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMALOG MIX INJ 50/50 KWP	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMALOG MIX SUS 75/25	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMALOG MIX INJ 50/50	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMIRA INJ 10 MG/0.2	IMMUNOLOGICAL AGENTS		X		05	N/A	
HYDROCODONE CAP 10 MG ER	ANALGESICS			X	02	04	
HYDROCODONE CAP 15 MG ER	ANALGESICS			X	02	04	
HYDROCODONE CAP 20 MG ER	ANALGESICS			X	02	04	
HYDROCODONE CAP 30 MG ER	ANALGESICS			X	02	04	
HYDROCODONE CAP 40 MG ER	ANALGESICS			X	02	04	
HYDROCODONE CAP 50 MG ER	ANALGESICS			X	02	04	
HYDROCODONE-ACETAMINOPHEN TAB 5-300 MG	ANALGESICS		X		02	N/A	
HYDROCODONE-ACETAMINOPHEN TAB 7.5-300 MG	ANALGESICS		X		02	N/A	
HYDROCODONE-ACETAMINOPHEN TAB 10-300 MG	ANALGESICS		X		02	N/A	
HYDROCODONE-IBUPROFEN TAB 5-200 MG	ANALGESICS			X	02	04	
HYDROCORTISONE BUTYRATE CREAM 0.1%	DERMATOLOGICAL AGENTS		X		02	N/A	
HYDROCORTISONE BUTYRATE OINTMENT 0.1%	DERMATOLOGICAL AGENTS		X		02	N/A	
HYDROCORTISONE BUTYRATE SOLUTION 0.1%	DERMATOLOGICAL AGENTS		X		02	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
HYDROCORTISONE VALERATE CREAM 0.2%	DERMATOLOGICAL AGENTS		X		02	N/A	
HYDROCORTISONE VALERATE OINTMENT 0.2%	DERMATOLOGICAL AGENTS		X		02	N/A	
IMPOYZ CREAM 0.025%	DERMATOLOGICAL AGENTS						QL
INDOCIN SUS 25 MG/5 ML	ANALGESICS						QL
INFUS SYRING MIS 100 ML	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
INTELENCE TAB 100 MG	ANTIVIRALS		X		03	N/A	
INTELENCE TAB 200 MG	ANTIVIRALS		X		03	N/A	
INTRAROSA SUP 6.5 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
INVOKAMET TAB 50-500 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	
INVOKAMET TAB 50-1000	BLOOD GLUCOSE REGULATORS		X		03	N/A	
INVOKAMET TAB 150-500	BLOOD GLUCOSE REGULATORS		X		03	N/A	
INVOKAMET TAB 150-1000	BLOOD GLUCOSE REGULATORS		X		03	N/A	
INVOKAMET XR TAB 50-500 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	
INVOKAMET XR TAB 50-1000	BLOOD GLUCOSE REGULATORS		X		03	N/A	
INVOKAMET XR TAB 150-500	BLOOD GLUCOSE REGULATORS		X		03	N/A	
INVOKAMET XR TAB 150-1000	BLOOD GLUCOSE REGULATORS		X		03	N/A	
INVOKANA TAB 100 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	
INVOKANA TAB 300 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	
ISOSORBIDE DINITRATE TAB 40 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
ISOSORBIDE DINITRATE TAB ER 40 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG	CARDIOVASCULAR AGENTS			X	02	01	
ISTURISA TAB 1 MG	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		X		06	N/A	
ISTURISA TAB 5 MG	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		X		06	N/A	
ISTURISA TAB 10 MG	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		X		06	N/A	
IVERMECTIN LOTION 0.5%	DERMATOLOGICAL AGENTS			X	02	04	
KALETRA TAB 100-25 MG	ANTIVIRALS		X		03	N/A	
KALETRA TAB 200-50 MG	ANTIVIRALS		X		03	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
KETOCONAZOLE AER 2%	ANTIFUNGALS						PA
KETOCONAZOLE TAB 200 MG	ANTIFUNGALS	X			N/A	02	
KETODAN AER 2%	ANTIFUNGALS						PA
KETOPROFEN CAP 25 MG	ANALGESICS		X		04	N/A	PA, QL
