



2022 Prescription Drug Benefit Changes – Moving to Performance Annual Drug List

Starting January 1, 2022 (or on your group's 2022 renewal date), some pharmacy benefit plans may be based on a new prescription drug list – Performance Annual Drug List. Today, your plan may be based on the Basic Annual or Enhanced Annual Drug Lists.

If this drug list change applies to you*, many prescription drugs will remain covered on your new list. But, some drugs you use may:

- Move to a higher or lower drug tier
- Be added or removed from the new drug list
- Have a new special requirement (prior authorization, step therapy or dispensing/quantity limit)

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. Your doctor can also ask for a drug list coverage exception, including any drugs you may have had a prior approval for but will no longer be covered. To start this process, your doctor can call us at the number listed on your Member ID card.
- 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. Your doctor can find pre-approval forms at bcbstx.com/provider.
- Be sure to review the full current Performance Annual Drug List at bcbstx.com/rx-drugs/drug-lists/drug-lists. This list is updated only once a year.
- Call the Customer Service number listed on your Member ID card if you have any questions.

****Not all members' benefits will make a drug list change. If your benefit plan is not changing to the Performance Annual Drug List, these changes will not apply. Check your benefit materials or call the customer service number on your Member ID card if you have any questions about your benefits.***

Move to Performance Annual Drug List Changes – Effective on or after January 1, 2022

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

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

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
1 ML SYRINGE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
1 ML SYRINGE MIS 22X1-1/2	Devices/Supplies	x			N/A	3	
1.5 ML SYRNG MIS 22X1-1/2	Devices/Supplies	x			N/A	3	
1/2ML ALLERG KIT 27GX1/2"	Devices/Supplies	x			N/A	3	
1/2ML ALLERG KIT 27GX3/8"	Devices/Supplies	x			N/A	3	
1/2ML TB SYR MIS 27GX1/2"	Devices/Supplies	x			N/A	3	
10-12ML SYRN MIS LUER LCK	Devices/Supplies	x			N/A	3	
10-12ML SYRN MIS LUER SLP	Devices/Supplies	x			N/A	3	
10ML CONTROL MIS SANA-LOK	Devices/Supplies	x			N/A	3	
10ML CTR SYR MIS LL ZONE1	Devices/Supplies	x			N/A	3	
10ML CTR SYR MIS LL ZONE2	Devices/Supplies	x			N/A	3	
10ML CTR SYR MIS LL ZONE3	Devices/Supplies	x			N/A	3	
10ML LL SYRG MIS CONTROL	Devices/Supplies	x			N/A	3	
10ML LL SYRN MIS 20GX1"	Devices/Supplies	x			N/A	3	
10ML LL SYRN MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
10ML LL SYRN MIS 21GX1"	Devices/Supplies	x			N/A	3	
10ML LL SYRN MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
10ML LL SYRN MIS 22GX1"	Devices/Supplies	x			N/A	3	
10ML LL SYRN MIS 23GX1.25	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 18GX1"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 20GX1"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 21GX1"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 22GX1"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 25GX1"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS 27GX1.5"	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS CANNULA	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS ECC TIP	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS GL ZONE1	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS GL ZONE2	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS LL ZONE1	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS LL ZONE2	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS LL ZONE3	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
10ML SYRINGE MIS LUER LOK	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS LUER SLP	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS LUER-LOK	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS LUER-SLP	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS ML ZONE1	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS ML ZONE2	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS ML ZONE3	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS SAFESNAP	Devices/Supplies	x			N/A	3	
10ML SYRINGE MIS SLIP TIP	Devices/Supplies	x			N/A	3	
12ML LL SYRN MIS 20GX1"	Devices/Supplies	x			N/A	3	
12ML LL SYRN MIS 22GX1"	Devices/Supplies	x			N/A	3	
12ML SYRINGE MIS 18GX1"	Devices/Supplies	x			N/A	3	
12ML SYRINGE MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
12ML SYRINGE MIS 21GX1"	Devices/Supplies	x			N/A	3	
12ML SYRINGE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
12ML SYRINGE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
12ML SYRINGE MIS LUER LOK	Devices/Supplies	x			N/A	3	
12ML SYRINGE MIS LUER-LOC	Devices/Supplies			x	4	3	
12ML SYRINGE MIS REG LUER	Devices/Supplies	x			N/A	3	
140ML SYRING MIS CATH TIP	Devices/Supplies			x	4	3	
140ML SYRING MIS LUER-LOC	Devices/Supplies			x	4	3	
140ML SYRING MIS REG TIP	Devices/Supplies	x			N/A	3	
18G SHIELDED MIS NEEDLE	Devices/Supplies	x			N/A	3	
1M ALLR SYR MIS 27GX1/2"	Devices/Supplies	x			N/A	3	
1ML ALLERGIS KIT TRAY SYR	Devices/Supplies	x			N/A	3	
1ML ALLR SYR MIS 27GX1/2"	Devices/Supplies	x			N/A	3	
1ML SYR/NEED MIS 26GX5/8"	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS 23GX1"	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS 25GX1"	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS 26GX3/8"	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS 27GX1/2"	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS 28GX1/2"	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS LUER SLI	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS LUER SLP	Devices/Supplies	x			N/A	3	
1ML SYRINGE MIS SLIP TIP	Devices/Supplies	x			N/A	3	
1ML TB SYRNG MIS 21GX1"	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
1ML TB SYRNG MIS 25GX1"	Devices/Supplies	x			N/A	3	
1ML TB SYRNG MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
1ML TB SYRNG MIS 26GX3/8"	Devices/Supplies	x			N/A	3	
1ML TB SYRNG MIS 26GX5/8"	Devices/Supplies	x			N/A	3	
1ML TB SYRNG MIS 27GX1/2"	Devices/Supplies	x			N/A	3	
1ML TB SYRNG MIS 27GX5/8"	Devices/Supplies	x			N/A	3	
1ML TB SYRNG MIS 28GX1/2"	Devices/Supplies	x			N/A	3	
1ML TB SYRNG MIS LUER LOK	Devices/Supplies			x	4	3	
1ML TB SYRNG MIS LUER SLP	Devices/Supplies	x			N/A	3	
1ML TB SYRNG MIS REG LUER	Devices/Supplies	x			N/A	3	
20-25ML SYRN MIS LS EC	Devices/Supplies	x			N/A	3	
20-25ML SYRN MIS LUER LCK	Devices/Supplies	x			N/A	3	
20ML CONTROL MIS SANA-LOK	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS ECC LUER	Devices/Supplies			x	4	3	
20ML SYRINGE MIS LL ZONE1	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS LL ZONE2	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS LL ZONE3	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS LUER LOK	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS LUER SLP	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS LUER-LOK	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS ML ZONE1	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS ML ZONE2	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS ML ZONE3	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS REG LUER	Devices/Supplies	x			N/A	3	
20ML SYRINGE MIS REG TIP	Devices/Supplies			x	4	3	
20ML SYRINGE MIS SLIP TIP	Devices/Supplies			x	4	3	
2-3ML SYRING MIS LUER LCK	Devices/Supplies	x			N/A	3	
2-3ML SYRING MIS LUER SLP	Devices/Supplies	x			N/A	3	
28G SHIELDED MIS NEEDLE	Devices/Supplies	x			N/A	3	
2ML TB SYRNG MIS LL ZONE1	Devices/Supplies	x			N/A	3	
2ML TB SYRNG MIS LL ZONE2	Devices/Supplies	x			N/A	3	
2ML TB SYRNG MIS LL ZONE3	Devices/Supplies	x			N/A	3	
3 ML SYRINGE MIS 22X1-1/2	Devices/Supplies	x			N/A	3	
30-35ML SYRN MIS CATH TIP	Devices/Supplies	x			N/A	3	
30-35ML SYRN MIS LS EC	Devices/Supplies	x			N/A	3	
30-35ML SYRN MIS LUER LCK	Devices/Supplies	x			N/A	3	
30ML SYRINGE MIS GL ZONE1	Devices/Supplies	x			N/A	3	
30ML SYRINGE MIS LL ZONE1	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
30ML SYRINGE MIS LL ZONE2	Devices/Supplies	x			N/A	3	
30ML SYRINGE MIS LL ZONE3	Devices/Supplies	x			N/A	3	
30ML SYRINGE MIS LUER LOC	Devices/Supplies			x	4	3	
30ML SYRINGE MIS LUER LOK	Devices/Supplies	x			N/A	3	
30ML SYRINGE MIS LUER-LOK	Devices/Supplies	x			N/A	3	
30ML SYRINGE MIS ML ZONE1	Devices/Supplies	x			N/A	3	
30ML SYRINGE MIS ML ZONE2	Devices/Supplies	x			N/A	3	
30ML SYRINGE MIS ML ZONE3	Devices/Supplies	x			N/A	3	
30ML SYRINGE MIS SLIP TIP	Devices/Supplies	x			N/A	3	
35ML SYRINGE MIS CATH TIP	Devices/Supplies	x			N/A	3	
35ML SYRINGE MIS ECC LUER	Devices/Supplies	x			N/A	3	
35ML SYRINGE MIS LUER LOK	Devices/Supplies			x	4	3	
35ML SYRINGE MIS LUER SLP	Devices/Supplies	x			N/A	3	
35ML SYRINGE MIS REG LUER	Devices/Supplies	x			N/A	3	
3ML CTRL SYR MIS LL ZONE1	Devices/Supplies	x			N/A	3	
3ML CTRL SYR MIS LL ZONE2	Devices/Supplies	x			N/A	3	
3ML CTRL SYR MIS LL ZONE3	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 20GX1"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 20GX3/4"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 21GX1"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 21GX1.25	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 22GX1"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 22GX1.25	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 22GX3/4"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 23GX1"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 23GX1.5"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 25GX1"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 26GX5/8"	Devices/Supplies	x			N/A	3	
3ML LL SYRNG MIS 27GX1.25	Devices/Supplies	x			N/A	3	
3ML LUER LOC MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
3ML LUER LOC MIS 22GX1"	Devices/Supplies	x			N/A	3	
3ML LUER LOC MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
3ML LUER LOC MIS 23GX1"	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
3ML LUER LOC MIS 25GX1"	Devices/Supplies	x			N/A	3	
3ML LUER LOC MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 18GX1"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 19GX1"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 19GX1.5"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 20GX1"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 21GX1"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 22G X 1"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 22GX1"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 23GX1"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 23GX1.5"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 25GX1"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 25GX1.25	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 27GX1.25	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS 27GX1.5"	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS CANNULA	Devices/Supplies			x	4	3	
3ML SYRINGE MIS LL ZONE2	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS LUER LOK	Devices/Supplies			x	4	3	
3ML SYRINGE MIS LUER SLP	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS LUER-LOK	Devices/Supplies			x	4	3	
3ML SYRINGE MIS REG LUER	Devices/Supplies			x	4	3	
3ML SYRINGE MIS REG TIP	Devices/Supplies			x	4	3	
3ML SYRINGE MIS SAFESNAP	Devices/Supplies	x			N/A	3	
3ML SYRINGE MIS SLIP TIP	Devices/Supplies	x			N/A	3	
50-60ML SYRN MIS CT EC	Devices/Supplies	x			N/A	3	
50-60ML SYRN MIS LS EC	Devices/Supplies	x			N/A	3	
50-60ML SYRN MIS LUER LCK	Devices/Supplies	x			N/A	3	
50ML SYRINGE MIS LL ZONE1	Devices/Supplies	x			N/A	3	
50ML SYRINGE MIS LL ZONE2	Devices/Supplies	x			N/A	3	
50ML SYRINGE MIS LL ZONE3	Devices/Supplies	x			N/A	3	
50ML SYRINGE MIS ML ZONE1	Devices/Supplies	x			N/A	3	
50ML SYRINGE MIS ML ZONE2	Devices/Supplies	x			N/A	3	
50ML SYRINGE MIS ML ZONE3	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
5-6ML SYRING MIS LUER LCK	Devices/Supplies	x			N/A	3	
5-6ML SYRING MIS LUER SLP	Devices/Supplies	x			N/A	3	
5ML CONTROL MIS SANA-LOK	Devices/Supplies	x			N/A	3	
5ML CTRL SYR MIS LL ZONE1	Devices/Supplies	x			N/A	3	
5ML CTRL SYR MIS LL ZONE2	Devices/Supplies	x			N/A	3	
5ML CTRL SYR MIS LL ZONE3	Devices/Supplies	x			N/A	3	
5ML LL SYRNG MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
5ML LL SYRNG MIS 20GX1"	Devices/Supplies	x			N/A	3	
5ML LL SYRNG MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
5ML LL SYRNG MIS 21GX1"	Devices/Supplies	x			N/A	3	
5ML LL SYRNG MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
5ML LL SYRNG MIS 22GX1"	Devices/Supplies	x			N/A	3	
5ML LL SYRNG MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 18GX1"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 20GX1"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 21GX1"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 22GX1"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS 27GX1.5"	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS CANNULA	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS LUER LOK	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS LUER SLP	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS LUER-LOK	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS LUER-SLP	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS SAFESNAP	Devices/Supplies	x			N/A	3	
5ML SYRINGE MIS SLIP TIP	Devices/Supplies	x			N/A	3	
5ML SYRINGES MIS 21GX1"	Devices/Supplies	x			N/A	3	
60ML SYRINGE MIS CATH TIP	Devices/Supplies			x	4	3	
60ML SYRINGE MIS ECC TIP	Devices/Supplies			x	4	3	
60ML SYRINGE MIS LUER LOK	Devices/Supplies	x			N/A	3	
60ML SYRINGE MIS LUER SLP	Devices/Supplies	x			N/A	3	
60ML SYRINGE MIS LUER-LOC	Devices/Supplies	x			N/A	3	
60ML SYRINGE MIS LUER-LOK	Devices/Supplies	x			N/A	3	
60ML SYRINGE MIS REG TIP	Devices/Supplies	x			N/A	3	
60ML SYRINGE MIS SLIP TIP	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
60ML SYRINGE MIS TOOMEY	Devices/Supplies			x	4	3	
6ML LL SYRNG MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
6ML LL SYRNG MIS 21GX1"	Devices/Supplies	x			N/A	3	
6ML LL SYRNG MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
6ML LL SYRNG MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
6ML LUER LOK MIS 20GX1"	Devices/Supplies	x			N/A	3	
6ML LUER LOK MIS 21GX1.25	Devices/Supplies	x			N/A	3	
6ML LUER LOK MIS 22GX1"	Devices/Supplies	x			N/A	3	
6ML LUER LOK MIS 22GX1.25	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS 18GX1"	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS 21GX1"	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS CANNULA	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS LUER LOK	Devices/Supplies			x	4	3	
6ML SYRINGE MIS LUER-LOK	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS REG LUER	Devices/Supplies	x			N/A	3	
6ML SYRINGE MIS REG TIP	Devices/Supplies	x			N/A	3	
80ML SYRINGE MIS ANGIO	Devices/Supplies	x			N/A	3	
ABILIFY TAB 10MG	Antipsychotics		x		4	N/A	
ABILIFY TAB 15MG	Antipsychotics		x		4	N/A	
ABILIFY TAB 20MG	Antipsychotics		x		4	N/A	
ABILIFY TAB 2MG	Antipsychotics		x		4	N/A	
ABILIFY TAB 30MG	Antipsychotics		x		4	N/A	
ABILIFY TAB 5MG	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 10MG	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 10MG MNT	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 10MG STR	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 15MG	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 15MG MNT	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 15MG STR	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 20MG	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 20MG MNT	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 20MG STR	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 2MG	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 2MG MANT	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 2MG STRT	Antipsychotics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ABILIFY MYCI TAB 30MG	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 30MG MNT	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 30MG STR	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 5MG	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 5MG MANT	Antipsychotics		x		4	N/A	
ABILIFY MYCI TAB 5MG STRT	Antipsychotics		x		4	N/A	
ABSORICA CAP 10MG	Dermatological Agents		x		4	N/A	
ABSORICA CAP 20MG	Dermatological Agents		x		4	N/A	
ABSORICA CAP 25MG	Dermatological Agents		x		4	N/A	
ABSORICA CAP 30MG	Dermatological Agents		x		4	N/A	
ABSORICA CAP 35MG	Dermatological Agents		x		4	N/A	
ABSORICA CAP 40MG	Dermatological Agents		x		4	N/A	
ABSORICA LD CAP 16MG	Dermatological Agents		x		4	N/A	
ABSORICA LD CAP 24MG	Dermatological Agents		x		4	N/A	
ABSORICA LD CAP 32MG	Dermatological Agents		x		4	N/A	
ABSORICA LD CAP 8MG	Dermatological Agents		x		4	N/A	
ABSTRAL SUB 100MCG	Analgesics		x		4	N/A	
ABSTRAL SUB 200MCG	Analgesics		x		4	N/A	
ABSTRAL SUB 300MCG	Analgesics		x		4	N/A	
ABSTRAL SUB 400MCG	Analgesics		x		4	N/A	
ABSTRAL SUB 600MCG	Analgesics		x		4	N/A	
ABSTRAL SUB 800MCG	Analgesics		x		4	N/A	
ACANYA GEL 1.2-2.5%	Dermatological Agents		x		4	N/A	
ACCOLATE TAB 10MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
ACCOLATE TAB 20MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
ACCRUFER CAP 30MG	Blood Products and Modifiers		x		4	N/A	
ACCU-CHEK KIT FASTCLIX	Devices/Supplies			x	4	3	
ACCU-CHEK KIT SOFTCLIX	Devices/Supplies			x	4	3	
ACCU-CHEK TES AVIVA PL	Devices/Supplies		x		4	N/A	
ACCU-CHEK TES COMPACT	Devices/Supplies		x		4	N/A	
ACCU-CHEK TES DRUM	Devices/Supplies		x		4	N/A	
ACCU-CHEK TES GUIDE	Devices/Supplies		x		4	N/A	
ACCU-CHEK TES SMART	Devices/Supplies		x		4	N/A	
ACCUPRIL TAB 10MG	Cardiovascular Agents		x		4	N/A	
ACCUPRIL TAB 20MG	Cardiovascular Agents		x		4	N/A	
ACCUPRIL TAB 40MG	Cardiovascular Agents		x		4	N/A	
ACCUPRIL TAB 5MG	Cardiovascular Agents		x		4	N/A	
ACCURETIC TAB 10-12.5	Cardiovascular Agents		x		4	N/A	
ACCURETIC TAB 20-12.5	Cardiovascular Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ACCURETIC TAB 20-25MG	Cardiovascular Agents		x		4	N/A	
ACCUTREND TES GLUCOSE	Devices/Supplies		x		4	N/A	
ACIPHEX TAB 20MG	Gastrointestinal Agents		x		4	N/A	
ACIPHEX SPR CAP 10MG	Gastrointestinal Agents		x		4	N/A	
ACIPHEX SPR CAP 5MG	Gastrointestinal Agents		x		4	N/A	
ACTHIB INJ	Immunological Agents	x			N/A	3	
ACTICLATE TAB 150MG	Antibacterials		x		4	N/A	
ACTICLATE TAB 75MG	Antibacterials		x		4	N/A	
ACTIGALL CAP 300MG	Gastrointestinal Agents		x		4	N/A	
ACTIQ LOZ 1200MCG	Analgesics		x		4	N/A	
ACTIQ LOZ 1600MCG	Analgesics		x		4	N/A	
ACTIQ LOZ 200MCG	Analgesics		x		4	N/A	
ACTIQ LOZ 400MCG	Analgesics		x		4	N/A	
ACTIQ LOZ 600MCG	Analgesics		x		4	N/A	
ACTIQ LOZ 800MCG	Analgesics		x		4	N/A	
ACTIVELLA TAB 0.5-0.1	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ACTIVELLA TAB 1-0.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ACTONEL TAB 150MG	Metabolic Bone Disease Agents		x		4	N/A	
ACTONEL TAB 35MG	Metabolic Bone Disease Agents		x		4	N/A	
ACTONEL TAB 5MG	Metabolic Bone Disease Agents		x		4	N/A	
ACTOPLUS MET TAB 15-500MG	Blood Glucose Regulators		x		4	N/A	
ACTOPLUS MET TAB 15-850MG	Blood Glucose Regulators		x		4	N/A	
ACTOS TAB 15MG	Blood Glucose Regulators		x		4	N/A	
ACTOS TAB 30MG	Blood Glucose Regulators		x		4	N/A	
ACTOS TAB 45MG	Blood Glucose Regulators		x		4	N/A	
ACULAR SOL 0.5% OP	Ophthalmic Agents		x		4	N/A	
ACULAR LS SOL 0.4%	Ophthalmic Agents		x		4	N/A	
ACUVAIL SOL 0.45%	Ophthalmic Agents		x		4	N/A	
ACYCLOVIR CRE 5%	Antivirals		x		G	N/A	QL
ACYCLOVIR OIN 5%	Antivirals		x		G	N/A	
ACZONE GEL 5%	Dermatological Agents		x		4	N/A	
ACZONE GEL 7.5%	Dermatological Agents		x		4	N/A	
ADACEL INJ	Immunological Agents			x	4	3	
ADALAT CC TAB 30MG ER	Cardiovascular Agents		x		4	N/A	
ADALAT CC TAB 60MG ER	Cardiovascular Agents		x		4	N/A	
ADALAT CC TAB 90MG ER	Cardiovascular Agents		x		4	N/A	
ADAPAL/BEN P GEL 0.1-2.5%	Dermatological Agents		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ADAPALENE CRE 0.1%	Dermatological Agents		x		G	N/A	
ADAPALENE GEL 0.1%	Dermatological Agents		x		G	N/A	
ADAPALENE GEL 0.3%	Dermatological Agents		x		G	N/A	
ADAPALENE GEL PMP 0.3%	Dermatological Agents		x		G	N/A	
ADAPALENE LOT 0.1%	Dermatological Agents		x		4	N/A	
ADAPALENE PAD 0.1%SWAB	Dermatological Agents		x		4	N/A	QL
ADAPALENE SOL 0.1%	Dermatological Agents		x		4	N/A	
ADCIRCA TAB 20MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
ADDERALL TAB 10MG	Central Nervous System Agents		x		4	N/A	
ADDERALL TAB 12.5MG	Central Nervous System Agents		x		4	N/A	
ADDERALL TAB 15MG	Central Nervous System Agents		x		4	N/A	
ADDERALL TAB 20MG	Central Nervous System Agents		x		4	N/A	
ADDERALL TAB 30MG	Central Nervous System Agents		x		4	N/A	
ADDERALL TAB 5MG	Central Nervous System Agents		x		4	N/A	
ADDERALL TAB 7.5MG	Central Nervous System Agents		x		4	N/A	
ADDERALL XR CAP 10MG	Central Nervous System Agents		x		4	N/A	
ADDERALL XR CAP 15MG	Central Nervous System Agents		x		4	N/A	
ADDERALL XR CAP 20MG	Central Nervous System Agents		x		4	N/A	
ADDERALL XR CAP 25MG	Central Nervous System Agents		x		4	N/A	
ADDERALL XR CAP 30MG	Central Nervous System Agents		x		4	N/A	
ADDERALL XR CAP 5MG	Central Nervous System Agents		x		4	N/A	
ADHANSIA XR CAP 25MG	Central Nervous System Agents		x		4	N/A	
ADHANSIA XR CAP 35MG	Central Nervous System Agents		x		4	N/A	
ADHANSIA XR CAP 45MG	Central Nervous System Agents		x		4	N/A	
ADHANSIA XR CAP 55MG	Central Nervous System Agents		x		4	N/A	
ADHANSIA XR CAP 70MG	Central Nervous System Agents		x		4	N/A	
ADHANSIA XR CAP 85MG	Central Nervous System Agents		x		4	N/A	
ADIPEX-P CAP 37.5MG	Central Nervous System Agents		x		4	N/A	
ADIPEX-P TAB 37.5MG	Central Nervous System Agents		x		4	N/A	
ADJ LANCING MIS DEVICE	Devices/Supplies			x	4	3	
ADLYXIN INJ 10/20MCG	Blood Glucose Regulators		x		4	N/A	
ADLYXIN INJ 20MCG	Blood Glucose Regulators		x		4	N/A	
ADMELOG INJ 100U/ML	Blood Glucose Regulators		x		4	N/A	
ADMELOG SOLO INJ 100U/ML	Blood Glucose Regulators		x		4	N/A	
ADMIX NEEDLE MIS 16GX1"	Devices/Supplies	x			N/A	3	
ADMIX NEEDLE MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
ADV LANCING MIS DEVICE	Devices/Supplies			x	4	3	
ADVANCE TES INTUITIO	Devices/Supplies		x		4	N/A	
ADVANCE TES MICRO-DW	Devices/Supplies		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ADVOCATE MIS LANC DEV	Devices/Supplies			x	4	3	
ADVOCATE TES	Devices/Supplies		x		4	N/A	
ADVOCATE TES REDI-COD	Devices/Supplies		x		4	N/A	
ADVOCATE TES REDICODE	Devices/Supplies		x		4	N/A	
ADZENYS ER SUS 1.25MG	Central Nervous System Agents		x		4	N/A	
ADZENYS XR TAB 12.5MG	Central Nervous System Agents		x		4	N/A	
ADZENYS XR TAB 15.7 MG	Central Nervous System Agents		x		4	N/A	
ADZENYS XR TAB 18.8MG	Central Nervous System Agents		x		4	N/A	
ADZENYS XR TAB 3.1MG	Central Nervous System Agents		x		4	N/A	
ADZENYS XR TAB 6.3MG	Central Nervous System Agents		x		4	N/A	
ADZENYS XR TAB 9.4MG	Central Nervous System Agents		x		4	N/A	
AEMCOLO TAB 194MG	Antibacterials		x		4	N/A	
AERCHMBR PLS MIS FLOW-VU	Devices/Supplies	x			N/A	3	
AERCHMBR PLS MIS LRG MASK	Devices/Supplies	x			N/A	3	
AERCHMBR PLS MIS SM MASK	Devices/Supplies	x			N/A	3	
AERCHMBR Z- MIS STAT PLS	Devices/Supplies	x			N/A	3	
AEROCHAMBER MIS PLUS	Devices/Supplies	x			N/A	3	
AEROCHAMBER MIS CHAMBER	Devices/Supplies	x			N/A	3	
AEROCHAMBER MIS MV	Devices/Supplies	x			N/A	3	
AEROVENT MIS PLUS	Devices/Supplies	x			N/A	3	
AFINITOR TAB 2.5MG	Antineoplastics		x		4	N/A	
AFINITOR TAB 5MG	Antineoplastics		x		4	N/A	
AFINITOR TAB 7.5MG	Antineoplastics		x		4	N/A	
AFINITOR DIS TAB 2MG	Antineoplastics			x	4	3	
AFINITOR DIS TAB 3MG	Antineoplastics			x	4	3	
AFINITOR DIS TAB 5MG	Antineoplastics			x	4	3	
AFLURIA QUAD INJ 2019-20	Immunological Agents			x	4	3	
AFLURIA QUAD INJ 2020-21	Immunological Agents			x	4	3	
AFLURIA QUAD INJ 2021-22	Immunological Agents			x	4	3	
AFREZZA POW 12 UNIT	Blood Glucose Regulators		x		4	N/A	
AFREZZA POW 4-8 UNIT	Blood Glucose Regulators		x		4	N/A	
AFREZZA POW 4-8-12	Blood Glucose Regulators		x		4	N/A	
AFREZZA POW 4UNIT	Blood Glucose Regulators		x		4	N/A	
AFREZZA POW 8 UNIT	Blood Glucose Regulators		x		4	N/A	
AFREZZA POW 8-12UNIT	Blood Glucose Regulators		x		4	N/A	
AGAMATRIX TES AMP	Devices/Supplies		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
AGAMATRIX TES JAZZ	Devices/Supplies		x		4	N/A	
AGAMATRIX TES KEYNOTE	Devices/Supplies		x		4	N/A	
AGAMATRIX TES PRESTO	Devices/Supplies		x		4	N/A	
AGGRENOLX CAP 25-200MG	Blood Products and Modifiers		x		4	N/A	
AGRYLIN CAP 0.5MG	Blood Products and Modifiers		x		4	N/A	
AIRDUO DGHLR INH 113-14	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AIRDUO DGHLR INH 232-14	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AIRDUO DGHLR INH 55-14	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AIRDUO RESPI INH 113-14	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AIRDUO RESPI INH 232-14	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AIRDUO RESPI INH 55-14	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AJOVY INJ 225/1.5	Antimigraine Agents		x		4	N/A	
AKLIEF CRE 0.005%	Dermatological Agents		x		4	N/A	
AKTIPAK GEL 5-3%	Dermatological Agents		x		4	N/A	
AKYNZEO CAP 300-0.5	Antiemetics		x		4	N/A	
ALA SCALP LOT 2%	Dermatological Agents		x		G	N/A	PA
ALA-CORT CRE 1%	Dermatological Agents		x		G	N/A	
ALA-SCALP LOT 2%	Dermatological Agents		x		4	N/A	PA
ALBENZA TAB 200MG	Antiparasitics		x		4	N/A	
ALBUTEROL AER HFA	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
ALDACTAZIDE TAB 25/25	Cardiovascular Agents		x		4	N/A	
ALDACTONE TAB 100MG	Cardiovascular Agents		x		4	N/A	
ALDACTONE TAB 25MG	Cardiovascular Agents		x		4	N/A	
ALDACTONE TAB 50MG	Cardiovascular Agents		x		4	N/A	
ALDARA CRE 5%	Dermatological Agents		x		4	N/A	
ALECENSA CAP 150MG	Antineoplastics			x	4	3	
ALINIA TAB 500MG	Antiparasitics		x		4	N/A	
ALISKIREN TAB 150MG	Cardiovascular Agents		x		G	N/A	
ALISKIREN TAB 300MG	Cardiovascular Agents		x		G	N/A	
ALKERAN TAB 2MG	Antineoplastics		x		4	N/A	
ALKINDI SPRI CAP 0.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
ALKINDI SPRI CAP 1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
ALKINDI SPRI CAP 2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
ALKINDI SPRI CAP 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
ALLERGIST KIT 0.5/28G	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ALLERGIST KIT 1MLX27G	Devices/Supplies	x			N/A	3	
ALLERGIST KIT 1MLX28G	Devices/Supplies	x			N/A	3	
ALLERGIST KIT 27GX1/2"	Devices/Supplies	x			N/A	3	
ALLERGIST KIT PACK	Devices/Supplies	x			N/A	3	
ALLERGY SYRG MIS 1ML/27G	Devices/Supplies	x			N/A	3	
ALLERGY TRAY KIT 27GX1/2"	Devices/Supplies	x			N/A	3	
ALLZITAL TAB 25-325MG	Analgesics		x		4	N/A	
ALMOTRIPTAN TAB 12.5MG	Antimigraine Agents		x		G	N/A	
ALMOTRIPTAN TAB 6.25MG	Antimigraine Agents		x		G	N/A	
ALOCRI SOL 2%	Ophthalmic Agents		x		4	N/A	
ALOG/PIOGLIT TAB 12.5-15	Blood Glucose Regulators		x		4	N/A	
ALOG/PIOGLIT TAB 12.5-30	Blood Glucose Regulators		x		4	N/A	
ALOG/PIOGLIT TAB 12.5-45	Blood Glucose Regulators		x		4	N/A	
ALOG/PIOGLIT TAB 25-15MG	Blood Glucose Regulators		x		4	N/A	
ALOG/PIOGLIT TAB 25-30MG	Blood Glucose Regulators		x		4	N/A	
ALOG/PIOGLIT TAB 25-45MG	Blood Glucose Regulators		x		4	N/A	
ALOGLIPTIN TAB 12.5MG	Blood Glucose Regulators		x		4	N/A	
ALOGLIPTIN TAB 25MG	Blood Glucose Regulators		x		4	N/A	
ALOGLIPTIN TAB 6.25MG	Blood Glucose Regulators		x		4	N/A	
ALOGLIPTIN/ TAB METFORM	Blood Glucose Regulators		x		4	N/A	
ALOMIDE SOL 0.1% OP	Ophthalmic Agents		x		4	N/A	
ALOSETRON TAB 0.5MG	Gastrointestinal Agents		x		G	N/A	
ALOSETRON TAB 1MG	Gastrointestinal Agents		x		G	N/A	
ALPHAGAN P SOL 0.1%	Ophthalmic Agents		x		4	N/A	
ALPHAGAN P SOL 0.15%	Ophthalmic Agents		x		4	N/A	
ALPRAZOLAM TAB 2MG ER	Anxiolytics			x	2	1	
ALPRAZOLAM TAB 3MG ER	Anxiolytics			x	2	1	
ALREX SUS 0.2%	Ophthalmic Agents			x	4	3	
ALTABAX OIN 1%	Dermatological Agents		x		4	N/A	
ALTACE CAP 1.25MG	Cardiovascular Agents		x		4	N/A	
ALTACE CAP 10MG	Cardiovascular Agents		x		4	N/A	
ALTACE CAP 2.5MG	Cardiovascular Agents		x		4	N/A	
ALTACE CAP 5MG	Cardiovascular Agents		x		4	N/A	
ALTOPREV TAB 20MG ER	Cardiovascular Agents		x		4	N/A	
ALTOPREV TAB 40MG ER	Cardiovascular Agents		x		4	N/A	
ALTOPREV TAB 60MG ER	Cardiovascular Agents		x		4	N/A	
ALTRENO LOT 0.05%	Dermatological Agents		x		4	N/A	
ALTRNATE SIT MIS DEVICE	Devices/Supplies			x	4	3	
ALUNBRIG PAK	Antineoplastics			x	4	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ALUNBRIG TAB 180MG	Antineoplastics			x	4	3	
ALUNBRIG TAB 30MG	Antineoplastics			x	4	3	QL
ALUNBRIG TAB 90MG	Antineoplastics			x	4	3	
ALVESCO AER 160MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
ALVESCO AER 80MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AMANTADINE TAB 100MG	Antiparkinson Agents		x		G	N/A	
AMARYL TAB 1MG	Blood Glucose Regulators		x		4	N/A	
AMARYL TAB 2MG	Blood Glucose Regulators		x		4	N/A	
AMARYL TAB 4MG	Blood Glucose Regulators		x		4	N/A	
AMBIEN TAB 10MG	Sleep Disorder Agents		x		4	N/A	
AMBIEN TAB 5MG	Sleep Disorder Agents		x		4	N/A	
AMBIEN CR TAB 12.5MG	Sleep Disorder Agents		x		4	N/A	
AMBIEN CR TAB 6.25MG	Sleep Disorder Agents		x		4	N/A	
AMCINONIDE CRE 0.1%	Dermatological Agents		x		4	N/A	QL
AMCINONIDE LOT 0.1%	Dermatological Agents		x		4	N/A	QL
AMCINONIDE OIN 0.1%	Dermatological Agents		x		4	N/A	QL
AMERGE TAB 1MG	Antimigraine Agents		x		4	N/A	
AMERGE TAB 2.5MG	Antimigraine Agents		x		4	N/A	
AMICAR SOL 0.25/ML	Blood Products and Modifiers		x		4	N/A	
AMICAR TAB 1000MG	Blood Products and Modifiers		x		4	N/A	
AMICAR TAB 500MG	Blood Products and Modifiers		x		4	N/A	
AMITIZA CAP 24MCG	Gastrointestinal Agents		x		4	N/A	
AMITIZA CAP 8MCG	Gastrointestinal Agents		x		4	N/A	