KETOROLAC TROMETHAMINE NASAL SPRAY 15.75 MG/SPRAY	ANALGESICS						PA
KISQALI 200 PAK FEMARA	ANTINEOPLASTICS			X	05	06	
KISQALI 400 PAK FEMARA	ANTINEOPLASTICS			X	05	06	
KISQALI 600 PAK FEMARA	ANTINEOPLASTICS			X	05	06	
KISQALI TAB 200 DOSE	ANTINEOPLASTICS			X	05	06	
KISQALI TAB 400 DOSE	ANTINEOPLASTICS			X	05	06	
KISQALI TAB 600 DOSE	ANTINEOPLASTICS			X	05	06	
KLATSKIN BIO MIS 16 X 4"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
KORLYM TAB 300 MG	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		X		06	N/A	
KUVAN POW 100 MG	GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		06	N/A	
KUVAN POW 500 MG	GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		06	N/A	
KUVAN TAB 100 MG	GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		06	N/A	
LANTHANUM CHEW 500 MG	ELECTROLYTES/MINERALS/METALS/ VITAMINS	X			N/A	02	
LANTHANUM CHEW 750 MG	ELECTROLYTES/MINERALS/METALS/ VITAMINS	X			N/A	02	
LANTHANUM CHEW 1000 MG	ELECTROLYTES/MINERALS/METALS/ VITAMINS	X			N/A	02	
LANTUS INJ 100/ML	BLOOD GLUCOSE REGULATORS			X	03	04	PA
LANTUS SOLOS INJ 100/ML	BLOOD GLUCOSE REGULATORS			X	03	04	PA
LEXETTE AER 0.05%	DERMATOLOGICAL AGENTS						PA, QL
LIDOCAINE SOLUTION 4%			X		04	N/A	
LONSURF TAB 15-6.14	ANTINEOPLASTICS				05	05	QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
LOPINAVIR-RITONAVIR TAB 100-25 MG	ANTIVIRALS	X			N/A	02	
LOPINAVIR-RITONAVIR TAB 200-50 MG	ANTIVIRALS	X			N/A	02	
LOTEMAX SM GEL 0.38%	OPHTHALMIC AGENTS			X	04	03	
LOTEMAX GEL 0.5%	OPHTHALMIC AGENTS		X		04	N/A	
LOTEMAX OINTMENT 0.5%	OPHTHALMIC AGENTS		X		04	N/A	
LOTEPREDNOL GEL 0.5%	OPHTHALMIC AGENTS		X		02	N/A	
LUBIPROSTONE CAP 8 MCG	GASTROINTESTINAL AGENTS		X		04	N/A	
LUBIPROSTONE CAP 24 MCG	GASTROINTESTINAL AGENTS		X		04	N/A	
LUCEMYRA TAB 0.18 MG	ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		X		04	N/A	
MATZIM LA TAB 300 MG/24	CARDIOVASCULAR AGENTS		X		02	N/A	
MATZIM LA TAB 360 MG/24	CARDIOVASCULAR AGENTS		X		02	N/A	
MATZIM LA TAB 420 MG/24	CARDIOVASCULAR AGENTS		X		02	N/A	
MEDROL TAB 2 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		X		04	N/A	
MEFENAMIC ACID CAP 250 MG	ANALGESICS						QL
MEPROBAMATE TAB 200 MG	ANXIOLYTICS	X			N/A	02	
MEPROBAMATE TAB 400 MG	ANXIOLYTICS	X			N/A	02	
METHAZOLAMIDE TAB 25 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
METHAZOLAMIDE TAB 50 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
METHOXSALEN CAP 10 MG	DERMATOLOGICAL AGENTS			X	02	04	
METHYLDOPA TAB 250 MG	CARDIOVASCULAR AGENTS			X	01	04	
METHYLDOPA TAB 500 MG	CARDIOVASCULAR AGENTS			X	02	04	
METHYLPHENIDATE HCL CHEW TAB 2.5 MG	CENTRAL NERVOUS SYSTEM AGENTS		X		02	N/A	
METHYLPHENIDATE HCL CHEW TAB 5 MG	CENTRAL NERVOUS SYSTEM AGENTS		X		02	N/A	
METHYLPHENIDATE HCL CHEW TAB 10 MG	CENTRAL NERVOUS SYSTEM AGENTS		X		02	N/A	
METRONIDAZOLE LOTION 0.75%	DERMATOLOGICAL AGENTS		X		02	N/A	
MIGRANAL SPR 4 MG/ML	ANTIMIGRAINE AGENTS						PA
MINITRAN DIS 0.2 MG/HR	CARDIOVASCULAR AGENTS			X	01	02	
MITIGARE CAP 0.6 MG	ANTIGOUT AGENTS		X		03	N/A	
MOMETASONE OINTMENT 0.1%	DERMATOLOGICAL AGENTS				01	01	QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
MORPHINE SULFATE CAP ER 24HR 10 MG	ANALGESICS		X		02	N/A	
MORPHINE SULFATE CAP ER 24HR 20 MG	ANALGESICS		X		02	N/A	
MORPHINE SULFATE CAP ER 24HR 30 MG	ANALGESICS		X		02	N/A	
MORPHINE SULFATE CAP ER 24HR 50 MG	ANALGESICS		X		02	N/A	
MORPHINE SULFATE CAP ER 24HR 60 MG	ANALGESICS		X		02	N/A	
MORPHINE SULFATE CAP ER 24HR 80 MG	ANALGESICS		X		02	N/A	
MORPHINE SULFATE CAP ER 24HR 100 MG	ANALGESICS		X		02	N/A	
MOVANTIK TAB 12.5 MG	GASTROINTESTINAL AGENTS	X			N/A	03	
MOVANTIK TAB 25 MG	GASTROINTESTINAL AGENTS	X			N/A	03	
NABUMETONE TAB 750 MG	ANALGESICS			X	01	02	
NAFTIFINE HCL CREAM 1%	ANTIFUNGALS		X		04	N/A	
NAFTIFINE HCL CREAM 2%	ANTIFUNGALS		X		02	N/A	
NAPROXEN SODIUM TAB 275 MG	ANALGESICS		X		02	N/A	
NAPROXEN DR TAB 375 MG	ANALGESICS		X		01	N/A	
NAPROXEN DR TAB 500 MG	ANALGESICS		X		01	N/A	
NEO-SYNALAR CREAM	DERMATOLOGICAL AGENTS		X		04	N/A	
NEUAC GEL 1.2-5%	DERMATOLOGICAL AGENTS	X			N/A	02	
NEVIRAPINE SUS 50 MG/5 ML	ANTIVIRALS			X	02	01	
NEXIUM GRA 2.5 MG DR	GASTROINTESTINAL AGENTS				04	04	PA
NEXIUM GRA 5 MG DR	GASTROINTESTINAL AGENTS				04	04	PA
NEXIUM GRA 10 MG DR	GASTROINTESTINAL AGENTS						PA
NEXIUM GRA 20 MG DR	GASTROINTESTINAL AGENTS						PA
NEXIUM GRA 40 MG DR	GASTROINTESTINAL AGENTS						PA
NIACIN TAB 500 MG	CARDIOVASCULAR AGENTS						PA, QL
NIACOR TAB 500 MG	CARDIOVASCULAR AGENTS						PA, QL
NIFEDIPINE TAB 60 MG ER	CARDIOVASCULAR AGENTS			X	01	02	
NISOLDIPINE TAB 8.5 MG ER	CARDIOVASCULAR AGENTS	X			N/A	02	
NISOLDIPINE TAB 17 MG ER	CARDIOVASCULAR AGENTS	X			N/A	02	
NISOLDIPINE TAB 20 MG ER	CARDIOVASCULAR AGENTS		X		04	N/A	

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NISOLDIPINE TAB 30 MG ER	CARDIOVASCULAR AGENTS		X		04	N/A	
NISOLDIPINE TAB 34 MG ER	CARDIOVASCULAR AGENTS	X			N/A	02	
NISOLDIPINE TAB 40 MG ER	CARDIOVASCULAR AGENTS		X		04	N/A	
NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	ANTIBACTERIALS			X	01	02	
NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR	CARDIOVASCULAR AGENTS			X	01	02	
NITROGLYCERIN SL TAB 0.4 MG	CARDIOVASCULAR AGENTS			X	02	01	
NIZATIDINE CAP 150 MG	GASTROINTESTINAL AGENTS			X	01	02	
NIZATIDINE CAP 300 MG	GASTROINTESTINAL AGENTS			X	02	04	
NOLIX LOTION 0.05%	DERMATOLOGICAL AGENTS	X			N/A	02	
NUCYNTA ER TAB 50 MG	ANALGESICS	X			N/A	04	
NUCYNTA ER TAB 100 MG	ANALGESICS	X			N/A	04	
NUCYNTA ER TAB 150 MG	ANALGESICS	X			N/A	04	
NUCYNTA ER TAB 200 MG	ANALGESICS	X			N/A	04	
NUCYNTA ER TAB 250 MG	ANALGESICS	X			N/A	04	
ODACTRA SUB	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
OFLOXACIN OPHTH SOLUTION 0.3%	OPHTHALMIC AGENTS			X	02	01	
OLOPATADINE HCL NASAL SOLUTION 0.6%	RESPIRATORY TRACT/ PULMONARY AGENTS		X		02	N/A	
OLUX AER 0.05%	DERMATOLOGICAL AGENTS						QL
ORPHENADRINE TAB 100 MG ER	SKELETAL MUSCLE RELAXANTS			X	01	02	
OSGOOD BIOPS MIS	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
OSGOOD BIOPS MIS 18 G X 1"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
OTOVEL DRO	OTIC AGENTS			X	04	03	
OXERVATE SOLUTION 20 MCG/ML	OPHTHALMIC AGENTS		X		06	N/A	
OXICONAZOLE NITRATE CREAM 1%	ANTIFUNGALS	X			N/A	02	