AMLOD/ATORVA TAB 10-10MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 10-20MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 10-40MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 10-80MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 2.5-10MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 2.5-20MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 2.5-40MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 5-10MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 5-20MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 5-40MG	Cardiovascular Agents		x		G	N/A	
AMLOD/ATORVA TAB 5-80MG	Cardiovascular Agents		x		G	N/A	
AMLOD/VALSAR TAB 10-160MG	Cardiovascular Agents			x	1	2	
AMLOD/VALSAR TAB 5-160MG	Cardiovascular Agents			x	1	2	
AMLOD/VALSAR TAB 5-320MG	Cardiovascular Agents			x	1	2	
AMMONIUM LAC CRE 12%	Dermatological Agents		x		G	N/A	
AMMONIUM LAC LOT 12%	Dermatological Agents		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
AMOXAPINE TAB 100MG	Antidepressants		x		4	N/A	
AMOXAPINE TAB 150MG	Antidepressants		x		4	N/A	
AMOXAPINE TAB 25MG	Antidepressants		x		4	N/A	
AMOXAPINE TAB 50MG	Antidepressants		x		4	N/A	
AMPHETAMI ER SUS 1.25/ML	Central Nervous System Agents		x		4	N/A	
AMPHETAMINE TAB 10MG	Central Nervous System Agents		x		G	N/A	
AMPHETAMINE TAB 5MG	Central Nervous System Agents		x		G	N/A	
AMPYRA TAB 10MG	Central Nervous System Agents		x		4	N/A	
AMRIX CAP 15MG	Skeletal Muscle Relaxants		x		4	N/A	
AMRIX CAP 30MG	Skeletal Muscle Relaxants		x		4	N/A	
AMZEEQ AER 4%	Dermatological Agents		x		4	N/A	
ANAFRANIL CAP 25MG	Antidepressants		x		4	N/A	
ANAFRANIL CAP 50MG	Antidepressants		x		4	N/A	
ANAFRANIL CAP 75MG	Antidepressants		x		4	N/A	
ANALPRAM HC CRE 2.5-1%	Inflammatory Bowel Disease Agents		x		4	N/A	
ANALPRAM-HC CRE 1-1%	Inflammatory Bowel Disease Agents		x		4	N/A	
ANALPRM SNGL CRE HC 2.5-1	Inflammatory Bowel Disease Agents		x		4	N/A	
ANCOBON CAP 250MG	Antifungals		x		4	N/A	
ANCOBON CAP 500MG	Antifungals		x		4	N/A	
ANDRODERM DIS 2MG/24HR	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ANDRODERM DIS 4MG/24HR	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ANDROGEL GEL 1%(25MG)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ANDROGEL GEL 1%(50MG)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ANDROGEL GEL 1.62%	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ANESTH NEEDL MIS 20GX4"	Devices/Supplies	x			N/A	3	
ANESTH NEEDL MIS 22GX3"	Devices/Supplies	x			N/A	3	
ANESTH NEEDL MIS 22GX4"	Devices/Supplies	x			N/A	3	
ANESTH NEEDL MIS 23X1-3/8	Devices/Supplies	x			N/A	3	
ANNOVERA MIS	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ANTABUSE TAB 250MG	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
ANTABUSE TAB 500MG	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ANTARA CAP 30MG	Cardiovascular Agents		x		4	N/A	
ANTARA CAP 90MG	Cardiovascular Agents		x		4	N/A	
ANTIVERT TAB 50MG	Antiemetics		x		4	N/A	
ANUSOL-HC CRE 2.5%	Inflammatory Bowel Disease Agents		x		4	N/A	
APADAZ TAB 4.08-325	Analgesics		x		4	N/A	
APADAZ TAB 6.12-325	Analgesics		x		4	N/A	
APADAZ TAB 8.16-325	Analgesics		x		4	N/A	
APAP/CAFFEIN TAB DIHYDROC	Analgesics		x		4	N/A	
APAP-CAFFEIN CAP DIHYDROC	Analgesics		x		4	N/A	
APEXICON E CRE 0.05%	Dermatological Agents		x		4	N/A	QL
APIDRA INJ SOLOSTAR	Blood Glucose Regulators		x		4	N/A	
APIDRA INJ U-100	Blood Glucose Regulators		x		4	N/A	
APLENZIN TAB 174MG	Antidepressants		x		4	N/A	
APLENZIN TAB 348MG	Antidepressants		x		4	N/A	
APLENZIN TAB 522MG	Antidepressants		x		4	N/A	
APRISO CAP 0.375GM	Inflammatory Bowel Disease Agents		x		4	N/A	
APTENSIO XR CAP 10MG	Central Nervous System Agents		x		4	N/A	
APTENSIO XR CAP 15MG	Central Nervous System Agents		x		4	N/A	
APTENSIO XR CAP 20MG	Central Nervous System Agents		x		4	N/A	
APTENSIO XR CAP 30MG	Central Nervous System Agents		x		4	N/A	
APTENSIO XR CAP 40MG	Central Nervous System Agents		x		4	N/A	
APTENSIO XR CAP 50MG	Central Nervous System Agents		x		4	N/A	
APTENSIO XR CAP 60MG	Central Nervous System Agents		x		4	N/A	
AQUA LANCE MIS LANC DEV	Devices/Supplies			x	4	3	
ARAVA TAB 10MG	Immunological Agents		x		4	N/A	
ARAVA TAB 20MG	Immunological Agents		x		4	N/A	
ARAZLO LOT 0.045%	Dermatological Agents		x		4	N/A	
ARIAL MIS CHAMBER	Devices/Supplies	x			N/A	3	
ARICEPT TAB 10MG	Antidementia Agents		x		4	N/A	
ARICEPT TAB 23MG	Antidementia Agents		x		4	N/A	
ARICEPT TAB 5MG	Antidementia Agents		x		4	N/A	
ARIMIDEX TAB 1MG	Antineoplastics		x		4	N/A	
ARIPIRAZOLE TAB 10MG	Antipsychotics			x	2	1	
ARIPIRAZOLE TAB 15MG	Antipsychotics			x	2	1	
ARIPIRAZOLE TAB 2MG	Antipsychotics			x	2	1	
ARIPIRAZOLE TAB 5MG	Antipsychotics			x	2	1	
ARIXTRA INJ 10/0.8ML	Blood Products and Modifiers		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ARIXTRA INJ 2.5/0.5	Blood Products and Modifiers		x		4	N/A	
ARIXTRA INJ 5/0.4ML	Blood Products and Modifiers		x		4	N/A	
ARIXTRA INJ 7.5/0.6	Blood Products and Modifiers		x		4	N/A	
ARMONAIR DIG AER 113MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
ARMONAIR DIG AER 232MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
ARMONAIR DIG AER 55MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AROMASIN TAB 25MG	Antineoplastics		x		4	N/A	
ARTERIAL NDL MIS 19GX1.5"	Devices/Supplies	x			N/A	3	
ARTERIAL NDL MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
ARTHROTEC 50 TAB	Analgesics		x		4	N/A	
ARTHROTEC 75 TAB	Analgesics		x		4	N/A	
ARYMO ER TAB 15MG	Analgesics		x		4	N/A	
ARYMO ER TAB 30MG	Analgesics		x		4	N/A	
ARYMO ER TAB 60MG	Analgesics		x		4	N/A	
ASA/OMEPRAZO TAB 81-40MG	Blood Products and Modifiers		x		4	N/A	
ASACOL HD TAB 800MG	Inflammatory Bowel Disease Agents		x		4	N/A	
ASP/OMEPRAZO TAB 325-40MG	Blood Products and Modifiers		x		4	N/A	
ASSURE TES PLATINUM	Devices/Supplies		x		4	N/A	
ASSURE 3 TES	Devices/Supplies		x		4	N/A	
ASSURE 4 TES	Devices/Supplies		x		4	N/A	
ASSURE II TES	Devices/Supplies		x		4	N/A	
ASSURE II TES CHECK	Devices/Supplies		x		4	N/A	
ASSURE PRISM TES MULTI	Devices/Supplies		x		4	N/A	
ASSURE PRO TES	Devices/Supplies		x		4	N/A	
AT LAST TES	Devices/Supplies		x		4	N/A	
ATABEX EC TAB 29-1MG	Vitamin/Supplement		x		4	N/A	
ATABEX OB TAB 29-1MG	Vitamin/Supplement		x		4	N/A	
ATACAND TAB 16MG	Cardiovascular Agents		x		4	N/A	
ATACAND TAB 32MG	Cardiovascular Agents		x		4	N/A	
ATACAND TAB 4MG	Cardiovascular Agents		x		4	N/A	
ATACAND TAB 8MG	Cardiovascular Agents		x		4	N/A	
ATACAND HCT TAB 16-12.5	Cardiovascular Agents		x		4	N/A	
ATACAND HCT TAB 32-12.5	Cardiovascular Agents		x		4	N/A	
ATACAND HCT TAB 32-25MG	Cardiovascular Agents		x		4	N/A	
ATELVIA TAB	Metabolic Bone Disease Agents		x		4	N/A	
ATIVAN TAB 0.5MG	Anxiolytics		x		4	N/A	
ATIVAN TAB 1MG	Anxiolytics		x		4	N/A	
ATIVAN TAB 2MG	Anxiolytics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ATRALIN GEL 0.05%	Dermatological Agents		x		4	N/A	
ATRIPLA TAB	Antivirals		x		4	N/A	
AUGMENTIN SUS 250/5ML	Antibacterials		x		4	N/A	
AUGMENTIN SUS ES-600	Antibacterials		x		4	N/A	
AUGMENTIN TAB 500MG	Antibacterials		x		4	N/A	
AUTOCODE TES BLD GLUC	Devices/Supplies		x		4	N/A	
AUTO-LANCET MIS	Devices/Supplies			x	4	3	
AUTO-LANCET MIS MINI	Devices/Supplies			x	4	3	
AUTOLET II KIT CLINISAF	Devices/Supplies			x	4	3	
AUTOLET IMPR MIS LANC DEV	Devices/Supplies			x	4	3	
AUTOLET LANC MIS DEVICE	Devices/Supplies			x	4	3	
AUTOLET LITE KIT	Devices/Supplies			x	4	3	
AUTOLET LITE KIT CLINISAF	Devices/Supplies			x	4	3	
AUTOLET LITE KIT STARTER	Devices/Supplies			x	4	3	
AUTOLET MINI MIS	Devices/Supplies			x	4	3	
AUTOLET PLAT MIS 1.8MM	Devices/Supplies			x	4	3	
AUTOLET PLAT MIS 2.4MM	Devices/Supplies			x	4	3	
AUTOLET PLAT MIS 3.0MM	Devices/Supplies			x	4	3	
AUTOLET PLUS MIS	Devices/Supplies			x	4	3	
AUTOLET PLUS MIS LANC DEV	Devices/Supplies			x	4	3	
AUVI-Q INJ 0.15MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AUVI-Q INJ 0.1MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AUVI-Q INJ 0.3MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
AVALIDE TAB 150-12.5	Cardiovascular Agents		x		4	N/A	
AVALIDE TAB 300-12.5	Cardiovascular Agents		x		4	N/A	
AVANDIA TAB 2MG	Blood Glucose Regulators		x		4	N/A	
AVANDIA TAB 4MG	Blood Glucose Regulators		x		4	N/A	
AVAPRO TAB 150MG	Cardiovascular Agents		x		4	N/A	
AVAPRO TAB 300MG	Cardiovascular Agents		x		4	N/A	
AVAPRO TAB 75MG	Cardiovascular Agents		x		4	N/A	
AVELOX TAB 400MG	Antibacterials		x		4	N/A	
AVODART CAP 0.5MG	Genitourinary Agents		x		4	N/A	
AXILLARY NDL MIS 22GX1"	Devices/Supplies	x			N/A	3	
AXILLARY NDL MIS 25GX1"	Devices/Supplies	x			N/A	3	
AYGESTIN TAB 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
AZASITE SOL 1%	Ophthalmic Agents		x		4	N/A	
AZEL/FLUTIC SPR 137-50	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
AZELASTINE SPR 0.15%	Respiratory Tract/ Pulmonary Agents		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
AZELEX CRE 20%	Dermatological Agents		x		4	N/A	
AZILECT TAB 0.5MG	Antiparkinson Agents		x		4	N/A	
AZILECT TAB 1MG	Antiparkinson Agents		x		4	N/A	
AZOPT SUS 1% OP	Ophthalmic Agents		x		4	N/A	
AZOR TAB 10-20MG	Cardiovascular Agents		x		4	N/A	
AZOR TAB 10-40MG	Cardiovascular Agents		x		4	N/A	
AZOR TAB 5-20MG	Cardiovascular Agents		x		4	N/A	
AZOR TAB 5-40MG	Cardiovascular Agents		x		4	N/A	
AZSTARYS CAP 26.1-5.2	Central Nervous System Agents		x		4	N/A	
AZSTARYS CAP 39.2-7.8	Central Nervous System Agents		x		4	N/A	
AZSTARYS CAP 52.3-10.	Central Nervous System Agents		x		4	N/A	
AZULFIDINE TAB 500MG	Inflammatory Bowel Disease Agents		x		4	N/A	
AZULFIDINE TAB 500MG EN	Inflammatory Bowel Disease Agents		x		4	N/A	
BACLOFEN TAB 5MG	Antispasticity Agents		x		G	N/A	
BACTRIM TAB 400-80MG	Antibacterials		x		4	N/A	
BACTRIM DS TAB 800-160	Antibacterials		x		4	N/A	
BAFIERTAM CAP 95MG	Central Nervous System Agents		x		4	N/A	
BAL-CARE MIS DHA	Vitamin/Supplement		x		4	N/A	
BALCOLTRA TAB 0.1-20	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
BANZEL SUS 40MG/ML	Anticonvulsants		x		4	N/A	
BANZEL TAB 200MG	Anticonvulsants		x		4	N/A	
BANZEL TAB 400MG	Anticonvulsants		x		4	N/A	
BARACLUDE TAB 0.5MG	Antivirals		x		4	N/A	
BARACLUDE TAB 1MG	Antivirals		x		4	N/A	
BASAGLAR INJ 100UNIT	Blood Glucose Regulators		x		4	N/A	
BD ECLIPSE MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
BD ECLIPSE MIS 1ML/27G	Devices/Supplies	x			N/A	3	
BD ECLIPSE MIS 1ML/30G	Devices/Supplies	x			N/A	3	
BD ECLIPSE MIS 22GX1"	Devices/Supplies	x			N/A	3	
BD ECLIPSE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
BD ECLIPSE MIS 23GX1"	Devices/Supplies	x			N/A	3	
BD ECLIPSE MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
BD ECLIPSE MIS 27GX1/2	Devices/Supplies	x			N/A	3	
BD FIL NEED MIS 5 MICRON	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 16GX1"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 18GX1"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 19GX1"	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
BD HYPO NEED MIS 19GX1.5"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 21GX1"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 21GX2"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 22GX1"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 23GX3/4"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 26GX1/2"	Devices/Supplies	x			N/A	3	
BD HYPO NEED MIS 26GX3/8"	Devices/Supplies	x			N/A	3	
BD INTEGRA MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
BD NEEDLE MIS 18GX1"TW	Devices/Supplies	x			N/A	3	
BD NEEDLE MIS 22GX3/4"	Devices/Supplies	x			N/A	3	
BD NEEDLE MIS 23GX1"	Devices/Supplies	x			N/A	3	
BD NEEDLE MIS 23GX1.25	Devices/Supplies	x			N/A	3	
BD NEEDLE MIS 27GX1.25	Devices/Supplies	x			N/A	3	
BD NEEDLE MIS 30G X 1"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 16GX1.5"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 19GX1"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 20GX1"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 25GX7/8"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 27GX1/2"	Devices/Supplies	x			N/A	3	
BD NEEDLES MIS 30GX1/2"	Devices/Supplies	x			N/A	3	
BD SYR 50ML MIS LUER-LOK	Devices/Supplies	x			N/A	3	
BD YALE LNR MIS 26GX1/2"	Devices/Supplies	x			N/A	3	
BD YALE LNR MIS 30GX1/2"	Devices/Supplies	x			N/A	3	
BECONASE AQ SUS 0.042%	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
BELSOMRA TAB 10MG	Sleep Disorder Agents		x		3	N/A	
BELSOMRA TAB 15MG	Sleep Disorder Agents		x		3	N/A	
BELSOMRA TAB 20MG	Sleep Disorder Agents		x		3	N/A	
BELSOMRA TAB 5MG	Sleep Disorder Agents		x		3	N/A	
BELVIQ TAB 10MG	Central Nervous System Agents		x		4	N/A	
BELVIQ XR TAB 20MG	Central Nervous System Agents		x		4	N/A	
BENZAEP/HCTZ TAB 5-6.25	Cardiovascular Agents			x	4	2	
BENICAR TAB 20MG	Cardiovascular Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
BENICAR TAB 40MG	Cardiovascular Agents		x		4	N/A	
BENICAR TAB 5MG	Cardiovascular Agents		x		4	N/A	
BENICAR HCT TAB 20-12.5	Cardiovascular Agents		x		4	N/A	
BENICAR HCT TAB 40-12.5	Cardiovascular Agents		x		4	N/A	
BENICAR HCT TAB 40-25MG	Cardiovascular Agents		x		4	N/A	
BENZACLIN GEL 1-5%	Dermatological Agents		x		4	N/A	
BENZACLIN GEL 1-5%PUMP	Dermatological Agents		x		4	N/A	
BENZAMYCIN GEL 5-3%	Dermatological Agents		x		4	N/A	
BENZHY/ACETA TAB 4.08-325	Analgesics		x		4	N/A	
BENZHY/ACETA TAB 6.12-325	Analgesics		x		4	N/A	
BENZHY/ACETA TAB 8.16-325	Analgesics		x		4	N/A	
BENZONATATE CAP 150MG	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
BENZPHETAMIN TAB 50MG	Central Nervous System Agents		x		G	N/A	
BENZPHETMINE TAB 25MG	Central Nervous System Agents		x		4	N/A	
BEPOTASTINE DRO 1.5%	Ophthalmic Agents		x		G	N/A	
BEPREVE DRO 1.5%	Ophthalmic Agents		x		4	N/A	
BESER LOT 0.05%	Dermatological Agents		x		G	N/A	
BESIVANCE SUS 0.6%	Ophthalmic Agents		x		4	N/A	
BETAMETH DIP CRE 0.05%	Dermatological Agents				G	2	QL
BETAMETH DIP LOT 0.05%	Dermatological Agents				G	2	QL
BETAMETH DIP OIN 0.05%	Dermatological Agents				G	2	QL
BETAMETH VAL AER 0.12%	Dermatological Agents		x		G	N/A	
BETAPACE TAB 120MG	Cardiovascular Agents		x		4	N/A	
BETAPACE TAB 160MG	Cardiovascular Agents		x		4	N/A	
BETAPACE TAB 80MG	Cardiovascular Agents		x		4	N/A	
BETAPACE AF TAB 120MG	Cardiovascular Agents		x		4	N/A	
BETAPACE AF TAB 160MG	Cardiovascular Agents		x		4	N/A	
BETAPACE AF TAB 80MG	Cardiovascular Agents		x		4	N/A	
BETHKIS NEB 300/4ML	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
BETIMOL SOL 0.25%	Ophthalmic Agents		x		4	N/A	
BETIMOL SOL 0.5%	Ophthalmic Agents		x		4	N/A	
BETOPTIC-S SUS 0.25% OP	Ophthalmic Agents		x		4	N/A	
BEVESPI AER 9-4.8MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
BEXSERO INJ	Immunological Agents			x	4	3	
BEYAZ TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
BIJUVA CAP 1-100MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
BILTRICIDE TAB 600MG	Antiparasitics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
BIMATOPROST SOL 0.03%	Ophthalmic Agents		x		G	N/A	
BINOSTO TAB 70MG	Metabolic Bone Disease Agents		x		4	N/A	
BIOSCANNER TES GLUCOSE	Devices/Supplies		x		4	N/A	
BLEPH-10 SOL 10% OP	Ophthalmic Agents		x		4	N/A	
BLEPHAMIDE OIN S.O.P.	Ophthalmic Agents		x		4	N/A	
BLEPHAMIDE SUS OP	Ophthalmic Agents		x		4	N/A	
BLOOD GLUCOS TES	Devices/Supplies		x		4	N/A	
BLOOD GLUCOS TES LE1	Devices/Supplies		x		4	N/A	
BLOOD GLUCOS TES PREMIUM	Devices/Supplies		x		4	N/A	
BLOOD GLUCOS TES STRIPS	Devices/Supplies		x		4	N/A	
BLULINK TES STRIPS	Devices/Supplies		x		4	N/A	
BLUNT CANNUL MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
BLUNT CANNUL MIS 21GX1"	Devices/Supplies	x			N/A	3	
BONIVA TAB 150MG	Metabolic Bone Disease Agents		x		4	N/A	
BONJESTA TAB 20-20MG	Antiemetics		x		4	N/A	
BOOSTRIX INJ	Immunological Agents			x	4	3	
BOSULIF TAB 100MG	Antineoplastics			x	4	3	QL
BOSULIF TAB 400MG	Antineoplastics			x	4	3	
BOSULIF TAB 500MG	Antineoplastics			x	4	3	
BPM-PSE-DM SYP 2-30-10	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
BREATHE EASE MIS LG MASK	Devices/Supplies	x			N/A	3	
BREATHE EASE MIS MED MASK	Devices/Supplies	x			N/A	3	
BREATHE EASE MIS SM MASK	Devices/Supplies	x			N/A	3	
BREATHERITE MIS	Devices/Supplies	x			N/A	3	
BREATHERITE MIS LG MASK	Devices/Supplies	x			N/A	3	
BREATHERITE MIS MED MASK	Devices/Supplies	x			N/A	3	
BREATHERITE MIS SM MASK	Devices/Supplies	x			N/A	3	
BREATHERITE MIS SPACER	Devices/Supplies	x			N/A	3	
BREATHERITE MIS W/MASK	Devices/Supplies	x			N/A	3	
BREXAFEMME TAB 150MG	Antifungals		x		4	N/A	
BRIMONIDINE SOL 0.15%	Ophthalmic Agents		x		G	N/A	
BRINZOLAMIDE SUS 1%	Ophthalmic Agents		x		G	N/A	
BRISDELLE CAP 7.5MG	Central Nervous System Agents		x		4	N/A	
BRIVIACT SOL 10MG/ML	Anticonvulsants		x		4	N/A	
BRIVIACT TAB 100MG	Anticonvulsants		x		4	N/A	
BRIVIACT TAB 10MG	Anticonvulsants		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
BRIVIACT TAB 25MG	Anticonvulsants		x		4	N/A	
BRIVIACT TAB 50MG	Anticonvulsants		x		4	N/A	
BRIVIACT TAB 75MG	Anticonvulsants		x		4	N/A	
BROM/PSE/DM SYP	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
BROM/PSE/DM SYP 2/30/10	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
BROMSITE DRO 0.075%	Ophthalmic Agents		x		4	N/A	
BRONCHITOL CAP 40MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
BRONCHITOL CAP TOL TEST	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
BROVANA NEB 15MCG	Respiratory Tract/ Pulmonary Agents			x	4	3	
BRYHALI LOT 0.01%	Dermatological Agents		x		4	N/A	QL
BUDESONIDE TAB ER 9MG	Inflammatory Bowel Disease Agents		x		G	N/A	
BULB IRR SYR MIS 60ML	Devices/Supplies	x			N/A	3	
BUMEX TAB 0.5MG	Cardiovascular Agents		x		4	N/A	
BUMEX TAB 1MG	Cardiovascular Agents		x		4	N/A	
BUMEX TAB 2MG	Cardiovascular Agents		x		4	N/A	
BUNAVAIL MIS 2.1-0.3	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
BUNAVAIL MIS 4.2-0.7	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
BUNAVAIL MIS 6.3-1MG	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
BUPAP TAB 50-300MG	Analgesics		x		G	N/A	
BUPHENYL POW	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
BUPHENYL TAB 500MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
BUPRENORPHIN DIS 10MCG/HR	Analgesics		x		G	N/A	
BUPRENORPHIN DIS 15MCG/HR	Analgesics		x		G	N/A	
BUPRENORPHIN DIS 20MCG/HR	Analgesics		x		G	N/A	
BUPRENORPHIN DIS 5MCG/HR	Analgesics		x		G	N/A	
BUPRENORPHIN DIS 7.5/HR	Analgesics		x		G	N/A	
BUPROPION TAB 150MG SR	Anti-Addiction/ Substance Abuse Treatment Agents	x			N/A	2	
BUPROPION TAB 75MG	Antidepressants			x	2	1	
BUPROPN HCL TAB 450MG XL	Antidepressants		x		4	N/A	
BUSPIRONE TAB 7.5MG	Anxiolytics		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
BUT/APAP/CAF CAP	Analgesics		x		G	N/A	
BUT/APAP/CAF CAP CODEINE	Analgesics		x		G	N/A	
BUTAL/ACETAM TAB 25-325MG	Analgesics		x		4	N/A	
BUTAL/APAP CAP 50-300MG	Analgesics		x		4	N/A	
BUTALB/ACETA TAB 50-300MG	Analgesics		x		G	N/A	
BUTISOL SOD TAB 30MG	Sleep Disorder Agents		x		4	N/A	
BUTRANS DIS 10MCG/HR	Analgesics		x		4	N/A	
BUTRANS DIS 15MCG/HR	Analgesics		x		4	N/A	
BUTRANS DIS 20MCG/HR	Analgesics		x		4	N/A	
BUTRANS DIS 5MCG/HR	Analgesics		x		4	N/A	
BUTRANS DIS 7.5/HR	Analgesics		x		4	N/A	
BYETTA INJ 10MCG	Blood Glucose Regulators		x		4	N/A	
BYETTA INJ 5MCG	Blood Glucose Regulators		x		4	N/A	
BYNFEZIA PEN INJ 2500MCG	Hormonal Agents, Suppressant (Pituitary)		x		4	N/A	PA
BYSTOLIC TAB 10MG	Cardiovascular Agents		x		4	N/A	
BYSTOLIC TAB 2.5MG	Cardiovascular Agents		x		4	N/A	
BYSTOLIC TAB 20MG	Cardiovascular Agents		x		4	N/A	
BYSTOLIC TAB 5MG	Cardiovascular Agents		x		4	N/A	
CADUET TAB 10-10MG	Cardiovascular Agents		x		4	N/A	
CADUET TAB 10-20MG	Cardiovascular Agents		x		4	N/A	
CADUET TAB 10-40MG	Cardiovascular Agents		x		4	N/A	
CADUET TAB 10-80MG	Cardiovascular Agents		x		4	N/A	
CADUET TAB 5-10MG	Cardiovascular Agents		x		4	N/A	
CADUET TAB 5-20MG	Cardiovascular Agents		x		4	N/A	
CADUET TAB 5-40MG	Cardiovascular Agents		x		4	N/A	
CADUET TAB 5-80MG	Cardiovascular Agents		x		4	N/A	
CAFERGOT TAB 1-100MG	Antimigraine Agents		x		4	N/A	PA, QL
CALAN TAB 120MG	Cardiovascular Agents		x		4	N/A	
CALAN SR TAB 120MG	Cardiovascular Agents		x		4	N/A	
CALAN SR TAB 180MG	Cardiovascular Agents		x		4	N/A	
CALAN SR TAB 240MG	Cardiovascular Agents		x		4	N/A	
CALCIP/BETAM SUS	Dermatological Agents		x		G	N/A	QL
CALCIPOTRIEN AER 0.005%	Dermatological Agents		x		4	N/A	PA, QL
CALCIPOTRIEN OIN BETAMETH	Dermatological Agents		x		G	N/A	QL
CALCITRIOL OIN 3MCG/GM	Dermatological Agents		x		4	N/A	
CAMBIA POW 50MG	Analgesics		x		4	N/A	
CANASA SUP 1000MG	Inflammatory Bowel Disease Agents		x		4	N/A	
CAPEX SHA 0.01%	Dermatological Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
CAPLYTA CAP 42MG	Antipsychotics		x		4	N/A	
CAPRELSA TAB 100MG	Antineoplastics			x	4	3	
CAPRELSA TAB 300MG	Antineoplastics			x	4	3	
CAPTOPR/HCTZ TAB 25-15MG	Cardiovascular Agents		x		4	N/A	
CAPTOPR/HCTZ TAB 25-25MG	Cardiovascular Agents		x		4	N/A	
CAPTOPR/HCTZ TAB 50-15MG	Cardiovascular Agents		x		4	N/A	
CAPTOPR/HCTZ TAB 50-25MG	Cardiovascular Agents		x		4	N/A	
CARAC CRE 0.5%	Dermatological Agents		x		4	N/A	
CARAFATE SUS 1GM/10ML	Gastrointestinal Agents		x		4	N/A	
CARAFATE TAB 1GM	Gastrointestinal Agents		x		4	N/A	
CARB/LEVO TAB 10-100MG	Antiparkinson Agents			x	4	2	
CARB/LEVO TAB 25-100MG	Antiparkinson Agents			x	4	2	
CARB/LEVO TAB 25-250MG	Antiparkinson Agents			x	4	2	
CARDIOCOM MIS LANCING	Devices/Supplies			x	4	3	
CARDIZEM TAB 120MG	Cardiovascular Agents		x		4	N/A	
CARDIZEM TAB 30MG	Cardiovascular Agents		x		4	N/A	
CARDIZEM TAB 60MG	Cardiovascular Agents		x		4	N/A	
CARDIZEM CD CAP 120MG/24	Cardiovascular Agents		x		4	N/A	
CARDIZEM CD CAP 180MG/24	Cardiovascular Agents		x		4	N/A	
CARDIZEM CD CAP 240MG/24	Cardiovascular Agents		x		4	N/A	
CARDIZEM CD CAP 300MG/24	Cardiovascular Agents		x		4	N/A	
CARDIZEM CD CAP 360MG/24	Cardiovascular Agents		x		4	N/A	
CARDIZEM LA TAB 180MG	Cardiovascular Agents		x		4	N/A	
CARDIZEM LA TAB 240MG	Cardiovascular Agents		x		4	N/A	
CARDIZEM LA TAB 300MG/24	Cardiovascular Agents		x		4	N/A	
CARDIZEM LA TAB 360MG	Cardiovascular Agents		x		4	N/A	
CARDIZEM LA TAB 420MG/24	Cardiovascular Agents		x		4	N/A	
CARDURA TAB 1MG	Cardiovascular Agents		x		4	N/A	
CARDURA TAB 2MG	Cardiovascular Agents		x		4	N/A	
CARDURA TAB 4MG	Cardiovascular Agents		x		4	N/A	
CARDURA TAB 8MG	Cardiovascular Agents		x		4	N/A	
CARDURA XL TAB 4MG	Genitourinary Agents		x		4	N/A	
CARDURA XL TAB 8MG	Genitourinary Agents		x		4	N/A	
CAREONE ADV MIS LANCING	Devices/Supplies			x	4	3	
CARESENS N TES	Devices/Supplies		x		4	N/A	
CARETOUCH MIS EJECTOR	Devices/Supplies			x	4	3	
CARETOUCH MIS TST STRP	Devices/Supplies		x		4	N/A	
CARISOPR/ASA TAB 200-325	Skeletal Muscle Relaxants		x		G	N/A	
CARISOPRODOL TAB 250MG	Skeletal Muscle Relaxants		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
CARISOPRODOL TAB 350MG	Skeletal Muscle Relaxants		x		G	N/A	
CARISOPRODOL TAB ASA/COD	Skeletal Muscle Relaxants		x		4	N/A	
CARNITOR SOL 1GM/10ML	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
CARNITOR TAB 330MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
CARNITOR SF SOL 1GM/10ML	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
CAROSPIR SUS 25MG/5ML	Cardiovascular Agents		x		4	N/A	
CARVEDILOL CAP 10MG ER	Cardiovascular Agents		x		G	N/A	
CARVEDILOL CAP 20MG ER	Cardiovascular Agents		x		G	N/A	
CARVEDILOL CAP 40MG ER	Cardiovascular Agents		x		G	N/A	
CARVEDILOL CAP 80MG ER	Cardiovascular Agents		x		G	N/A	
CASODEX TAB 50MG	Antineoplastics		x		4	N/A	
CATAPRES TAB 0.1MG	Cardiovascular Agents		x		4	N/A	
CATAPRES TAB 0.2MG	Cardiovascular Agents		x		4	N/A	
CATAPRES TAB 0.3MG	Cardiovascular Agents		x		4	N/A	
CATAPRES-TTS DIS 0.1/24HR	Cardiovascular Agents		x		4	N/A	
CATAPRES-TTS DIS 0.2/24HR	Cardiovascular Agents		x		4	N/A	
CATAPRES-TTS DIS 0.3/24HR	Cardiovascular Agents		x		4	N/A	
CAYA DPR	Contraceptives- Non-Hormonal			x	4	3	
CEFACLOR SUS 125/5ML	Antibacterials		x		4	N/A	
CEFACLOR SUS 250/5ML	Antibacterials		x		4	N/A	
CEFACLOR SUS 375/5ML	Antibacterials		x		4	N/A	
CEFACLOR ER TAB 500MG	Antibacterials		x		4	N/A	
CEFDITOREN TAB 200MG	Antibacterials		x		4	N/A	
CEFDITOREN TAB 400MG	Antibacterials		x		4	N/A	
CELEBREX CAP 100MG	Analgesics		x		4	N/A	
CELEBREX CAP 200MG	Analgesics		x		4	N/A	
CELEBREX CAP 400MG	Analgesics		x		4	N/A	
CELEBREX CAP 50MG	Analgesics		x		4	N/A	
CELEXA TAB 10MG	Antidepressants		x		4	N/A	
CELEXA TAB 20MG	Antidepressants		x		4	N/A	
CELEXA TAB 40MG	Antidepressants		x		4	N/A	
CENTANY OIN 2%	Dermatological Agents		x		4	N/A	
CEPHALEXIN TAB 250MG	Antibacterials		x		4	N/A	
CEPHALEXIN TAB 500MG	Antibacterials		x		4	N/A	
CEQUA SOL 0.09%	Ophthalmic Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
CETIRIZINE SOL 1MG/ML	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
CETROTIDE KIT 0.25MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
CHLORD/CLIDI CAP 5-2.5MG	Gastrointestinal Agents		x		G	N/A	
CHLORZOXAZON TAB 375MG	Skeletal Muscle Relaxants		x		G	N/A	
CHLORZOXAZON TAB 750MG	Skeletal Muscle Relaxants		x		G	N/A	
CHOR GONADOT INJ 10000UNT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			x	4	3	
CIALIS TAB 10MG	Genitourinary Agents		x		4	N/A	
CIALIS TAB 2.5MG	Genitourinary Agents		x		4	N/A	
CIALIS TAB 20MG	Genitourinary Agents		x		4	N/A	
CIALIS TAB 5MG	Genitourinary Agents		x		4	N/A	
CILOXAN OIN 0.3% OP	Ophthalmic Agents		x		4	N/A	
CILOXAN SOL 0.3% OP	Ophthalmic Agents		x		4	N/A	
CIMETIDINE SOL 300/5ML	Gastrointestinal Agents		x		G	N/A	
CIMETIDINE SOL 400MG	Gastrointestinal Agents		x		G	N/A	
CIMETIDINE TAB 200MG	Gastrointestinal Agents		x		G	N/A	
CIMETIDINE TAB 300MG	Gastrointestinal Agents		x		G	N/A	
CIMETIDINE TAB 400MG	Gastrointestinal Agents		x		G	N/A	
CIMETIDINE TAB 800MG	Gastrointestinal Agents		x		G	N/A	
CIPRO TAB 250MG	Antibacterials		x		4	N/A	
CIPRO TAB 500MG	Antibacterials		x		4	N/A	
CIPRO HC SUS OTIC	Otic Agents		x		4	N/A	
CIPRO/FLUOC DRO PF	Otic Agents		x		4	N/A	
CIPRODEX SUS 0.3-0.1%	Otic Agents		x		4	N/A	
CITRANATAL CAP HARMONY	Vitamin/Supplement		x		4	N/A	
CITRANATAL CAP MEDLEY	Vitamin/Supplement		x		4	N/A	
CITRANATAL MIS	Vitamin/Supplement		x		4	N/A	
CITRANATAL MIS 90 DHA	Vitamin/Supplement		x		4	N/A	
CITRANATAL MIS B-CALM	Vitamin/Supplement		x		4	N/A	
CITRANATAL PAK ASSURE	Vitamin/Supplement		x		4	N/A	
CITRANATAL PAK DHA	Vitamin/Supplement		x		4	N/A	
CITRANATAL PAK ESSENCE	Vitamin/Supplement		x		4	N/A	
CITRANATAL TAB BLOOM	Vitamin/Supplement		x		4	N/A	
CITRANATAL TAB RX	Vitamin/Supplement		x		4	N/A	
CLARINEX TAB 5MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
CLARINEX-D TAB 2.5-120	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
CLENPIQ SOL	Gastrointestinal Agents		x		4	N/A	
CLEOCIN CAP 150MG	Antibacterials		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
CLEOCIN CAP 300MG	Antibacterials		x		4	N/A	
CLEOCIN CAP 75MG	Antibacterials		x		4	N/A	
CLEOCIN CRE 2% VAG	Antibacterials		x		4	N/A	
CLEOCIN SUP 100MG	Antibacterials		x		4	N/A	
CLEOCIN PED SOL 75MG/5ML	Antibacterials		x		4	N/A	
CLEOCIN-T GEL 1%	Antibacterials		x		4	N/A	
CLEOCIN-T LOT 1%	Antibacterials		x		4	N/A	
CLEVER CHEK TES	Devices/Supplies		x		4	N/A	
CLEVER CHEK TES AUTO CD	Devices/Supplies		x		4	N/A	
CLEVER CHEK TES TALK	Devices/Supplies		x		4	N/A	
CLEVER CHEK TES VOICE	Devices/Supplies		x		4	N/A	
CLEVER CHOIC TES MICRO	Devices/Supplies		x		4	N/A	
CLEVR CHOICE TES AUTO-CD	Devices/Supplies		x		4	N/A	
CLEVR CHOICE TES NOCODE	Devices/Supplies		x		4	N/A	
CLIMARA DIS 0.025MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
CLIMARA DIS 0.0375MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
CLIMARA DIS 0.05MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
CLIMARA DIS 0.06MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
CLIMARA DIS 0.075MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
CLIMARA DIS 0.1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
CLIMARA PRO DIS WEEKLY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			x	4	3	
CLINDAGEL GEL 1%	Antibacterials		x		4	N/A	
CLINDAM/BENZ GEL 1.2-2.5%	Dermatological Agents		x		G	N/A	
CLINDAMY/BEN GEL 1-5%	Dermatological Agents		x		G	N/A	
CLINDAMYCIN AER 1%	Antibacterials		x		G	N/A	
CLINDAMYCIN CAP 75MG	Antibacterials			x	2	1	
CLINDAMYCIN GEL 1%	Antibacterials		x		4	N/A	
CLINDAMYCIN GEL TRETINOI	Dermatological Agents		x		G	N/A	
CLOBETASOL AER 0.05%	Dermatological Agents		x		G	N/A	QL
CLOBETASOL LOT 0.05%	Dermatological Agents		x		G	N/A	
CLOBETASOL SHA 0.05%	Dermatological Agents		x		G	N/A	
CLOBETASOL SPR 0.05%	Dermatological Agents		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
CLOBEX LOT 0.05%	Dermatological Agents		x		4	N/A	
CLOBEX SHA 0.05%	Dermatological Agents		x		4	N/A	
CLOBEX SPR 0.05%	Dermatological Agents		x		4	N/A	
CLOCORTOLONE CRE 0.1%	Dermatological Agents		x		4	N/A	
CLODAN SHA 0.05%	Dermatological Agents		x		G	N/A	
CLODERM CRE 0.1%	Dermatological Agents		x		4	N/A	
CLODERM CRE 0.1% PMP	Dermatological Agents		x		4	N/A	
CLOTRIM/BETA LOT DIPROP	Dermatological Agents		x		G	N/A	
CLOTRIMAZOLE CRE 1%	Antifungals		x		G	N/A	
CLOTRIMAZOLE SOL 1%	Antifungals		x		G	N/A	
CLOZARIL TAB 100MG	Antipsychotics		x		4	N/A	
CLOZARIL TAB 200MG	Antipsychotics		x		4	N/A	
CLOZARIL TAB 25MG	Antipsychotics		x		4	N/A	
CLOZARIL TAB 50MG	Antipsychotics		x		4	N/A	
C-NATE DHA CAP 28-1-200	Vitamin/Supplement		x		4	N/A	
CODEINE SULF TAB 30MG	Analgesics		x		4	N/A	
COLAZAL CAP 750MG	Inflammatory Bowel Disease Agents		x		4	N/A	
COLCHICINE CAP 0.6MG	Antigout Agents		x		4	N/A	
COLCRYS TAB 0.6MG	Antigout Agents		x		4	N/A	
COLESEVELAM PAK 3.75GM	Cardiovascular Agents			x	G	2	PA, QL
COLESTID GRA 5GM	Cardiovascular Agents		x		4	N/A	
COLESTID POW 5GM	Cardiovascular Agents		x		4	N/A	
COLESTID TAB 1GM	Cardiovascular Agents		x		4	N/A	
COLESTID FLA GRA 5/7.5GM	Cardiovascular Agents		x		4	N/A	
COLESTID FLA GRA 5GM	Cardiovascular Agents		x		4	N/A	
COLYTE/FLAVR SOL PACKS	Gastrointestinal Agents		x		4	N/A	
COMBIGAN SOL 0.2/0.5%	Ophthalmic Agents		x		4	N/A	
COMBIPATCH DIS	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			x	3	4	
COMBIVIR TAB 150-300	Antivirals		x		4	N/A	
COMETRIQ KIT 100MG	Antineoplastics			x	4	3	
COMETRIQ KIT 140MG	Antineoplastics			x	4	3	
COMETRIQ KIT 60MG	Antineoplastics			x	4	3	
COMPACT SPAC MIS CHAMBER	Devices/Supplies	x			N/A	3	
COMPACT SPAC MIS LG MASK	Devices/Supplies	x			N/A	3	
COMPACT SPAC MIS MD MASK	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