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OXYCODONE HCL CAP 5 MG	ANALGESICS		X		02	N/A	
OXYCODONE W/ ACETAMINOPHEN SOLUTION 10-300 MG/5 ML	ANALGESICS						QL
PACERONE TAB 400 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
PANRETIN GEL 0.1%	ANTINEOPLASTICS		X		04	N/A	
PEG 3350-KCL-NA-CL-NA SULFATE-NA ASCORBATE-C FOR SOLUTION 100 GM	GASTROINTESTINAL AGENTS	X			N/A	02	
PEG-PREP KIT	GASTROINTESTINAL AGENTS			X	02	04	
PERINDOPRIL TAB 2 MG	CARDIOVASCULAR AGENTS			X	01	02	
PERINDOPRIL TAB 4 MG	CARDIOVASCULAR AGENTS			X	01	02	
PICATO GEL 0.015%	DERMATOLOGICAL AGENTS		X		04	N/A	
PICATO GEL 0.05%	DERMATOLOGICAL AGENTS		X		04	N/A	
PONSTEL CAP 250 MG	ANALGESICS						QL
POT CHLORIDE TAB 20 MEQ ER	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	02	01	
PRADAXA CAP 75 MG	BLOOD PRODUCTS AND MODIFIERS		X		04	N/A	
PRADAXA CAP 110 MG	BLOOD PRODUCTS AND MODIFIERS		X		04	N/A	
PRADAXA CAP 150 MG	BLOOD PRODUCTS AND MODIFIERS		X		04	N/A	
PREGABALIN CAP 25 MG	ANTICONSULSANTS			X	02	01	
PREGABALIN CAP 50 MG	ANTICONSULSANTS			X	02	01	
PREGABALIN CAP 75 MG	ANTICONSULSANTS			X	02	01	
PREGABALIN CAP 100 MG	ANTICONSULSANTS			X	02	01	
PREGABALIN CAP 150 MG	ANTICONSULSANTS			X	02	01	
PREGABALIN CAP 200 MG	ANTICONSULSANTS			X	02	01	
PREGABALIN CAP 225 MG	ANTICONSULSANTS			X	02	01	
PREGABALIN CAP 300 MG	ANTICONSULSANTS			X	02	01	
PREPIDIL GEL 0.5 MG/3 G			X		04	N/A	
PRIMIDONE TAB 250 MG	ANTICONSULSANTS			X	01	02	
PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)	ANTIEMETICS			X	01	02	
PROLATE SOLUTION 10/300 MG	ANALGESICS						QL
PROPRANOLOL SOLUTION 20 MG/5 ML	CARDIOVASCULAR AGENTS				03	03	PA, QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
PROPRANOLOL SOLUTION 40 MG/5 ML	CARDIOVASCULAR AGENTS				03	03	PA, QL
PROSTIN E2 SUP 20 MG			X		04	N/A	
PROTRIPTYLINE HCL TAB 5 MG	ANTIDEPRESSANTS		X		02	N/A	
PROTRIPTYLINE HCL TAB 10 MG	ANTIDEPRESSANTS		X		02	N/A	
PSORCON CREAM 0.05%	DERMATOLOGICAL AGENTS						QL
PYRAZINAMIDE TAB 500 MG	ANTIMYCOBACTERIALS			X	02	04	
QTERN TAB 5-5 MG	BLOOD GLUCOSE REGULATORS		X		04	N/A	
QTERN TAB 10 MG/5 MG	BLOOD GLUCOSE REGULATORS		X		04	N/A	
QUAZEPAM TAB 15 MG	SLEEP DISORDER AGENTS						PA, QL
QUDEXY XR CAP 25/24 HR	ANTICONSULTANTS	X			N/A	02	
QUDEXY XR CAP 50/24 HR	ANTICONSULTANTS	X			N/A	02	
QUDEXY XR CAP 100/24 HR	ANTICONSULTANTS	X			N/A	02	
QUDEXY XR CAP 150/24 HR	ANTICONSULTANTS	X			N/A	02	
QUDEXY XR CAP 200/24 HR	ANTICONSULTANTS	X			N/A	02	
RELAFEN TAB 750 MG	ANALGESICS			X	01	02	
RETIN-A CREAM 0.025%	DERMATOLOGICAL AGENTS						PA
RETIN-A CREAM 0.05%	DERMATOLOGICAL AGENTS						PA
RETIN-A CREAM 0.1%	DERMATOLOGICAL AGENTS						PA
RETIN-A GEL 0.01%	DERMATOLOGICAL AGENTS						PA
RETIN-A GEL 0.025%	DERMATOLOGICAL AGENTS						PA
RETIN-A MICR GEL 0.04%	DERMATOLOGICAL AGENTS						PA
RETIN-A MICR GEL 0.04% PUMP	DERMATOLOGICAL AGENTS						PA
RETIN-A MICR GEL 0.06%	DERMATOLOGICAL AGENTS						PA
RETIN-A MICR GEL 0.08%	DERMATOLOGICAL AGENTS						PA
RETIN-A MICR GEL 0.1%	DERMATOLOGICAL AGENTS						PA
RETIN-A MICR GEL 0.1% PUMP	DERMATOLOGICAL AGENTS						PA
RIBASPHERE TAB 400 MG	ANTIVIRALS		X		06	N/A	