COMPACT SPAC MIS SM MASK	Devices/Supplies	x			N/A	3	
COMPLETE NAT PAK DHA	Vitamin/Supplement		x		4	N/A	
COMPLETENATE CHW	Vitamin/Supplement		x		4	N/A	
COMTAN TAB 200MG	Antiparkinson Agents		x		4	N/A	
CO-NATAL FA TAB 29-1MG	Vitamin/Supplement		x		4	N/A	
CONCEPT DHA CAP	Vitamin/Supplement		x		4	N/A	
CONCEPT OB CAP	Vitamin/Supplement		x		4	N/A	
CONCERTA TAB 18MG	Central Nervous System Agents		x		4	N/A	
CONCERTA TAB 27MG	Central Nervous System Agents		x		4	N/A	
CONCERTA TAB 36MG	Central Nervous System Agents		x		4	N/A	
CONCERTA TAB 54MG	Central Nervous System Agents		x		4	N/A	
CONDYLOX GEL 0.5%	Dermatological Agents		x		4	N/A	
CONFIRM/MICR TES GLUCOSE	Devices/Supplies		x		4	N/A	
CONJUPRI TAB 2.5MG	Cardiovascular Agents		x		4	N/A	
CONJUPRI TAB 5MG	Cardiovascular Agents		x		4	N/A	
CONSENSI TAB 10-200MG	Cardiovascular Agents		x		4	N/A	
CONSENSI TAB 2.5-200	Cardiovascular Agents		x		4	N/A	
CONSENSI TAB 5-200MG	Cardiovascular Agents		x		4	N/A	
CONTOUR LOW LIQ CONTROL	Devices/Supplies	x			N/A	3	
CONTOUR NEXT SOL LEVEL 1	Devices/Supplies	x			N/A	3	
CONTOUR NEXT SOL LEVEL 2	Devices/Supplies	x			N/A	3	
CONTOUR NORM LIQ CONTROL	Devices/Supplies	x			N/A	3	
CONZIP CAP 100MG	Analgesics		x		4	N/A	
CONZIP CAP 200MG	Analgesics		x		4	N/A	
CONZIP CAP 300MG	Analgesics		x		4	N/A	
COOL BLOOD TES GLUCOSE	Devices/Supplies		x		4	N/A	
COPAXONE INJ 20MG/ML	Central Nervous System Agents		x		4	N/A	
COPAXONE INJ 40MG/ML	Central Nervous System Agents		x		4	N/A	
CORDRAN CRE 0.025%	Dermatological Agents		x		4	N/A	
CORDRAN CRE 0.05%	Dermatological Agents		x		4	N/A	
CORDRAN LOT 0.05%	Dermatological Agents		x		4	N/A	PA
CORDRAN OIN 0.05%	Dermatological Agents		x		4	N/A	
CORDRAN 80X3 TAP 4MCG/CM	Dermatological Agents		x		4	N/A	
COREG TAB 12.5MG	Cardiovascular Agents		x		4	N/A	
COREG TAB 25MG	Cardiovascular Agents		x		4	N/A	
COREG TAB 3.125MG	Cardiovascular Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
COREG TAB 6.25MG	Cardiovascular Agents		x		4	N/A	
COREG CR CAP 10MG	Cardiovascular Agents		x		4	N/A	
COREG CR CAP 20MG	Cardiovascular Agents		x		4	N/A	
COREG CR CAP 40MG	Cardiovascular Agents		x		4	N/A	
COREG CR CAP 80MG	Cardiovascular Agents		x		4	N/A	
COREMINO TAB 135MG	Antibacterials		x		G	N/A	
COREMINO TAB 45MG	Antibacterials		x		G	N/A	
COREMINO TAB 90MG	Antibacterials		x		G	N/A	
CORGARD TAB 20MG	Cardiovascular Agents		x		4	N/A	
CORGARD TAB 40MG	Cardiovascular Agents		x		4	N/A	
CORGARD TAB 80MG	Cardiovascular Agents		x		4	N/A	
CORTEF TAB 10MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
CORTEF TAB 20MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
CORTEF TAB 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
CORTENEMA ENE 100MG	Inflammatory Bowel Disease Agents		x		4	N/A	
CORTIFOAM AER 90MG	Inflammatory Bowel Disease Agents			x	4	3	
CORTISPORIN SUS -TC OTIC	Otic Agents		x		4	N/A	
COSOPT SOL 22.3-6.8	Ophthalmic Agents		x		4	N/A	
COSOPT PF SOL 2%-0.5%	Ophthalmic Agents		x		4	N/A	
COTEMPLA TAB 17.3MG	Central Nervous System Agents		x		4	N/A	
COTEMPLA TAB 25.9MG	Central Nervous System Agents		x		4	N/A	
COTEMPLA TAB 8.6MG	Central Nervous System Agents		x		4	N/A	
COZAAR TAB 100MG	Cardiovascular Agents		x		4	N/A	
COZAAR TAB 25MG	Cardiovascular Agents		x		4	N/A	
COZAAR TAB 50MG	Cardiovascular Agents		x		4	N/A	
CRESTOR TAB 10MG	Cardiovascular Agents		x		4	N/A	
CRESTOR TAB 20MG	Cardiovascular Agents		x		4	N/A	
CRESTOR TAB 40MG	Cardiovascular Agents		x		4	N/A	
CRESTOR TAB 5MG	Cardiovascular Agents		x		4	N/A	
CRINONE GEL 4% VAG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		3	N/A	
CRINONE GEL 8% VAG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		3	N/A	
CRONO SYR MIS 10ML	Devices/Supplies	x			N/A	3	
CRONO SYR MIS 20ML	Devices/Supplies	x			N/A	3	
CUPRIMINE CAP 250MG	Genitourinary Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
CUTIVATE LOT 0.05%	Dermatological Agents		x		4	N/A	
CVS ADVANCED TES GLUCOSE	Devices/Supplies		x		4	N/A	
CVS GLUCOSE TES TEST STR	Devices/Supplies		x		4	N/A	
CVS LANCING MIS DEVICE	Devices/Supplies			x	4	3	
CYCLOBENZAPR CAP 15MG ER	Skeletal Muscle Relaxants		x		G	N/A	
CYCLOBENZAPR CAP 30MG ER	Skeletal Muscle Relaxants		x		G	N/A	
CYCLOBENZAPR TAB 7.5MG	Skeletal Muscle Relaxants		x		G	N/A	
CYCLOGYL SOL 0.5% OP	Ophthalmic Agents		x		4	N/A	
CYCLOGYL SOL 1% OP	Ophthalmic Agents		x		4	N/A	
CYCLOGYL SOL 2% OP	Ophthalmic Agents		x		4	N/A	
CYCLOPHOSPH CAP 25MG	Antineoplastics		x		4	N/A	
CYCLOPHOSPH CAP 50MG	Antineoplastics		x		4	N/A	
CYCLOPHOSPH TAB 25MG	Antineoplastics			x	4	3	
CYCLOPHOSPH TAB 50MG	Antineoplastics			x	4	3	
CYCLOSET TAB 0.8MG	Blood Glucose Regulators		x		4	N/A	
CYMBALTA CAP 20MG	Antidepressants		x		4	N/A	
CYMBALTA CAP 30MG	Antidepressants		x		4	N/A	
CYMBALTA CAP 60MG	Antidepressants		x		4	N/A	
CYTOMEL TAB 25MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		x		4	N/A	
CYTOMEL TAB 50MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		x		4	N/A	
CYTOMEL TAB 5MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		x		4	N/A	
CYTOTEC TAB 100MCG	Gastrointestinal Agents		x		4	N/A	
CYTOTEC TAB 200MCG	Gastrointestinal Agents		x		4	N/A	
D.H.E. 45 INJ 1MG/ML	Antimigraine Agents		x		4	N/A	
DANTRIUUM CAP 25MG	Antispasticity Agents		x		4	N/A	
DANTRIUUM CAP 50MG	Antispasticity Agents		x		4	N/A	
DAPSONE GEL 5%	Dermatological Agents		x		G	N/A	
DAPSONE GEL 7.5%	Dermatological Agents		x		4	N/A	
DAPTACEL INJ	Immunological Agents			x	4	3	
DARAPRIM TAB 25MG	Antiparasitics		x		4	N/A	
DARIFENACIN TAB 15MG	Genitourinary Agents		x		G	N/A	
DARIFENACIN TAB 7.5MG	Genitourinary Agents		x		G	N/A	
DAYPRO TAB 600MG	Analgesics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
DAYTRANA DIS 10MG/9HR	Central Nervous System Agents		x		4	N/A	
DAYTRANA DIS 15MG/9HR	Central Nervous System Agents		x		4	N/A	
DAYTRANA DIS 20MG/9HR	Central Nervous System Agents		x		4	N/A	
DAYTRANA DIS 30MG/9HR	Central Nervous System Agents		x		4	N/A	
DAYVIGO TAB 10MG	Sleep Disorder Agents		x		4	N/A	
DAYVIGO TAB 5MG	Sleep Disorder Agents		x		4	N/A	
DDAVP INJ 4MCG/ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
DDAVP SPR 0.01%	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
DDAVP TAB 0.1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
DDAVP TAB 0.2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
DEFERASIROX GRA 180MG	Electrolytes/Minerals/ Metals/ Vitamins			x	G	2	PA, QL
DEFERASIROX GRA 360MG	Electrolytes/Minerals/ Metals/ Vitamins			x	G	2	PA, QL
DEFERASIROX GRA 90MG	Electrolytes/Minerals/ Metals/ Vitamins			x	G	2	PA, QL
DEFERASIROX TAB 125MG	Electrolytes/Minerals/ Metals/ Vitamins			x	G	2	PA, QL
DEFERASIROX TAB 180MG	Electrolytes/Minerals/ Metals/ Vitamins			x	G	2	PA, QL
DEFERASIROX TAB 250MG	Electrolytes/Minerals/ Metals/ Vitamins			x	G	2	PA, QL
DEFERASIROX TAB 360MG	Electrolytes/Minerals/ Metals/ Vitamins			x	G	2	PA, QL
DEFERASIROX TAB 500MG	Electrolytes/Minerals/ Metals/ Vitamins			x	G	2	PA, QL
DEFERASIROX TAB 90MG	Electrolytes/Minerals/ Metals/ Vitamins			x	G	2	PA, QL
DELESTROGEN INJ 20MG/ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
DELESTROGEN INJ 40MG/ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
DELZICOL CAP 400MG	Inflammatory Bowel Disease Agents		x		4	N/A	
DEMADEX TAB 10MG	Cardiovascular Agents		x		4	N/A	
DEMSEER CAP 250MG	Cardiovascular Agents		x		4	N/A	
DENAVIR CRE 1%	Antivirals		x		4	N/A	
DEPAKOTE TAB 125MG DR	Anticonvulsants		x		4	N/A	
DEPAKOTE TAB 250MG DR	Anticonvulsants		x		4	N/A	
DEPAKOTE TAB 500MG DR	Anticonvulsants		x		4	N/A	
DEPAKOTE ER TAB 250MG	Anticonvulsants		x		4	N/A	
DEPAKOTE ER TAB 500MG	Anticonvulsants		x		4	N/A	
DEPAKOTE SPR CAP 125MG	Anticonvulsants		x		4	N/A	
DEPEN TITRA TAB 250MG	Genitourinary Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
DEPO-ESTRADI INJ 5MG/ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
DEPO-PROVERA INJ 150MG/ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
DEPO-TESTOST INJ 100MG/ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
DEPO-TESTOST INJ 200MG/ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
DERMA-SMOOTH OIL /FS BODY	Dermatological Agents		x		4	N/A	
DERMA-SMOOTH OIL /FS SCLP	Dermatological Agents		x		4	N/A	
DERMOTIC OIL 0.01%	Otic Agents		x		4	N/A	
DESLORATADIN TAB 2.5 ODT	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
DESLORATADIN TAB 5MG	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
DESLORATADIN TAB 5MG ODT	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
DESONATE GEL 0.05%	Dermatological Agents		x		4	N/A	
DESONIDE GEL 0.05%	Dermatological Agents		x		G	N/A	
DESONIDE LOT 0.05%	Dermatological Agents		x		G	N/A	
DESOWEN CRE 0.05%	Dermatological Agents		x		4	N/A	
DESOXIMETAS CRE 0.05%	Dermatological Agents		x		G	N/A	QL
DESOXIMETAS CRE 0.25%	Dermatological Agents				G	2	QL
DESOXIMETAS GEL 0.05%	Dermatological Agents		x		G	N/A	QL
DESOXIMETAS OIN 0.05%	Dermatological Agents		x		G	N/A	QL
DESOXIMETAS OIN 0.25%	Dermatological Agents				G	2	QL
DESOXIMETASO SPR 0.25%	Dermatological Agents		x		G	N/A	QL
DESOXYN TAB 5MG	Central Nervous System Agents		x		4	N/A	
DESRX GEL 0.05%	Dermatological Agents		x		G	N/A	
DESVENLAFAX TAB 100MG ER	Antidepressants		x		4	N/A	
DESVENLAFAX TAB 50MG ER	Antidepressants		x		4	N/A	
DETROL TAB 1MG	Genitourinary Agents		x		4	N/A	
DETROL TAB 2MG	Genitourinary Agents		x		4	N/A	
DETROL LA CAP 2MG	Genitourinary Agents		x		4	N/A	
DETROL LA CAP 4MG	Genitourinary Agents		x		4	N/A	
DEXABLISS TAB 1.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
DEXAMETH PHO SOL 0.1% OP	Ophthalmic Agents			x	4	3	
DEXAMETHASON TAB 10-DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
DEXAMETHASON TAB 13-DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
DEXAMETHASON TAB 1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			x	4	3	
DEXAMETHASON TAB 2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			x	4	3	
DEXAMETHASON TAB 6-DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		G	N/A	
DEXCOM G5 MIS RECEIVER	Devices/Supplies			x	4	3	
DEXCOM G5 MIS TRANSMIT	Devices/Supplies			x	4	3	
DEXCOM G6 MIS RECEIVER	Devices/Supplies			x	4	3	
DEXCOM G6 MIS SENSOR	Devices/Supplies			x	4	3	
DEXCOM G6 MIS TRANSMIT	Devices/Supplies			x	4	3	
DEXEDRINE CAP 10MG CR	Central Nervous System Agents		x		4	N/A	
DEXEDRINE CAP 15MG CR	Central Nervous System Agents		x		4	N/A	
DEXEDRINE CAP 5MG CR	Central Nervous System Agents		x		4	N/A	
DEXILANT CAP 30MG DR	Gastrointestinal Agents		x		4	N/A	
DEXILANT CAP 60MG DR	Gastrointestinal Agents		x		4	N/A	
DEXPAK PAK 10 DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		G	N/A	
DEXPAK PAK 13 DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		G	N/A	
DEXPAK PAK 6 DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		G	N/A	
DIATHRIVE MIS LANCING	Devices/Supplies			x	4	3	
DIATHRIVE MIS TEST STR	Devices/Supplies		x		4	N/A	
DIATHRIVE+ MIS TEST STR	Devices/Supplies		x		4	N/A	
DIATRUE PLUS TES STRIPS	Devices/Supplies		x		4	N/A	
DIBENZYLINE CAP 10MG	Cardiovascular Agents		x		4	N/A	
DICLEGIS TAB 10-10MG	Antiemetics		x		4	N/A	
DICLOFENAC CAP 35MG	Analgesics		x		4	N/A	
DICLOFENAC DIS 1.3%	Analgesics		x		4	N/A	
DICLOFENAC GEL 1%	Analgesics		x		G	N/A	
DICLOFENAC TAB 100MG ER	Analgesics		x		G	N/A	
DIETHYLPROP TAB 25MG	Central Nervous System Agents		x		G	N/A	
DIETHYLPROP TAB 75MG ER	Central Nervous System Agents		x		4	N/A	
DIFFERIN CRE 0.1%	Dermatological Agents		x		4	N/A	
DIFFERIN GEL 0.1%	Dermatological Agents		x		4	N/A	
DIFFERIN GEL 0.3%	Dermatological Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
DIFFERIN LOT 0.1%	Dermatological Agents		x		4	N/A	
DIFLORASONE CRE 0.05%	Dermatological Agents		x		4	N/A	QL
DIFLORASONE OIN 0.05%	Dermatological Agents		x		G	N/A	QL
DIFLUCAN SUS 10MG/ML	Antifungals		x		4	N/A	
DIFLUCAN SUS 40MG/ML	Antifungals		x		4	N/A	
DIFLUCAN TAB 100MG	Antifungals		x		4	N/A	
DIFLUCAN TAB 150MG	Antifungals		x		4	N/A	
DIFLUCAN TAB 200MG	Antifungals		x		4	N/A	
DIFLUCAN TAB 50MG	Antifungals		x		4	N/A	
DIHYDROERGOT SPR 4MG/ML	Antimigraine Agents		x		G	N/A	PA
DILAUDID LIQ 1MG/ML	Analgesics		x		4	N/A	
DILAUDID TAB 2MG	Analgesics		x		4	N/A	
DILAUDID TAB 4MG	Analgesics		x		4	N/A	
DILAUDID TAB 8MG	Analgesics		x		4	N/A	
DILTIAZEM CAP 180MG/24	Cardiovascular Agents			x	2	1	
DIOVAN TAB 160MG	Cardiovascular Agents		x		4	N/A	
DIOVAN TAB 320MG	Cardiovascular Agents		x		4	N/A	
DIOVAN TAB 40MG	Cardiovascular Agents		x		4	N/A	
DIOVAN TAB 80MG	Cardiovascular Agents		x		4	N/A	
DIOVAN HCT TAB 160-12.5	Cardiovascular Agents		x		4	N/A	
DIOVAN HCT TAB 160-25MG	Cardiovascular Agents		x		4	N/A	
DIOVAN HCT TAB 320-12.5	Cardiovascular Agents		x		4	N/A	
DIOVAN HCT TAB 320-25MG	Cardiovascular Agents		x		4	N/A	
DIOVAN HCT TAB 80/12.5	Cardiovascular Agents		x		4	N/A	
DIP/TET PED INJ 25-5LFU	Immunological Agents			x	4	3	
DIPENTUM CAP 250MG	Inflammatory Bowel Disease Agents		x		4	N/A	
DIPHEN ELX 12.5/5ML	Antiemetics		x		G	N/A	
DI-PHEN ELX 12.5/5ML	Antiemetics		x		G	N/A	
DIPHEN/ATROP LIQ 2.5/5	Gastrointestinal Agents				4	4	PA, QL
DIPHENHYDRAM ELX 12.5/5ML	Antiemetics		x		G	N/A	
DIPROLENE OIN 0.05%	Dermatological Agents		x		4	N/A	
DIPROLENE AF CRE 0.05%	Dermatological Agents		x		4	N/A	
DITROPAN XL TAB 10MG	Genitourinary Agents		x		4	N/A	
DITROPAN XL TAB 5MG	Genitourinary Agents		x		4	N/A	
DOJOLVI LIQ 100%	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA
DOLOPHINE TAB 10MG	Analgesics		x		4	N/A	
DOLOPHINE TAB 5MG	Analgesics		x		4	N/A	
DONNATAL TAB 16.2MG	Gastrointestinal Agents		x		4	N/A	
DOPTelet TAB 20MG	Blood Products and Modifiers			x	4	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
DORAL TAB 15MG	Sleep Disorder Agents		x		4	N/A	PA, QL
DORYX TAB 200MG	Antibacterials		x		4	N/A	
DORYX TAB 50MG	Antibacterials		x		4	N/A	
DORYX TAB 80MG	Antibacterials		x		4	N/A	
DORYX MPC TAB 120MG	Antibacterials		x		4	N/A	
DORZOL/TIMOL SOL 2%-0.5%	Ophthalmic Agents		x		G	N/A	
DOTHELLE DHA CAP	Vitamin/Supplement		x		4	N/A	
DOVONEX CRE 0.005%	Dermatological Agents		x		4	N/A	
DOXEPIN TAB 3MG	Sleep Disorder Agents		x		G	N/A	
DOXEPIN TAB 6MG	Sleep Disorder Agents		x		G	N/A	
DOXEPIN HCL CRE 5%	Dermatological Agents		x		4	N/A	
DOXYCYC MONO CAP 150MG	Antibacterials		x		G	N/A	
DOXYCYC MONO CAP 75MG	Antibacterials		x		G	N/A	
DOXYCYCL HYC TAB 100MG DR	Antibacterials		x		G	N/A	
DOXYCYCL HYC TAB 150MG DR	Antibacterials		x		G	N/A	
DOXYCYCL HYC TAB 200MG DR	Antibacterials		x		G	N/A	
DOXYCYCL HYC TAB 50MG	Antibacterials		x		4	N/A	
DOXYCYCL HYC TAB 50MG DR	Antibacterials		x		G	N/A	
DOXYCYCL HYC TAB 75MG DR	Antibacterials		x		G	N/A	
DOXYCYCLINE CAP 40MG	Dermatological Agents		x		4	N/A	
DOXYCYCLINE TAB 150MG	Antibacterials		x		G	N/A	
DOXYCYCLINE TAB 75MG	Antibacterials		x		G	N/A	
DOXYCYCLINE TAB 80MG DR	Antibacterials		x		4	N/A	
DOXYCYCLINE TAB HYCL ER	Antibacterials		x		4	N/A	
DOXYL/PYRID TAB 10-10MG	Antiemetics		x		G	N/A	
DRISDOL CAP 50000UNT	Vitamin/Supplement		x		4	N/A	
DRIZALMA CAP 20MG DR	Antidepressants		x		4	N/A	
DRIZALMA CAP 30MG DR	Antidepressants		x		4	N/A	
DRIZALMA CAP 40MG DR	Antidepressants		x		4	N/A	
DRIZALMA CAP 60MG DR	Antidepressants		x		4	N/A	
DROPLET GENT MIS LANCING	Devices/Supplies			x	4	3	
DROPLET LANC MIS DEVICE	Devices/Supplies			x	4	3	
DROXIDOPA CAP 100MG	Cardiovascular Agents		x		G	N/A	
DROXIDOPA CAP 200MG	Cardiovascular Agents		x		G	N/A	
DROXIDOPA CAP 300MG	Cardiovascular Agents		x		G	N/A	
DUAC GEL 1.2-5%	Dermatological Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
DUAKLIR AER 400/12	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
DUET DHA MIS BALANCED	Vitamin/Supplement		x		4	N/A	
DUET DHA 400 MIS 25-1-400	Vitamin/Supplement		x		4	N/A	
DUETACT TAB 30-2MG	Blood Glucose Regulators		x		4	N/A	
DUETACT TAB 30-4MG	Blood Glucose Regulators		x		4	N/A	
DUEXIS TAB 800-26.6	Analgesics		x		4	N/A	
DULOXETINE CAP 40MG	Antidepressants		x		G	N/A	
DUOBRII LOT	Dermatological Agents		x		4	N/A	QL
DUO-CARE TES	Devices/Supplies		x		4	N/A	
DURAGESIC DIS 100MCG/H	Analgesics		x		4	N/A	
DURAGESIC DIS 12MCG/HR	Analgesics		x		4	N/A	
DURAGESIC DIS 25MCG/HR	Analgesics		x		4	N/A	
DURAGESIC DIS 50MCG/HR	Analgesics		x		4	N/A	
DURAGESIC DIS 75MCG/HR	Analgesics		x		4	N/A	
DUREZOL EMU 0.05%	Ophthalmic Agents		x		4	N/A	
DURLAZA CAP 162.5MG	Blood Products and Modifiers		x		4	N/A	
DUTOPROL TAB 100-12.5	Cardiovascular Agents		x		4	N/A	
DUTOPROL TAB 25-12.5	Cardiovascular Agents		x		4	N/A	
DUTOPROL TAB 50-12.5	Cardiovascular Agents		x		4	N/A	
DVORAH TAB	Analgesics		x		G	N/A	
DXEVO 11-DAY PAK 1.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
DYANAVEL XR SUS 2.5MG/ML	Central Nervous System Agents		x		4	N/A	
DYAZIDE CAP 37.5-25	Cardiovascular Agents		x		4	N/A	
DYMISTA SPR 137-50	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
DYRENIUM CAP 100MG	Cardiovascular Agents		x		4	N/A	
DYRENIUM CAP 50MG	Cardiovascular Agents		x		4	N/A	
E.E.S. GRAN SUS 200/5ML	Antibacterials		x		4	N/A	
EASIVENT MIS	Devices/Supplies	x			N/A	3	
EASIVENT MIS MASK LG	Devices/Supplies	x			N/A	3	
EASIVENT MIS MASK SM	Devices/Supplies	x			N/A	3	
EASIVENT MIS MASK MED	Devices/Supplies	x			N/A	3	
EASY GLIDE MIS 10ML SYR	Devices/Supplies	x			N/A	3	
EASY GLIDE MIS 1ML SYR	Devices/Supplies	x			N/A	3	
EASY GLIDE MIS 20ML SYR	Devices/Supplies	x			N/A	3	
EASY GLIDE MIS 30ML SYR	Devices/Supplies	x			N/A	3	
EASY GLIDE MIS 3ML SYR	Devices/Supplies	x			N/A	3	
EASY GLIDE MIS 5ML SYR	Devices/Supplies	x			N/A	3	
EASY GLIDE MIS 60ML SYR	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
EASY MINI MIS	Devices/Supplies			x	4	3	
EASY MINI MIS EJECT	Devices/Supplies			x	4	3	
EASY PLUS II TES BLD GLUC	Devices/Supplies		x		4	N/A	
EASY STEP TES	Devices/Supplies		x		4	N/A	
EASY TALK TES BLD GLUC	Devices/Supplies		x		4	N/A	
EASY TOUCH MIS	Devices/Supplies			x	4	3	
EASY TOUCH MIS 20ML SYR	Devices/Supplies	x			N/A	3	
EASY TOUCH MIS 60ML SYR	Devices/Supplies	x			N/A	3	
EASY TOUCH TES GLUCOSE	Devices/Supplies		x		4	N/A	
EASY TOUCH TES HEALTHPR	Devices/Supplies		x		4	N/A	
EASY TOUCH TES STRIPS	Devices/Supplies		x		4	N/A	
EASY TRAK TES BLD GLUC	Devices/Supplies		x		4	N/A	
EASY TRAK II TES BLD GLUC	Devices/Supplies		x		4	N/A	
EASYGLUCO TES	Devices/Supplies		x		4	N/A	
EASYGLUCO TES PLUS	Devices/Supplies		x		4	N/A	
EASYMAX TES	Devices/Supplies		x		4	N/A	
EASYMAX 15 TES	Devices/Supplies		x		4	N/A	
EASYPOINT MIS 18GX1"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 20GX1"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 21G X 1"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 22GX1"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 23GX1"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 25GX1"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
EASYPOINT MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
EASYPRO TES BLD GLUC	Devices/Supplies		x		4	N/A	
EASYPRO PLUS TES	Devices/Supplies		x		4	N/A	
ECLIPSE NDL MIS 21GX1"	Devices/Supplies	x			N/A	3	
ECLIPSE NDLE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
ECLIPSE NDLE MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
ECLIPSE NDLE MIS 30GX1/2"	Devices/Supplies	x			N/A	3	
EC-NAPROSYN TAB 375MG	Analgesics		x		4	N/A	
EC-NAPROSYN TAB 500MG	Analgesics		x		4	N/A	
EC-NAPROXEN TAB 375MG	Analgesics		x		G	N/A	
EC-NAPROXEN TAB 500MG	Analgesics		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ECOZA AER 1%	Antifungals		x		4	N/A	
EDARBI TAB 40MG	Cardiovascular Agents		x		4	N/A	
EDARBI TAB 80MG	Cardiovascular Agents		x		4	N/A	
EDARBYCLOR TAB 40-12.5	Cardiovascular Agents		x		4	N/A	
EDARBYCLOR TAB 40-25MG	Cardiovascular Agents		x		4	N/A	
EDECIN TAB 25MG	Cardiovascular Agents		x		4	N/A	
EDLUAR SUB 10MG	Sleep Disorder Agents		x		4	N/A	
EDLUAR SUB 5MG	Sleep Disorder Agents		x		4	N/A	
EFFEXOR XR CAP 150MG	Antidepressants		x		4	N/A	
EFFEXOR XR CAP 37.5MG	Antidepressants		x		4	N/A	
EFFEXOR XR CAP 75MG	Antidepressants		x		4	N/A	
EFFIENT TAB 10MG	Blood Products and Modifiers		x		4	N/A	
EFFIENT TAB 5MG	Blood Products and Modifiers		x		4	N/A	
EFUDEX CRE 5%	Dermatological Agents		x		4	N/A	
EGRIFTA SOL 1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
EGRIFTA SV INJ 2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
ELEMENT TES	Devices/Supplies		x		4	N/A	
ELEMNT COMPA TES STRIPS	Devices/Supplies		x		4	N/A	
ELEPSIA XR TAB 1000MG	Anticonvulsants		x		4	N/A	PA, QL
ELEPSIA XR TAB 1500MG	Anticonvulsants		x		4	N/A	PA, QL
ELIDEL CRE 1%	Dermatological Agents		x		4	N/A	
ELIMITE CRE 5%	Dermatological Agents		x		4	N/A	
ELITE-OB TAB	Vitamin/Supplement		x		4	N/A	
ELOCON CRE 0.1%	Dermatological Agents		x		4	N/A	
ELURYNG MIS	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		G	N/A	
EMBEDA CAP 100-4MG	Analgesics		x		4	N/A	
EMBEDA CAP 20-0.8MG	Analgesics		x		4	N/A	
EMBEDA CAP 30-1.2MG	Analgesics		x		4	N/A	
EMBEDA CAP 50-2MG	Analgesics		x		4	N/A	
EMBEDA CAP 60-2.4MG	Analgesics		x		4	N/A	
EMBEDA CAP 80-3.2MG	Analgesics		x		4	N/A	
EMBRACE TES BLD GLUC	Devices/Supplies		x		4	N/A	
EMBRACE EVO TES	Devices/Supplies		x		4	N/A	
EMBRACE LANC MIS /EJECTOR	Devices/Supplies			x	4	3	
EMBRACE PRO TES	Devices/Supplies		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
EMBRACE TALK TES STRIPS	Devices/Supplies		x		4	N/A	
EMEND CAP 125MG	Antiemetics		x		4	N/A	
EMEND CAP 40MG	Antiemetics		x		4	N/A	
EMEND CAP 80MG	Antiemetics		x		4	N/A	
EMEND TRIPAC PAK 80 & 125	Antiemetics		x		4	N/A	
EMFLAZA SUS 22.75/ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
EMFLAZA TAB 18MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
EMFLAZA TAB 30MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
EMFLAZA TAB 36MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
EMFLAZA TAB 6MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
EMPAVELI INJ 1080MG			x		4	N/A	PA, QL
EMTRIVA CAP 200MG	Antivirals		x		4	N/A	
EMVERM CHW 100MG	Antiparasitics		x		4	N/A	
ENABLEX TAB 15MG	Genitourinary Agents		x		4	N/A	
ENABLEX TAB 7.5MG	Genitourinary Agents		x		4	N/A	
ENBRACE HR CAP	Vitamin/Supplement		x		4	N/A	
ENCARE SUP 100MG	Contraceptives- Non-Hormonal			x	4	3	
ENDOMETRIN SUP 100MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			x	4	3	
ENGERIX-B INJ 10/0.5ML	Immunological Agents			x	4	3	
ENGERIX-B INJ 20MCG/ML	Immunological Agents			x	4	3	
ENSTILAR AER	Dermatological Agents			x	4	3	QL
ENTOCORT EC CAP 3MG DR	Inflammatory Bowel Disease Agents		x		4	N/A	
EPIDUO GEL 0.1-2.5%	Dermatological Agents		x		4	N/A	
EPIDUO FORTE GEL 0.3-2.5%	Dermatological Agents		x		4	N/A	
EPIDUR NEEDL MIS 14GX3"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 16GX3"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 17GX3"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 17GX3.5"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 17GX5"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 17GX7"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 17GX8CM	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 18GX2"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 18GX3"	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
EPIDUR NEEDL MIS 18GX3.5"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 18GX4"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 18GX5"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 18GX8CM	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 20GX2"	Devices/Supplies	x			N/A	3	
EPIDUR NEEDL MIS 20GX3.5"	Devices/Supplies	x			N/A	3	
EPIFOAM AER 1%	Dermatological Agents		x		4	N/A	
EPINASTINE DRO 0.05%	Ophthalmic Agents		x		G	N/A	
EPINEPHRINE INJ 0.15MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	PA
EPINEPHRINE INJ 0.3MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	PA
EPIPEN 2-PAK INJ 0.3MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
EPIPEN-JR INJ 0.15MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
EPIVIR SOL 10MG/ML	Antivirals		x		4	N/A	
EPIVIR TAB 150MG	Antivirals		x		4	N/A	
EPIVIR TAB 300MG	Antivirals		x		4	N/A	
EPIVIR HBV TAB 100MG	Antivirals		x		4	N/A	
EPROSART MES TAB 600MG	Cardiovascular Agents		x		4	N/A	
EPZICOM TAB 600-300	Antivirals		x		4	N/A	
ERGOLOID MES TAB 1MG ORAL	Antidementia Agents		x		4	N/A	
ERGOT/CAFFEN TAB 1-100MG	Antimigraine Agents				G	2	PA, QL
ERTACZO CRE 2%	Antifungals		x		4	N/A	
ERY/BENZOYL GEL 5-3%	Dermatological Agents		x		G	N/A	
ERYGEL GEL 2%	Antibacterials		x		4	N/A	
ERYPED SUS 200/5ML	Antibacterials		x		4	N/A	
ERYPED SUS 400/5ML	Antibacterials		x		4	N/A	
ERYTHROCIN TAB 250MG	Antibacterials			x	4	3	
ESGIC CAP	Analgesics		x		G	N/A	
ESGIC TAB	Analgesics		x		4	N/A	
ESOMEPRA MAG CAP 20MG DR	Gastrointestinal Agents		x		G	N/A	
ESOMEPRA MAG CAP 40MG DR	Gastrointestinal Agents		x		G	N/A	
ESOMEPRAZOLE GRA 10MG DR	Gastrointestinal Agents				G	2	PA
ESOMEPRAZOLE GRA 20MG DR	Gastrointestinal Agents				G	2	PA
ESOMEPRAZOLE GRA 40MG DR	Gastrointestinal Agents				G	2	PA

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ESTRACE TAB 0.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ESTRACE TAB 1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ESTRACE TAB 2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ESTRACE VAG CRE 0.01%	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ESTRADIOL TAB 10MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		G	N/A	
ESTROGEL GEL	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			x	4	3	
ESTROSTEP FE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ETHACRYNIC TAB ACD 25MG	Cardiovascular Agents		x		G	N/A	
ETIDRON DISD TAB 200MG	Metabolic Bone Disease Agents		x		4	N/A	
ETIDRON DISD TAB 400MG	Metabolic Bone Disease Agents		x		4	N/A	
ETONOGESTREL MIS ETHY EST	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		G	N/A	
ETOPOSIDE CAP 50MG	Antineoplastics			x	4	3	
EUCRISA OIN 2%	Dermatological Agents		x		4	N/A	
EURAX LOT 10%	Dermatological Agents		x		4	N/A	
EVEKEO TAB 10MG	Central Nervous System Agents		x		4	N/A	
EVEKEO TAB 5MG	Central Nervous System Agents		x		4	N/A	
EVEKEO ODT TAB 10MG	Central Nervous System Agents		x		4	N/A	
EVEKEO ODT TAB 15MG	Central Nervous System Agents		x		4	N/A	
EVEKEO ODT TAB 20MG	Central Nervous System Agents		x		4	N/A	
EVEKEO ODT TAB 5MG	Central Nervous System Agents		x		4	N/A	
EVENCARE TES BLD GLUC	Devices/Supplies		x		4	N/A	
EVENCARE TES MINI	Devices/Supplies		x		4	N/A	
EVENCARE TES PROVIEW	Devices/Supplies		x		4	N/A	
EVENCARE + TES BLD GLUC	Devices/Supplies		x		4	N/A	
EVENCARE G2 TES	Devices/Supplies		x		4	N/A	
EVENCARE G3 TES	Devices/Supplies		x		4	N/A	
EVISTA TAB 60MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
EVOCLIN AER 1%	Antibacterials		x		4	N/A	
EVOLUTION TES AUTOCODE	Devices/Supplies		x		4	N/A	
EVOTAZ TAB 300-150	Antivirals			x	4	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
EVOXAC CAP 30MG	Dental and Oral Agents		x		4	N/A	
EVZIO INJ 2/0.4ML	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
EXACTECH TES	Devices/Supplies		x		4	N/A	
EXACTECH TES R-S-G	Devices/Supplies		x		4	N/A	
EXELDERM CRE 1%	Antifungals		x		4	N/A	
EXELDERM SOL 1%	Antifungals		x		4	N/A	
EXELON DIS 13.3/24	Antidementia Agents		x		4	N/A	
EXELON DIS 4.6MG/24	Antidementia Agents		x		4	N/A	
EXELON DIS 9.5MG/24	Antidementia Agents		x		4	N/A	
EXFORGE TAB 10-160MG	Cardiovascular Agents		x		4	N/A	
EXFORGE TAB 10-320MG	Cardiovascular Agents		x		4	N/A	
EXFORGE TAB 5-160MG	Cardiovascular Agents		x		4	N/A	
EXFORGE TAB 5-320MG	Cardiovascular Agents		x		4	N/A	
EXFORGEH/10- TAB 160-12.5	Cardiovascular Agents		x		4	N/A	
EXFORGEH/10- TAB 160-25	Cardiovascular Agents		x		4	N/A	
EXFORGEH/10- TAB 320-25	Cardiovascular Agents		x		4	N/A	
EXFORGEH/5- TAB 160-12.5	Cardiovascular Agents		x		4	N/A	
EXFORGEH/5- TAB 160-25	Cardiovascular Agents		x		4	N/A	
EXJADE TAB 125MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA, QL
EXJADE TAB 250MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA, QL
EXJADE TAB 500MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA, QL
EXSERVAN MIS 50MG	Central Nervous System Agents		x		4	N/A	
EXTAVIA INJ 0.3MG	Central Nervous System Agents		x		4	N/A	
EXTINA AER 2%	Antifungals		x		4	N/A	PA
EYSUVIS DRO 0.25%	Ophthalmic Agents		x		4	N/A	
EZALLOR SPR CAP 10MG	Cardiovascular Agents		x		4	N/A	
EZALLOR SPR CAP 20MG	Cardiovascular Agents		x		4	N/A	
EZALLOR SPR CAP 40MG	Cardiovascular Agents		x		4	N/A	
EZALLOR SPR CAP 5MG	Cardiovascular Agents		x		4	N/A	
FABIOR AER 0.1%	Dermatological Agents		x		4	N/A	
FAMCICLOVIR TAB 125MG	#REF!			x	1	2	
FAMOTIDINE TAB 20MG	Gastrointestinal Agents		x		G	N/A	
FARESTON TAB 60MG	Antineoplastics		x		4	N/A	
FARYDAK CAP 10MG	Antineoplastics			x	4	3	
FARYDAK CAP 15MG	Antineoplastics			x	4	3	
FARYDAK CAP 20MG	Antineoplastics			x	4	3	
FAZACLO TAB 100 ODT	Antipsychotics		x		4	N/A	
FAZACLO TAB 12.5 ODT	Antipsychotics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
FAZACLO TAB 25MG ODT	Antipsychotics		x		4	N/A	
FC FEMALE MIS CONDOM	Contraceptives- Non-Hormonal			x	4	3	
FC2 FEMALE MIS CONDOM	Contraceptives- Non-Hormonal			x	4	3	
FEBUXOSTAT TAB 40MG	Antigout Agents		x		G	N/A	
FEBUXOSTAT TAB 80MG	Antigout Agents		x		G	N/A	
FELBATOL SUS 600/5ML	Anticonvulsants		x		4	N/A	
FELBATOL TAB 400MG	Anticonvulsants		x		4	N/A	
FELBATOL TAB 600MG	Anticonvulsants		x		4	N/A	
FELDENE CAP 10MG	Analgesics		x		4	N/A	
FELDENE CAP 20MG	Analgesics		x		4	N/A	
FEMARA TAB 2.5MG	Antineoplastics		x		4	N/A	
FEMCAP MIS 22MM	Contraceptives- Non-Hormonal			x	4	3	
FEMCAP MIS 26MM	Contraceptives- Non-Hormonal			x	4	3	
FEMCAP MIS 30MM	Contraceptives- Non-Hormonal			x	4	3	
FEMHRT TAB 0.5-2.5	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
FEMRING MIS 0.05/24H	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
FEMRING MIS 0.1MG/24	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
FENOFIBRATE CAP 130MG	Cardiovascular Agents		x		G	N/A	PA
FENOFIBRATE CAP 150MG	Cardiovascular Agents		x		4	N/A	
FENOFIBRATE CAP 43MG	Cardiovascular Agents		x		G	N/A	
FENOFIBRATE CAP 50MG	Cardiovascular Agents		x		4	N/A	
FENOFIBRATE CAP 67MG	Cardiovascular Agents			x	2	1	
FENOFIBRATE TAB 120MG	Cardiovascular Agents		x		G	N/A	PA
FENOFIBRATE TAB 40MG	Cardiovascular Agents		x		G	N/A	PA
FENOFIBRIC CAP 135MG DR	Cardiovascular Agents		x		G	N/A	
FENOFIBRIC CAP 45MG DR	Cardiovascular Agents		x		G	N/A	
FENOFIBRIC TAB 105MG	Cardiovascular Agents		x		4	N/A	
FENOFIBRIC TAB 35MG	Cardiovascular Agents		x		4	N/A	
FENOGLIDE TAB 120MG	Cardiovascular Agents		x		4	N/A	
FENOGLIDE TAB 40MG	Cardiovascular Agents		x		4	N/A	
FENOPROFEN CAP 400MG	Analgesics		x		4	N/A	
FENOPROFEN TAB 600MG	Analgesics		x		G	N/A	
FENTANYL DIS 37.5MCG	Analgesics		x		G	N/A	
FENTANYL DIS 62.5MCG	Analgesics		x		G	N/A	
FENTANYL DIS 87.5MCG	Analgesics		x		G	N/A	
FENTANYL CIT TAB 100MCG	Analgesics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
FENTANYL CIT TAB 200MCG	Analgesics		x		4	N/A	
FENTANYL CIT TAB 400MCG	Analgesics		x		4	N/A	
FENTANYL CIT TAB 600MCG	Analgesics		x		4	N/A	
FENTANYL CIT TAB 800MCG	Analgesics		x		4	N/A	
FENTORA TAB 100MCG	Analgesics		x		4	N/A	
FENTORA TAB 200MCG	Analgesics		x		4	N/A	
FENTORA TAB 400MCG	Analgesics		x		4	N/A	
FENTORA TAB 600MCG	Analgesics		x		4	N/A	
FENTORA TAB 800MCG	Analgesics		x		4	N/A	
FERPRX 2-DAY TAB 1000MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
FERRIPROX TAB 500MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
FERROUS SULF LIQ 44MG/5ML	Electrolytes/Minerals/ Metals/ Vitamins			x	4	3	
FEXMID TAB 7.5MG	Skeletal Muscle Relaxants		x		4	N/A	
FIBRICOR TAB 105MG	Cardiovascular Agents		x		4	N/A	
FIBRICOR TAB 35MG	Cardiovascular Agents		x		4	N/A	
FIBRYGA INJ 1GM	Blood Products and Modifiers			x	4	3	
FIFTY50 GLUC TES 2.0	Devices/Supplies		x		4	N/A	
FILL NEEDLE MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
FILTER ASPIR MIS 18GX3"	Devices/Supplies	x			N/A	3	
FILTER NEEDL MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
FILTER NEEDL MIS 18X1-1/2	Devices/Supplies	x			N/A	3	
FILTER NEEDL MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
FINACEA AER 15%	Dermatological Agents		x		3	N/A	
FINACEA GEL 15%	Dermatological Agents		x		4	N/A	
FINTEPLA SOL 2.2MG/ML	Anticonvulsants				4	4	PA, QL
FIORICET CAP	Analgesics		x		4	N/A	
FIORICET CAP CODEINE	Analgesics		x		4	N/A	
FIORINAL CAP	Analgesics		x		4	N/A	
FIORINAL/COD CAP 30MG	Analgesics		x		4	N/A	
FIRAZYR INJ 30MG/3ML	Immunological Agents		x		4	N/A	
FLAGYL CAP 375MG	Antibacterials		x		4	N/A	
FLAGYL TAB 500MG	Antibacterials		x		4	N/A	
FLAVOXATE TAB 100MG	Genitourinary Agents		x		G	N/A	
FLECTOR DIS 1.3%	Analgesics		x		4	N/A	
FLEXICHAMBER MIS	Devices/Supplies	x			N/A	3	
FLEXICHAMBER MIS MASK LRG	Devices/Supplies	x			N/A	3	
FLEXICHAMBER MIS MASK SM	Devices/Supplies	x			N/A	3	
FLOLIPID SUS 20MG/5ML	Cardiovascular Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
FLOLIPID SUS 40MG/5ML	Cardiovascular Agents		x		4	N/A	
FLOMAX CAP 0.4MG	Genitourinary Agents		x		4	N/A	
FLOW-EZE MIS VENTED	Devices/Supplies	x			N/A	3	
FLOXIN SOL 0.3%	Otic Agents		x		4	N/A	
FLUAD INJ 2019-20	Immunological Agents			x	4	3	
FLUAD INJ 2020-21	Immunological Agents			x	4	3	
FLUAD QUADRI INJ 0.5ML	Immunological Agents			x	4	3	
FLUAD QUADRI INJ 2021-22	Immunological Agents			x	4	3	
FLUARIX QUAD INJ 2019-20	Immunological Agents			x	4	3	
FLUARIX QUAD INJ 2020-21	Immunological Agents			x	4	3	
FLUARIX QUAD INJ 2021-22	Immunological Agents			x	4	3	
FLUBLOK QUAD INJ 2019-20	Immunological Agents			x	4	3	
FLUBLOK QUAD INJ 2020-21	Immunological Agents			x	4	3	
FLUBLOK QUAD INJ 2021-22	Immunological Agents			x	4	3	
FLUCLVX QUAD INJ 2019-20	Immunological Agents			x	4	3	
FLUCLVX QUAD INJ 2020-21	Immunological Agents			x	4	3	
FLUCLVX QUAD INJ 2021-22	Immunological Agents			x	4	3	
FLULAVAL QUA INJ 2019-20	Immunological Agents			x	4	3	
FLULAVAL QUA INJ 2020-21	Immunological Agents			x	4	3	
FLULAVAL QUA INJ 2021-22	Immunological Agents			x	4	3	
FLUMADINE TAB 100MG	Antivirals		x		4	N/A	
FLUMIST QUAD SUS 2019-20	Immunological Agents			x	4	3	
FLUMIST QUAD SUS 2020-21	Immunological Agents			x	4	3	
FLUNISOLIDE SPR 0.025%	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
FLUOCINONIDE CRE 0.05%	Dermatological Agents				G	2	QL
FLUOCINONIDE CRE E 0.05%	Dermatological Agents		x		G	N/A	QL
FLUOCINONIDE GEL 0.05%	Dermatological Agents				G	2	QL
FLUOCINONIDE OIN 0.05%	Dermatological Agents				G	2	QL
FLUOCINONIDE SOL 0.05%	Dermatological Agents				G	2	QL
FLUOROPLEX CRE 1%	Dermatological Agents		x		4	N/A	
FLUOROURACIL CRE 0.5%	Dermatological Agents		x		4	N/A	
FLUOROURACIL CRE 5%	Dermatological Agents				G	2	PA
FLUOXETINE CAP 10MG	Central Nervous System Agents		x		4	N/A	
FLUOXETINE CAP 20MG	Central Nervous System Agents		x		4	N/A	
FLUOXETINE TAB 10MG	Antidepressants		x		G	N/A	
FLUOXETINE TAB 20MG	Antidepressants		x		G	N/A	
FLUOXETINE TAB 60MG	Antidepressants		x		G	N/A	
FLUPHENAZINE CON 5MG/ML	Antipsychotics			x	3	4	
FLUPHENAZINE ELX 2.5/5ML	Antipsychotics			x	3	4	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
FLURANDRENOL CRE 0.05%	Dermatological Agents		x		G	N/A	
FLURANDRENOL LOT 0.05%	Dermatological Agents		x		G	N/A	PA
FLURANDRENOL OIN 0.05%	Dermatological Agents		x		G	N/A	
FLUTIC/SALME AER 100/50	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
FLUTIC/SALME AER 250/50	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
FLUTIC/SALME AER 500/50	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
FLUTICASONE LOT 0.05%	Dermatological Agents		x		G	N/A	
FLUVASTATIN CAP 20MG	Cardiovascular Agents		x		G	N/A	
FLUVASTATIN CAP 40MG	Cardiovascular Agents		x		G	N/A	
FLUVASTATIN TAB 80MG ER	Cardiovascular Agents		x		G	N/A	
FLUVOXAMINE CAP 100MG ER	Antidepressants		x		G	N/A	
FLUVOXAMINE CAP 150MG ER	Antidepressants		x		G	N/A	
FLUZONE INJ 2021-22	Immunological Agents			x	4	3	
FLUZONE HD INJ PF 19-20	Immunological Agents			x	4	3	
FLUZONE HD INJ PF 20-21	Immunological Agents			x	4	3	
FLUZONE QUAD INJ 2019-20	Immunological Agents			x	4	3	
FLUZONE QUAD INJ 2020-21	Immunological Agents			x	4	3	
FLUZONE QUAD INJ 2021-22	Immunological Agents			x	4	3	
FML OIN 0.1% OP	Ophthalmic Agents		x		4	N/A	
FML FORTE SUS 0.25% OP	Ophthalmic Agents		x		4	N/A	
FML LIQUIFLM SUS 0.1% OP	Ophthalmic Agents		x		4	N/A	
FOCALIN TAB 10MG	Central Nervous System Agents		x		4	N/A	
FOCALIN TAB 2.5MG	Central Nervous System Agents		x		4	N/A	
FOCALIN TAB 5MG	Central Nervous System Agents		x		4	N/A	
FOCALIN XR CAP 10MG	Central Nervous System Agents		x		4	N/A	
FOCALIN XR CAP 15MG	Central Nervous System Agents		x		4	N/A	
FOCALIN XR CAP 20MG	Central Nervous System Agents		x		4	N/A	
FOCALIN XR CAP 25MG	Central Nervous System Agents		x		4	N/A	
FOCALIN XR CAP 30MG	Central Nervous System Agents		x		4	N/A	
FOCALIN XR CAP 35MG	Central Nervous System Agents		x		4	N/A	
FOCALIN XR CAP 40MG	Central Nervous System Agents		x		4	N/A	
FOCALIN XR CAP 5MG	Central Nervous System Agents		x		4	N/A	
FOLET DHA PAK	Vitamin/Supplement		x		4	N/A	
FOLET ONE CAP 38-1-225	Vitamin/Supplement		x		4	N/A	
FOLIVANE-OB CAP	Vitamin/Supplement		x		4	N/A	
FORA MIS LANCING	Devices/Supplies			x	4	3	
FORA 6 MIS CONNECT	Devices/Supplies		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
FORA ADVANCE TES PRO	Devices/Supplies		x		4	N/A	
FORA BLOOD TES GLUCOSE	Devices/Supplies		x		4	N/A	
FORA D15G TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORA D20 TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORA D40/G31 TES GLUCOSE	Devices/Supplies		x		4	N/A	
FORA G20 TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORA G30/V10 TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORA GD20 TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORA GD50 TES	Devices/Supplies		x		4	N/A	
FORA GTEL TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORA TN'G TES TN'G VOI	Devices/Supplies		x		4	N/A	
FORA V10 TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORA V12 TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORA V20 TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORA V30A TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORACARE TES GD40	Devices/Supplies		x		4	N/A	
FORACARE TES PREM V10	Devices/Supplies		x		4	N/A	
FORACARE TES TST N GO	Devices/Supplies		x		4	N/A	
FORFIVO XL TAB 450MG	Antidepressants		x		4	N/A	
FORMOTEROL NEB 20/2ML	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
FORTAMET TAB 1000MG	Blood Glucose Regulators		x		4	N/A	
FORTAMET TAB 500MG	Blood Glucose Regulators		x		4	N/A	
FORTESTA GEL 10MG/ACT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
FORTISCARE TES BLD GLUC	Devices/Supplies		x		4	N/A	
FORTISCARE TES G1 BLOOD	Devices/Supplies		x		4	N/A	
FOSAMAX TAB 70MG	Metabolic Bone Disease Agents		x		4	N/A	
FOSAMAX + D TAB 70-2800	Metabolic Bone Disease Agents		x		4	N/A	
FOSAMAX + D TAB 70-5600	Metabolic Bone Disease Agents		x		4	N/A	
FOSRENOL CHW 1000MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
FOSRENOL CHW 500MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
FOSRENOL CHW 750MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
FREESTY LIBR KIT 2 SENSOR	Devices/Supplies		x		4	N/A	
FREESTY LIBR MIS 2 READER	Devices/Supplies		x		4	N/A	
FREESTYLE KIT SENSOR	Devices/Supplies		x		4	N/A	
FREESTYLE MIS READER	Devices/Supplies		x		4	N/A	
FREESTYLE TES	Devices/Supplies		x		4	N/A	
FREESTYLE TES INSULINX	Devices/Supplies		x		4	N/A	
FREESTYLE TES LITE	Devices/Supplies		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
FREESTYLE TES PREC NEO	Devices/Supplies		x		4	N/A	
FROVA TAB 2.5MG	Antimigraine Agents		x		4	N/A	
FROVATRIPTAN TAB 2.5MG	Antimigraine Agents		x		G	N/A	
FURADANTIN SUS 25MG/5ML	Antibacterials		x		4	N/A	
FUROSEMIDE SOL 8MG/ML	Cardiovascular Agents		x		4	N/A	
G5/G4 MIS SENSOR	Devices/Supplies			x	4	3	
GABITRIL TAB 12MG	Anticonvulsants		x		4	N/A	
GABITRIL TAB 16MG	Anticonvulsants		x		4	N/A	
GABITRIL TAB 2MG	Anticonvulsants		x		4	N/A	
GABITRIL TAB 4MG	Anticonvulsants		x		4	N/A	
GANIRELIX AC INJ 250/0.5	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GARDASIL 9 INJ	Immunological Agents			x	4	3	
GASTROCROM CON 100/5ML	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
GE100 BLOOD TES GLUCOSE	Devices/Supplies		x		4	N/A	
GELNIQUE GEL 10%	Genitourinary Agents		x		4	N/A	
GELNIQUE GEL 10% PUMP	Genitourinary Agents		x		4	N/A	
GEMMILY CAP 1/20	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		G	N/A	
GEMTESA TAB 75MG	Genitourinary Agents		x		4	N/A	
GENERESS FE CHW	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
GENOTROPIN INJ 0.2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 0.4MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 0.6MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 0.8MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 1.2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 1.4MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 1.6MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 1.8MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
GENOTROPIN INJ 12MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENOTROPIN INJ 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GENTAMICIN OIN 0.1%	Dermatological Agents		x		G	N/A	
GENTEEL MIS NOZZLES	Devices/Supplies			x	4	3	
GENTEEL LANC KIT BLUE	Devices/Supplies			x	4	3	
GENTEEL LANC MIS GOLD	Devices/Supplies			x	4	3	
GENTEEL LANC MIS PLATINUM	Devices/Supplies			x	4	3	
GENTEEL LANC MIS SILVER	Devices/Supplies			x	4	3	
GENTEEL PLUS MIS BLACK	Devices/Supplies			x	4	3	
GENTEEL PLUS MIS BLUE	Devices/Supplies			x	4	3	
GENTEEL PLUS MIS PINK	Devices/Supplies			x	4	3	
GENTEEL PLUS MIS PURPLE	Devices/Supplies			x	4	3	
GENTEEL PLUS MIS WHITE	Devices/Supplies			x	4	3	
GENTEEL TIPS MIS BLUE	Devices/Supplies			x	4	3	
GENTEEL TIPS MIS CLEAR	Devices/Supplies			x	4	3	
GENTEEL TIPS MIS GREEN	Devices/Supplies			x	4	3	
GENTEEL TIPS MIS ORANGE	Devices/Supplies			x	4	3	
GENTEEL TIPS MIS RAINBOW	Devices/Supplies			x	4	3	
GENTEEL TIPS MIS VIOLET	Devices/Supplies			x	4	3	
GENTEEL TIPS MIS YELLOW	Devices/Supplies			x	4	3	
GENTLE-LET MIS PLATFORM	Devices/Supplies			x	4	3	
GENULTIMATE TES	Devices/Supplies		x		4	N/A	
GEODON CAP 20MG	Antipsychotics		x		4	N/A	
GEODON CAP 40MG	Antipsychotics		x		4	N/A	
GEODON CAP 60MG	Antipsychotics		x		4	N/A	
GEODON CAP 80MG	Antipsychotics		x		4	N/A	
GHT TEST TES STRIPS	Devices/Supplies		x		4	N/A	
GILOTRIF TAB 20MG	Antineoplastics			x	4	3	
GILOTRIF TAB 30MG	Antineoplastics			x	4	3	
GILOTRIF TAB 40MG	Antineoplastics			x	4	3	
GIMOTI SPR 15MG	Gastrointestinal Agents		x		4	N/A	
GLEEVEC TAB 100MG	Antineoplastics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
GLEEVEC TAB 400MG	Antineoplastics		x		4	N/A	
GLEOSTINE CAP 100MG	Antineoplastics			x	4	3	
GLEOSTINE CAP 10MG	Antineoplastics			x	4	3	
GLEOSTINE CAP 40MG	Antineoplastics			x	4	3	
GLOBAL LANC MIS DEVICE	Devices/Supplies			x	4	3	
GLOPERBA SOL 0.6/5ML	Antigout Agents		x		4	N/A	
GLUCAGON KIT 1MG	Blood Glucose Regulators		x		4	N/A	
GLUCAGON EMR SOL 1MG	Blood Glucose Regulators	x			N/A	3	
GLUCO PERFEC TES 3	Devices/Supplies		x		4	N/A	
GLUCOCARD TES EXPRESSI	Devices/Supplies		x		4	N/A	
GLUCOCARD TES SHINE	Devices/Supplies		x		4	N/A	
GLUCOCARD TES VITAL	Devices/Supplies		x		4	N/A	
GLUCOCARD TES X-SENSOR	Devices/Supplies		x		4	N/A	
GLUCOCARD 01 TES PLUS	Devices/Supplies		x		4	N/A	
GLUCOCARD 01 TES SENSOR	Devices/Supplies		x		4	N/A	
GLUCOCOM TES	Devices/Supplies		x		4	N/A	
GLUCONAVII TES STRIPS	Devices/Supplies		x		4	N/A	
GLUCOSE TES STRIPS	Devices/Supplies		x		4	N/A	
GLUCOTROL TAB 10MG	Blood Glucose Regulators		x		4	N/A	
GLUCOTROL TAB 5MG	Blood Glucose Regulators		x		4	N/A	
GLUCOTROL XL TAB 10MG	Blood Glucose Regulators		x		4	N/A	
GLUCOTROL XL TAB 2.5MG	Blood Glucose Regulators		x		4	N/A	
GLUCOTROL XL TAB 5MG	Blood Glucose Regulators		x		4	N/A	
GLUMETZA TAB 1000MG	Blood Glucose Regulators		x		4	N/A	
GLUMETZA TAB 500MG	Blood Glucose Regulators		x		4	N/A	
GLYCATE TAB 1.5MG	Gastrointestinal Agents		x		4	N/A	
GLYDO GEL 2%	Dermatological Agents		x		G	N/A	
GLYNASE TAB 1.5MG	Blood Glucose Regulators		x		4	N/A	
GLYNASE TAB 3MG	Blood Glucose Regulators		x		4	N/A	
GLYNASE TAB 6MG	Blood Glucose Regulators		x		4	N/A	
GLYSET TAB 100MG	Blood Glucose Regulators		x		4	N/A	
GLYSET TAB 25MG	Blood Glucose Regulators		x		4	N/A	
GLYSET TAB 50MG	Blood Glucose Regulators		x		4	N/A	
GOCOVRI CAP 137MG	Antiparkinson Agents		x		4	N/A	
GOCOVRI CAP 68.5MG	Antiparkinson Agents		x		4	N/A	
GOJJI MIS LANC DEV	Devices/Supplies			x	4	3	
GOJJI BLOOD TES GLUCOSE	Devices/Supplies		x		4	N/A	
GOJJI STRIPS MIS W/LANCET	Devices/Supplies		x		4	N/A	
GOLYTELY SOL	Gastrointestinal Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
GOLYTELY SOL PINEAPPL	Gastrointestinal Agents		x		4	N/A	
GONAL-F INJ 1050UNIT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GONAL-F INJ 450UNIT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GONAL-F RFF INJ 300/0.5	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GONAL-F RFF INJ 450/0.75	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GONAL-F RFF INJ 75UNIT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GONAL-F RFF INJ 900/1.5	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
GONITRO POW 400MCG	Cardiovascular Agents		x		4	N/A	
GOODSENSE MIS LANC DVC	Devices/Supplies			x	4	3	
GRALISE TAB 300MG	Anticonvulsants		x		4	N/A	
GRALISE TAB 600MG	Anticonvulsants		x		4	N/A	
GYNOL II GEL 3%	Contraceptives- Non-Hormonal			x	4	3	
HAEGARDA INJ 2000UNIT	Immunological Agents			x	4	3	
HAEGARDA INJ 3000UNIT	Immunological Agents			x	4	3	
HALCINONIDE CRE 0.1%	Dermatological Agents		x		G	N/A	QL
HALCION TAB 0.25MG	Sleep Disorder Agents		x		4	N/A	
HALOBETASOL AER 0.05%	Dermatological Agents		x		4	N/A	PA, QL
HALOBETASOL OIN 0.05%	Dermatological Agents		x		G	N/A	
HALOG CRE 0.1%	Dermatological Agents		x		4	N/A	QL
HALOG OIN 0.1%	Dermatological Agents		x		4	N/A	QL
HALOG SOL 0.1%	Dermatological Agents		x		4	N/A	PA, QL
HALOPERIDOL CON 2MG/ML	Antipsychotics			x	1	2	
HARMONY TES BLD GLUC	Devices/Supplies		x		4	N/A	
HAVRIX INJ 1440UNIT	Immunological Agents	x			N/A	3	
HAVRIX INJ 720UNIT	Immunological Agents	x			N/A	3	
HC BUTYRATE CRE 0.1%	Dermatological Agents		x		4	N/A	
HC BUTYRATE OIN 0.1%	Dermatological Agents		x		G	N/A	
HC BUTYRATE SOL 0.1%	Dermatological Agents		x		4	N/A	
HC LANCING MIS DEVICE	Devices/Supplies			x	4	3	
HC VALERATE CRE 0.2%	Dermatological Agents		x		G	N/A	
HC VALERATE OIN 0.2%	Dermatological Agents		x		G	N/A	
HELIDAC MIS THERAPY	Gastrointestinal Agents		x		4	N/A	
HELIXATE FS INJ 3000UNIT	Blood Products and Modifiers	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
HEMADY TAB 20MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
HEMANGEOL SOL 4.28/ML	Cardiovascular Agents		x		4	N/A	
HEPLISAV-B INJ 20/0.5ML	Immunological Agents	x			N/A	3	
HEPLISAV-B INJ 20MCG	Immunological Agents	x			N/A	3	
HEPSERA TAB 10MG	Antivirals		x		4	N/A	
HIBERIX SOL 10MCG	Immunological Agents	x			N/A	3	
HIDEX 6-DAY PAK 1.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		G	N/A	
HIPREX TAB 1GM	Antibacterials		x		4	N/A	
HOLD CHAMBER MIS ADLT LG	Devices/Supplies	x			N/A	3	
HOLD CHAMBER MIS MEDIUM	Devices/Supplies	x			N/A	3	
HOLD CHAMBER MIS SMALL	Devices/Supplies	x			N/A	3	
HORIZANT TAB 300MG ER	Central Nervous System Agents		x		4	N/A	
HORIZANT TAB 600MG ER	Central Nervous System Agents		x		4	N/A	
HUBER NEEDLE MIS 19GX1"	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 19GX1.25	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 19GX3/4"	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 20GX1"	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 20GX1.25	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 20GX3/4"	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 22GX1"	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 22GX1.25	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
HUBER NEEDLE MIS 22GX3/4"	Devices/Supplies	x			N/A	3	
HUMALOG INJ 100/ML	Blood Glucose Regulators		x		4	N/A	
HUMALOG JR INJ 100/ML	Blood Glucose Regulators		x		4	N/A	
HUMALOG KWIK INJ 100/ML	Blood Glucose Regulators		x		4	N/A	
HUMALOG KWIK INJ 200/ML	Blood Glucose Regulators		x		4	N/A	
HUMALOG MIX INJ 50/50	Blood Glucose Regulators		x		4	N/A	
HUMALOG MIX INJ 50/50KWP	Blood Glucose Regulators		x		4	N/A	
HUMALOG MIX INJ 75/25KWP	Blood Glucose Regulators		x		4	N/A	
HUMALOG MIX SUS 75/25	Blood Glucose Regulators		x		4	N/A	
HUMATIN CAP 250MG	Antibacterials		x		4	N/A	
HUMATROPE INJ 12MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
HUMATROPE INJ 24MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
HUMATROPE INJ 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
HUMATROPE INJ 6MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
HUMULIN INJ 70/30	Blood Glucose Regulators		x		4	N/A	
HUMULIN INJ 70/30KWP	Blood Glucose Regulators		x		4	N/A	
HUMULIN N INJ U-100	Blood Glucose Regulators		x		4	N/A	
HUMULIN N INJ U-100KWP	Blood Glucose Regulators		x		4	N/A	
HUMULIN R INJ U-100	Blood Glucose Regulators		x		4	N/A	
HW EMBRACE TES PRO	Devices/Supplies		x		4	N/A	
HW EMBRACE TES STRIPS	Devices/Supplies		x		4	N/A	
HYCAMPIN CAP 0.25MG	Antineoplastics			x	4	3	
HYCAMPIN CAP 1MG	Antineoplastics			x	4	3	
HYCODAN SYP 5-1.5/5	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
HYDREA CAP 500MG	Antineoplastics		x		4	N/A	
HYDRO/ACETA SOL 10-325MG	Analgesics		x		G	N/A	
HYDROCO/APAP TAB 10-300MG	Analgesics		x		G	N/A	
HYDROCO/APAP TAB 5-300MG	Analgesics		x		G	N/A	
HYDROCO/APAP TAB 7.5-300	Analgesics		x		G	N/A	
HYDROCOD/HOM SYP 5-1.5/5	Respiratory Tract/ Pulmonary Agents			x	1	2	
HYDROCODONE CAP 10MG ER	Analgesics		x		4	N/A	
HYDROCODONE CAP 15MG ER	Analgesics		x		4	N/A	
HYDROCODONE CAP 20MG ER	Analgesics		x		4	N/A	
HYDROCODONE CAP 30MG ER	Analgesics		x		4	N/A	
HYDROCODONE CAP 40MG ER	Analgesics		x		4	N/A	
HYDROCODONE CAP 50MG ER	Analgesics		x		4	N/A	
HYDROCODONE TAB 100MG ER	Analgesics		x		G	N/A	
HYDROCODONE TAB 120MG ER	Analgesics		x		G	N/A	
HYDROCODONE TAB 20MG ER	Analgesics		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
HYDROCODONE TAB 30MG ER	Analgesics		x		G	N/A	
HYDROCODONE TAB 40MG ER	Analgesics		x		G	N/A	
HYDROCODONE TAB 60MG ER	Analgesics		x		G	N/A	
HYDROCODONE TAB 80MG ER	Analgesics		x		G	N/A	
HYDROCORT CRE 1%	Dermatological Agents		x		G	N/A	
HYDROCORT OIN 1%	Dermatological Agents		x		G	N/A	
HYDROCORTISO LOT 0.1%	Dermatological Agents		x		G	N/A	
HYDROCORTISO OIN ABSORBAS	Dermatological Agents		x		G	N/A	
HYDROMORPHON TAB 12MG ER	Analgesics		x		G	N/A	
HYDROMORPHON TAB 16MG ER	Analgesics		x		G	N/A	
HYDROMORPHON TAB 32MG ER	Analgesics		x		G	N/A	
HYDROMORPHON TAB 8MG ER	Analgesics		x		G	N/A	
HYPER-SAL NEB 7%	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
HYPONEDLE MIS 14GX1"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 14GX1.5"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 14GX2"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 16GX1"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 16GX1.5"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 16GX3/4"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 16GX5/8"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 18GX1"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 18GX1.25	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 19GX1"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 19GX1.5"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 20GX1"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 20GX3/4"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 21GX1"	Devices/Supplies	x			N/A	3	
HYPONEDLE MIS 21GX1.25	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
HYPO NEEDLE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 21GX2"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 22GX1"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 22GX1.25	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 22GX3/4"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 23GX1"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 23GX1.25	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 23GX1.5"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 23GX3/4"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 24GX1"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 24GX1.25	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 25GX1"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 25GX1.25	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 25GX2"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 25GX3/4"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 26GX1.5"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 26GX1/2"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 26GX3/8"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 26GX5/8"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 27GX1.25	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 27GX1.5"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 27GX1/2"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 30G X 1"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 30GX1/2"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 30GX3/4"	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 31GX5/16	Devices/Supplies	x			N/A	3	
HYPO NEEDLE MIS 32GX5/16	Devices/Supplies	x			N/A	3	
HYPOLANCE KIT LANCING	Devices/Supplies			x	4	3	
HYSINGLA ER TAB 100 MG	Analgesics		x		4	N/A	
HYSINGLA ER TAB 120 MG	Analgesics		x		4	N/A	
HYSINGLA ER TAB 20 MG	Analgesics		x		4	N/A	
HYSINGLA ER TAB 30 MG	Analgesics		x		4	N/A	
HYSINGLA ER TAB 40 MG	Analgesics		x		4	N/A	
HYSINGLA ER TAB 60 MG	Analgesics		x		4	N/A	
HYSINGLA ER TAB 80 MG	Analgesics		x		4	N/A	
HYZAAR TAB 100-12.5	Cardiovascular Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
HYZAAR TAB 100-25	Cardiovascular Agents		x		4	N/A	
HYZAAR TAB 50-12.5	Cardiovascular Agents		x		4	N/A	
IBUDONE TAB 10-200MG	Analgesics		x		4	N/A	
IBUPROFEN SUS 100/5ML	Analgesics		x		G	N/A	
ICLUSIG TAB 10MG	Antineoplastics			x	4	3	
ICLUSIG TAB 15MG	Antineoplastics			x	4	3	QL
ICLUSIG TAB 30MG	Antineoplastics			x	4	3	
ICLUSIG TAB 45MG	Antineoplastics			x	4	3	
IGLUCOSE TES	Devices/Supplies		x		4	N/A	
ILEVRO DRO 0.3% OP	Ophthalmic Agents		x		4	N/A	
IMBRUVICA CAP 140MG	Antineoplastics			x	4	3	
IMBRUVICA CAP 70MG	Antineoplastics			x	4	3	
IMBRUVICA TAB 140MG	Antineoplastics			x	4	3	
IMBRUVICA TAB 280MG	Antineoplastics			x	4	3	
IMBRUVICA TAB 420MG	Antineoplastics			x	4	3	
IMBRUVICA TAB 560MG	Antineoplastics			x	4	3	
IMIPRAM PAM CAP 100MG	Antidepressants		x		G	N/A	
IMIPRAM PAM CAP 125MG	Antidepressants		x		G	N/A	
IMIPRAM PAM CAP 150MG	Antidepressants		x		G	N/A	
IMIPRAM PAM CAP 75MG	Antidepressants		x		G	N/A	
IMIQUIMOD CRE 3.75%	Dermatological Agents		x		G	N/A	
IMIQUIMOD CRE 3.75%PMP	Dermatological Agents		x		G	N/A	
IMITREX INJ 4MG/0.5	Antimigraine Agents		x		4	N/A	
IMITREX INJ 6MG/0.5	Antimigraine Agents		x		4	N/A	
IMITREX SPR 20MG/ACT	Antimigraine Agents		x		4	N/A	
IMITREX SPR 5MG/ACT	Antimigraine Agents		x		4	N/A	
IMITREX TAB 100MG	Antimigraine Agents		x		4	N/A	
IMITREX TAB 25MG	Antimigraine Agents		x		4	N/A	
IMITREX TAB 50MG	Antimigraine Agents		x		4	N/A	
IMOVAX RABIE INJ 2.5/ML	Immunological Agents			x	4	3	
IMPEKLO LOT 0.05%	Dermatological Agents		x		4	N/A	
IMPOYZ CRE 0.025%	Dermatological Agents		x		4	N/A	QL
IMVEXXY MAIN SUP 10MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
IMVEXXY MAIN SUP 4MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
IMVEXXY STRT SUP 10MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
IMVEXXY STRT SUP 4MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
IN TOUCH TES BLOOD	Devices/Supplies		x		4	N/A	
IN TOUCH LAN MIS DEVICE	Devices/Supplies			x	4	3	
INATAL GT TAB	Vitamin/Supplement		x		4	N/A	
INCONTROL MIS LANC DEV	Devices/Supplies			x	4	3	
INDERAL LA CAP 120MG	Cardiovascular Agents		x		4	N/A	
INDERAL LA CAP 160MG	Cardiovascular Agents		x		4	N/A	
INDERAL LA CAP 60MG	Cardiovascular Agents		x		4	N/A	
INDERAL LA CAP 80MG	Cardiovascular Agents		x		4	N/A	
INDERAL XL CAP 120MG	Cardiovascular Agents		x		4	N/A	PA
INDERAL XL CAP 80MG	Cardiovascular Agents		x		4	N/A	PA
INDOCIN SUP 50MG	Analgesics		x		4	N/A	
INDOCIN SUS 25MG/5ML	Analgesics		x		4	N/A	PA, QL
INFANRIX INJ	Immunological Agents			x	4	3	
INFINITY TES BLD GLUC	Devices/Supplies		x		4	N/A	
INFINITY TES VOICE	Devices/Supplies		x		4	N/A	
INFUS NEEDLE MIS 15GX2"	Devices/Supplies	x			N/A	3	
INFUS SYRING MIS 100ML	Devices/Supplies	x			N/A	3	
INLYTA TAB 1MG	Antineoplastics			x	4	3	
INLYTA TAB 5MG	Antineoplastics			x	4	3	
INNOPRAN XL CAP 120MG	Cardiovascular Agents		x		4	N/A	PA
INNOPRAN XL CAP 80MG	Cardiovascular Agents		x		4	N/A	PA
INSPIRACHAMB MIS LARGE	Devices/Supplies	x			N/A	3	
INSPIRACHAMB MIS MEDIUM	Devices/Supplies	x			N/A	3	
INSPIRACHAMB MIS MOUTHPCE	Devices/Supplies	x			N/A	3	
INSPIRACHAMB MIS SMALL	Devices/Supplies	x			N/A	3	
INSPIREASE MIS DD SYST	Devices/Supplies	x			N/A	3	
INSPIREASE MIS RES BAG	Devices/Supplies	x			N/A	3	
INSPRA TAB 25MG	Cardiovascular Agents		x		4	N/A	
INSPRA TAB 50MG	Cardiovascular Agents		x		4	N/A	
INSULIN LISP INJ 100/ML	Blood Glucose Regulators		x		4	N/A	
INSULIN LISP INJ JUNIOR	Blood Glucose Regulators		x		4	N/A	
INSULIN LISP INJ PROTAMIN	Blood Glucose Regulators		x		4	N/A	
INTERMEZZO SUB 1.75MG	Sleep Disorder Agents		x		4	N/A	
INTRAROSA SUP 6.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
INTRO NEEDLE MIS 18GX1.25	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
INTUNIV TAB 1MG	Central Nervous System Agents		x		4	N/A	
INTUNIV TAB 2MG	Central Nervous System Agents		x		4	N/A	
INTUNIV TAB 3MG	Central Nervous System Agents		x		4	N/A	
INTUNIV TAB 4MG	Central Nervous System Agents		x		4	N/A	
INVEGA TAB 1.5MG	Antipsychotics		x		4	N/A	
INVEGA TAB 3MG	Antipsychotics		x		4	N/A	
INVEGA TAB 6MG	Antipsychotics		x		4	N/A	
INVEGA TAB 9MG	Antipsychotics		x		4	N/A	
INVELTYS SUS 1%	Ophthalmic Agents		x		4	N/A	
INVOKAMET TAB 150-1000	Blood Glucose Regulators		x		4	N/A	
INVOKAMET TAB 150-500	Blood Glucose Regulators		x		4	N/A	
INVOKAMET TAB 50-1000	Blood Glucose Regulators		x		4	N/A	
INVOKAMET TAB 50-500MG	Blood Glucose Regulators		x		4	N/A	
INVOKAMET XR TAB 150-1000	Blood Glucose Regulators		x		4	N/A	
INVOKAMET XR TAB 150-500	Blood Glucose Regulators		x		4	N/A	
INVOKAMET XR TAB 50-1000	Blood Glucose Regulators		x		4	N/A	
INVOKAMET XR TAB 50-500MG	Blood Glucose Regulators		x		4	N/A	
INVOKANA TAB 100MG	Blood Glucose Regulators		x		4	N/A	
INVOKANA TAB 300MG	Blood Glucose Regulators		x		4	N/A	
IOPIDINE SOL 1% OP	Ophthalmic Agents		x		4	N/A	
IPOL INJ INACTIVE	Immunological Agents	x			N/A	3	
IRESSA TAB 250MG	Antineoplastics			x	4	3	
IRON UP LIQ	Electrolytes/Minerals/ Metals/ Vitamins			x	4	3	
ISOPTO CARP SOL 1% OP	Ophthalmic Agents		x		4	N/A	
ISOPTO CARP SOL 2% OP	Ophthalmic Agents		x		4	N/A	
ISOPTO CARP SOL 4% OP	Ophthalmic Agents		x		4	N/A	
ISORDIL TAB 40MG	Cardiovascular Agents		x		4	N/A	
ISORDIL TAB 5MG	Cardiovascular Agents		x		4	N/A	
ISOSORB MONO TAB 120MG ER	Cardiovascular Agents			x	2	1	
ISOTRETINOIN CAP 25MG	Dermatological Agents		x		G	N/A	
ISOTRETINOIN CAP 35MG	Dermatological Agents		x		G	N/A	
ISTALOL SOL 0.5% OP	Ophthalmic Agents		x		4	N/A	
JADENU TAB 180MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA, QL
JADENU TAB 360MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA, QL
JADENU TAB 90MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA, QL
JADENU SPRKL GRA 180MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA, QL
JADENU SPRKL GRA 360MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA, QL
JADENU SPRKL GRA 90MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	PA, QL

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
JAKAFI TAB 10MG	Antineoplastics			x	4	3	
JAKAFI TAB 15MG	Antineoplastics			x	4	3	
JAKAFI TAB 20MG	Antineoplastics			x	4	3	
JAKAFI TAB 25MG	Antineoplastics			x	4	3	
JAKAFI TAB 5MG	Antineoplastics			x	4	3	
JALYN CAP	Genitourinary Agents		x		4	N/A	
JATENZO CAP 158MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
JATENZO CAP 198MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
JATENZO CAP 237MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
JENTADUETO TAB 2.5-1000	Blood Glucose Regulators		x		4	N/A	
JENTADUETO TAB 2.5-500	Blood Glucose Regulators		x		4	N/A	
JENTADUETO TAB 2.5-850	Blood Glucose Regulators		x		4	N/A	