RIBASPHERE TAB 600 MG	ANTIVIRALS		X		06	N/A	
RIMANTADINE TAB 100 MG	ANTIVIRALS		X		04	N/A	
RISEDRONATE SODIUM TAB DELAYED RELEASE 35 MG	METABOLIC BONE DISEASE AGENTS		X		02	N/A	
ROSENTHAL MIS	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
ROSENTHAL MIS 18 G X 1"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
RUZURGI TAB 10 MG	CENTRAL NERVOUS SYSTEM AGENTS		X		06	N/A	
SAFETYGLIDE MIS 27 G X 5/8"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
SAMSCA TAB 30 MG	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		06	N/A	
SAPHRIS SUB 2.5 MG	ANTIPSYCHOTICS		X		04	N/A	
SAPHRIS SUB 5 MG	ANTIPSYCHOTICS		X		04	N/A	
SAPHRIS SUB 10 MG	ANTIPSYCHOTICS		X		04	N/A	
SECUADO DIS 3.8 MG	ANTIPSYCHOTICS		X		04	N/A	
SECUADO DIS 5.7 MG	ANTIPSYCHOTICS		X		04	N/A	
SECUADO DIS 7.6 MG	ANTIPSYCHOTICS		X		04	N/A	
SEGLUOMET TAB 2.5-500	BLOOD GLUCOSE REGULATORS		X		04	N/A	
SEGLUOMET TAB 2.5-1000	BLOOD GLUCOSE REGULATORS		X		04	N/A	
SEGLUOMET TAB 7.5-500	BLOOD GLUCOSE REGULATORS		X		04	N/A	
SEGLUOMET TAB 7.5-1000	BLOOD GLUCOSE REGULATORS		X		04	N/A	
SERNIVO SPR 0.05%	DERMATOLOGICAL AGENTS						QL
SILODOSIN CAP 4 MG	GENITOURINARY AGENTS		X		02	N/A	
SILODOSIN CAP 8 MG	GENITOURINARY AGENTS		X		02	N/A	
SKLICE LOTION 0.5%	DERMATOLOGICAL AGENTS		X		04	N/A	
SODIUM FLUORIDE RINSE 0.2%			X		01	N/A	
SODIUM FLUORIDE RINSE 0.2% MINT			X		01	N/A	
SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 30 GM/120 ML	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		02	N/A	
SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 50 GM/200 ML	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		02	N/A	
SORILUX AER 0.005%	DERMATOLOGICAL AGENTS						PA, QL
SORINE TAB 160 MG	CARDIOVASCULAR AGENTS			X	01	02	
SORINE TAB 240 MG	CARDIOVASCULAR AGENTS			X	01	02	
SOTALOL AF TAB 160 MG	CARDIOVASCULAR AGENTS			X	01	02	
SOTALOL HCL TAB 160 MG	CARDIOVASCULAR AGENTS			X	01	02	
SOTALOL TAB 160 MG	CARDIOVASCULAR AGENTS			X	01	02	
SOTALOL HCL TAB 240 MG	CARDIOVASCULAR AGENTS			X	01	02	
SPINAL NEEDLE (DISP) 18 X 2-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 18 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 18 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier *	2022 Drug Tier *	Special Requirements **
SPINAL NEEDLE (DISP) 18 X 6"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 19 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 19 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 20 X 1-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 20 X 2-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 20 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 20 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 20 X 6"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 22 X 1-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 22 X 2-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 22 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 22 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 22 X 5"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 22 X 7"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 