JENTADUETO TAB XR	Blood Glucose Regulators		x		4	N/A	
JORNAY PM CAP 100MG ER	Central Nervous System Agents		x		4	N/A	
JORNAY PM CAP 20MG ER	Central Nervous System Agents		x		4	N/A	
JORNAY PM CAP 40MG ER	Central Nervous System Agents		x		4	N/A	
JORNAY PM CAP 60MG ER	Central Nervous System Agents		x		4	N/A	
JORNAY PM CAP 80MG ER	Central Nervous System Agents		x		4	N/A	
JUBLIA SOL 10%	Antifungals		x		4	N/A	
KADIAN CAP 100MG ER	Analgesics		x		4	N/A	
KADIAN CAP 10MG ER	Analgesics		x		4	N/A	
KADIAN CAP 200MG ER	Analgesics		x		4	N/A	
KADIAN CAP 20MG ER	Analgesics		x		4	N/A	
KADIAN CAP 30MG ER	Analgesics		x		4	N/A	
KADIAN CAP 40MG ER	Analgesics		x		4	N/A	
KADIAN CAP 50MG ER	Analgesics		x		4	N/A	
KADIAN CAP 60MG ER	Analgesics		x		4	N/A	
KADIAN CAP 80MG ER	Analgesics		x		4	N/A	
KALETRA SOL	Antivirals		x		4	N/A	
KALETRA TAB 100-25MG	Antivirals		x		3	N/A	
KALETRA TAB 200-50MG	Antivirals		x		3	N/A	
KAPSPARGO CAP 100MG	Cardiovascular Agents		x		4	N/A	
KAPSPARGO CAP 200MG	Cardiovascular Agents		x		4	N/A	
KAPSPARGO CAP 25MG	Cardiovascular Agents		x		4	N/A	
KAPSPARGO CAP 50MG	Cardiovascular Agents		x		4	N/A	
KAPVAY TAB 0.1 MG	Central Nervous System Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
KARBINAL ER SUS 4MG/5ML	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
KATERZIA SUS 1MG/ML	Cardiovascular Agents		x		4	N/A	
KAZANO 12.5- TAB 1000MG	Blood Glucose Regulators		x		4	N/A	
KAZANO 12.5- TAB 500MG	Blood Glucose Regulators		x		4	N/A	
KEFLEX CAP 250MG	Antibacterials		x		4	N/A	
KEFLEX CAP 500MG	Antibacterials		x		4	N/A	
KEFLEX CAP 750MG	Antibacterials		x		4	N/A	
KENALOG AER SPRAY	Dermatological Agents		x		4	N/A	
KEPPRA SOL 100MG/ML	Anticonvulsants		x		4	N/A	
KEPPRA TAB 1000MG	Anticonvulsants		x		4	N/A	
KEPPRA TAB 250MG	Anticonvulsants		x		4	N/A	
KEPPRA TAB 500MG	Anticonvulsants		x		4	N/A	
KEPPRA TAB 750MG	Anticonvulsants		x		4	N/A	
KEPPRA XR TAB 500MG	Anticonvulsants		x		4	N/A	
KEPPRA XR TAB 750MG	Anticonvulsants		x		4	N/A	
KERENDIA TAB 10MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
KERENDIA TAB 20MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
KERYDIN SOL 5%	Antifungals		x		4	N/A	
KETOCONAZOLE AER 2%	Antifungals		x		G	N/A	PA
KETODAN AER 2%	Antifungals		x		G	N/A	PA
KETOPROFEN CAP 200MG ER	Analgesics		x		4	N/A	
KETOPROFEN CAP 25MG	Analgesics				N/A	N/A	PA, QL
KETOPROFEN CAP 50MG	Analgesics		x		4	N/A	
KETOPROFEN CAP 75MG	Analgesics		x		4	N/A	
KETOR TROMET SPR 15.75MG	Analgesics		x		4	N/A	PA
KEVEYIS TAB 50MG	Cardiovascular Agents		x		4	N/A	
KHEDEZLA TAB 100MG ER	Antidepressants		x		4	N/A	
KHEDEZLA TAB 50MG ER	Antidepressants		x		4	N/A	
KINERET INJ	Immunological Agents		x		4	N/A	
KINRIX INJ	Immunological Agents			x	4	3	
KLARON LOT 10%	Dermatological Agents		x		4	N/A	
KLATSKIN BIO MIS 16X4"	Devices/Supplies	x			N/A	3	
KLISYRI OIN 1%	Dermatological Agents		x		4	N/A	
KLONOPIN TAB 0.5MG	Anxiolytics		x		4	N/A	
KLONOPIN TAB 1MG	Anxiolytics		x		4	N/A	
KLONOPIN TAB 2MG	Anxiolytics		x		4	N/A	
KLOXXADO LIQ	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
KOMBIGLYZ XR TAB 2.5-1000	Blood Glucose Regulators		x		4	N/A	
KOMBIGLYZ XR TAB 5-1000MG	Blood Glucose Regulators		x		4	N/A	
KOMBIGLYZ XR TAB 5-500MG	Blood Glucose Regulators		x		4	N/A	
KOSHR PRENAT TAB 30-1MG	Vitamin/Supplement		x		3	N/A	
K-PHOS TAB	Electrolytes/Minerals/ Metals/ Vitamins			x	4	3	
K-PHOS TAB NEUTRAL	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
K-PHOS TAB NO 2	Electrolytes/Minerals/ Metals/ Vitamins			x	4	3	
KRISTALOSE PAK 10GM	Gastrointestinal Agents		x		4	N/A	
KRISTALOSE PAK 20GM	Gastrointestinal Agents		x		4	N/A	
KROGER TES	Devices/Supplies		x		4	N/A	
KROGER BLOOD TES GLUCOSE	Devices/Supplies		x		4	N/A	
K-TAB TAB 10MEQ CR	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
K-TAB TAB 20MEQ	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
KUVAN POW 100MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
KUVAN POW 500MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
KUVAN TAB 100MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
LAC-HYDRIN CRE 12%	Dermatological Agents		x		4	N/A	
LAMICTAL CHW 25MG	Anticonvulsants		x		4	N/A	
LAMICTAL CHW 5MG	Anticonvulsants		x		4	N/A	
LAMICTAL KIT START 35	Anticonvulsants		x		4	N/A	
LAMICTAL KIT START 49	Anticonvulsants		x		4	N/A	
LAMICTAL KIT START 98	Anticonvulsants		x		4	N/A	
LAMICTAL TAB 100MG	Anticonvulsants		x		4	N/A	
LAMICTAL TAB 150MG	Anticonvulsants		x		4	N/A	
LAMICTAL TAB 200MG	Anticonvulsants		x		4	N/A	
LAMICTAL TAB 25MG	Anticonvulsants		x		4	N/A	
LAMICTAL ODT KIT	Anticonvulsants		x		4	N/A	
LAMICTAL ODT TAB 100MG	Anticonvulsants		x		4	N/A	
LAMICTAL ODT TAB 200MG	Anticonvulsants		x		4	N/A	
LAMICTAL ODT TAB 25MG	Anticonvulsants		x		4	N/A	
LAMICTAL ODT TAB 50MG	Anticonvulsants		x		4	N/A	
LAMICTAL XR TAB 100MG	Anticonvulsants		x		4	N/A	
LAMICTAL XR TAB 200MG	Anticonvulsants		x		4	N/A	
LAMICTAL XR TAB 250MG	Anticonvulsants		x		4	N/A	
LAMICTAL XR TAB 25MG	Anticonvulsants		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
LAMICTAL XR TAB 300MG	Anticonvulsants		x		4	N/A	
LAMICTAL XR TAB 50MG	Anticonvulsants		x		4	N/A	
LAMOTRIG ODT TAB 100MG	Anticonvulsants		x		G	N/A	
LAMOTRIGINE KIT ODT	Anticonvulsants		x		G	N/A	
LAMOTRIGINE TAB 100MG	Anticonvulsants		x		G	N/A	
LAMOTRIGINE TAB 200MG	Anticonvulsants		x		G	N/A	
LAMOTRIGINE TAB 25MG ODT	Anticonvulsants		x		G	N/A	
LAMOTRIGINE TAB 50MG ODT	Anticonvulsants		x		G	N/A	
LANCET AUTO MIS INJECTOR	Devices/Supplies			x	4	3	
LANCET CARRY MIS CASE	Devices/Supplies			x	4	3	
LANCET DEVIC MIS 30G	Devices/Supplies			x	4	3	
LANCET DEVIC MIS ADJUST	Devices/Supplies			x	4	3	
LANCET WITH MIS EJECTOR	Devices/Supplies			x	4	3	
LANCING MIS DEVICE	Devices/Supplies			x	4	3	
LANCING DEVI MIS	Devices/Supplies			x	4	3	
LANCING DEVI MIS 25G	Devices/Supplies			x	4	3	
LANCING DEVI MIS 30G	Devices/Supplies			x	4	3	
LANCING DEVI MIS ADJUST	Devices/Supplies			x	4	3	
LANSOPR/AMOX MIS /CLARITH	Gastrointestinal Agents		x		G	N/A	
LANSOPRAZOLE CAP 15MG DR	Gastrointestinal Agents		x		G	N/A	
LANSOPRAZOLE CAP 30MG DR	Gastrointestinal Agents		x		G	N/A	
LANSOPRAZOLE TAB 15MG ODT	Gastrointestinal Agents		x		G	N/A	
LANSOPRAZOLE TAB 30MG	Gastrointestinal Agents		x		G	N/A	
LANSOPRAZOLE TAB 30MG ODT	Gastrointestinal Agents		x		G	N/A	
LANTUS INJ 100 UNIT/ML	Blood Glucose Regulators		x		3	N/A	
LANTUS SOLN INJ 100 UNIT/ML	Blood Glucose Regulators		x		3	N/A	
LANZO MIS LANCING	Devices/Supplies			x	4	3	
LASIX TAB 20MG	Cardiovascular Agents		x		4	N/A	
LASIX TAB 40MG	Cardiovascular Agents		x		4	N/A	
LASIX TAB 80MG	Cardiovascular Agents		x		4	N/A	
LASTACFT SOL 0.25%	Ophthalmic Agents		x		4	N/A	
LAZANDA SPR 100MCG	Analgesics		x		4	N/A	
LAZANDA SPR 300MCG	Analgesics		x		4	N/A	
LAZANDA SPR 400MCG	Analgesics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
LB LANCING MIS DEVICE	Devices/Supplies			x	4	3	
LENVIMA CAP 10 MG	Antineoplastics			x	4	3	
LENVIMA CAP 12MG	Antineoplastics			x	4	3	
LENVIMA CAP 14 MG	Antineoplastics			x	4	3	
LENVIMA CAP 18 MG	Antineoplastics			x	4	3	
LENVIMA CAP 20 MG	Antineoplastics			x	4	3	
LENVIMA CAP 24 MG	Antineoplastics			x	4	3	
LENVIMA CAP 4MG	Antineoplastics			x	4	3	
LENVIMA CAP 8 MG	Antineoplastics			x	4	3	
LESCOL XL TAB 80MG	Cardiovascular Agents		x		4	N/A	
LETAIRIS TAB 10MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
LETAIRIS TAB 5MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
LEVALBUTEROL AER 45/ACT	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
LEVAQUIN TAB 500MG	Antibacterials		x		4	N/A	
LEVAQUIN TAB 750MG	Antibacterials		x		4	N/A	
LEVITRA TAB 10MG	Genitourinary Agents		x		4	N/A	
LEVITRA TAB 20MG	Genitourinary Agents		x		4	N/A	
LEVITRA TAB 5MG	Genitourinary Agents		x		4	N/A	
LEVOCETIRIZI SOL 2.5/5ML	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
LEVOCETIRIZI TAB 5MG	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
LEVORPHANOL TAB 2MG	Analgesics		x		G	N/A	
LEVORPHANOL TAB 3MG	Analgesics		x		G	N/A	
LEXAPRO TAB 10MG	Antidepressants		x		4	N/A	
LEXAPRO TAB 20MG	Antidepressants		x		4	N/A	
LEXAPRO TAB 5MG	Antidepressants		x		4	N/A	
LEXETTE AER 0.05%	Dermatological Agents		x		4	N/A	PA, QL
LEXIVA TAB 700MG	Antivirals		x		4	N/A	
LIALDA TAB 1.2GM	Inflammatory Bowel Disease Agents		x		4	N/A	
LIBERTY TES	Devices/Supplies		x		4	N/A	
LIBERTY NEXT TES GEN	Devices/Supplies		x		4	N/A	
LIBRAX CAP 5-2.5MG	Gastrointestinal Agents		x		4	N/A	
LICART DIS 1.3%	Analgesics		x		4	N/A	
LIDOCA/TETRA CRE 7/7%	Anesthetics		x		4	N/A	
LIDOCAINE CRE TETRACAI	Anesthetics		x		4	N/A	
LIDOCAINE GEL 2%	Dermatological Agents		x		G	N/A	
LIDOCAINE GEL 2% JELLY	Anesthetics		x		4	N/A	
LIDOCAINE OIN 5%	Anesthetics		x		G	N/A	
LIDODERM DIS 5%	Anesthetics		x		4	N/A	
LINZESS CAP 145MCG	Gastrointestinal Agents		x		3	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
LINZESS CAP 290MCG	Gastrointestinal Agents		x		3	N/A	
LINZESS CAP 72MCG	Gastrointestinal Agents		x		3	N/A	
LIPITOR TAB 10MG	Cardiovascular Agents		x		4	N/A	
LIPITOR TAB 20MG	Cardiovascular Agents		x		4	N/A	
LIPITOR TAB 40MG	Cardiovascular Agents		x		4	N/A	
LIPITOR TAB 80MG	Cardiovascular Agents		x		4	N/A	
LIPOFEN CAP 150MG	Cardiovascular Agents		x		4	N/A	
LIPOFEN CAP 50MG	Cardiovascular Agents		x		4	N/A	
LITE TOUCH MIS LANC PEN	Devices/Supplies			x	4	3	
LITEAIRE MIS	Devices/Supplies	x			N/A	3	
LITHIUM SOL 8MEQ/5ML	Bipolar Agents			x	4	3	
LIVALO TAB 1MG	Cardiovascular Agents		x		4	N/A	
LIVALO TAB 2MG	Cardiovascular Agents		x		4	N/A	
LIVALO TAB 4MG	Cardiovascular Agents		x		4	N/A	
LL SYRINGE MIS 3ML/22G	Devices/Supplies	x			N/A	3	
LLX EXTENSIO MIS NEEDLE	Devices/Supplies	x			N/A	3	
LOCOID CRE 0.1%	Dermatological Agents		x		4	N/A	
LOCOID LOT 0.1%	Dermatological Agents		x		4	N/A	
LOCOID SOL 0.1%	Dermatological Agents		x		4	N/A	
LOCOID LIPO CRE 0.1%	Dermatological Agents		x		4	N/A	
LODINE TAB 400MG	Analgesics		x		4	N/A	
LODOSYN TAB 25MG	Antiparkinson Agents		x		4	N/A	
LOMOTIL TAB 2.5MG	Gastrointestinal Agents		x		4	N/A	
LONHALA MAGN SOL 25MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
LONSURF TAB 15-6.14	Antineoplastics			x	4	3	QL
LONSURF TAB 20-8.19	Antineoplastics			x	4	3	
LOPERAMIDE CAP 2MG	Gastrointestinal Agents		x		G	N/A	
LOPID TAB 600MG	Cardiovascular Agents		x		4	N/A	
LOPRESS HCT TAB 50-25MG	Cardiovascular Agents		x		4	N/A	
LOPRESSOR TAB 100MG	Cardiovascular Agents		x		4	N/A	
LOPRESSOR TAB 50MG	Cardiovascular Agents		x		4	N/A	
LOPROX CRE 0.77%	Antifungals		x		4	N/A	
LOPROX SHA 1%	Antifungals		x		4	N/A	
LOPROX SUS 0.77%	Antifungals		x		4	N/A	
LORTAB ELX 10-300MG	Analgesics		x		4	N/A	
LORZONE TAB 375MG	Skeletal Muscle Relaxants		x		G	N/A	
LORZONE TAB 750MG	Skeletal Muscle Relaxants		x		G	N/A	
LOSEASONIQUE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
LOTEMAX GEL 0.5%	Ophthalmic Agents		x		4	N/A	
LOTEMAX SUS 0.5%	Ophthalmic Agents		x		4	N/A	
LOTENSIN TAB 10MG	Cardiovascular Agents		x		4	N/A	
LOTENSIN TAB 20MG	Cardiovascular Agents		x		4	N/A	
LOTENSIN TAB 40MG	Cardiovascular Agents		x		4	N/A	
LOTENSIN HCT TAB 10-12.5	Cardiovascular Agents		x		4	N/A	
LOTENSIN HCT TAB 20-12.5	Cardiovascular Agents		x		4	N/A	
LOTENSIN HCT TAB 20-25MG	Cardiovascular Agents		x		4	N/A	
LOTREL CAP 10-20MG	Cardiovascular Agents		x		4	N/A	
LOTREL CAP 10-40MG	Cardiovascular Agents		x		4	N/A	
LOTREL CAP 5-10MG	Cardiovascular Agents		x		4	N/A	
LOTREL CAP 5-20MG	Cardiovascular Agents		x		4	N/A	
LOTRISONE CRE	Dermatological Agents		x		4	N/A	
LOTRONEX TAB 0.5MG	Gastrointestinal Agents		x		4	N/A	
LOTRONEX TAB 1MG	Gastrointestinal Agents		x		4	N/A	
LOVAZA CAP 1GM	Cardiovascular Agents		x		4	N/A	
LOVENOX INJ 100MG/ML	Blood Products and Modifiers		x		4	N/A	
LOVENOX INJ 120/0.8	Blood Products and Modifiers		x		4	N/A	
LOVENOX INJ 150MG/ML	Blood Products and Modifiers		x		4	N/A	
LOVENOX INJ 30/0.3ML	Blood Products and Modifiers		x		4	N/A	
LOVENOX INJ 300/3ML	Blood Products and Modifiers		x		4	N/A	
LOVENOX INJ 40/0.4ML	Blood Products and Modifiers		x		4	N/A	
LOVENOX INJ 60/0.6ML	Blood Products and Modifiers		x		4	N/A	
LOVENOX INJ 80/0.8ML	Blood Products and Modifiers		x		4	N/A	
LUBIPROSTONE CAP 24MCG	Gastrointestinal Agents		x		4	N/A	
LUBIPROSTONE CAP 8MCG	Gastrointestinal Agents		x		4	N/A	
LUER-LOK SYR MIS 1ML/20G	Devices/Supplies	x			N/A	3	
LULICONAZOLE CRE 1%	Antifungals		x		4	N/A	
LUMAKRAS TAB 120MG	Antineoplastics		x		4	N/A	
LUMIGAN SOL 0.01%	Ophthalmic Agents		x		3	N/A	
LUNESTA TAB 1MG	Sleep Disorder Agents		x		4	N/A	
LUNESTA TAB 2MG	Sleep Disorder Agents		x		4	N/A	
LUNESTA TAB 3MG	Sleep Disorder Agents		x		4	N/A	
LUPANETA KIT 11.25-5	Hormonal Agents, Suppressant (Pituitary)	x			N/A	4	
LUPANETA KIT 3.75-5	Hormonal Agents, Suppressant (Pituitary)	x			N/A	4	
LUPR DEP-PED INJ 11.25MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	
LUPR DEP-PED INJ 15MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	
LUPR DEP-PED INJ 3M 30MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	
LUPR DEP-PED INJ 7.5MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
LUPRON DEPOT INJ 11.25MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	
LUPRON DEPOT INJ 22.5MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	
LUPRON DEPOT INJ 3.75MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	
LUPRON DEPOT INJ 30MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	
LUPRON DEPOT INJ 45MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	
LUPRON DEPOT INJ 7.5MG	Hormonal Agents, Suppressant (Pituitary)	x			N/A	3	
LUXIQ AER 0.12%	Dermatological Agents		x		4	N/A	
LUZU CRE 1%	Antifungals		x		4	N/A	
LYRICA CAP 100MG	Anticonvulsants		x		4	N/A	
LYRICA CAP 150MG	Anticonvulsants		x		4	N/A	
LYRICA CAP 200MG	Anticonvulsants		x		4	N/A	
LYRICA CAP 225MG	Anticonvulsants		x		4	N/A	
LYRICA CAP 25MG	Anticonvulsants		x		4	N/A	
LYRICA CAP 300MG	Anticonvulsants		x		4	N/A	
LYRICA CAP 50MG	Anticonvulsants		x		4	N/A	
LYRICA CAP 75MG	Anticonvulsants		x		4	N/A	
LYRICA SOL 20MG/ML	Anticonvulsants		x		4	N/A	
LYRICA CR TAB 165MG	Anticonvulsants		x		4	N/A	
LYRICA CR TAB 330MG	Anticonvulsants		x		4	N/A	
LYRICA CR TAB 82.5MG	Anticonvulsants		x		4	N/A	
LYSODREN TAB 500MG	Hormonal Agents, Suppressant (Adrenal)			x	4	3	
LYSTEDA TAB 650MG	Blood Products and Modifiers		x		4	N/A	
LYUMJEV INJ 100UT/ML	Blood Glucose Regulators		x		4	N/A	
LYUMJEV KWPN INJ 100UT/ML	Blood Glucose Regulators		x		4	N/A	
LYUMJEV KWPN INJ 200UT/ML	Blood Glucose Regulators		x		4	N/A	
MACROBID CAP 100MG	Antibacterials		x		4	N/A	
MACRODANTIN CAP 100MG	Antibacterials		x		4	N/A	
MACRODANTIN CAP 25MG	Antibacterials		x		4	N/A	
MACRODANTIN CAP 50MG	Antibacterials		x		4	N/A	
MAFENIDE ACE PAK 5%	Dermatological Agents		x		G	N/A	
MAGELLAN SYR MIS 23GX1"	Devices/Supplies	x			N/A	3	
MALARONE TAB 250-100	Antiparasitics		x		4	N/A	
MALARONE TAB 62.5-25	Antiparasitics		x		4	N/A	
MAPROTILINE TAB 25MG	Antidepressants		x		4	N/A	
MAPROTILINE TAB 50MG	Antidepressants		x		4	N/A	
MAPROTILINE TAB 75MG	Antidepressants		x		4	N/A	
MARINOL CAP 10MG	Antiemetics		x		4	N/A	
MARINOL CAP 2.5MG	Antiemetics		x		4	N/A	
MARINOL CAP 5MG	Antiemetics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
MARNATAL-F CAP	Vitamin/Supplement		x		4	N/A	
MASK VORTEX/ MIS BABY DUC	Devices/Supplies	x			N/A	3	
MASK VORTEX/ MIS DUCK	Devices/Supplies	x			N/A	3	
MASK VORTEX/ MIS FROG	Devices/Supplies	x			N/A	3	
MASK VORTEX/ MIS LADY BUG	Devices/Supplies	x			N/A	3	
MATULANE CAP 50MG	Antineoplastics			x	4	3	
MAXALT TAB 10MG	Antimigraine Agents		x		4	N/A	
MAXALT-MLT TAB 10MG	Antimigraine Agents		x		4	N/A	
MAXALT-MLT TAB 5MG	Antimigraine Agents		x		4	N/A	
MAXITROL OIN 0.1% OP	Ophthalmic Agents		x		4	N/A	
MAXITROL SUS 0.1% OP	Ophthalmic Agents		x		4	N/A	
MAXZIDE TAB 75-50	Cardiovascular Agents		x		4	N/A	
MAXZIDE-25 TAB	Cardiovascular Agents		x		4	N/A	
MECLIZINE CHW 25MG	Antiemetics		x		G	N/A	
MECLIZINE TAB 12.5MG	Antiemetics		x		G	N/A	
MECLIZINE TAB 25MG	Antiemetics		x		G	N/A	
MECLIZINE TAB 50MG	Antiemetics		x		4	N/A	
MECLOFEN SOD CAP 100MG	Analgesics		x		4	N/A	
MECLOFEN SOD CAP 50MG	Analgesics		x		4	N/A	
MEDROL TAB 16MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
MEDROL TAB 32MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
MEDROL TAB 4MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
MEDROL TAB 8MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
MEDROXYPR AC INJ 150MG/ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	x			N/A	2	
MEFENAM ACID CAP 250MG	Analgesics		x		G	N/A	PA, QL
MEGACE ES SUS 625/5ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
MEIJER TES TRUETEST	Devices/Supplies		x		4	N/A	
MEIJER TES TRUETRAC	Devices/Supplies		x		4	N/A	
MEIJER BLOOD TES GLUCOSE	Devices/Supplies		x		4	N/A	
MELOXICAM CAP 10MG	Analgesics		x		G	N/A	
MELOXICAM CAP 5MG	Analgesics		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
MEMANTINE HC CAP 14MG ER	Antidementia Agents		x		G	N/A	
MEMANTINE HC CAP 21MG ER	Antidementia Agents		x		G	N/A	
MEMANTINE HC CAP 28MG ER	Antidementia Agents		x		G	N/A	
MEMANTINE HC CAP 7MG ER	Antidementia Agents		x		G	N/A	
MENACTRA INJ	Immunological Agents			x	4	3	
MENQUADFI INJ	Immunological Agents			x	4	3	
MENTAX CRE 1%	Antifungals		x		4	N/A	
MENVEO INJ	Immunological Agents			x	4	3	
MEPERIDINE SOL 50MG/5ML	Analgesics		x		4	N/A	
MEPERIDINE TAB 50MG	Analgesics		x		4	N/A	
MEPHYTON TAB 5MG	Vitamin/Supplement		x		4	N/A	
MEPROBAMATE TAB 200MG	Anxiolytics		x		G	N/A	
MEPROBAMATE TAB 400MG	Anxiolytics		x		G	N/A	
MEPRON SUS	Antiparasitics		x		4	N/A	
MERZEE CAP 1/20	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		G	N/A	
MESTINON SOL 60MG/5ML	Antimyasthenic Agents		x		4	N/A	
MESTINON TAB 60MG	Antimyasthenic Agents		x		4	N/A	
MESTINON TAB TIMESPAN	Antimyasthenic Agents		x		4	N/A	
METAPROTEREN TAB 10MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
METAPROTEREN TAB 20MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
METAXALL TAB 800MG	Skeletal Muscle Relaxants		x		G	N/A	
METAXALONE TAB 400MG	Skeletal Muscle Relaxants		x		G	N/A	
METAXALONE TAB 800MG	Skeletal Muscle Relaxants		x		G	N/A	
METFORMIN SOL 500/5ML	Blood Glucose Regulators		x		G	N/A	
METFORMIN TAB 1000 ER	Blood Glucose Regulators		x		G	N/A	
METFORMIN TAB 500MG ER	Blood Glucose Regulators		x		G	N/A	
METFORMIN ER TAB 1000MG	Blood Glucose Regulators		x		G	N/A	
METHADONE SOL 10MG/5ML	Analgesics		x		4	N/A	
METHADONE SOL 5MG/5ML	Analgesics		x		4	N/A	
METHADOSE CON 10MG/ML	Analgesics		x		4	N/A	
METHADOSE SF CON 10MG/ML	Analgesics		x		4	N/A	
METHAMPHETAM TAB 5MG	Central Nervous System Agents		x		G	N/A	
METHYLD/HCTZ TAB 250/15	Cardiovascular Agents		x		4	N/A	
METHYLD/HCTZ TAB 250/25	Cardiovascular Agents		x		4	N/A	
METHYLDOPA TAB 250MG	Cardiovascular Agents			x	4	1	
METHYLDOPA TAB 500MG	Cardiovascular Agents			x	4	2	
METHYLIN SOL 10MG/5ML	Central Nervous System Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
METHYLIN SOL 5MG/5ML	Central Nervous System Agents		x		4	N/A	
METHYLPHENID CAP 10MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID CAP 15MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID CAP 20MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID CAP 30MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID CAP 40MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID CAP 50MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID CAP 60MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID CAP 60MG LA	Central Nervous System Agents		x		G	N/A	
METHYLPHENID TAB 18MG ER	Central Nervous System Agents		x		4	N/A	
METHYLPHENID TAB 27MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID TAB 36MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID TAB 54MG ER	Central Nervous System Agents		x		G	N/A	
METHYLPHENID TAB 72MG ER	Central Nervous System Agents		x		4	N/A	
METHYLPHENID CAP 10MG ER	Central Nervous System Agents		x		G	N/A	
METOPROLOL TAB 37.5MG	Cardiovascular Agents			x	2	1	
METOPROLOL TAB 75MG	Cardiovascular Agents			x	2	1	
METROCREAM CRE 0.75%	Dermatological Agents		x		4	N/A	
METROGEL GEL 1%	Dermatological Agents		x		4	N/A	
METROGEL-VAG GEL 0.75%	Antibacterials		x		4	N/A	
METROLOTION LOT 0.75%	Dermatological Agents		x		4	N/A	
METYROSINE CAP 250MG	Cardiovascular Agents		x		G	N/A	
MIACALCIN INJ 200/ML	Metabolic Bone Disease Agents		x		4	N/A	
MICARDIS TAB 20MG	Cardiovascular Agents		x		4	N/A	
MICARDIS TAB 40MG	Cardiovascular Agents		x		4	N/A	
MICARDIS TAB 80MG	Cardiovascular Agents		x		4	N/A	
MICARDIS HCT TAB 40/12.5	Cardiovascular Agents		x		4	N/A	
MICARDIS HCT TAB 80/12.5	Cardiovascular Agents		x		4	N/A	
MICARDIS HCT TAB 80-25MG	Cardiovascular Agents		x		4	N/A	
MICORT-HC CRE 2.5%	Dermatological Agents		x		4	N/A	
MICO-ZN-PETR OIN	Dermatological Agents		x		4	N/A	
MICROCHAMBER MIS	Devices/Supplies	x			N/A	3	
MICRODOT TES	Devices/Supplies		x		4	N/A	
MICRODOT TES XTRA	Devices/Supplies		x		4	N/A	
MICROLET MIS NEXT	Devices/Supplies			x	4	3	
MICROSPACER MIS	Devices/Supplies	x			N/A	3	
MIGRANAL SPR 4MG/ML	Antimigraine Agents		x		4	N/A	PA
MILLIPRED TAB 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
MILLIPRED DP PAK 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
MINASTRIN 24 CHW FE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
MINI LANCING MIS DEVICE	Devices/Supplies			x	4	3	
MINIPRESS CAP 1MG	Cardiovascular Agents		x		4	N/A	
MINIPRESS CAP 2MG	Cardiovascular Agents		x		4	N/A	
MINIPRESS CAP 5MG	Cardiovascular Agents		x		4	N/A	
MINIVELLE DIS 0.025MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
MINIVELLE DIS 0.0375MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
MINIVELLE DIS 0.05MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
MINIVELLE DIS 0.075MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
MINIVELLE DIS 0.1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
MINOCIN CAP 50MG	Antibacterials		x		4	N/A	
MINOCYCLINE CAP 135MG ER	Antibacterials		x		4	N/A	
MINOCYCLINE CAP 45MG ER	Antibacterials		x		4	N/A	
MINOCYCLINE CAP 90MG ER	Antibacterials		x		4	N/A	
MINOCYCLINE TAB 100MG	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 105MG ER	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 115MG ER	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 135MG ER	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 45MG ER	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 50MG	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 55MG ER	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 65MG ER	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 75MG	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 80MG ER	Antibacterials		x		G	N/A	
MINOCYCLINE TAB 90MG ER	Antibacterials		x		G	N/A	
MINOLIRA TAB 105MG	Antibacterials		x		4	N/A	
MINOLIRA TAB 135MG	Antibacterials		x		4	N/A	
MIRAPEX TAB 0.125MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX TAB 0.25MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX TAB 0.5MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX TAB 0.75MG	Antiparkinson Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
MIRAPEX TAB 1.5MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX TAB 1MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX ER TAB 0.375MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX ER TAB 0.75MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX ER TAB 1.5MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX ER TAB 2.25MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX ER TAB 3.75MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX ER TAB 3MG	Antiparkinson Agents		x		4	N/A	
MIRAPEX ER TAB 4.5MG	Antiparkinson Agents		x		4	N/A	
MIRCETTE TAB 28 DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
MITIGARE CAP 0.6MG	Antigout Agents		x		4	N/A	
MITOSOL KIT 0.2MG	Ophthalmic Agents		x		4	N/A	
MM LANCING MIS DEVICE	Devices/Supplies			x	4	3	
M-M-R II INJ	Immunological Agents	x			N/A	3	
M-NATAL PLUS TAB	Vitamin/Supplement		x		4	N/A	
MOBIC TAB 15MG	Analgesics		x		4	N/A	
MOBIC TAB 7.5MG	Analgesics		x		4	N/A	
MOMETASONE OIN 0.1%	Dermatological Agents				G	1	QL
MOMETASONE SPR 50MCG	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
MONDOXYNE NL CAP 75MG	Antibacterials		x		G	N/A	
MONOJECT S/P MIS 20ML/LL	Devices/Supplies	x			N/A	3	
MONOJECT S/P MIS 20ML/LT	Devices/Supplies	x			N/A	3	
MONOJECT S/P MIS 35/CATH	Devices/Supplies	x			N/A	3	
MONOJECT S/P MIS 35ML/LL	Devices/Supplies	x			N/A	3	
MONOJECT S/P MIS 35ML/REG	Devices/Supplies	x			N/A	3	
MONOJECT S/P MIS 60ML/LL	Devices/Supplies	x			N/A	3	
MONOJECT S/P MIS 60ML/REG	Devices/Supplies	x			N/A	3	
MONTELUKAST GRA 4MG	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
MONUROL PAK GRANULES	Antibacterials		x		4	N/A	
MORPHABOND TAB 100MG ER	Analgesics		x		4	N/A	
MORPHABOND TAB 15MG ER	Analgesics		x		4	N/A	
MORPHABOND TAB 30MG ER	Analgesics		x		4	N/A	
MORPHABOND TAB 60MG ER	Analgesics		x		4	N/A	
MORPHINE SUL CAP 120MG ER	Analgesics		x		4	N/A	
MORPHINE SUL CAP 30MG ER	Analgesics		x		4	N/A	
MORPHINE SUL CAP 40MG ER	Analgesics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
MORPHINE SUL CAP 45MG ER	Analgesics		x		4	N/A	
MORPHINE SUL CAP 60MG ER	Analgesics		x		4	N/A	
MORPHINE SUL CAP 75MG ER	Analgesics		x		4	N/A	
MORPHINE SUL CAP 90MG ER	Analgesics		x		4	N/A	
MORPHINE SUL TAB 15MG	Analgesics			x	4	3	
MORPHINE SUL TAB 30MG	Analgesics			x	4	3	
MOTEGRITY TAB 1MG	Gastrointestinal Agents		x		4	N/A	
MOTEGRITY TAB 2MG	Gastrointestinal Agents		x		4	N/A	
MOVIPREP SOL	Gastrointestinal Agents		x		4	N/A	
MOXEZA SOL 0.5%	Ophthalmic Agents		x		4	N/A	
MOXIFLOXACIN SOL 0.5%	Ophthalmic Agents		x		G	N/A	
MS CONTIN TAB 100MG ER	Analgesics		x		4	N/A	
MS CONTIN TAB 15MG ER	Analgesics		x		4	N/A	
MS CONTIN TAB 200MG ER	Analgesics		x		4	N/A	
MS CONTIN TAB 30MG ER	Analgesics		x		4	N/A	
MS CONTIN TAB 60MG ER	Analgesics		x		4	N/A	
MULIT-DRAW MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
MULPLETA TAB 3MG	Blood Products and Modifiers			x	4	3	
MULTI-DRAW MIS 20GX1"	Devices/Supplies	x			N/A	3	
MULTI-DRAW MIS 20GX1.5	Devices/Supplies	x			N/A	3	
MULTI-DRAW MIS 21GX1"	Devices/Supplies	x			N/A	3	
MULTI-DRAW MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
MULTI-DRAW MIS 22GX1"	Devices/Supplies	x			N/A	3	
MULTI-LANCET KIT DEVICE	Devices/Supplies			x	4	3	
MULTI-LANCET MIS DEVICE	Devices/Supplies			x	4	3	
MUPIROCIN CRE 2%	Dermatological Agents		x		G	N/A	
MYAMBUTOL TAB 400MG	Antimycobacterials		x		4	N/A	
MYCOBUTIN CAP 150MG	Antimycobacterials		x		4	N/A	
MYDAYIS CAP 12.5MG	Central Nervous System Agents		x		4	N/A	
MYDAYIS CAP 25MG	Central Nervous System Agents		x		4	N/A	
MYDAYIS CAP 37.5MG	Central Nervous System Agents		x		4	N/A	
MYDAYIS CAP 50MG	Central Nervous System Agents		x		4	N/A	
MYFEMBREE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
MYGLUCOHEALT TES BLD GLUC	Devices/Supplies		x		4	N/A	
MYNATAL CAP	Vitamin/Supplement		x		4	N/A	
MYNATAL TAB	Vitamin/Supplement		x		4	N/A	
MYNATAL TAB ADVANCE	Vitamin/Supplement		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
MYNATAL PLUS TAB	Vitamin/Supplement		x		4	N/A	
MYNATAL-Z TAB	Vitamin/Supplement		x		4	N/A	
MYNATE 90 TAB PLUS	Vitamin/Supplement		x		4	N/A	
MYRBETRIQ TAB 25MG	Genitourinary Agents			x	4	3	
MYRBETRIQ TAB 50MG	Genitourinary Agents			x	4	3	
MYXREDLIN SOL 1UNIT/ML	Blood Glucose Regulators		x		4	N/A	
NABUMETONE TAB 750MG	Analgesics			x	1	2	
NAFTIFINE CRE HCL 1%	Antifungals		x		4	N/A	
NAFTIFINE CRE HCL 2%	Antifungals		x		G	N/A	
NAFTIFINE GEL 1%	Antifungals		x		G	N/A	
NAFTIN CRE 2%	Antifungals		x		4	N/A	
NAFTIN GEL 1%	Antifungals		x		4	N/A	
NAFTIN GEL 2%	Antifungals		x		4	N/A	
NALFON CAP 400MG	Analgesics		x		4	N/A	
NALFON TAB 600MG	Analgesics		x		4	N/A	
NALOCET TAB 2.5-300	Analgesics		x		4	N/A	
NALOXONE INJ 1MG/ML	Anti-Addiction/ Substance Abuse Treatment Agents	x			N/A	2	
NALOXONE INJ 2MG/2ML	Anti-Addiction/ Substance Abuse Treatment Agents	x			N/A	2	
NAMENDA TAB 10MG	Antidementia Agents		x		4	N/A	
NAMENDA TAB 5-10MG	Antidementia Agents		x		4	N/A	
NAMENDA TAB 5MG	Antidementia Agents		x		4	N/A	
NAMENDA XR CAP 14MG	Antidementia Agents		x		4	N/A	
NAMENDA XR CAP 21MG	Antidementia Agents		x		4	N/A	
NAMENDA XR CAP 28MG	Antidementia Agents		x		4	N/A	
NAMENDA XR CAP 7MG	Antidementia Agents		x		4	N/A	
NAMENDA XR CAP TITRATIO	Antidementia Agents		x		4	N/A	
NAMZARIC CAP	Antidementia Agents		x		4	N/A	
NAMZARIC CAP 14-10MG	Antidementia Agents		x		4	N/A	
NAMZARIC CAP 21-10MG	Antidementia Agents		x		4	N/A	
NAMZARIC CAP 28-10MG	Antidementia Agents		x		4	N/A	
NAMZARIC CAP 7-10MG	Antidementia Agents		x		4	N/A	
NAPRELAN TAB 375MG CR	Analgesics		x		4	N/A	
NAPRELAN TAB 500MG CR	Analgesics		x		4	N/A	
NAPRELAN TAB 750MG CR	Analgesics		x		4	N/A	
NAPROSYN SUS 125/5ML	Analgesics		x		4	N/A	
NAPROSYN TAB 500MG	Analgesics		x		4	N/A	
NAPROXEN SUS 125/5ML	Analgesics		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
NAPROXEN DR TAB 375MG	Analgesics		x		G	N/A	
NAPROXEN DR TAB 500MG	Analgesics		x		G	N/A	
NAPROXEN SOD TAB 375MG CR	Analgesics		x		G	N/A	
NAPROXEN SOD TAB 500MG CR	Analgesics		x		G	N/A	
NAPROXEN SOD TAB 750MG ER	Analgesics		x		4	N/A	
NAPROX-ESOM TAB 375-20MG	Analgesics		x		G	N/A	
NAPROX-ESOM TAB 500-20MG	Analgesics		x		G	N/A	
NARDIL TAB 15MG	Antidepressants		x		4	N/A	
NASCOBAL SPR 500MCG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
NASONEX SPR 50MCG/AC	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
NATACHEW CHW	Vitamin/Supplement		x		4	N/A	
NATALVIT TAB 75-1MG	Vitamin/Supplement		x		4	N/A	
NATELLE ONE CAP	Vitamin/Supplement		x		4	N/A	
NATESTO GEL 5.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
NEBUPENT INH 300MG	Antiparasitics		x		4	N/A	
NEEDLES MIS 18GX1"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 19GX1"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 19GX1.5"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 20GX1"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 21GX1"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 22GX1"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 22GX3/4"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 23GX1"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 23GX1.5"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 23GX5/8"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 25GX1"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 26X1/2"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 27GX1"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 27GX1/2"	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