23 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 25 X 1"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 25 X 1-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 25 X 2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 25 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 25 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 25 X 4-11/16"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 26 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 27 X 1-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 27 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
SPINAL NEEDLE (DISP) 27 X 4-11/16"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 29 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (DISP) 29 X 4-11/16"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 14 X 2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 17 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 18 X 1-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 18 X 2-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 18 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 18 X 6"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 19 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 19 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 20 X 2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 20 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 20 X 4"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 22 X 1-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 22 X 2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 22 X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 24 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPINAL NEEDLE (REUSABLE) 26 X 3-1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SPRIX SPR 15.75 MG	ANALGESICS						PA

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
SPS SUS 15 GM/60	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	02	04	
STAVUDINE CAP 15 MG	ANTIVIRALS			X	02	04	
STAVUDINE CAP 20 MG	ANTIVIRALS			X	02	04	
STAVUDINE CAP 30 MG	ANTIVIRALS			X	02	04	
STAVUDINE CAP 40 MG	ANTIVIRALS			X	02	04	
STEGLATRO TAB 5 MG	BLOOD GLUCOSE REGULATORS		X		04	N/A	
STEGLATRO TAB 15 MG	BLOOD GLUCOSE REGULATORS		X		04	N/A	
STIMEX NEEDL MIS 22 X 2-1/8	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
STIMEX NEEDL MIS 22 G X 4.25	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
STIOLTO AER 2.5-2.5	RESPIRATORY TRACT/ PULMONARY AGENTS			X	03	04	PA
SUCRAID SOLUTION 8500/ML	GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		06	N/A	PA
SULCONAZOLE SOLUTION 1%	ANTIFUNGALS		X		04	N/A	
SYLATRON KIT 200 MCG	IMMUNOLOGICAL AGENTS		X		05	N/A	
SYLATRON KIT 300 MCG	IMMUNOLOGICAL AGENTS		X		05	N/A	
SYLATRON KIT 600 MCG	IMMUNOLOGICAL AGENTS		X		05	N/A	
SYMFI LO TAB	ANTIVIRALS		X		03	N/A	
SYMFI TAB	ANTIVIRALS		X		03	N/A	
SYMPATH NDL MIS 18 G X 6"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SYMPATH NDL MIS 19 G X 5"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SYMPATH NDL MIS 20 G X 5"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