NEEDLES MIS 28GX1/2"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 29GX1/2"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 30GX1/2"	Devices/Supplies	x			N/A	3	
NEEDLES MIS 30GX5/16	Devices/Supplies	x			N/A	3	
NEEDLES MIS 31GX5/16	Devices/Supplies	x			N/A	3	
NEEVO DHA CAP 27-1.13	Vitamin/Supplement		x		4	N/A	
NEFAZODONE TAB 100MG	Antidepressants		x		4	N/A	
NEFAZODONE TAB 150MG	Antidepressants		x		4	N/A	
NEFAZODONE TAB 200MG	Antidepressants		x		4	N/A	
NEFAZODONE TAB 250MG	Antidepressants		x		4	N/A	
NEFAZODONE TAB 50MG	Antidepressants		x		4	N/A	
NEO/POLY/HC SUS OP	Ophthalmic Agents		x		4	N/A	
NEONATAL TAB COMPLETE	Vitamin/Supplement		x		4	N/A	
NEONATAL TAB COMPLTE	Vitamin/Supplement		x		4	N/A	
NEONATAL 19 TAB	Vitamin/Supplement		x		4	N/A	
NEONATAL FE TAB	Vitamin/Supplement		x		4	N/A	
NEONATAL PLS TAB 27-1MG	Vitamin/Supplement		x		4	N/A	
NEONATAL/DHA MIS	Vitamin/Supplement		x		4	N/A	
NEO-SYNALAR CRE	Dermatological Agents		x		4	N/A	
NESINA TAB 12.5MG	Blood Glucose Regulators		x		4	N/A	
NESINA TAB 25MG	Blood Glucose Regulators		x		4	N/A	
NESINA TAB 6.25MG	Blood Glucose Regulators		x		4	N/A	
NESTABS TAB	Vitamin/Supplement		x		4	N/A	
NESTABS DHA PAK	Vitamin/Supplement		x		4	N/A	
NESTABS ONE CAP	Vitamin/Supplement		x		4	N/A	
NEURONTIN CAP 100MG	Anticonvulsants		x		4	N/A	
NEURONTIN CAP 300MG	Anticonvulsants		x		4	N/A	
NEURONTIN CAP 400MG	Anticonvulsants		x		4	N/A	
NEURONTIN SOL 250/5ML	Anticonvulsants		x		4	N/A	
NEURONTIN TAB 600MG	Anticonvulsants		x		4	N/A	
NEURONTIN TAB 800MG	Anticonvulsants		x		4	N/A	
NEUTEK 2TEK TES STRIPS	Devices/Supplies		x		4	N/A	
NEVANAC SUS 0.1%	Ophthalmic Agents		x		4	N/A	
NEVIRAPINE SUS 50MG/5ML	Antivirals			x	2	1	
NEXA PLUS CAP	Vitamin/Supplement		x		4	N/A	
NEXIUM CAP 20MG	Gastrointestinal Agents		x		4	N/A	
NEXIUM CAP 40MG	Gastrointestinal Agents		x		4	N/A	
NEXIUM GRA 10MG DR	Gastrointestinal Agents		x		4	N/A	PA
NEXIUM GRA 2.5MG DR	Gastrointestinal Agents				3	3	PA

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
NEXIUM GRA 20MG DR	Gastrointestinal Agents		x		4	N/A	PA
NEXIUM GRA 40MG DR	Gastrointestinal Agents		x		4	N/A	PA
NEXIUM GRA 5MG DR	Gastrointestinal Agents				3	3	PA
NEXTSTELLIS TAB 3-14.2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
NIACIN TAB 500MG	Cardiovascular Agents		x		4	N/A	PA, QL
NIACOR TAB 500MG	Cardiovascular Agents		x		4	N/A	PA, QL
NIASPAN TAB 1000 ER	Cardiovascular Agents		x		4	N/A	
NIASPAN TAB 500MG ER	Cardiovascular Agents		x		4	N/A	
NIASPAN TAB 750MG ER	Cardiovascular Agents		x		4	N/A	
NICOTINE SYS KIT TRANSDER	Anti-Addiction/ Substance Abuse Treatment Agents			x	4	3	
NIFEDIPINE TAB 60MG ER	Cardiovascular Agents			x	1	2	
NILANDRON TAB 150MG	Antineoplastics		x		4	N/A	
NINLARO CAP 2.3MG	Antineoplastics			x	4	3	
NINLARO CAP 3MG	Antineoplastics			x	4	3	
NINLARO CAP 4MG	Antineoplastics			x	4	3	
NISOLDIPINE TAB 17MG ER	Cardiovascular Agents		x		G	N/A	
NISOLDIPINE TAB 34MG ER	Cardiovascular Agents		x		G	N/A	
NISOLDIPINE TAB 8.5MG ER	Cardiovascular Agents		x		G	N/A	
NITRO-DUR DIS 0.1MG/HR	Cardiovascular Agents		x		4	N/A	
NITRO-DUR DIS 0.2MG/HR	Cardiovascular Agents		x		4	N/A	
NITRO-DUR DIS 0.4MG/HR	Cardiovascular Agents		x		4	N/A	
NITRO-DUR DIS 0.6MG/HR	Cardiovascular Agents		x		4	N/A	
NITROFURANTN CAP 100MG	Antibacterials			x	1	2	
NITROGLYCER DIS 0.2MG/HR	Cardiovascular Agents			x	1	2	
NITROGLYCERN SUB 0.4MG	Cardiovascular Agents			x	2	1	
NITROLINGUAL SPR PUMPSRA	Cardiovascular Agents		x		4	N/A	
NITROSTAT SUB 0.3MG	Cardiovascular Agents		x		4	N/A	
NITROSTAT SUB 0.4MG	Cardiovascular Agents		x		4	N/A	
NITROSTAT SUB 0.6MG	Cardiovascular Agents		x		4	N/A	
NIVA-PLUS TAB	Vitamin/Supplement		x		4	N/A	
NIVESTYM INJ 300MCG	Blood Products and Modifiers	x			N/A	3	
NIVESTYM INJ 480MCG	Blood Products and Modifiers	x			N/A	3	
NIZATIDINE CAP 150MG	Gastrointestinal Agents		x		4	N/A	
NIZATIDINE CAP 300MG	Gastrointestinal Agents		x		4	N/A	
NIZATIDINE SOL 15MG/ML	Gastrointestinal Agents		x		4	N/A	
NIZORAL SHA 2%	Antifungals		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
NO CODING TES BLD GLUC	Devices/Supplies		x		4	N/A	
NOC DURNA SUB 27.7MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
NOC DURNA SUB 55.3MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
NOLIX CRE 0.05%	Dermatological Agents		x		G	N/A	
NOLIX LOT 0.05%	Dermatological Agents		x		G	N/A	PA
NORCO TAB 10-325MG	Analgesics		x		4	N/A	
NORCO TAB 5-325MG	Analgesics		x		4	N/A	
NORCO TAB 7.5-325	Analgesics		x		4	N/A	
NORE/ETH/FER CAP 1/20	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		G	N/A	
NORITATE CRE 1%	Dermatological Agents		x		4	N/A	
NORM-JECT MIS LUER LOC	Devices/Supplies	x		x	N/A	3	
NORM-JECT MIS LUER LOK	Devices/Supplies	x		x	N/A	3	
NORPRAMIN TAB 10MG	Antidepressants		x		4	N/A	
NORPRAMIN TAB 25MG	Antidepressants		x		4	N/A	
NORTHERA CAP 100MG	Cardiovascular Agents		x		4	N/A	
NORTHERA CAP 200MG	Cardiovascular Agents		x		4	N/A	
NORTHERA CAP 300MG	Cardiovascular Agents		x		4	N/A	
NORVASC TAB 10MG	Cardiovascular Agents		x		4	N/A	
NORVASC TAB 2.5MG	Cardiovascular Agents		x		4	N/A	
NORVASC TAB 5MG	Cardiovascular Agents		x		4	N/A	
NORVIR POW 100MG	Antivirals			x	3	4	
NORVIR TAB 100MG	Antivirals		x		4	N/A	
NOURIANZ TAB 20MG	Antiparkinson Agents		x		4	N/A	
NOURIANZ TAB 40MG	Antiparkinson Agents		x		4	N/A	
NOVA MAX TES GLUCOSE	Devices/Supplies		x		4	N/A	
NOVA SUREFLX MIS LANC DEV	Devices/Supplies			x	4	3	
NOVAFERRUM DRO 15MG/ML	Electrolytes/Minerals/ Metals/ Vitamins			x	4	3	
NOVAREL INJ 10000UNT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			x	4	3	
NOVAREL INJ 5000UNIT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			x	4	3	
NOVOPEN ECHO MIS	Devices/Supplies			x	4	3	
NOXAFIL TAB 100MG	Antifungals		x		4	N/A	
NUCYNTA TAB 100MG	Analgesics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
NUCYNTA TAB 50MG	Analgesics		x		4	N/A	
NUCYNTA TAB 75MG	Analgesics		x		4	N/A	
NUCYNTA ER TAB 100MG	Analgesics		x		4	N/A	
NUCYNTA ER TAB 150MG	Analgesics		x		4	N/A	
NUCYNTA ER TAB 200MG	Analgesics		x		4	N/A	
NUCYNTA ER TAB 250MG	Analgesics		x		4	N/A	
NUCYNTA ER TAB 50MG	Analgesics		x		4	N/A	
NULIBRY INJ 9.5MG	Metabolic Bone Disease Agents	x			N/A	4	
NULYTELY SOL FLAV PKS	Gastrointestinal Agents		x		4	N/A	
NULYTELY SOL LMN/LIME	Gastrointestinal Agents		x		4	N/A	
NUPLAZID CAP 34MG	Antipsychotics		x		4	N/A	
NUPLAZID TAB 10MG	Antipsychotics		x		4	N/A	
NUTROPIN AQ INJ 10MG/2ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
NUTROPIN AQ INJ 20MG/2ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
NUTROPIN AQ INJ NUSPIN 5	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
NUVIGIL TAB 150MG	Sleep Disorder Agents		x		4	N/A	
NUVIGIL TAB 200MG	Sleep Disorder Agents		x		4	N/A	
NUVIGIL TAB 250MG	Sleep Disorder Agents		x		4	N/A	
NUVIGIL TAB 50MG	Sleep Disorder Agents		x		4	N/A	
NYSTAT/TRIAM CRE	Dermatological Agents		x		G	N/A	
NYSTAT/TRIAM OIN	Dermatological Agents		x		G	N/A	
OB COMPLETE CAP ONE	Vitamin/Supplement		x		4	N/A	
OB COMPLETE CAP PETITE	Vitamin/Supplement		x		4	N/A	
OB COMPLETE TAB	Vitamin/Supplement		x		4	N/A	
OB COMPLETE TAB PREMIER	Vitamin/Supplement		x		4	N/A	
OB COMPLETE/ CAP DHA	Vitamin/Supplement		x		4	N/A	
OBSTETRIX PAK DHA	Vitamin/Supplement		x		4	N/A	
OBSTETRIX EC TAB	Vitamin/Supplement		x		4	N/A	
OBSTETRIX ONE CAP 38-1-225	Vitamin/Supplement		x		4	N/A	
O-CAL TAB PRENATAL	Vitamin/Supplement		x		4	N/A	
O-CAL FA TAB	Vitamin/Supplement		x		4	N/A	
OCTREOTIDE INJ 1000MCG	Hormonal Agents, Suppressant (Pituitary)		x		4	N/A	
OCTREOTIDE INJ 200MCG	Hormonal Agents, Suppressant (Pituitary)		x		4	N/A	
OCUFLOX DRO 0.3% OP	Ophthalmic Agents		x		4	N/A	
ODOMZO CAP 200MG	Antineoplastics			x	4	3	
OFLOXACIN DRO 0.3% OP	Ophthalmic Agents			x	2	1	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
OFLOXACIN TAB 300MG	Antibacterials			x	4	3	
OGESTREL TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			x	4	3	
OKEBO CAP 75MG	Antibacterials		x		G	N/A	
OLANZA/FLUOX CAP 12-25MG	Bipolar Agents		x		G	N/A	
OLANZA/FLUOX CAP 12-50MG	Bipolar Agents		x		G	N/A	
OLANZA/FLUOX CAP 3-25MG	Bipolar Agents		x		G	N/A	
OLANZA/FLUOX CAP 6-25MG	Bipolar Agents		x		G	N/A	
OLANZA/FLUOX CAP 6-50MG	Bipolar Agents		x		G	N/A	
OLOPATADINE DRO 0.1%	Ophthalmic Agents		x		G	N/A	
OLOPATADINE SOL 0.2%	Ophthalmic Agents		x		G	N/A	
OLOPATADINE SPR 0.6%	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
OLUMIANT TAB 1MG	Immunological Agents		x		4	N/A	
OLUMIANT TAB 2MG	Immunological Agents		x		4	N/A	
OLUX AER 0.05%	Dermatological Agents		x		4	N/A	QL
OLUX-E AER 0.05%	Dermatological Agents		x		4	N/A	
OMECLAMOX- MIS PAK	Gastrointestinal Agents		x		4	N/A	
OMEGA-3-ACID CAP 1GM	Cardiovascular Agents		x		G	N/A	
OMEPPi CAP 20-1100	Gastrointestinal Agents		x		G	N/A	
OMEPPi CAP 40-1100	Gastrointestinal Agents		x		G	N/A	
OMEPPRA/BICAR CAP 20-1100	Gastrointestinal Agents		x		G	N/A	
OMEPPRA/BICAR CAP 40-1100	Gastrointestinal Agents		x		G	N/A	
OMEPPRA/BICAR POW 20-1680	Gastrointestinal Agents		x		G	N/A	
OMEPPRA/BICAR POW 40-1680	Gastrointestinal Agents		x		G	N/A	
OMNARIS SPR	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
OMNIFLEX DPR	Contraceptives- Non-Hormonal			x	4	3	
OMNITROPE INJ 10/1.5ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
OMNITROPE INJ 5.8MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
OMNITROPE INJ 5/1.5ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
ON CALL TES EXPRESS	Devices/Supplies		x		4	N/A	
ON CALL LANC MIS DEVICE	Devices/Supplies			x	4	3	
ON CALL PLUS MIS LANC DEV	Devices/Supplies			x	4	3	
ON CALL PLUS TES BLD GLUC	Devices/Supplies		x		4	N/A	
ON CALL VIVD TES BLD GLUC	Devices/Supplies		x		4	N/A	
ONE DROP TES BLD GLUC	Devices/Supplies		x		4	N/A	
ONE VITE TAB 1MG PLUS	Vitamin/Supplement		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ONETOUCH MIS LANC DEV	Devices/Supplies			x	4	3	
ONETOUCH TES ULTRA	Devices/Supplies		x		4	N/A	
ONETOUCH TES ULTRA BL	Devices/Supplies		x		4	N/A	
ONETOUCH TES VERIO	Devices/Supplies		x		4	N/A	
ONETOUCH DEL MIS LANC DEV	Devices/Supplies			x	4	3	
ONEXTON GEL 1.2-3.75	Dermatological Agents		x		4	N/A	
ONFI SUS 2.5MG/ML	Anticonvulsants		x		4	N/A	
ONFI TAB 10MG	Anticonvulsants		x		4	N/A	
ONFI TAB 20MG	Anticonvulsants		x		4	N/A	
ONGENTYS CAP 25MG	Antiparkinson Agents		x		4	N/A	
ONGENTYS CAP 50MG	Antiparkinson Agents		x		4	N/A	
ONGLYZA TAB 2.5MG	Blood Glucose Regulators		x		4	N/A	
ONGLYZA TAB 5MG	Blood Glucose Regulators		x		4	N/A	
ONZETRA XSAI MIS 11MG	Antimigraine Agents		x		4	N/A	
OPANA TAB 10MG	Analgesics		x		4	N/A	
OPANA TAB 5MG	Analgesics		x		4	N/A	
OPTICHAMBER MIS ADV LRG	Devices/Supplies	x			N/A	3	
OPTICHAMBER MIS ADV MED	Devices/Supplies	x			N/A	3	
OPTICHAMBER MIS ADV SM	Devices/Supplies	x			N/A	3	
OPTICHAMBER MIS DIA LG	Devices/Supplies	x			N/A	3	
OPTICHAMBER MIS DIA MD	Devices/Supplies	x			N/A	3	
OPTICHAMBER MIS DIA SM	Devices/Supplies	x			N/A	3	
OPTICHAMBER MIS DIAMOND	Devices/Supplies	x			N/A	3	
OPTICHAMBER MIS FACE MAS	Devices/Supplies	x			N/A	3	
OPTICHAMBER MISADV LRG	Devices/Supplies	x			N/A	3	
OPTICHAMBER MISADV MED	Devices/Supplies	x			N/A	3	
OPTICHAMBER MISADV SM	Devices/Supplies	x			N/A	3	
OPTICHAMBER MISADVANTAG	Devices/Supplies	x			N/A	3	
OPTICHAMBER MISFACE MAS	Devices/Supplies	x			N/A	3	
OPTIHALER MIS	Devices/Supplies	x			N/A	3	
OPTIUM TES	Devices/Supplies		x		4	N/A	
OPTIUMEZ TES	Devices/Supplies		x		4	N/A	
OPTUMRX TES BLD GLUC	Devices/Supplies		x		4	N/A	
ORACEA CAP 40MG	Dermatological Agents		x		4	N/A	
ORAPRED ODT TAB 10MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ORAPRED ODT TAB 15MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
ORAPRED ODT TAB 30MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
ORENCIA INJ 125MG/ML	Immunological Agents		x		4	N/A	
ORENCIA INJ 50/0.4ML	Immunological Agents		x		4	N/A	
ORENCIA INJ 87.5/0.7	Immunological Agents		x		4	N/A	
ORENCIA CLCK INJ 125MG/ML	Immunological Agents		x		4	N/A	
ORFADIN CAP 10MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
ORFADIN CAP 2MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
ORFADIN CAP 5MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
ORGOVYX TAB 120MG	Hormonal Agents, Suppressant (Pituitary)				4	4	PA, QL
ORLADEYO CAP 110MG	Immunological Agents		x		4	N/A	
ORLADEYO CAP 150MG	Immunological Agents		x		4	N/A	
ORPHENADRINE TAB 100MG ER	Skeletal Muscle Relaxants			x	1	2	
ORTHO MICRON TAB 0.35MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ORTHO TRI- TAB CYCLN LO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ORTHO-NOVUM TAB 1/35	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ORTHO-NOVUM TAB 7/7/7	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
ORTIKOS CAP 6MG ER	Inflammatory Bowel Disease Agents		x		4	N/A	
ORTIKOS CAP 9MG ER	Inflammatory Bowel Disease Agents		x		4	N/A	
OSENI TAB 12.5-15	Blood Glucose Regulators		x		4	N/A	
OSENI TAB 12.5-30	Blood Glucose Regulators		x		4	N/A	
OSENI TAB 12.5-45	Blood Glucose Regulators		x		4	N/A	
OSENI TAB 25-15MG	Blood Glucose Regulators		x		4	N/A	
OSENI TAB 25-30MG	Blood Glucose Regulators		x		4	N/A	
OSENI TAB 25-45MG	Blood Glucose Regulators		x		4	N/A	
OSGOOD BIOPS MIS	Devices/Supplies	x			N/A	3	
OSGOOD BIOPS MIS 18GX1"	Devices/Supplies	x			N/A	3	
OSMOLEX ER TAB	Antiparkinson Agents		x		4	N/A	
OSMOLEX ER TAB 129MG	Antiparkinson Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
OSMOLEX ER TAB 193MG	Antiparkinson Agents		x		4	N/A	
OSMOLEX ER TAB 258MG	Antiparkinson Agents		x		4	N/A	
OSMOPREP TAB 1.5GM	Gastrointestinal Agents		x		4	N/A	
OSPHENA TAB 60MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
OTOVEL DRO	Otic Agents		x		4	N/A	
OTREXUP INJ 10MG	Immunological Agents			x	4	3	
OTREXUP INJ 12.5/0.4	Immunological Agents			x	4	3	
OTREXUP INJ 15MG	Immunological Agents			x	4	3	
OTREXUP INJ 17.5/0.4	Immunological Agents			x	4	3	
OTREXUP INJ 20MG	Immunological Agents			x	4	3	
OTREXUP INJ 22.5/0.4	Immunological Agents			x	4	3	
OTREXUP INJ 25MG	Immunological Agents			x	4	3	
OVIDE LOT 0.5%	Dermatological Agents		x		4	N/A	
OVIDREL INJ	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
OXAYDO TAB 5MG	Analgesics		x		4	N/A	
OXAYDO TAB 7.5MG	Analgesics		x		4	N/A	
OXICONAZOLE CRE NITRATE	Antifungals		x		G	N/A	
OXISTAT CRE 1%	Antifungals		x		4	N/A	
OXISTAT LOT 1%	Antifungals		x		4	N/A	
OXSORALEN-UL CAP 10MG	Dermatological Agents		x		4	N/A	
OXTELLAR XR TAB 150MG	Anticonvulsants		x		4	N/A	
OXTELLAR XR TAB 300MG	Anticonvulsants		x		4	N/A	
OXTELLAR XR TAB 600MG	Anticonvulsants		x		4	N/A	
OXYCOD/ACETA SOL 10/300MG	Analgesics		x		4	N/A	PA, QL
OXYCOD/APAP TAB 10-300MG	Analgesics		x		4	N/A	
OXYCOD/APAP TAB 5-300MG	Analgesics		x		4	N/A	
OXYCOD-APAP TAB 2.5-300	Analgesics		x		4	N/A	
OXYCODONE TAB 10MG ER	Analgesics		x		4	N/A	
OXYCODONE TAB 15MG ER	Analgesics		x		4	N/A	
OXYCODONE TAB 20MG ER	Analgesics		x		4	N/A	
OXYCODONE TAB 30MG ER	Analgesics		x		4	N/A	
OXYCODONE TAB 40MG ER	Analgesics		x		4	N/A	
OXYCODONE TAB 60MG ER	Analgesics		x		4	N/A	
OXYCODONE TAB 80MG ER	Analgesics		x		4	N/A	
OXYCONTIN TAB 10MG CR	Analgesics		x		4	N/A	
OXYCONTIN TAB 15MG CR	Analgesics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
OXYCONTIN TAB 20MG CR	Analgesics		x		4	N/A	
OXYCONTIN TAB 30MG CR	Analgesics		x		4	N/A	
OXYCONTIN TAB 40MG CR	Analgesics		x		4	N/A	
OXYCONTIN TAB 60MG CR	Analgesics		x		4	N/A	
OXYCONTIN TAB 80MG CR	Analgesics		x		4	N/A	
OXYTROL DIS 3.9MG/24	Genitourinary Agents		x		4	N/A	
OZOBAX SOL 5MG/5ML	Antispasticity Agents		x		4	N/A	
PAMELOR CAP 10MG	Antidepressants		x		4	N/A	
PAMELOR CAP 25MG	Antidepressants		x		4	N/A	
PAMELOR CAP 50MG	Antidepressants		x		4	N/A	
PAMELOR CAP 75MG	Antidepressants		x		4	N/A	
PANCREAZE CAP 10500UNT	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PANCREAZE CAP 16800UNT	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PANCREAZE CAP 21000UNT	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PANCREAZE CAP 2600UNIT	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PANCREAZE CAP 37000	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PANCREAZE CAP 4200UNIT	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PANDA MASK MIS LARGE	Devices/Supplies	x			N/A	3	
PANDA MASK MIS MEDIUM	Devices/Supplies	x			N/A	3	
PANDA MASK MIS PEDIATRI	Devices/Supplies	x			N/A	3	
PANDA MASK MIS SMALL	Devices/Supplies	x			N/A	3	
PANDEL CRE 0.1%	Dermatological Agents		x		4	N/A	
PANRETIN GEL 0.1%	Antineoplastics		x		4	N/A	
PANTOPRAZOLE PAK 40MG	Gastrointestinal Agents		x		G	N/A	
PARLODEL CAP 5MG	Antiparkinson Agents		x		4	N/A	
PARLODEL TAB 2.5MG	Antiparkinson Agents		x		4	N/A	
PARNATE TAB 10MG	Antidepressants		x		4	N/A	
PAROXETIN ER TAB 12.5MG	Antidepressants		x		G	N/A	
PAROXETIN ER TAB 37.5MG	Antidepressants		x		G	N/A	
PAROXETINE CAP 7.5MG	Central Nervous System Agents		x		G	N/A	
PAROXETINE TAB 25MG ER	Antidepressants		x		G	N/A	
PATADAY SOL 0.2%	Ophthalmic Agents		x		4	N/A	
PATANASE SPR 0.6%	Respiratory Tract/ Pulmonary Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
PATANOL SOL 0.1% OP	Ophthalmic Agents		x		4	N/A	
PATIENT SAFE MIS SYR 10ML	Devices/Supplies	x			N/A	3	
PATIENT SAFE MIS SYR 20ML	Devices/Supplies	x			N/A	3	
PATIENT SAFE MIS SYR 30ML	Devices/Supplies	x			N/A	3	
PATIENT SAFE MIS SYR 60ML	Devices/Supplies	x			N/A	3	
PATIENT SAFE MIS SYRG 3ML	Devices/Supplies	x			N/A	3	
PATIENT SAFE MIS SYRG 5ML	Devices/Supplies	x			N/A	3	
PAXIL SUS 10MG/5ML	Antidepressants		x		4	N/A	
PAXIL TAB 10MG	Antidepressants		x		4	N/A	
PAXIL TAB 20MG	Antidepressants		x		4	N/A	
PAXIL TAB 30MG	Antidepressants		x		4	N/A	
PAXIL TAB 40MG	Antidepressants		x		4	N/A	
PAXIL CR TAB 12.5MG	Antidepressants		x		4	N/A	
PAXIL CR TAB 25MG	Antidepressants		x		4	N/A	
PAXIL CR TAB 37.5MG	Antidepressants		x		4	N/A	
PAZEO DRO 0.7%	Ophthalmic Agents		x		4	N/A	
PEDIAPRED SOL 5MG/5ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
PEDIARIX INJ 0.5ML	Immunological Agents			x	4	3	
PEDVAX HIB INJ	Immunological Agents	x			N/A	3	
PEG/NASUL/C/ SOL NACL/POT	Gastrointestinal Agents		x		G	N/A	
PEG-PREP KIT	Gastrointestinal Agents			x	4	2	
PENICILLAMIN CAP 250MG	Genitourinary Agents		x		G	N/A	
PENLAC SOL 8%	Antifungals		x		4	N/A	
PENLET II KIT BLOOD	Devices/Supplies			x	4	3	
PENLET II MIS REPL CAP	Devices/Supplies			x	4	3	
PENNSAID SOL 2%	Analgesics		x		4	N/A	
PENTACEL INJ	Immunological Agents			x	4	3	
PENTASA CAP 250MG CR	Inflammatory Bowel Disease Agents		x		4	N/A	
PENTASA CAP 500MG CR	Inflammatory Bowel Disease Agents		x		4	N/A	
PENTAZ/NALOX TAB 50-0.5MG	Analgesics		x		G	N/A	
PEPCID TAB 20MG	Gastrointestinal Agents		x		4	N/A	
PEPCID TAB 40MG	Gastrointestinal Agents		x		4	N/A	
PERCOCET TAB 10-325MG	Analgesics		x		4	N/A	
PERCOCET TAB 2.5-325	Analgesics		x		4	N/A	
PERCOCET TAB 5-325MG	Analgesics		x		4	N/A	
PERCOCET TAB 7.5-325	Analgesics		x		4	N/A	
PERFOROMIST NEB 20MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
PERIDEX SOL 0.12%	Dental and Oral Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
PERINDOPRIL TAB 2MG	Cardiovascular Agents			x	1	2	
PERINDOPRIL TAB 4MG	Cardiovascular Agents			x	1	2	
PERTZYE CAP 16000U	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PERTZYE CAP 24000U	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PERTZYE CAP 4000UNIT	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PERTZYE CAP 8000UNIT	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
PEXEVA TAB 10MG	Antidepressants		x		4	N/A	
PEXEVA TAB 20MG	Antidepressants		x		4	N/A	
PEXEVA TAB 30MG	Antidepressants		x		4	N/A	
PEXEVA TAB 40MG	Antidepressants		x		4	N/A	
PHARM SYRNG MIS TRAY 1ML	Devices/Supplies	x			N/A	3	
PHARM TRAY MIS 12ML/LL	Devices/Supplies	x			N/A	3	
PHARM TRAY MIS 1ML/REG	Devices/Supplies	x			N/A	3	
PHARM TRAY MIS 20ML/LL	Devices/Supplies			x	4	3	
PHARM TRAY MIS 35ML/LL	Devices/Supplies	x			N/A	3	
PHARM TRAY MIS 3ML/LL	Devices/Supplies	x			N/A	3	
PHARM TRAY MIS 60ML/LL	Devices/Supplies	x			N/A	3	
PHARM TRAY MIS 6ML	Devices/Supplies			x	4	3	
PHENDIMETRAZ CAP 105MG ER	Central Nervous System Agents		x		4	N/A	
PHENDIMETRAZ TAB 35MG	Central Nervous System Agents		x		G	N/A	
PHEXXI GEL	Contraceptives- Non-Hormonal		x		4	N/A	
PHOSPHOLINE SOL 0.125%OP	Ophthalmic Agents		x		4	N/A	
PHRENILIN CAP FORTE	Analgesics		x		G	N/A	
PICATO GEL 0.015%	Dermatological Agents		x		4	N/A	
PICATO GEL 0.05%	Dermatological Agents		x		4	N/A	
PIFELTRO TAB 100MG	Antivirals		x		4	N/A	
PIMECROLIMUS CRE 1%	Dermatological Agents		x		G	N/A	
PIOGLIT/GLIM TAB 30-2MG	Blood Glucose Regulators		x		G	N/A	
PIOGLIT/GLIM TAB 30-4MG	Blood Glucose Regulators		x		G	N/A	
PIPETTING MIS 10ML	Devices/Supplies	x			N/A	3	
PIPETTING MIS 1ML	Devices/Supplies	x			N/A	3	
PIPETTING MIS 2ML	Devices/Supplies	x			N/A	3	
PIPETTING MIS 5ML	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
PISTON IRRIG MIS 60ML SYR	Devices/Supplies	x			N/A	3	
PLAQUENIL TAB 200MG	Antiparasitics		x		4	N/A	
PLAVIX TAB 75MG	Blood Products and Modifiers		x		4	N/A	
PLENVU SOL	Gastrointestinal Agents		x		4	N/A	
PLIAGLIS CRE 7-7%	Anesthetics		x		4	N/A	
PNEUMOVAX 23 INJ 25/0.5	Immunological Agents			x	4	3	
PNV TABS TAB 29-1MG	Vitamin/Supplement		x		4	N/A	
PNV-DHA CAP	Vitamin/Supplement		x		4	N/A	
PNV-DHA CAP DOCUSATE	Vitamin/Supplement		x		4	N/A	
PNV-OMEGA CAP	Vitamin/Supplement		x		4	N/A	
PNV-SELECT TAB	Vitamin/Supplement		x		4	N/A	
POCKET CHAMB MIS	Devices/Supplies	x			N/A	3	
POCKET SPACE MIS	Devices/Supplies	x			N/A	3	
POCKETCHEM TES EZ	Devices/Supplies		x		4	N/A	
POGO AUTOMAT TES CARTRIDG	Devices/Supplies		x		4	N/A	
POLY HUB MIS 18GX1"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 21GX1"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 22GX1"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 23GX1"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 23GX1.5"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 25GX1"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 27GX1.25	Devices/Supplies	x			N/A	3	
POLY HUB MIS 27GX1/2"	Devices/Supplies	x			N/A	3	
POLY HUB MIS 30GX1/2"	Devices/Supplies	x			N/A	3	
POLYTRIM SOL OP	Ophthalmic Agents		x		4	N/A	
POMALYST CAP 1MG	Antineoplastics			x	4	3	
POMALYST CAP 2MG	Antineoplastics			x	4	3	
POMALYST CAP 3MG	Antineoplastics			x	4	3	
POMALYST CAP 4MG	Antineoplastics			x	4	3	
PONVORY TAB 20MG	Central Nervous System Agents		x		4	N/A	
PONVORY TAB STARTER	Central Nervous System Agents		x		4	N/A	
POT CHLORIDE TAB 20MEQ ER	Electrolytes/Minerals/ Metals/ Vitamins			x	2	1	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
PR NATAL 400 PAK	Vitamin/Supplement		x		4	N/A	
PR NATAL 400 PAK EC	Vitamin/Supplement		x		4	N/A	
PR NATAL 430 PAK	Vitamin/Supplement		x		4	N/A	
PR NATAL 430 PAK EC	Vitamin/Supplement		x		4	N/A	
PRALUENT INJ 150MG/ML	Cardiovascular Agents		x		4	N/A	
PRALUENT INJ 75MG/ML	Cardiovascular Agents		x		4	N/A	
PRAMIPEXOLE TAB 0.375 ER	Antiparkinson Agents		x		G	N/A	
PRAMIPEXOLE TAB 0.75 ER	Antiparkinson Agents		x		G	N/A	
PRAMIPEXOLE TAB 1.5MG ER	Antiparkinson Agents		x		G	N/A	
PRAMIPEXOLE TAB 2.25 ER	Antiparkinson Agents		x		G	N/A	
PRAMIPEXOLE TAB 3.75 ER	Antiparkinson Agents		x		G	N/A	
PRAMIPEXOLE TAB 3MG ER	Antiparkinson Agents		x		G	N/A	
PRAMIPEXOLE TAB 4.5MG ER	Antiparkinson Agents		x		G	N/A	
PRAMOSONE CRE 1-1%	Dermatological Agents		x		4	N/A	
PRAMOSONE LOT 1%	Dermatological Agents		x		4	N/A	
PRAMOSONE LOT 2.5%	Dermatological Agents		x		4	N/A	
PRANDIN TAB 1MG	Blood Glucose Regulators		x		4	N/A	
PRANDIN TAB 2MG	Blood Glucose Regulators		x		4	N/A	
PRAVACHOL TAB 20MG	Cardiovascular Agents		x		4	N/A	
PRAVACHOL TAB 40MG	Cardiovascular Agents		x		4	N/A	
PRAVACHOL TAB 80MG	Cardiovascular Agents		x		4	N/A	
PRECISION TES PCX	Devices/Supplies		x		4	N/A	
PRECISION TES PCX PLUS	Devices/Supplies		x		4	N/A	
PRECISION TES QID	Devices/Supplies		x		4	N/A	
PRECISION TES SOF-TACT	Devices/Supplies		x		4	N/A	
PRECISION TES XTRA	Devices/Supplies		x		4	N/A	
PRECISION PT TES OF CARE	Devices/Supplies		x		4	N/A	
PRECISIONGLI MIS 27GX1.5"	Devices/Supplies	x			N/A	3	
PRECOSE TAB 100MG	Blood Glucose Regulators		x		4	N/A	
PRECOSE TAB 25MG	Blood Glucose Regulators		x		4	N/A	
PRECOSE TAB 50MG	Blood Glucose Regulators		x		4	N/A	
PRED FORTE SUS 1% OP	Ophthalmic Agents		x		4	N/A	
PRED MILD SUS 0.12% OP	Ophthalmic Agents		x		4	N/A	
PRED SOD PHO SOL 1% OP	Ophthalmic Agents			x	3	4	
PREDNISOLONE TAB 10MG ODT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
PREDNISOLONE TAB 15MG ODT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
PREDNISOLONE TAB 30MG ODT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
PREGABALIN CAP 100MG	Anticonvulsants			x	2	1	
PREGABALIN CAP 150MG	Anticonvulsants			x	2	1	
PREGABALIN CAP 200MG	Anticonvulsants			x	2	1	
PREGABALIN CAP 225MG	Anticonvulsants			x	2	1	
PREGABALIN CAP 25MG	Anticonvulsants			x	2	1	
PREGABALIN CAP 300MG	Anticonvulsants			x	2	1	
PREGABALIN CAP 50MG	Anticonvulsants			x	2	1	
PREGABALIN CAP 75MG	Anticonvulsants			x	2	1	
PREGABALN ER TAB 165MG	Anticonvulsants		x		G	N/A	
PREGABALN ER TAB 330MG	Anticonvulsants		x		G	N/A	
PREGABALN ER TAB 82.5MG	Anticonvulsants		x		G	N/A	
PREGEN DHA CAP	Vitamin/Supplement		x		4	N/A	
PREGNYL INJ 10000UNT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			x	4	3	
PREMESISRX TAB	Vitamin/Supplement		x		4	N/A	
PREMIUM BLOO MIS GLUCOSE	Devices/Supplies		x		4	N/A	
PRENA 1 TRUE MIS	Vitamin/Supplement		x		4	N/A	
PRENA1 CHW	Vitamin/Supplement		x		4	N/A	
PRENA1 PEARL CAP	Vitamin/Supplement		x		4	N/A	
PRENAISSANCE CAP	Vitamin/Supplement		x		4	N/A	
PRENAISSANCE CAP PLUS	Vitamin/Supplement		x		4	N/A	
PRENATABS RX TAB	Vitamin/Supplement			x	4	3	
PRENATAL TAB 27-1MG	Vitamin/Supplement		x		4	N/A	
PRENATAL DHA PAK 27-1-250	Vitamin/Supplement		x		4	N/A	
PRENATAL+FE TAB 29-1MG	Vitamin/Supplement			x	4	3	
PRENATAL-U CAP 106.5-1	Vitamin/Supplement			x	4	3	
PRENATE CAP ENHANCE	Vitamin/Supplement		x		4	N/A	
PRENATE CAP ESSENT	Vitamin/Supplement		x		4	N/A	
PRENATE CAP PIXIE	Vitamin/Supplement		x		4	N/A	
PRENATE CAP RESTORE	Vitamin/Supplement		x		4	N/A	
PRENATE CHW 0.6-0.4	Vitamin/Supplement		x		4	N/A	
PRENATE TAB ELITE	Vitamin/Supplement		x		4	N/A	
PRENATE AM TAB 1MG	Vitamin/Supplement		x		4	N/A	
PRENATE DHA CAP	Vitamin/Supplement		x		4	N/A	
PRENATE MINI CAP	Vitamin/Supplement		x		4	N/A	
PRENATVITE TAB COMPLETE	Vitamin/Supplement		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
PRENATVITE TAB PLUS	Vitamin/Supplement		x		4	N/A	
PRENATVITE TAB RX	Vitamin/Supplement		x		4	N/A	
PREPLUS TAB 27-1MG	Vitamin/Supplement		x		4	N/A	
PREPOPIK PAK	Gastrointestinal Agents		x		4	N/A	
PRESTALIA TAB 14-10MG	Cardiovascular Agents		x		4	N/A	
PRESTALIA TAB 3.5-2.5	Cardiovascular Agents		x		4	N/A	
PRESTALIA TAB 7-5MG	Cardiovascular Agents		x		4	N/A	
PRESTIGE TES	Devices/Supplies		x		4	N/A	
PRETAB TAB 29-1MG	Vitamin/Supplement		x		4	N/A	
PREVACID CAP 15MG DR	Gastrointestinal Agents		x		4	N/A	
PREVACID CAP 30MG DR	Gastrointestinal Agents		x		4	N/A	
PREVACID TAB 15MG STB	Gastrointestinal Agents		x		4	N/A	
PREVACID TAB 30MG STB	Gastrointestinal Agents		x		4	N/A	
PREVDNT 5000 PST 1.1%	Dental and Oral Agents		x		4	N/A	
PREVDNT 5000 PST 1.1-5%	Dental and Oral Agents		x		4	N/A	
PREVIDENT CRE 5000 PLS	Dental and Oral Agents		x		4	N/A	
PREVIDENT GEL 1.1%	Dental and Oral Agents		x		4	N/A	
PREVIDENT GEL 1.1% BER	Dental and Oral Agents		x		4	N/A	
PREVIDENT GEL 1.1% MIN	Dental and Oral Agents		x		4	N/A	
PREVIDENT PST 1.1%	Dental and Oral Agents		x		4	N/A	
PREVIDENT SOL 0.2%	Dental and Oral Agents		x		4	N/A	
PREVNAR 13 INJ	Immunological Agents			x	4	3	
PREZCOBIX TAB 800-150	Antivirals			x	4	3	
PRILOSEC POW 10MG	Gastrointestinal Agents		x		4	N/A	
PRILOSEC POW 2.5MG	Gastrointestinal Agents		x		4	N/A	
PRIMACARE CAP	Vitamin/Supplement		x		4	N/A	
PRIMAQUINE TAB 26.3MG	Antiparasitics		x		4	N/A	
PRIMIDONE TAB 250MG	Anticonvulsants			x	1	2	
PRIMLEV TAB 10-300MG	Analgesics		x		4	N/A	
PRIMLEV TAB 5-300MG	Analgesics		x		4	N/A	
PRIMLEV TAB 7.5-300	Analgesics		x		4	N/A	
PRINIVIL TAB 10MG	Cardiovascular Agents		x		4	N/A	
PRINIVIL TAB 20MG	Cardiovascular Agents		x		4	N/A	
PRINIVIL TAB 5MG	Cardiovascular Agents		x		4	N/A	
PRISTIQ TAB 100MG	Antidepressants		x		4	N/A	
PRISTIQ TAB 25MG	Antidepressants		x		4	N/A	
PRISTIQ TAB 50MG	Antidepressants		x		4	N/A	
PRO VOICE TES V8/V9	Devices/Supplies		x		4	N/A	
PROAIR DIGIH AER	Respiratory Tract/ Pulmonary Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
PROAIR HFA AER	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
PROAIR RESPI AER	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
PROCARDIA CAP 10MG	Cardiovascular Agents		x		4	N/A	
PROCARDIA XL TAB 30MG CR	Cardiovascular Agents		x		4	N/A	
PROCARDIA XL TAB 60MG CR	Cardiovascular Agents		x		4	N/A	
PROCARDIA XL TAB 90MG CR	Cardiovascular Agents		x		4	N/A	
PROCARE MIS ADULT	Devices/Supplies	x			N/A	3	
PROCARE MIS CHILD	Devices/Supplies	x			N/A	3	
PROCHLORPER TAB 10MG	Antiemetics			x	1	2	
PROCTOCORT CRE 1%	Inflammatory Bowel Disease Agents		x		4	N/A	
PRODIGY MIS LANC DEV	Devices/Supplies			x	4	3	
PRODIGY NO TES CODING	Devices/Supplies		x		4	N/A	
PROGLYCEM SUS 50MG/ML	Blood Glucose Regulators		x		4	N/A	
PROLATE SOL 10/300MG	Analgesics		x		4	N/A	PA, QL
PROLATE TAB 10-300MG	Analgesics		x		4	N/A	
PROLATE TAB 5-300MG	Analgesics		x		4	N/A	
PROLATE TAB 7.5-300	Analgesics		x		4	N/A	
PROLENSA SOL 0.07%	Ophthalmic Agents		x		4	N/A	
PROMETRIUM CAP 100MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
PROMETRIUM CAP 200MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
PROQUAD INJ	Immunological Agents			x	4	3	
PROSCAR TAB 5MG	Genitourinary Agents		x		4	N/A	
PROTONIX PAK 40MG	Gastrointestinal Agents		x		4	N/A	
PROTONIX TAB 20MG	Gastrointestinal Agents		x		4	N/A	
PROTONIX TAB 40MG	Gastrointestinal Agents		x		4	N/A	
PROTOPIC OIN 0.03%	Dermatological Agents		x		4	N/A	
PROTOPIC OIN 0.1%	Dermatological Agents		x		4	N/A	
PROVENTIL AER HFA	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
PROVERA TAB 10MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
PROVERA TAB 2.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
PROVERA TAB 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
PROVIDA DHA CAP	Vitamin/Supplement		x		4	N/A	
PROVIDA OB CAP	Vitamin/Supplement		x		4	N/A	
PROVIGIL TAB 100MG	Central Nervous System Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
PROVIGIL TAB 200MG	Central Nervous System Agents		x		4	N/A	
PROZAC CAP 10MG	Antidepressants		x		4	N/A	
PROZAC CAP 20MG	Antidepressants		x		4	N/A	
PROZAC CAP 40MG	Antidepressants		x		4	N/A	
PRUDOXIN CRE 5%	Dermatological Agents		x		4	N/A	
PSORCON CRE 0.05%	Dermatological Agents		x		4	N/A	QL
PSS SEL PLAT MIS	Devices/Supplies			x	4	3	
PTS PANELS TES GLUCOSE	Devices/Supplies		x		4	N/A	
PULMICORT INH 180MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
PULMICORT INH 90MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
PULMICORT SUS 0.25MG/2	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
PULMICORT SUS 0.5MG/2	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
PULMICORT SUS 1MG/2ML	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
PYLERA CAP	Gastrointestinal Agents		x		4	N/A	
PYRIDOSTIGMI TAB 30MG	Antimyasthenic Agents		x		4	N/A	
QBREXZA PAD 2.4%	Dermatological Agents		x		4	N/A	
QC LANCING MIS DEVICE	Devices/Supplies			x	4	3	
QDOLO SOL 5MG/ML	Analgesics		x		4	N/A	
QELBREE CAP 100MG ER	Central Nervous System Agents		x		4	N/A	
QELBREE CAP 150MG ER	Central Nervous System Agents		x		4	N/A	
QELBREE CAP 200MG ER	Central Nervous System Agents		x		4	N/A	
QMIIZ ODT TAB 15 MG	Analgesics		x		4	N/A	
QMIIZ ODT TAB 7.5MG	Analgesics		x		4	N/A	
QNASL AER 80MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
QNASL CHILD SPR 40MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
QTERN TAB 10-5MG	Blood Glucose Regulators		x		4	N/A	
QTERN TAB 5-5MG	Blood Glucose Regulators		x		4	N/A	
QUADRACEL INJ	Immunological Agents			x	4	3	
QUALAQUIN CAP 324MG	Antiparasitics		x		4	N/A	
QUARTETTE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
QUAZEPAM TAB 15MG	Sleep Disorder Agents		x		4	N/A	PA, QL
QUESTRAN POW 4GM	Cardiovascular Agents		x		4	N/A	
QUESTRAN POW 4GM LITE	Cardiovascular Agents		x		4	N/A	
QUICKTEK TES	Devices/Supplies		x		4	N/A	
QUILLICHEW CHW 20MG ER	Central Nervous System Agents		x		4	N/A	
QUILLICHEW CHW 30MG ER	Central Nervous System Agents		x		4	N/A	
QUILLICHEW CHW 40MG ER	Central Nervous System Agents		x		4	N/A	
QUILLIVANT SUS 25MG/5ML	Central Nervous System Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
QUINIDINE SU TAB 200MG	Cardiovascular Agents			x	4	3	
QUINIDINE SU TAB 300MG	Cardiovascular Agents			x	4	3	
QUINTET TES BLD GLUC	Devices/Supplies		x		4	N/A	
QUINTET AC TES BLD GLUC	Devices/Supplies		x		4	N/A	
RABAVERT INJ	Immunological Agents			x	4	3	
RABEPRAZOLE CAP 10MG DR	Gastrointestinal Agents		x		4	N/A	
RABEPRAZOLE TAB 20MG	Gastrointestinal Agents		x		G	N/A	
RAMELTEON TAB 8MG	Sleep Disorder Agents		x		G	N/A	
RANEXA TAB 1000MG	Cardiovascular Agents		x		4	N/A	
RANEXA TAB 500MG	Cardiovascular Agents		x		4	N/A	
RANITIDINE CAP 150MG	Gastrointestinal Agents		x		G	N/A	
RANITIDINE CAP 300MG	Gastrointestinal Agents		x		G	N/A	
RANITIDINE SYP 150/10ML	Gastrointestinal Agents		x		G	N/A	
RANITIDINE SYP 15MG/ML	Gastrointestinal Agents		x		G	N/A	
RANITIDINE SYP 75MG/5ML	Gastrointestinal Agents		x		G	N/A	
RANITIDINE TAB 150MG	Gastrointestinal Agents		x		G	N/A	
RANITIDINE TAB 300MG	Gastrointestinal Agents		x		G	N/A	
RAPAFLO CAP 4MG	Genitourinary Agents		x		4	N/A	
RAPAFLO CAP 8MG	Genitourinary Agents		x		4	N/A	
RAPAMUNE SOL 1MG/ML	Immunological Agents			x	3	4	
RAPID-SAFE MIS LANCING	Devices/Supplies			x	4	3	
RASUVO INJ 10MG	Immunological Agents		x		4	N/A	
RASUVO INJ 12.5MG	Immunological Agents		x		4	N/A	
RASUVO INJ 15MG	Immunological Agents		x		4	N/A	
RASUVO INJ 17.5MG	Immunological Agents		x		4	N/A	
RASUVO INJ 20MG	Immunological Agents		x		4	N/A	
RASUVO INJ 22.5MG	Immunological Agents		x		4	N/A	
RASUVO INJ 25MG	Immunological Agents		x		4	N/A	
RASUVO INJ 30MG	Immunological Agents		x		4	N/A	
RASUVO INJ 7.5MG	Immunological Agents		x		4	N/A	
RAYALDEE CAP 30MCG	Metabolic Bone Disease Agents		x		4	N/A	
RAYOS TAB 1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
RAYOS TAB 2MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
RAYOS TAB 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
RAZADYNE TAB 12MG	Antidementia Agents		x		4	N/A	
RAZADYNE TAB 4MG	Antidementia Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
RAZADYNE TAB 8MG	Antidementia Agents		x		4	N/A	
RAZADYNE ER CAP 16MG	Antidementia Agents		x		4	N/A	
RAZADYNE ER CAP 24MG	Antidementia Agents		x		4	N/A	
RAZADYNE ER CAP 8MG	Antidementia Agents		x		4	N/A	
RECOMBIVA HB INJ 10MCG/ML	Immunological Agents			x	4	3	
RECOMBIVA HB INJ 5MCG/0.5	Immunological Agents			x	4	3	
RECOMBIVA-HB INJ 40MCG/ML	Immunological Agents			x	4	3	
REDICHEW RX CHW	Vitamin/Supplement		x		4	N/A	
REFUAH PLUS TES BLD GLUC	Devices/Supplies		x		4	N/A	
REG BLCK NDL MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
REGLAN TAB 10MG	Gastrointestinal Agents		x		4	N/A	
REGLAN TAB 5MG	Gastrointestinal Agents		x		4	N/A	
RELEXXII TAB 72MG	Central Nervous System Agents		x		4	N/A	
RELION KIT LANCING	Devices/Supplies			x	4	3	
RELION TES ULTIMA	Devices/Supplies		x		4	N/A	
RELION BLOOD TES GLUCOSE	Devices/Supplies		x		4	N/A	
RELION LANCI MIS DEVICE	Devices/Supplies			x	4	3	
RELION PREMI TES GLUCOSE	Devices/Supplies		x		4	N/A	
RELION PRIME TES	Devices/Supplies		x		4	N/A	
RELION PRIME TES GLUCOSE	Devices/Supplies		x		4	N/A	
RELION TRUE TES METRIX	Devices/Supplies		x		4	N/A	
RELISTOR INJ 12/0.6ML	Gastrointestinal Agents		x		4	N/A	
RELISTOR INJ 8/0.4ML	Gastrointestinal Agents		x		4	N/A	
RELISTOR TAB 150MG	Gastrointestinal Agents		x		4	N/A	
RELNATE DHA CAP	Vitamin/Supplement		x		4	N/A	
RELPAK TAB 20MG	Antimigraine Agents		x		4	N/A	
RELPAK TAB 40MG	Antimigraine Agents		x		4	N/A	
RELTONE CAP 200MG	Gastrointestinal Agents		x		4	N/A	PA
RELTONE CAP 400MG	Gastrointestinal Agents		x		4	N/A	PA
REMERON TAB 15MG	Antidepressants		x		4	N/A	
REMERON TAB 30MG	Antidepressants		x		4	N/A	
REMERON SLTB TAB 15MG	Antidepressants		x		4	N/A	
REMERON SLTB TAB 30MG	Antidepressants		x		4	N/A	
REMERON SLTB TAB 45MG	Antidepressants		x		4	N/A	
RENAGEL TAB 800MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
REVELA POW 0.8GM	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
REVELA POW 2.4GM	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
RENVELA TAB 800MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
REQUIP XL TAB 12MG	Antiparkinson Agents		x		4	N/A	
REQUIP XL TAB 4MG	Antiparkinson Agents		x		4	N/A	
REQUIP XL TAB 6MG	Antiparkinson Agents		x		4	N/A	
REQUIP XL TAB 8MG	Antiparkinson Agents		x		4	N/A	
RESTASIS EMU 0.05%	Ophthalmic Agents		x		4	N/A	
RESTASIS MUL EMU 0.05%	Ophthalmic Agents		x		4	N/A	
RESTORIL CAP 15MG	Sleep Disorder Agents		x		4	N/A	
RESTORIL CAP 22.5MG	Sleep Disorder Agents		x		4	N/A	
RESTORIL CAP 30MG	Sleep Disorder Agents		x		4	N/A	
RESTORIL CAP 7.5MG	Sleep Disorder Agents		x		4	N/A	
RETIN-A CRE 0.025%	Dermatological Agents		x		4	N/A	
RETIN-A CRE 0.05%	Dermatological Agents		x		4	N/A	
RETIN-A CRE 0.1%	Dermatological Agents		x		4	N/A	
RETIN-A GEL 0.01%	Dermatological Agents		x		4	N/A	
RETIN-A GEL 0.025%	Dermatological Agents		x		4	N/A	
RETIN-A MICR GEL 0.04%	Dermatological Agents		x		4	N/A	
RETIN-A MICR GEL 0.04%PMP	Dermatological Agents		x		4	N/A	
RETIN-A MICR GEL 0.06%	Dermatological Agents		x		4	N/A	
RETIN-A MICR GEL 0.08%	Dermatological Agents		x		4	N/A	
RETIN-A MICR GEL 0.1%	Dermatological Agents		x		4	N/A	
RETIN-A MICR GEL 0.1%PUMP	Dermatological Agents		x		4	N/A	
RETROBUL NDL MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
RETROVIR CAP 100MG	Antivirals		x		4	N/A	
RETROVIR SYP 50MG/5ML	Antivirals		x		4	N/A	
REVATIO SUS 10MG/ML	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
REVATIO TAB 20MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
REVEAL TES BLD GLUC	Devices/Supplies		x		4	N/A	
REYATAZ CAP 150MG	Antivirals		x		4	N/A	
REYATAZ CAP 200MG	Antivirals		x		4	N/A	
REYATAZ CAP 300MG	Antivirals		x		4	N/A	
RHOFADE CRE 1%	Dermatological Agents		x		4	N/A	
RHOPRESSA SOL 0.02%	Ophthalmic Agents		x		4	N/A	
RIASTAP SOL 1GM	Blood Products and Modifiers			x	4	3	
RIFADIN CAP 150MG	Antimycobacterials		x		4	N/A	
RIFADIN CAP 300MG	Antimycobacterials		x		4	N/A	
RIGHTEST MIS GD500	Devices/Supplies			x	4	3	
RIGHTEST TES GS100	Devices/Supplies		x		4	N/A	
RIGHTEST TES GS300	Devices/Supplies		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
RIGHTEST TES GS550	Devices/Supplies		x		4	N/A	
RIGHTEST ALT MIS ADAPTOR	Devices/Supplies			x	4	3	
RILUTEK TAB 50MG	Central Nervous System Agents		x		4	N/A	
RIMANTADINE TAB 100MG	Antivirals		x		4	N/A	
RIOMET SOL	Blood Glucose Regulators		x		4	N/A	
RIOMET SOL 500/5ML	Blood Glucose Regulators		x		4	N/A	
RIOMET ER SUS 500/5ML	Blood Glucose Regulators		x		4	N/A	
RISPERDAL SOL 1MG/ML	Antipsychotics		x		4	N/A	
RISPERDAL TAB 0.25MG	Antipsychotics		x		4	N/A	
RISPERDAL TAB 0.5MG	Antipsychotics		x		4	N/A	
RISPERDAL TAB 1MG	Antipsychotics		x		4	N/A	
RISPERDAL TAB 2MG	Antipsychotics		x		4	N/A	
RISPERDAL TAB 3MG	Antipsychotics		x		4	N/A	
RISPERDAL TAB 4MG	Antipsychotics		x		4	N/A	
RITALIN TAB 10MG	Central Nervous System Agents		x		4	N/A	
RITALIN TAB 20MG	Central Nervous System Agents		x		4	N/A	
RITALIN TAB 5MG	Central Nervous System Agents		x		4	N/A	
RITALIN LA CAP 10MG	Central Nervous System Agents		x		4	N/A	
RITALIN LA CAP 20MG	Central Nervous System Agents		x		4	N/A	
RITALIN LA CAP 30MG	Central Nervous System Agents		x		4	N/A	
RITALIN LA CAP 40MG	Central Nervous System Agents		x		4	N/A	
RITEFLO MIS	Devices/Supplies	x			N/A	3	
R-NATAL OB CAP 20-1-320	Vitamin/Supplement		x		4	N/A	
ROBAXIN-750 TAB 750MG	Skeletal Muscle Relaxants		x		4	N/A	
ROCALTROL CAP 0.25MCG	Metabolic Bone Disease Agents		x		4	N/A	
ROCALTROL CAP 0.5MCG	Metabolic Bone Disease Agents		x		4	N/A	
ROCALTROL SOL 1MCG/ML	Metabolic Bone Disease Agents		x		4	N/A	
ROCKLATAN DRO	Ophthalmic Agents		x		4	N/A	
ROPINIROLE TAB 12MG ER	Antiparkinson Agents		x		G	N/A	
ROPINIROLE TAB 2MG ER	Antiparkinson Agents		x		G	N/A	
ROPINIROLE TAB 4MG ER	Antiparkinson Agents		x		G	N/A	
ROPINIROLE TAB 6MG ER	Antiparkinson Agents		x		G	N/A	
ROPINIROLE TAB 8MG ER	Antiparkinson Agents		x		G	N/A	
ROSENTHAL MIS	Devices/Supplies	x			N/A	3	
ROSENTHAL MIS 18GX1"	Devices/Supplies	x			N/A	3	
ROSZET TAB 10-10MG	Cardiovascular Agents		x		4	N/A	
ROSZET TAB 20-10MG	Cardiovascular Agents		x		4	N/A	
ROSZET TAB 40-10MG	Cardiovascular Agents		x		4	N/A	
ROSZET TAB 5-10MG	Cardiovascular Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ROTARIX SUS	Immunological Agents			x	4	3	
ROTATEQ SOL	Immunological Agents			x	4	3	
ROXICODONE TAB 15MG	Analgesics		x		4	N/A	
ROXICODONE TAB 30MG	Analgesics		x		4	N/A	
ROXICODONE TAB 5MG	Analgesics		x		4	N/A	
ROZEREM TAB 8MG	Sleep Disorder Agents		x		4	N/A	
RYCLORA SOL 2MG/5ML	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
RYTHMOL SR CAP 225MG	Cardiovascular Agents		x		4	N/A	
RYTHMOL SR CAP 325MG	Cardiovascular Agents		x		4	N/A	
RYTHMOL SR CAP 425MG	Cardiovascular Agents		x		4	N/A	
RYVENT TAB 6MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
SABRIL POW 500MG	Anticonvulsants		x		4	N/A	
SABRIL TAB 500MG	Anticonvulsants		x		4	N/A	
SAFETYGLIDE MIS 21GX1"	Devices/Supplies	x			N/A	3	
SAFETYGLIDE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
SAFETYGLIDE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
SAFETYGLIDE MIS 23GX1"	Devices/Supplies	x			N/A	3	
SAFETYGLIDE MIS 25GX1"	Devices/Supplies	x			N/A	3	
SAFETYGLIDE MIS 27GX5/8"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 18GX1"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 19GX1"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 19GX1.5"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 20GX1"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 21GX1"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 21GX5/8"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 22GX1"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 23GX1"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 23GX5/8"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 25GX1"	Devices/Supplies	x			N/A	3	
SAFTY NEEDLE MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
SAFYRAL TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
SAIZEN INJ 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
SAIZEN INJ 8.8MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
SAIZENPREP INJ 8.8MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
SALAGEN TAB 5MG	Dental and Oral Agents		x		4	N/A	
SALAGEN TAB 7.5MG	Dental and Oral Agents		x		4	N/A	
SAMSCA TAB 30MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
SANCUSO DIS 3.1MG	Antiemetics		x		4	N/A	
SANDOSTATIN INJ 100MCG	Hormonal Agents, Suppressant (Pituitary)		x		4	N/A	
SANDOSTATIN INJ 500MCG	Hormonal Agents, Suppressant (Pituitary)		x		4	N/A	
SANDOSTATIN INJ 50MCG/ML	Hormonal Agents, Suppressant (Pituitary)		x		4	N/A	
SAPHRIS SUB 10MG	Antipsychotics		x		4	N/A	
SAPHRIS SUB 2.5MG	Antipsychotics		x		4	N/A	
SAPHRIS SUB 5MG	Antipsychotics		x		4	N/A	
SARAFEM TAB 10MG	Central Nervous System Agents		x		4	N/A	
SARAFEM TAB 20MG	Central Nervous System Agents		x		4	N/A	
SAVAYSA TAB 15MG	Blood Products and Modifiers		x		4	N/A	
SAVAYSA TAB 30MG	Blood Products and Modifiers		x		4	N/A	
SAVAYSA TAB 60MG	Blood Products and Modifiers		x		4	N/A	
SAVELLA MIS TITR PAK	Central Nervous System Agents		x		4	N/A	
SAVELLA TAB 100MG	Central Nervous System Agents		x		4	N/A	
SAVELLA TAB 12.5MG	Central Nervous System Agents		x		4	N/A	
SAVELLA TAB 25MG	Central Nervous System Agents		x		4	N/A	
SAVELLA TAB 50MG	Central Nervous System Agents		x		4	N/A	
SEASONIQUE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
SECONAL SOD CAP 100MG	Sleep Disorder Agents		x		4	N/A	
SECURESAFE MIS 18GX1"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 19GX1"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 19GX1.5"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 20GX1"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 21GX1"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 21GX1.5"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 22GX1"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 23GX1"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 23GX1.5"	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
SECURESAFE MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 25GX5/8"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 26GX1/2"	Devices/Supplies	x			N/A	3	
SECURESAFE MIS 27GX1/2"	Devices/Supplies	x			N/A	3	
SEEBRI NEOHA CAP 15.6MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
SEGLUROMET TAB 2.5-1000	Blood Glucose Regulators		x		4	N/A	
SEGLUROMET TAB 2.5-500	Blood Glucose Regulators		x		4	N/A	
SEGLUROMET TAB 7.5-1000	Blood Glucose Regulators		x		4	N/A	
SEGLUROMET TAB 7.5-500	Blood Glucose Regulators		x		4	N/A	
SELECT-LITE KIT DEV/LANC	Devices/Supplies			x	4	3	
SELECT-LITE MIS LANC DEV	Devices/Supplies			x	4	3	
SELECT-OB CHW	Vitamin/Supplement		x		4	N/A	
SELECT-OB+ PAK DHA	Vitamin/Supplement		x		4	N/A	
SEMGLEE INJ 100U/ML	Blood Glucose Regulators	x			4	4	
SEMGLEE SOL 100U/ML	Blood Glucose Regulators	x			4	4	
SEMPREX-D CAP 8-60MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
SENSIPAR TAB 30MG	Metabolic Bone Disease Agents		x		4	N/A	
SENSIPAR TAB 60MG	Metabolic Bone Disease Agents		x		4	N/A	
SENSIPAR TAB 90MG	Metabolic Bone Disease Agents		x		4	N/A	
SERNIVO SPR	Dermatological Agents		x		4	N/A	
SERNIVO SPR 0.05%	Dermatological Agents		x		4	N/A	QL
SEROQUEL TAB 100MG	Antipsychotics		x		4	N/A	
SEROQUEL TAB 200MG	Antipsychotics		x		4	N/A	
SEROQUEL TAB 25MG	Antipsychotics		x		4	N/A	
SEROQUEL TAB 300MG	Antipsychotics		x		4	N/A	
SEROQUEL TAB 400MG	Antipsychotics		x		4	N/A	
SEROQUEL TAB 50MG	Antipsychotics		x		4	N/A	
SEROQUEL XR TAB 150MG	Antipsychotics		x		4	N/A	
SEROQUEL XR TAB 200MG	Antipsychotics		x		4	N/A	
SEROQUEL XR TAB 300MG	Antipsychotics		x		4	N/A	
SEROQUEL XR TAB 400MG	Antipsychotics		x		4	N/A	
SEROQUEL XR TAB 50MG	Antipsychotics		x		4	N/A	
SEROSTIM INJ 4MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
SEROSTIM INJ 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
SEROSTIM INJ 6MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
SEYSARA TAB 100MG	Antibacterials		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
SEYSARA TAB 150MG	Antibacterials		x		4	N/A	
SEYSARA TAB 60MG	Antibacterials		x		4	N/A	
SHINGRIX INJ 50/0.5ML	Immunological Agents			x	4	3	
SHOPKO LANC MIS DEVICE	Devices/Supplies			x	4	3	
SHUR-SEAL GEL 2%	Contraceptives- Non-Hormonal			x	4	3	
SILENOR TAB 3MG	Sleep Disorder Agents		x		4	N/A	
SILENOR TAB 6MG	Sleep Disorder Agents		x		4	N/A	
SILIQ INJ 210/1.5	Immunological Agents		x		4	N/A	
SILODOSIN CAP 4MG	Genitourinary Agents		x		G	N/A	
SILODOSIN CAP 8MG	Genitourinary Agents		x		G	N/A	
SILVADENE CRE 1%	Dermatological Agents		x		4	N/A	
SIMPLE DIAG MIS LANCING	Devices/Supplies			x	4	3	
SIMPONI INJ 50/0.5ML	Immunological Agents		x		4	N/A	
SIMVASTATIN SUS 20MG/5ML	Cardiovascular Agents		x		4	N/A	
SINEMET TAB 10-100MG	Antiparkinson Agents		x		4	N/A	
SINEMET TAB 25-100MG	Antiparkinson Agents		x		4	N/A	
SINEMET TAB 25-250MG	Antiparkinson Agents		x		4	N/A	
SINEMET CR TAB 25-100MG	Antiparkinson Agents		x		4	N/A	
SINEMET CR TAB 50-200MG	Antiparkinson Agents		x		4	N/A	
SINGULAIR CHW 4MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
SINGULAIR CHW 5MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
SINGULAIR GRA 4MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
SINGULAIR TAB 10MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
SITAVIG TAB 50MG	Antivirals		x		4	N/A	
SKELAXIN TAB 800MG	Skeletal Muscle Relaxants		x		4	N/A	
SKLICE LOT 0.5%	Dermatological Agents		x		4	N/A	
SLYND TAB 4MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
SM TRUEDRAW MIS LANC DEV	Devices/Supplies			x	4	3	
SMART SENSE TES TEST	Devices/Supplies		x		4	N/A	
SMARTEST TES BLD GLUC	Devices/Supplies		x		4	N/A	
SOD FLUORIDE TAB 0.5MG F	Electrolytes/Minerals/ Metals/ Vitamins			x	4	3	
SOD FLUORIDE TAB 1MG F	Electrolytes/Minerals/ Metals/ Vitamins			x	4	3	
SODIUM CHLOR NEB 7%	Respiratory Tract/ Pulmonary Agents			x	2	1	
SOLODYN TAB 105MG	Antibacterials		x		4	N/A	
SOLODYN TAB 115MG	Antibacterials		x		4	N/A	
SOLODYN TAB 55MG	Antibacterials		x		4	N/A	
SOLODYN TAB 65MG	Antibacterials		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
SOLODYN TAB 80MG	Antibacterials		x		4	N/A	
SOLOSEC GRA 2GM	Antibacterials		x		4	N/A	
SOLUS V2 TES AUDIBLE	Devices/Supplies		x		4	N/A	
SOLUS V2 MIS LANC DEV	Devices/Supplies			x	4	3	
SOMA TAB 250MG	Skeletal Muscle Relaxants		x		4	N/A	
SOMA TAB 350MG	Skeletal Muscle Relaxants		x		4	N/A	
SORIATANE CAP 10MG	Dermatological Agents		x		4	N/A	
SORIATANE CAP 25MG	Dermatological Agents		x		4	N/A	
SORILUX AER 0.005%	Dermatological Agents		x		4	N/A	PA, QL
SOTALOL AF TAB 160MG	Cardiovascular Agents			x	1	2	
SOTALOL HCL TAB 160MG	Cardiovascular Agents			x	1	2	
SOTALOL HCL TAB 240MG	Cardiovascular Agents			x	1	2	
SOTYLIZE SOL 5MG/ML	Cardiovascular Agents		x		4	N/A	
SPACE CHAMBR MIS ANTI-STA	Devices/Supplies	x			N/A	3	
SPACE CHAMBR MIS LARGE	Devices/Supplies	x			N/A	3	
SPACE CHAMBR MIS MEDIUM	Devices/Supplies	x			N/A	3	
SPACE CHAMBR MIS SMALL	Devices/Supplies	x			N/A	3	
SPACER CHAMB MIS ADULT	Devices/Supplies	x			N/A	3	
SPACER CHAMB MIS CHILD	Devices/Supplies	x			N/A	3	
SPACER CHAMB MIS INFANT	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 14GX2"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 17GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 18GX2.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 18GX3"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 18GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 18GX6"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 19GX3"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 19GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 20GX1.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 20GX2"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 20GX2.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 20GX3"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 20GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 20GX4"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 20GX6"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 22GX2"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 22GX2.5"	Devices/Supplies	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
SPINAL NEEDL MIS 22GX3"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 22GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 22GX5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 22GX7"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 23GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 24GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 25GX1"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 25GX1.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 25GX2"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 25GX3"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 25GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 25GX4-11	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 26GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 27GX1.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 27GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 27GX4-11	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 29GX3.5"	Devices/Supplies	x			N/A	3	
SPINAL NEEDL MIS 29GX4-11	Devices/Supplies	x			N/A	3	
SPORANOX CAP 100MG	Antifungals		x		4	N/A	
SPORANOX CAP PULSEPAK	Antifungals		x		4	N/A	
SPORANOX SOL 10MG/ML	Antifungals		x		4	N/A	
SPRIX SPR 15.75MG	Analgesics		x		4	N/A	PA
STARLIX TAB 120MG	Blood Glucose Regulators		x		4	N/A	
STARLIX TAB 60MG	Blood Glucose Regulators		x		4	N/A	
STAXYN TAB 10MG	Genitourinary Agents		x		4	N/A	
STEGLATRO TAB 15MG	Blood Glucose Regulators		x		4	N/A	
STEGLATRO TAB 5MG	Blood Glucose Regulators		x		4	N/A	
STEGLUJAN TAB 15-100MG	Blood Glucose Regulators		x		4	N/A	
STEGLUJAN TAB 5-100MG	Blood Glucose Regulators		x		4	N/A	
STERILANCE MIS 1.8MM	Devices/Supplies			x	4	3	
STIMEX NEEDL MIS 22GX1.5"	Devices/Supplies	x			N/A	3	
STIMEX NEEDL MIS 22GX4.25	Devices/Supplies	x			N/A	3	
STIMEX NEEDL MIS 22X2-1/8	Devices/Supplies	x			N/A	3	
STIVARGA TAB 40MG	Antineoplastics			x	4	3	
STRATTERA CAP 100MG	Central Nervous System Agents		x		4	N/A	
STRATTERA CAP 10MG	Central Nervous System Agents		x		4	N/A	
STRATTERA CAP 18MG	Central Nervous System Agents		x		4	N/A	
STRATTERA CAP 25MG	Central Nervous System Agents		x		4	N/A	
STRATTERA CAP 40MG	Central Nervous System Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
STRATTERA CAP 60MG	Central Nervous System Agents		x		4	N/A	
STRATTERA CAP 80MG	Central Nervous System Agents		x		4	N/A	
STRIANT MIS 30MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
STROMECTOL TAB 3MG	Antiparasitics		x		4	N/A	
SUBOXONE MIS 12-3MG	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
SUBOXONE MIS 2-0.5MG	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
SUBOXONE MIS 4-1MG	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
SUBOXONE MIS 8-2MG	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
SUBSYS SPR 100MCG	Analgesics		x		4	N/A	
SUBSYS SPR 1200MCG	Analgesics		x		4	N/A	
SUBSYS SPR 1600MCG	Analgesics		x		4	N/A	
SUBSYS SPR 200MCG	Analgesics		x		4	N/A	
SUBSYS SPR 400MCG	Analgesics		x		4	N/A	
SUBSYS SPR 600MCG	Analgesics		x		4	N/A	
SUBSYS SPR 800MCG	Analgesics		x		4	N/A	
SUCRAID SOL 8500/ML	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment				4	4	PA, QL
SUCRALFATE SUS 1GM/10ML	Gastrointestinal Agents		x		G	N/A	
SULAR TAB 17MG	Cardiovascular Agents		x		4	N/A	
SULAR TAB 34MG	Cardiovascular Agents		x		4	N/A	
SULAR TAB 8.5MG	Cardiovascular Agents		x		4	N/A	
SULCONAZOLE CRE 1%	Antifungals		x		4	N/A	
SULCONAZOLE SOL 1%	Antifungals		x		4	N/A	
SULFAMYLON PAK 5%	Dermatological Agents		x		4	N/A	
SUMAT-NAPROX TAB 85-500MG	Antimigraine Agents		x		G	N/A	
SUMATRIPTAN INJ 6MG/0.5	Antimigraine Agents			x	4	3	
SUPRAX CAP 400MG	Antibacterials		x		4	N/A	
SUPRAX CHW 100MG	Antibacterials		x		4	N/A	
SUPRAX CHW 200MG	Antibacterials		x		4	N/A	
SUPRAX SUS 100/5ML	Antibacterials		x		4	N/A	
SUPRAX SUS 200/5ML	Antibacterials		x		4	N/A	
SUPRAX SUS 500/5ML	Antibacterials		x		4	N/A	
SUPREME TES	Devices/Supplies		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
SURE COMFORT MIS LANC PEN	Devices/Supplies			x	4	3	
SURE EDGE TES	Devices/Supplies		x		4	N/A	
SURECHEK TES BLD GLUC	Devices/Supplies		x		4	N/A	
SURE-PEN MIS	Devices/Supplies			x	4	3	
SURE-TEST TES EASYPLUS	Devices/Supplies		x		4	N/A	
SURMONTIL CAP 100MG	Antidepressants		x		4	N/A	
SURMONTIL CAP 25MG	Antidepressants		x		4	N/A	
SURMONTIL CAP 50MG	Antidepressants		x		4	N/A	
SUSTIVA CAP 200MG	Antivirals		x		4	N/A	
SUSTIVA CAP 50MG	Antivirals		x		4	N/A	
SUSTIVA TAB 600MG	Antivirals		x		4	N/A	
SUTAB TAB	Gastrointestinal Agents		x		4	N/A	
SYMBYAX CAP 12-50MG	Bipolar Agents		x		4	N/A	
SYMBYAX CAP 3-25MG	Bipolar Agents		x		4	N/A	
SYMBYAX CAP 6-25MG	Bipolar Agents		x		4	N/A	
SYMBYAX CAP 6-50MG	Bipolar Agents		x		4	N/A	
SYMFI TAB	Antivirals		x		4	N/A	
SYMFI LO TAB	Antivirals		x		4	N/A	
SYMLINPEN 60 INJ 1000MCG	Blood Glucose Regulators		x		4	N/A	
SYMLNPEN 120 INJ 1000MCG	Blood Glucose Regulators		x		4	N/A	
SYMPATH NDL MIS 18GX6"	Devices/Supplies	x			N/A	3	
SYMPATH NDL MIS 19GX5"	Devices/Supplies	x			N/A	3	
SYMPATH NDL MIS 20GX5"	Devices/Supplies	x			N/A	3	
SYMPAZAN MIS 10MG	Anticonvulsants		x		4	N/A	
SYMPAZAN MIS 20MG	Anticonvulsants		x		4	N/A	
SYMPAZAN MIS 5MG	Anticonvulsants		x		4	N/A	
SYNALAR CRE 0.025%	Dermatological Agents		x		4	N/A	
SYNALAR OIN 0.025%	Dermatological Agents		x		4	N/A	
SYNALAR SOL 0.01%	Dermatological Agents		x		4	N/A	
SYNDROS SOL 5MG/ML	Antiemetics		x		4	N/A	
SYNERA DIS 70-70MG	Anesthetics		x		4	N/A	
SYNRIBO INJ 3.5MG	Antineoplastics			x	4	3	
SYNTHROID TAB 100MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 112MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 125MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
SYNTHROID TAB 137MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 150MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 175MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 200MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 25MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 300MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 50MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 75MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYNTHROID TAB 88MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			x	4	3	
SYPRINE CAP 250MG	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
SYRINGE MIS 18GX1"	Devices/Supplies	x			N/A	3	
SYRINGE BARR MIS LUER 1ML	Devices/Supplies	x			N/A	3	
SYRINGE BARR MIS LUER 3ML	Devices/Supplies	x			N/A	3	
SYRINGE BARR MIS LUER 5ML	Devices/Supplies	x			N/A	3	
SYRINGE BARR MIS LUER10ML	Devices/Supplies	x			N/A	3	
SYRINGE BARR MIS UNI 10ML	Devices/Supplies	x			N/A	3	
SYRINGE BARR MIS UNI 3ML	Devices/Supplies	x			N/A	3	
SYRINGE BARR MIS UNI 5ML	Devices/Supplies	x			N/A	3	
SYRNG BARREL MIS 1.5OZ	Devices/Supplies	x			N/A	3	
SYRNG BARREL MIS 1OZ	Devices/Supplies	x			N/A	3	
SYRNG BARREL MIS 2OZ	Devices/Supplies	x			N/A	3	
SYRNG BARREL MIS 3OZ	Devices/Supplies	x			N/A	3	
SYRNG BARREL MIS 4OZ	Devices/Supplies	x			N/A	3	
SYRNG/CANNLA MIS	Devices/Supplies	x			N/A	3	
TACLONEX OIN	Dermatological Agents		x		4	N/A	QL
TACLONEX SUS	Dermatological Agents		x		4	N/A	QL
TAGRISSE TAB 40MG	Antineoplastics			x	4	3	
TAGRISSE TAB 80MG	Antineoplastics			x	4	3	
TALICIA CAP	Gastrointestinal Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
TALTZ INJ 80MG/ML	Immunological Agents		x		4	N/A	
TAMIFLU CAP 30MG	Antivirals		x		4	N/A	
TAMIFLU CAP 45MG	Antivirals		x		4	N/A	
TAMIFLU CAP 75MG	Antivirals		x		4	N/A	
TAMIFLU SUS 6MG/ML	Antivirals		x		4	N/A	
TAPAZOLE TAB 10MG	Hormonal Agents, Suppressant (Thyroid)		x		4	N/A	
TAPAZOLE TAB 5MG	Hormonal Agents, Suppressant (Thyroid)		x		4	N/A	
TAPERDEX PAK 12-DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
TAPERDEX PAK 6 DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		G	N/A	
TAPERDEX PAK 7-DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
TARCEVA TAB 100MG	Antineoplastics		x		4	N/A	
TARCEVA TAB 150MG	Antineoplastics		x		4	N/A	
TARCEVA TAB 25MG	Antineoplastics		x		4	N/A	
TARGADOX TAB 50MG	Antibacterials		x		4	N/A	
TARGRETIN CAP 75MG	Antineoplastics		x		4	N/A	
TARGRETIN GEL 1%	Antineoplastics		x		4	N/A	PA
TARKA TAB 2-180 CR	Cardiovascular Agents		x		4	N/A	
TARKA TAB 2-240 CR	Cardiovascular Agents		x		4	N/A	
TARKA TAB 4-240 CR	Cardiovascular Agents		x		4	N/A	
TARON-BC MIS	Vitamin/Supplement		x		4	N/A	
TARON-C DHA CAP	Vitamin/Supplement		x		4	N/A	
TARON-PREX CAP	Vitamin/Supplement		x		4	N/A	
TASMAR TAB 100MG	Antiparkinson Agents		x		4	N/A	
TAVABOROLE SOL 5%	Antifungals		x		G	N/A	
TAYTULLA CAP 1MG/20MC	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
TAZAROTENE AER 0.1%	Dermatological Agents		x		4	N/A	
TAZORAC CRE 0.1%	Dermatological Agents		x		4	N/A	
TB SYRINGE MIS 0.5/28G	Devices/Supplies	x			N/A	3	
TDVAX INJ 2-2 LF	Immunological Agents			x	4	3	
TECFIDERA CAP 120MG	Central Nervous System Agents		x		4	N/A	
TECFIDERA CAP 240MG	Central Nervous System Agents		x		4	N/A	
TECFIDERA MIS STARTER	Central Nervous System Agents		x		4	N/A	
TEKTRUNA TAB 150MG	Cardiovascular Agents		x		4	N/A	
TEKTRUNA TAB 300MG	Cardiovascular Agents		x		4	N/A	
TEKTRUNA HCT TAB 150-12.5	Cardiovascular Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