SYNERA DIS 70-70 MG	ANESTHETICS		X		04	N/A	
TACLONEX OINTMENT	DERMATOLOGICAL AGENTS						QL
TACLONEX SUS	DERMATOLOGICAL AGENTS						QL
TARGRETIN GEL 1%	ANTINEOPLASTICS		X		06	N/A	
TAZAROTENE CREAM 0.1%	DERMATOLOGICAL AGENTS				02	02	PA
TAZAROTENE AER 0.1%	DERMATOLOGICAL AGENTS						PA
TAZORAC CREAM 0.05%	DERMATOLOGICAL AGENTS				03	03	PA
TAZORAC CREAM 0.1%	DERMATOLOGICAL AGENTS						PA
TAZORAC GEL 0.05%	DERMATOLOGICAL AGENTS		X		03	N/A	PA
TAZORAC GEL 0.1%	DERMATOLOGICAL AGENTS		X		03	N/A	PA
TAZTIA XT CAP 180 MG/24	CARDIOVASCULAR AGENTS			X	02	01	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
TECFIDERA CAP 120 MG	CENTRAL NERVOUS SYSTEM AGENTS		X		05	N/A	
TECFIDERA CAP 240 MG	CENTRAL NERVOUS SYSTEM AGENTS		X		05	N/A	
TECFIDERA MIS STARTER	CENTRAL NERVOUS SYSTEM AGENTS		X		05	N/A	
TELMISARTAN TAB 80 MG	CARDIOVASCULAR AGENTS			X	01	02	
TELMISARTAN-AMLODIPINE TAB 40-5 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TELMISARTAN-AMLODIPINE TAB 40-10 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TELMISARTAN-AMLODIPINE TAB 80-5 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TELMISARTAN-AMLODIPINE TAB 80-10 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TEMAZEPAM CAP 22.5 MG	SLEEP DISORDER AGENTS		X		02	N/A	
TETRACAINE SOLUTION 0.5% OP	OPHTHALMIC AGENTS			X	01	02	
THEOPHYLLINE TAB 100 MG CR	RESPIRATORY TRACT/PULMONARY AGENTS		X		02	N/A	
THEOPHYLLINE TAB 200 MG CR	RESPIRATORY TRACT/PULMONARY AGENTS		X		01	N/A	
THIOLA TAB 100 MG	GENITOURINARY AGENTS		X		04	N/A	
THIORIDAZINE TAB 10 MG	ANTIPSYCHOTICS		X		02	N/A	
THIORIDAZINE TAB 25 MG	ANTIPSYCHOTICS		X		02	N/A	
THIORIDAZINE TAB 50 MG	ANTIPSYCHOTICS		X		02	N/A	
THIORIDAZINE TAB 100 MG	ANTIPSYCHOTICS		X		02	N/A	
TIADYL CAP 180 MG/24	CARDIOVASCULAR AGENTS			X	02	01	
TIMOLOL MALEATE TAB 10 MG	CARDIOVASCULAR AGENTS			X	02	04	
TOPICORT CREAM 0.05%	DERMATOLOGICAL AGENTS						QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
TOPICORT CREAM 0.25%	DERMATOLOGICAL AGENTS						QL
TOPICORT GEL 0.05%	DERMATOLOGICAL AGENTS						QL
TOPICORT SPR 0.25%	DERMATOLOGICAL AGENTS						QL
TOPICORT OINTMENT 0.05%	DERMATOLOGICAL AGENTS						QL
TOPICORT OINTMENT 0.25%	DERMATOLOGICAL AGENTS						QL
TOPIRAMATE CAP ER 25 MG	ANTICONSULTANTS		X		02	N/A	
TOPIRAMATE CAP ER 50 MG	ANTICONSULTANTS		X		02	N/A	
TOPIRAMATE CAP ER 100 MG	ANTICONSULTANTS		X		02	N/A	
TOPIRAMATE CAP ER 150 MG	ANTICONSULTANTS		X		02	N/A	
TOPIRAMATE CAP ER 200 MG	ANTICONSULTANTS		X		02	N/A	
TRAMADOL HCL TAB 100 MG ER	ANALGESICS		X		02	N/A	
TRAMADOL HCL TAB 200 MG ER	ANALGESICS		X		02	N/A	
TRAMADOL HCL TAB 300 MG ER	ANALGESICS		X		02	N/A	
TRAZODONE TAB 300 MG	ANTIDEPRESSANTS		X		02	N/A	
TRETINOIN CREAM 0.025%	DERMATOLOGICAL AGENTS				02	02	PA
TRETINOIN CREAM 0.05%	DERMATOLOGICAL AGENTS				02	02	PA
TRETINOIN CREAM 0.1%	DERMATOLOGICAL AGENTS				02	02	PA
TRETINOIN GEL 0.01%	DERMATOLOGICAL AGENTS				02	02	PA
TRETINOIN GEL 0.025%	DERMATOLOGICAL AGENTS		X		02	N/A	PA
TRETINOIN MICROSPHERE GEL 0.04%	DERMATOLOGICAL AGENTS						PA
TRETINOIN GEL 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	PA
TRETINOIN GEL 0.1%	DERMATOLOGICAL AGENTS						PA
TRETINOIN GEL 0.1% PUMP	DERMATOLOGICAL AGENTS						PA
TRIFLURIDINE SOLUTION 1% OP	OPHTHALMIC AGENTS			X	04	03	
TRINTELLIX TAB 5 MG	ANTIDEPRESSANTS	X			N/A	04	
TRINTELLIX TAB 10 MG	ANTIDEPRESSANTS	X			N/A	04	
TRINTELLIX TAB 20 MG	ANTIDEPRESSANTS	X			N/A	04	
TYBLUME CHEW 0.1-0.02	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	01	04	
TYKERB TAB 250 MG	ANTINEOPLASTICS		X		05	N/A	
VALACYCLOVIR TAB 1 GM	ANTIVIRALS			X	01	02	
VALSARTAN TAB 160 MG	CARDIOVASCULAR AGENTS			X	01	02	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
VALSARTAN TAB 320 MG	CARDIOVASCULAR AGENTS			X	01	02	
VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	CARDIOVASCULAR AGENTS			X	01	02	
VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	CARDIOVASCULAR AGENTS			X	01	02	
VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	CARDIOVASCULAR AGENTS			X	01	02	
VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	CARDIOVASCULAR AGENTS			X	01	02	
VELTIN GEL	DERMATOLOGICAL AGENTS		X		04	N/A	PA
VERAPAMIL HCL CAP ER 24HR 100 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
VERAPAMIL CAP 200 MG ER	CARDIOVASCULAR AGENTS		X		04	N/A	
VERAPAMIL CAP 300 MG ER	CARDIOVASCULAR AGENTS		X		04	N/A	
VEREGEN OINTMENT 15%	DERMATOLOGICAL AGENTS		X		04	N/A	
VICODIN HP TAB 10-300 MG	ANALGESICS		X		02	N/A	
VONVENDI INJ 650 UNIT	BLOOD PRODUCTS AND MODIFIERS			X	03	05	
VONVENDI INJ 1300 UNIT	BLOOD PRODUCTS AND MODIFIERS			X	03	05	
VUMERITY CAP 231 MG	CENTRAL NERVOUS SYSTEM AGENTS		X		05	N/A	
VYZULTA SOLUTION 0.024%	OPHTHALMIC AGENTS	X			N/A	04	
WEE CARE SUS 15/1.25	ELECTROLYTES/MINERALS/METALS/ VITAMINS			X	01	02	
WELCHOL PAK 3.75 GM	CARDIOVASCULAR AGENTS						PA, QL
WYNZORA CREAM	DERMATOLOGICAL AGENTS						QL
XERESE CREAM 5-1%	ANTIVIRALS						QL
XOLEGEL GEL 2%	ANTIFUNGALS						PA
YALE TB SYRN MIS 1/2 ML GL	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
YALE TB SYRN MIS LL 1 ML	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
YALE NEEDLES MIS 17 X 3-1/2	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
YALE NEEDLES MIS 19 G X 3"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
YALE NEEDLES MIS 25 G X 2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	

\* 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

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2021 Drug Tier*	2022 Drug Tier*	Special Requirements**
YALE NEEDLE MIS 26 G X 3/4"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
YALE NEEDLES MIS 27 G X 1"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
YALE NEEDLES MIS 30 G X 1/2"	NEEDLE/SYRINGE/SUPPLIES		X		03	N/A	
ZIANA GEL	DERMATOLOGICAL AGENTS						PA
ZIRGAN GEL 0.15%	OPHTHALMIC AGENTS		X		04	N/A	
ZYKADIA CAP 150 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.**

Blue Cross and Blue Shield of Montana (BCBSMT) contracts with Prime Therapeutics LLC to provide pharmacy benefit management and other related services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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