TEKTURNA HCT TAB 150-25MG	Cardiovascular Agents		x		4	N/A	
TEKTURNA HCT TAB 300-12.5	Cardiovascular Agents		x		4	N/A	
TEKTURNA HCT TAB 300-25MG	Cardiovascular Agents		x		4	N/A	
TELCARE TES BLD GLUC	Devices/Supplies		x		4	N/A	
TELMISARTAN TAB 80MG	Cardiovascular Agents			x	1	2	
TEMAZEPAM CAP 22.5MG	Sleep Disorder Agents		x		G	N/A	
TEMAZEPAM CAP 7.5MG	Sleep Disorder Agents		x		G	N/A	
TEMODAR CAP 100MG	Antineoplastics		x		4	N/A	
TEMODAR CAP 140MG	Antineoplastics		x		4	N/A	
TEMODAR CAP 180MG	Antineoplastics		x		4	N/A	
TEMODAR CAP 20MG	Antineoplastics		x		4	N/A	
TEMODAR CAP 250MG	Antineoplastics		x		4	N/A	
TEMODAR CAP 5MG	Antineoplastics		x		4	N/A	
TEMOVATE CRE 0.05%	Dermatological Agents		x		4	N/A	
TEMOVATE OIN 0.05%	Dermatological Agents		x		4	N/A	
TENIVAC INJ 5-2LF	Immunological Agents			x	4	3	
TENORETIC TAB 100	Cardiovascular Agents		x		4	N/A	
TENORETIC TAB 50	Cardiovascular Agents		x		4	N/A	
TENORMIN TAB 100MG	Cardiovascular Agents		x		4	N/A	
TENORMIN TAB 25MG	Cardiovascular Agents		x		4	N/A	
TENORMIN TAB 50MG	Cardiovascular Agents		x		4	N/A	
TESSALON PER CAP 100MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
TESTIM GEL 1%(50MG)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
TESTOSTERONE GEL 1%(25MG)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
TESTOSTERONE GEL 1%(50MG)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
TESTOSTERONE GEL 10MG/ACT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		G	N/A	
TESTOSTERONE GEL PUMP 1%	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
TETRACAINE SOL 0.5% OP	0			x	1	2	
TEXACORT SOL 2.5%	Dermatological Agents		x		4	N/A	
TGT LANCING MIS ADV DEV	Devices/Supplies			x	4	3	
TGT LANCING MIS DEVICE	Devices/Supplies			x	4	3	
THIOLA TAB 100MG	Genitourinary Agents		x		4	N/A	
THIORIDAZINE TAB 100MG	Antipsychotics		x		G	N/A	
THIORIDAZINE TAB 10MG	Antipsychotics		x		G	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
THIORIDAZINE TAB 25MG	Antipsychotics		x		G	N/A	
THIORIDAZINE TAB 50MG	Antipsychotics		x		G	N/A	
THRIVITE RX TAB 29-1MG	Vitamin/Supplement		x		4	N/A	
TIAZAC CAP 120MG/24	Cardiovascular Agents		x		4	N/A	
TIAZAC CAP 180MG/24	Cardiovascular Agents		x		4	N/A	
TIAZAC CAP 240MG/24	Cardiovascular Agents		x		4	N/A	
TIAZAC CAP 300MG/24	Cardiovascular Agents		x		4	N/A	
TIAZAC CAP 360MG/24	Cardiovascular Agents		x		4	N/A	
TIAZAC CAP 420MG/24	Cardiovascular Agents		x		4	N/A	
TIGAN CAP 300MG	Antiemetics		x		4	N/A	
TIGLUTIK SUS 50/10ML	Central Nervous System Agents		x		4	N/A	
TIKOSYN CAP 125MCG	Cardiovascular Agents		x		4	N/A	
TIKOSYN CAP 250MCG	Cardiovascular Agents		x		4	N/A	
TIKOSYN CAP 500MCG	Cardiovascular Agents		x		4	N/A	
TIMOLOL GEL SOL 0.25% OP	Ophthalmic Agents		x		G	N/A	
TIMOLOL GEL SOL 0.5% OP	Ophthalmic Agents		x		G	N/A	
TIMOLOL MAL SOL 0.5% OP	Ophthalmic Agents		x		G	N/A	
TIMOLOL MAL TAB 10MG	Cardiovascular Agents		x		4	N/A	
TIMOLOL MAL TAB 20MG	Cardiovascular Agents		x		G	N/A	
TIMOLOL MAL TAB 5MG	Cardiovascular Agents		x		G	N/A	
TIMOLOL MALE SOL 0.5%	Ophthalmic Agents		x		G	N/A	
TIMOPTIC SOL 0.25% OP	Ophthalmic Agents		x		4	N/A	
TIMOPTIC SOL 0.5% OP	Ophthalmic Agents		x		4	N/A	
TIMOPTIC OCU SOL 0.25% OP	Ophthalmic Agents		x		4	N/A	
TIMOPTIC OCU SOL 0.5% OP	Ophthalmic Agents		x		4	N/A	
TIMOPTIC-XE SOL 0.25% OP	Ophthalmic Agents		x		4	N/A	
TIMOPTIC-XE SOL 0.5% OP	Ophthalmic Agents		x		4	N/A	
TIVORBEX CAP 20MG	Analgesics		x		4	N/A	
TIVORBEX CAP 40MG	Analgesics		x		4	N/A	
TIZANIDINE CAP 2MG	Antispasticity Agents		x		G	N/A	
TIZANIDINE CAP 4MG	Antispasticity Agents		x		G	N/A	
TIZANIDINE CAP 6MG	Antispasticity Agents		x		G	N/A	
TL FOLATE TAB	Vitamin/Supplement		x		4	N/A	
TL-CARE DHA CAP 27-1-500	Vitamin/Supplement		x		4	N/A	
TL-SELECT CAP	Vitamin/Supplement		x		4	N/A	
TOBI NEB 300/5ML	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
TOBRADEX OIN 0.3-0.1%	Ophthalmic Agents		x		4	N/A	
TOBRADEX SUS 0.3-0.1%	Ophthalmic Agents		x		4	N/A	
TOBRADEX ST SUS 0.3-0.05	Ophthalmic Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
TOBREX OIN 0.3% OP	Ophthalmic Agents		x		4	N/A	
TOBREX SOL 0.3% OP	Ophthalmic Agents		x		4	N/A	
TODAY SPONGE MIS	Contraceptives- Non-Hormonal			x	4	3	
TOFRANIL TAB 10MG	Antidepressants		x		4	N/A	
TOFRANIL TAB 25MG	Antidepressants		x		4	N/A	
TOFRANIL TAB 50MG	Antidepressants		x		4	N/A	
TOLAK CRE 4%	Dermatological Agents		x		4	N/A	
TOLMETIN SOD TAB 200MG	Analgesics		x		4	N/A	
TOLMETIN SOD TAB 600MG	Analgesics		x		4	N/A	
TOLSURA CAP 65MG	Antifungals		x		4	N/A	
TOOMEY SYRIN MIS 70ML	Devices/Supplies			x	4	3	
TOPAMAX TAB 100MG	Anticonvulsants		x		4	N/A	
TOPAMAX TAB 200MG	Anticonvulsants		x		4	N/A	
TOPAMAX TAB 25MG	Anticonvulsants		x		4	N/A	
TOPAMAX TAB 50MG	Anticonvulsants		x		4	N/A	
TOPAMAX SPR CAP 15MG	Anticonvulsants		x		4	N/A	
TOPAMAX SPR CAP 25MG	Anticonvulsants		x		4	N/A	
TOPICORT CRE 0.05%	Dermatological Agents		x		4	N/A	QL
TOPICORT CRE 0.25%	Dermatological Agents		x		4	N/A	QL
TOPICORT GEL 0.05%	Dermatological Agents		x		4	N/A	QL
TOPICORT OIN 0.05%	Dermatological Agents		x		4	N/A	QL
TOPICORT OIN 0.25%	Dermatological Agents		x		4	N/A	QL
TOPICORT SPR 0.25%	Dermatological Agents		x		4	N/A	QL
TOPROL XL TAB 100MG	Cardiovascular Agents		x		4	N/A	
TOPROL XL TAB 200MG	Cardiovascular Agents		x		4	N/A	
TOPROL XL TAB 25MG	Cardiovascular Agents		x		4	N/A	
TOPROL XL TAB 50MG	Cardiovascular Agents		x		4	N/A	
TOSYMRA SOL 10MG	Antimigraine Agents		x		4	N/A	
TOVET AER 0.05%	Dermatological Agents		x		G	N/A	
TOVIAZ TAB 4MG	Genitourinary Agents		x		4	N/A	
TOVIAZ TAB 8MG	Genitourinary Agents		x		4	N/A	
TRACLEER TAB 125MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
TRACLEER TAB 62.5MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
TRADJENTA TAB 5MG	Blood Glucose Regulators		x		4	N/A	
TRAMADOL HCL CAP 150MG ER	Analgesics		x		4	N/A	
TRAMADOL HCL CAP ER 100MG	Analgesics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
TRAMADOL HCL CAP ER 200MG	Analgesics		x		4	N/A	
TRAMADOL HCL CAP ER 300MG	Analgesics		x		4	N/A	
TRAMADOL HCL TAB 100MG	Analgesics		x		4	N/A	
TRANSDERM SC DIS 1MG/3DAY	Antiemetics		x		4	N/A	
TRANSDERM-SC DIS 1MG/3DAY	Antiemetics		x		4	N/A	
TRANSFER NDL MIS 20GX1"	Devices/Supplies	x			N/A	3	
TRANXENE T TAB 7.5MG	Anxiolytics		x		4	N/A	
TRAVATAN Z DRO 0.004%	Ophthalmic Agents		x		4	N/A	
TRAVOPROST DRO 0.004%	Ophthalmic Agents		x		G	N/A	
TRAZODONE TAB 300MG	Antidepressants		x		G	N/A	
TRETINOIN GEL 0.04%	Dermatological Agents		x		G	N/A	
TRETINOIN GEL 0.04%PMP	Dermatological Agents		x		G	N/A	
TRETINOIN GEL 0.05%	Dermatological Agents		x		G	N/A	
TRETINOIN GEL 0.1%	Dermatological Agents		x		G	N/A	
TRETINOIN GEL 0.1%PUMP	Dermatological Agents		x		G	N/A	
TREXALL TAB 10MG	Immunological Agents		x		4	N/A	
TREXALL TAB 15MG	Immunological Agents		x		4	N/A	
TREXALL TAB 5MG	Immunological Agents		x		4	N/A	
TREXALL TAB 7.5MG	Immunological Agents		x		4	N/A	
TREXIMET TAB 85-500MG	Antimigraine Agents		x		4	N/A	
TREZIX CAP	Analgesics		x		4	N/A	
TRIAMCINOLON AER SPRAY	Dermatological Agents		x		G	N/A	
TRIAMCINOLON OIN 0.05%	Dermatological Agents		x		G	N/A	
TRIANEX OIN 0.05%	Dermatological Agents		x		G	N/A	
TRIAZOLAM TAB 0.125MG	Sleep Disorder Agents		x		G	N/A	
TRIAZOLAM TAB 0.25MG	Sleep Disorder Agents		x		G	N/A	
TRIBENZOR20- TAB 5-12.5MG	Cardiovascular Agents		x		4	N/A	
TRIBENZOR40- TAB 10-12.5	Cardiovascular Agents		x		4	N/A	
TRIBENZOR40- TAB 10-25MG	Cardiovascular Agents		x		4	N/A	
TRIBENZOR40- TAB 5-12.5MG	Cardiovascular Agents		x		4	N/A	
TRIBENZOR40- TAB 5-25MG	Cardiovascular Agents		x		4	N/A	
TRICARE TAB PRENATAL	Vitamin/Supplement		x		4	N/A	
TRICARE PRE CAP 27-1-500	Vitamin/Supplement		x		4	N/A	
TRICOR TAB 145MG	Cardiovascular Agents		x		4	N/A	
TRICOR TAB 48MG	Cardiovascular Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
TRIDESILON CRE 0.05%	Dermatological Agents		x		4	N/A	
TRIGLIDE TAB 160MG	Cardiovascular Agents		x		4	N/A	
TRILEPTAL SUS 300MG/5M	Anticonvulsants		x		4	N/A	
TRILEPTAL TAB 150MG	Anticonvulsants		x		4	N/A	
TRILEPTAL TAB 300MG	Anticonvulsants		x		4	N/A	
TRILEPTAL TAB 600MG	Anticonvulsants		x		4	N/A	
TRILIPIX CAP 135MG	Cardiovascular Agents		x		4	N/A	
TRILIPIX CAP 45MG	Cardiovascular Agents		x		4	N/A	
TRINATAL RX TAB 1	Vitamin/Supplement		x		4	N/A	
TRINATE TAB	Vitamin/Supplement			x	4	3	
TRISTART CAP FREE	Vitamin/Supplement		x		4	N/A	
TRISTART DHA CAP	Vitamin/Supplement		x		4	N/A	
TRISTART ONE CAP 35-1-215	Vitamin/Supplement		x		4	N/A	
TRI-TABS DHA MIS	Vitamin/Supplement		x		4	N/A	
TRITOCIN OIN 0.05%	Dermatological Agents		x		G	N/A	
TRIVEEN-DUO PAK DHA	Vitamin/Supplement		x		4	N/A	
TRIZIVIR TAB	Antivirals		x		4	N/A	
TRUE FOCUS MIS BLOOD	Devices/Supplies		x		4	N/A	
TRUE METRIX TES GLUCOSE	Devices/Supplies		x		4	N/A	
TRUEDRAW MIS LANC DEV	Devices/Supplies			x	4	3	
TRUETEST TES	Devices/Supplies		x		4	N/A	
TRUETRACK TES	Devices/Supplies		x		4	N/A	
TRUETRACK TES BLD GLUC	Devices/Supplies		x		4	N/A	
TRUMENBA INJ	Immunological Agents			x	4	3	
TRUSELTIQ CAP 100MG	Antineoplastics		x		4	N/A	
TRUSELTIQ CAP 125MG	Antineoplastics		x		4	N/A	
TRUSELTIQ CAP 50MG	Antineoplastics		x		4	N/A	
TRUSELTIQ CAP 75MG	Antineoplastics		x		4	N/A	
TRUSOPT SOL 2% OP	Ophthalmic Agents		x		4	N/A	
TRUVADA TAB 100-150	Antivirals		x		4	N/A	
TRUVADA TAB 133-200	Antivirals		x		4	N/A	
TRUVADA TAB 167-250	Antivirals		x		4	N/A	
TRUVADA TAB 200-300	Antivirals		x		4	N/A	
TUDORZA PRES AER 400/ACT	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
TUSSICAPS CAP 10-8MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
TUSSIONEX SUS 10-8/5ML	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
TUXARIN ER TAB 54.3-8MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
TUZISTRA XR SUS	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
TWINRIX INJ	Immunological Agents	x			N/A	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
TWIRLA DIS 120-30	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
TWYNSTA TAB 40-10MG	Cardiovascular Agents		x		4	N/A	
TWYNSTA TAB 40-5MG	Cardiovascular Agents		x		4	N/A	
TWYNSTA TAB 80-10MG	Cardiovascular Agents		x		4	N/A	
TWYNSTA TAB 80-5MG	Cardiovascular Agents		x		4	N/A	
TYKERB TAB 250MG	Antineoplastics		x		4	N/A	
TYLENOL/COD TAB #3	Analgesics		x		4	N/A	
TYLENOL/COD TAB #4	Analgesics		x		4	N/A	
UCERIS TAB 9MG	Inflammatory Bowel Disease Agents		x		4	N/A	
ULESFIA LOT 5%	Dermatological Agents		x		4	N/A	
ULORIC TAB 40MG	Antigout Agents		x		4	N/A	
ULORIC TAB 80MG	Antigout Agents		x		4	N/A	
ULTI-LANCE MIS CLR TIP	Devices/Supplies			x	4	3	
ULTIMATECARE CAP ONE	Vitamin/Supplement		x		4	N/A	
ULTRACET TAB 37.5-325	Analgesics		x		4	N/A	
ULTRALANCE MIS 1.8MM	Devices/Supplies			x	4	3	
ULTRAM TAB 50MG	Analgesics		x		4	N/A	
ULTRATRAK TES ULTIMATE	Devices/Supplies		x		4	N/A	
ULTRATRK PRO TES	Devices/Supplies		x		4	N/A	
ULTRAVATE CRE 0.05%	Dermatological Agents		x		4	N/A	
ULTRAVATE LOT 0.05%	Dermatological Agents		x		4	N/A	
ULTRAVATE OIN 0.05%	Dermatological Agents		x		4	N/A	
UNISTIK 1 MIS 2.4MM	Devices/Supplies			x	4	3	
UNISTIK 1 MIS 3.0MM	Devices/Supplies			x	4	3	
UNISTIK 2 MIS	Devices/Supplies			x	4	3	
UNISTIK 2 MIS 1.8MM	Devices/Supplies			x	4	3	
UNISTIK 2 MIS 2.4MM	Devices/Supplies			x	4	3	
UNISTIK 2 MIS COMFORT	Devices/Supplies			x	4	3	
UNISTIK 2 MIS EXTRA	Devices/Supplies			x	4	3	
UNISTIK 2 MIS NEONATAL	Devices/Supplies			x	4	3	
UNISTIK 2 MIS NORMAL	Devices/Supplies			x	4	3	
UNISTIK 2 MIS SUPER	Devices/Supplies			x	4	3	
UNISTIK 23G MIS NORMAL	Devices/Supplies			x	4	3	
UNISTIK 3 MIS 1.8MM	Devices/Supplies			x	4	3	
UNISTIK 3 MIS COMFORT	Devices/Supplies			x	4	3	
UNISTIK 3 MIS EXTRA	Devices/Supplies			x	4	3	
UNISTIK 3 MIS NEONATAL	Devices/Supplies			x	4	3	
UNISTIK 3 MIS NORMAL	Devices/Supplies			x	4	3	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
UNISTIK 3 MIS XTR 21G	Devices/Supplies			x	4	3	
UNISTIK CZT MIS COMFORT	Devices/Supplies			x	4	3	
UNISTIK CZT MIS NORMAL	Devices/Supplies			x	4	3	
UNISTRIP1 TES GENERIC	Devices/Supplies		x		4	N/A	
UPNEEQ SOL 0.1%	Ophthalmic Agents		x		4	N/A	
URECHOLINE TAB 10MG	Genitourinary Agents		x		4	N/A	
URECHOLINE TAB 25MG	Genitourinary Agents		x		4	N/A	
URECHOLINE TAB 50MG	Genitourinary Agents		x		4	N/A	
URECHOLINE TAB 5MG	Genitourinary Agents		x		4	N/A	
UROCIT-K 10 TAB	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
UROCIT-K 15 TAB	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
UROCIT-K 5 TAB	Electrolytes/Minerals/ Metals/ Vitamins		x		4	N/A	
UROXATRAL TAB 10MG	Genitourinary Agents		x		4	N/A	
URSO 250 TAB 250MG	Gastrointestinal Agents		x		4	N/A	
URSO FORTE TAB 500MG	Gastrointestinal Agents		x		4	N/A	
UTIBRON CAP NEOHALER	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
VALACYCLOVIR TAB 1GM	#REF!			x	1	2	
VALCYTE SOL 50MG/ML	Antivirals		x		4	N/A	
VALCYTE TAB 450MG	Antivirals		x		4	N/A	
VALIUM TAB 10MG	Anxiolytics		x		4	N/A	
VALIUM TAB 2MG	Anxiolytics		x		4	N/A	
VALIUM TAB 5MG	Anxiolytics		x		4	N/A	
VALSART/HCTZ TAB 160-12.5	Cardiovascular Agents			x	1	2	
VALSART/HCTZ TAB 160-25MG	Cardiovascular Agents			x	1	2	
VALSART/HCTZ TAB 320-12.5	Cardiovascular Agents			x	1	2	
VALSART/HCTZ TAB 320-25MG	Cardiovascular Agents			x	1	2	
VALSARTAN TAB 160MG	Cardiovascular Agents			x	1	2	
VALSARTAN TAB 320MG	Cardiovascular Agents			x	1	2	
VALTREX TAB 1GM	Antivirals		x		4	N/A	
VALTREX TAB 500MG	Antivirals		x		4	N/A	
VALVD HOLDNG MIS CHAMBER	Devices/Supplies	x			N/A	3	
VANADOM TAB 350MG	Skeletal Muscle Relaxants		x		G	N/A	
VANATOL LQ SOL	Analgesics		x		G	N/A	
VANATOL S SOL	Analgesics		x		G	N/A	
VANCOCIN CAP 250MG	Antibacterials		x		4	N/A	
VANCOCIN HCL CAP 125MG	Antibacterials		x		4	N/A	
VANCOMYCIN SOL 250/5ML	Antibacterials		x		4	N/A	
VANOS CRE 0.1%	Dermatological Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
VANTAGE LANC MIS DEVICE	Devices/Supplies			x	4	3	
VAQTA INJ 25/0.5ML	Immunological Agents	x			N/A	3	
VAQTA INJ 50UNT/ML	Immunological Agents	x			N/A	3	
VARIVAX INJ	Immunological Agents			x	4	3	
VARUBI TAB 90MG	Antiemetics			x	4	3	
VASCEPA CAP 0.5GM	Cardiovascular Agents			x	4	3	
VASCEPA CAP 1GM	Cardiovascular Agents			x	4	3	
VASERETIC TAB 10-25MG	Cardiovascular Agents		x		4	N/A	
VASOTEC TAB 10MG	Cardiovascular Agents		x		4	N/A	
VASOTEC TAB 2.5MG	Cardiovascular Agents		x		4	N/A	
VASOTEC TAB 20MG	Cardiovascular Agents		x		4	N/A	
VASOTEC TAB 5MG	Cardiovascular Agents		x		4	N/A	
VAXELIS INJ	Immunological Agents			x	4	3	
VCF VAGINAL AER CONTRACP	Contraceptives- Non-Hormonal			x	4	3	
VCF VAGINAL GEL CONTRACE	Contraceptives- Non-Hormonal			x	4	4	
VCF VAGINAL MIS CONTRACP	Contraceptives- Non-Hormonal			x	4	3	
VECTICAL OIN 3MCG/GM	Dermatological Agents		x		4	N/A	
VELTIN GEL	Dermatological Agents		x		4	N/A	
VENA-BAL MIS DHA	Vitamin/Supplement		x		4	N/A	
VENLAFAXINE TAB 150MG ER	Antidepressants		x		G	N/A	
VENLAFAXINE TAB 225MG ER	Antidepressants		x		G	N/A	
VENLAFAXINE TAB 37.5 ER	Antidepressants		x		G	N/A	
VENLAFAXINE TAB 75MG ER	Antidepressants		x		G	N/A	
VENT NEEDLE MIS 16GX1"	Devices/Supplies	x			N/A	3	
VENT NEEDLE MIS 18GX1"	Devices/Supplies	x			N/A	3	
VENT NEEDLE MIS 18GX1.5"	Devices/Supplies	x			N/A	3	
VERASENS TES	Devices/Supplies		x		4	N/A	
VERDESO AER 0.05%	Dermatological Agents		x		4	N/A	
VEREGEN OIN 15%	Dermatological Agents		x		4	N/A	
VERELAN CAP 120MG SR	Cardiovascular Agents		x		4	N/A	
VERELAN CAP 180MG SR	Cardiovascular Agents		x		4	N/A	
VERELAN CAP 240MG SR	Cardiovascular Agents		x		4	N/A	
VERELAN CAP 360MG SR	Cardiovascular Agents		x		4	N/A	
VERQUVO TAB 10MG	Cardiovascular Agents				3	3	PA, QL
VERQUVO TAB 2.5MG	Cardiovascular Agents				3	3	PA, QL
VERQUVO TAB 5MG	Cardiovascular Agents				3	3	PA, QL
VESICARE TAB 10MG	Genitourinary Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
VESICARE TAB 5MG	Genitourinary Agents		x		4	N/A	
VESICARE LS SUS 5MG/5ML	Genitourinary Agents		x		4	N/A	
VFEND SUS 40MG/ML	Antifungals		x		4	N/A	
VFEND TAB 200MG	Antifungals		x		4	N/A	
VFEND TAB 50MG	Antifungals		x		4	N/A	
VIAGRA TAB 100MG	Genitourinary Agents		x		4	N/A	
VIAGRA TAB 25MG	Genitourinary Agents		x		4	N/A	
VIAGRA TAB 50MG	Genitourinary Agents		x		4	N/A	
VIBRAMYCIN CAP 100MG	Antibacterials		x		4	N/A	
VIBRAMYCIN SUS 25MG/5ML	Antibacterials		x		4	N/A	
VIBRAMYCIN SYP 50MG/5ML	Antibacterials		x		4	N/A	
VIDEX EC CAP 200MG	Antivirals		x		4	N/A	
VIDEX EC CAP 250MG	Antivirals		x		4	N/A	
VIDEX EC CAP 400MG	Antivirals		x		4	N/A	
VIEKIRA PAK TAB	Antivirals		x		4	N/A	
VIGAMOX DRO 0.5%	Ophthalmic Agents		x		4	N/A	
VIMOVO TAB 375-20MG	Analgesics		x		4	N/A	
VIMOVO TAB 500-20MG	Analgesics		x		4	N/A	
VINATE DHA CAP 27-1.13	Vitamin/Supplement		x		4	N/A	
VINATE II TAB	Vitamin/Supplement			x	4	3	
VINATE ONE TAB	Vitamin/Supplement			x	4	3	
VIOKACE TAB 10440	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
VIOKACE TAB 20880	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
VIRAMUNE SUS 50MG/5ML	Antivirals		x		4	N/A	
VIRAMUNE TAB 200MG	Antivirals		x		4	N/A	
VIRAMUNE XR TAB 400MG	Antivirals		x		4	N/A	
VIRAZOLE INH 6GM	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
VIREAD TAB 300MG	Antivirals		x		4	N/A	
VIRT-C DHA CAP	Vitamin/Supplement		x		4	N/A	
VIRT-NATE CAP DHA	Vitamin/Supplement		x		4	N/A	
VIRT-PN DHA CAP	Vitamin/Supplement		x		4	N/A	
VIRT-PN PLUS CAP	Vitamin/Supplement		x		4	N/A	
VISTARIL CAP 25MG	Anxiolytics		x		4	N/A	
VISTARIL CAP 50MG	Anxiolytics		x		4	N/A	
VISTOGARD PAK 10GM	Dermatological Agents		x		4	N/A	
VITAFOL CAP ULTRA	Vitamin/Supplement		x		4	N/A	
VITAFOL CHW GUMMIES	Vitamin/Supplement		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
VITAFOL FE+ CAP	Vitamin/Supplement		x		4	N/A	
VITAFOL STRP MIS 1MG	Vitamin/Supplement		x		4	N/A	
VITAFOL-NANO TAB	Vitamin/Supplement		x		4	N/A	
VITAFOL-OB PAK +DHA	Vitamin/Supplement		x		4	N/A	
VITAFOL-OB TAB 65-1MG	Vitamin/Supplement		x		4	N/A	
VITAFOL-ONE CAP	Vitamin/Supplement		x		4	N/A	
VITAMEDMD CAP ONE RX	Vitamin/Supplement		x		4	N/A	
VITAPEARL CAP	Vitamin/Supplement		x		4	N/A	
VITATHELY TAB	Vitamin/Supplement		x		4	N/A	
VITATRUE MIS	Vitamin/Supplement		x		4	N/A	
VIVA DHA CAP	Vitamin/Supplement		x		4	N/A	
VIVAGUARD MIS LANCING	Devices/Supplies			x	4	3	
VIVAGUARD TES INO	Devices/Supplies		x		4	N/A	
VIVELLE-DOT DIS 0.025MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
VIVELLE-DOT DIS 0.0375MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
VIVELLE-DOT DIS 0.05MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
VIVELLE-DOT DIS 0.075MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
VIVELLE-DOT DIS 0.1MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
VIVLODEX CAP 10MG	Analgesics		x		4	N/A	
VIVLODEX CAP 5MG	Analgesics		x		4	N/A	
VOCAL POINT TES BLD GLUC	Devices/Supplies		x		4	N/A	
VOGELXO GEL 1%(50MG)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
VOGELXO GEL PUMP 1%	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
VOL-NATE TAB	Vitamin/Supplement		x		4	N/A	
VOL-PLUS TAB	Vitamin/Supplement		x		4	N/A	
VOL-TAB RX TAB	Vitamin/Supplement		x		4	N/A	
VOLTAREN GEL 1%	Analgesics		x		4	N/A	
VORTEX VALVE MIS CHAMBER	Devices/Supplies	x			N/A	3	
VP-PNV-DHA CAP	Vitamin/Supplement		x		4	N/A	
VTOL LQ SOL	Analgesics		x		4	N/A	
VUMERITY CAP 231MG	Central Nervous System Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
VUSION OIN	Dermatological Agents		x		4	N/A	
VYTORIN TAB 10-10MG	Cardiovascular Agents		x		4	N/A	
VYTORIN TAB 10-20MG	Cardiovascular Agents		x		4	N/A	
VYTORIN TAB 10-40MG	Cardiovascular Agents		x		4	N/A	
VYTORIN TAB 10-80MG	Cardiovascular Agents		x		4	N/A	
VYZULTA SOL 0.024%	Ophthalmic Agents		x		4	N/A	
WAKIX TAB 17.8MG	Sleep Disorder Agents		x		4	N/A	
WAKIX TAB 4.45MG	Sleep Disorder Agents		x		4	N/A	
WATCHHALER MIS	Devices/Supplies	x			N/A	3	
WAVESENSE TES PRESTO	Devices/Supplies		x		4	N/A	
WEE CARE SUS 15/1.25	Electrolytes/Minerals/ Metals/ Vitamins			x	1	2	
WEGOVY INJ 0.25MG	Weight Loss		x		4	N/A	
WEGOVY INJ 0.5MG	Weight Loss		x		4	N/A	
WEGOVY INJ 1.7MG	Weight Loss		x		4	N/A	
WEGOVY INJ 2.4MG	Weight Loss		x		4	N/A	
WELCHOL PAK 3.75GM	Cardiovascular Agents		x		4	N/A	PA, QL
WELCHOL TAB 625MG	Cardiovascular Agents		x		4	N/A	
WELLBUTRIN TAB 100MG SR	Antidepressants		x		4	N/A	
WELLBUTRIN TAB 150MG SR	Antidepressants		x		4	N/A	
WELLBUTRIN TAB 200MG SR	Antidepressants		x		4	N/A	
WELLBUTRIN TAB XL 150MG	Antidepressants		x		4	N/A	
WELLBUTRIN TAB XL 300MG	Antidepressants		x		4	N/A	
WESTAB MAX TAB 2.5-25-2	Electrolytes/Minerals/ Metals/ Vitamins			x	4	1	
WESTAB PLUS TAB 27-1MG	Vitamin/Supplement		x		4	N/A	
WESTGEL DHA CAP	Vitamin/Supplement		x		4	N/A	
WIDE-SEAL DPR KIT 60	Contraceptives- Non-Hormonal			x	4	3	
WIDE-SEAL DPR KIT 65	Contraceptives- Non-Hormonal			x	4	3	
WIDE-SEAL DPR KIT 70	Contraceptives- Non-Hormonal			x	4	3	
WIDE-SEAL DPR KIT 75	Contraceptives- Non-Hormonal			x	4	3	
WIDE-SEAL DPR KIT 80	Contraceptives- Non-Hormonal			x	4	3	
WIDE-SEAL DPR KIT 85	Contraceptives- Non-Hormonal			x	4	3	
WIDE-SEAL DPR KIT 90	Contraceptives- Non-Hormonal			x	4	3	
WIDE-SEAL DPR KIT 95	Contraceptives- Non-Hormonal			x	4	3	
WINLEVI CRE 1%	Dermatological Agents		x		4	N/A	
WIXELA INHUB AER 100/50	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
WIXELA INHUB AER 250/50	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
WIXELA INHUB AER 500/50	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
WYNZORA CRE	Dermatological Agents		x		4	N/A	QL
XADAGO TAB 100MG	Antiparkinson Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
XADAGO TAB 50MG	Antiparkinson Agents		x		4	N/A	
XALATAN SOL 0.005%	Ophthalmic Agents		x		4	N/A	
XANAX TAB 0.25MG	Anxiolytics		x		4	N/A	
XANAX TAB 0.5MG	Anxiolytics		x		4	N/A	
XANAX TAB 1MG	Anxiolytics		x		4	N/A	
XANAX TAB 2MG	Anxiolytics		x		4	N/A	
XANAX XR TAB 0.5MG	Anxiolytics		x		4	N/A	
XANAX XR TAB 1MG	Anxiolytics		x		4	N/A	
XANAX XR TAB 2MG	Anxiolytics		x		4	N/A	
XANAX XR TAB 3MG	Anxiolytics		x		4	N/A	
XATMEP SOL 2.5MG/ML	Immunological Agents		x		4	N/A	
XELODA TAB 150MG	Antineoplastics		x		4	N/A	
XELODA TAB 500MG	Antineoplastics		x		4	N/A	
XELPROS EMU 0.005%	Ophthalmic Agents		x		4	N/A	
XENAZINE TAB 12.5MG	Central Nervous System Agents		x		4	N/A	
XENAZINE TAB 25MG	Central Nervous System Agents		x		4	N/A	
XENLETA TAB 600MG	Antibacterials		x		4	N/A	
XEPI CRE 1%	Dermatological Agents		x		4	N/A	
XERESE CRE 5-1%	Antivirals		x		4	N/A	PA
XHANCE MIS 93MCG	Respiratory Tract/ Pulmonary Agents				4	4	PA, QL
XIIDRA DRO 5%	Ophthalmic Agents		x		4	N/A	
XIMINO CAP 135MG ER	Antibacterials		x		4	N/A	
XIMINO CAP 45MG ER	Antibacterials		x		4	N/A	
XIMINO CAP 90MG ER	Antibacterials		x		4	N/A	
XOLAIR INJ 150MG/ML	Immunological Agents		x		4	N/A	
XOLAIR INJ 75/0.5	Immunological Agents		x		4	N/A	
XOLEGEL GEL 2%	Antifungals		x		4	N/A	PA
XOPENEX NEB 0.31MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
XOPENEX NEB 0.63MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
XOPENEX NEB 1.25/3ML	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
XOPENEX CONC NEB 1.25/0.5	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
XOPENEX HFA AER	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
XURIDEN POW 2GM	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
XYOSTED INJ 100/0.5	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
XYOSTED INJ 50/0.5	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
XYOSTED INJ 75/0.5	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
YALE NEEDLE MIS 26GX3/4"	Devices/Supplies	x			N/A	3	
YALE NEEDLES MIS 17X3-1/2	Devices/Supplies	x			N/A	3	
YALE NEEDLES MIS 19G X 3"	Devices/Supplies	x			N/A	3	
YALE NEEDLES MIS 21GX1.25	Devices/Supplies	x			N/A	3	
YALE NEEDLES MIS 25G X 2"	Devices/Supplies	x			N/A	3	
YALE NEEDLES MIS 27G X 1"	Devices/Supplies	x			N/A	3	
YALE NEEDLES MIS 30GX1/2"	Devices/Supplies	x			N/A	3	
YALE TB SYRN MIS 1/2ML GL	Devices/Supplies	x			N/A	3	
YALE TB SYRN MIS LL 1ML	Devices/Supplies	x			N/A	3	
YASMIN 28 TAB 3-0.03MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
YAZ TAB 3-0.02MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		4	N/A	
YOSPRALA TAB 325-40MG	Blood Products and Modifiers		x		4	N/A	
YOSPRALA TAB 81-40MG	Blood Products and Modifiers		x		4	N/A	
YUPELRI SOL	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
YUVAFEM TAB 10MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		x		G	N/A	
ZANAFLEX CAP 2MG	Antispasticity Agents		x		4	N/A	
ZANAFLEX CAP 4MG	Antispasticity Agents		x		4	N/A	
ZANAFLEX CAP 6MG	Antispasticity Agents		x		4	N/A	
ZANAFLEX TAB 4MG	Antispasticity Agents		x		4	N/A	
ZATEAN-PN CAP DHA	Vitamin/Supplement		x		4	N/A	
ZATEAN-PN CAP PLUS	Vitamin/Supplement		x		4	N/A	
ZAVESCA CAP 100MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		x		4	N/A	
ZCORT 7-DAY TAB 1.5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		x		4	N/A	
ZEBUTAL CAP	Analgesics		x		G	N/A	
ZEGERID CAP 20-1100	Gastrointestinal Agents		x		4	N/A	
ZEGERID CAP 40-1100	Gastrointestinal Agents		x		4	N/A	
ZEGERID POW 20-1680	Gastrointestinal Agents		x		4	N/A	
ZEGERID POW 40-1680	Gastrointestinal Agents		x		4	N/A	
ZELAPAR TAB 1.25MG	Antiparkinson Agents		x		4	N/A	
ZELNORM TAB 6MG	Gastrointestinal Agents		x		4	N/A	
ZEMBRACE SYM INJ 3/0.5ML	Antimigraine Agents		x		4	N/A	
ZEMPLAR CAP 1MCG	Metabolic Bone Disease Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ZEMPLAR CAP 2MCG	Metabolic Bone Disease Agents		x		4	N/A	
ZENZEDI TAB 15MG	Central Nervous System Agents		x		4	N/A	
ZENZEDI TAB 2.5MG	Central Nervous System Agents		x		4	N/A	
ZENZEDI TAB 20MG	Central Nervous System Agents		x		4	N/A	
ZENZEDI TAB 30MG	Central Nervous System Agents		x		4	N/A	
ZENZEDI TAB 7.5MG	Central Nervous System Agents		x		4	N/A	
ZEPATIER TAB 50-100MG	Antivirals		x		4	N/A	
ZERVIAE DRO 0.24%	Ophthalmic Agents		x		4	N/A	
ZESTORETIC TAB 10-12.5	Cardiovascular Agents		x		4	N/A	
ZESTORETIC TAB 20-12.5	Cardiovascular Agents		x		4	N/A	
ZESTORETIC TAB 20-25MG	Cardiovascular Agents		x		4	N/A	
ZESTRIL TAB 10MG	Cardiovascular Agents		x		4	N/A	
ZESTRIL TAB 2.5MG	Cardiovascular Agents		x		4	N/A	
ZESTRIL TAB 20MG	Cardiovascular Agents		x		4	N/A	
ZESTRIL TAB 30MG	Cardiovascular Agents		x		4	N/A	
ZESTRIL TAB 40MG	Cardiovascular Agents		x		4	N/A	
ZESTRIL TAB 5MG	Cardiovascular Agents		x		4	N/A	
ZETIA TAB 10MG	Cardiovascular Agents		x		4	N/A	
ZETONNA AER 37MCG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
ZIAC TAB 10/6.25	Cardiovascular Agents		x		4	N/A	
ZIAC TAB 2.5/6.25	Cardiovascular Agents		x		4	N/A	
ZIAC TAB 5-6.25MG	Cardiovascular Agents		x		4	N/A	
ZIAGEN SOL 20MG/ML	Antivirals		x		4	N/A	
ZIAGEN TAB 300MG	Antivirals		x		4	N/A	
ZIANA GEL	Dermatological Agents		x		4	N/A	
ZILEUTON ER TAB 600MG	Respiratory Tract/ Pulmonary Agents		x		G	N/A	
ZILXI AER 1.5%	Dermatological Agents		x		4	N/A	
ZIOPTAN DRO 0.0015%	Ophthalmic Agents		x		4	N/A	
ZIPSOR CAP 25MG	Analgesics		x		4	N/A	
ZIRGAN GEL 0.15%	Ophthalmic Agents		x		4	N/A	
ZITHROMAX SUS 100/5ML	Antibacterials		x		4	N/A	
ZITHROMAX SUS 200/5ML	Antibacterials		x		4	N/A	
ZITHROMAX TAB 250MG	Antibacterials		x		4	N/A	
ZITHROMAX TAB 500MG	Antibacterials		x		4	N/A	
ZITHROMAX TAB 600MG	Antibacterials		x		4	N/A	
ZITHROMAX TAB TRI-PAK	Antibacterials		x		4	N/A	
ZITHROMAX TAB Z-PAK	Antibacterials		x		4	N/A	
ZOCOR TAB 10MG	Cardiovascular Agents		x		4	N/A	
ZOCOR TAB 20MG	Cardiovascular Agents		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ZOCOR TAB 40MG	Cardiovascular Agents		x		4	N/A	
ZOCOR TAB 5MG	Cardiovascular Agents		x		4	N/A	
ZOCOR TAB 80MG	Cardiovascular Agents		x		4	N/A	
ZOFRAN TAB 4MG	Antiemetics		x		4	N/A	
ZOFRAN TAB 8MG	Antiemetics		x		4	N/A	
ZOXYDRO ER CAP 10MG	Analgesics		x		4	N/A	
ZOXYDRO ER CAP 15MG	Analgesics		x		4	N/A	
ZOXYDRO ER CAP 20MG	Analgesics		x		4	N/A	
ZOXYDRO ER CAP 30MG	Analgesics		x		4	N/A	
ZOXYDRO ER CAP 40MG	Analgesics		x		4	N/A	
ZOXYDRO ER CAP 50MG	Analgesics		x		4	N/A	
ZOKINVY CAP 50MG					3	3	PA, QL
ZOKINVY CAP 75MG					3	3	PA, QL
ZOLINZA CAP 100MG	Antineoplastics			x	4	3	
ZOLMITRIPTAN SPR 2.5MG	Antimigraine Agents		x		4	N/A	
ZOLMITRIPTAN SPR 5MG	Antimigraine Agents		x		4	N/A	
ZOLOFT CON 20MG/ML	Antidepressants		x		4	N/A	
ZOLOFT TAB 100MG	Antidepressants		x		4	N/A	
ZOLOFT TAB 25MG	Antidepressants		x		4	N/A	
ZOLOFT TAB 50MG	Antidepressants		x		4	N/A	
ZOLPIMIST SPR 5MG	Sleep Disorder Agents		x		4	N/A	
ZOMACTON INJ 10MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
ZOMACTON INJ 5MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		x		4	N/A	
ZOMIG SPR 2.5MG	Antimigraine Agents		x		4	N/A	
ZOMIG SPR 5MG	Antimigraine Agents		x		4	N/A	
ZOMIG TAB 2.5MG	Antimigraine Agents		x		4	N/A	
ZOMIG TAB 5MG	Antimigraine Agents		x		4	N/A	
ZOMIG ZMT TAB 2.5 MG	Antimigraine Agents		x		4	N/A	
ZOMIG ZMT TAB 5MG ODT	Antimigraine Agents		x		4	N/A	
ZONALON CRE 5%	Dermatological Agents		x		4	N/A	
ZONEGRAN CAP 100MG	Anticonvulsants		x		4	N/A	
ZONEGRAN CAP 25MG	Anticonvulsants		x		4	N/A	
ZORBTIVE INJ 8.8MG	Gastrointestinal Agents		x		4	N/A	
ZORVOLEX CAP 18MG	Analgesics		x		4	N/A	
ZORVOLEX CAP 35MG	Analgesics		x		4	N/A	
ZOSTAVAX INJ	Immunological Agents			x	4	3	
ZOVIRAX CAP 200MG	Antivirals		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ZOVIRAX CRE 5%	Antivirals		x		4	N/A	
ZOVIRAX OIN 5%	Antivirals		x		4	N/A	
ZOVIRAX SUS 200/5ML	Antivirals		x		4	N/A	
ZOVIRAX TAB 400MG	Antivirals		x		4	N/A	
ZOVIRAX TAB 800MG	Antivirals		x		4	N/A	
ZTLIDO PAD 1.8%	Anesthetics		x		4	N/A	
ZUBSOLV SUB 0.7-0.18	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
ZUBSOLV SUB 1.4-0.36	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
ZUBSOLV SUB 11.4-2.9	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
ZUBSOLV SUB 2.9-0.71	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
ZUBSOLV SUB 5.7-1.4	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
ZUBSOLV SUB 8.6-2.1	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
ZUPLENZ MIS 4MG	Antiemetics		x		4	N/A	
ZUPLENZ MIS 8MG	Antiemetics		x		4	N/A	
ZYBAN TAB 150MG SR	Anti-Addiction/ Substance Abuse Treatment Agents		x		4	N/A	
ZYCLARA CRE 3.75%	Dermatological Agents		x		4	N/A	
ZYCLARA PUMP CRE 2.5%	Dermatological Agents		x		4	N/A	
ZYCLARA PUMP CRE 3.75%	Dermatological Agents		x		4	N/A	
ZYDELIG TAB 100MG	Antineoplastics			x	4	3	
ZYDELIG TAB 150MG	Antineoplastics			x	4	3	
ZYFLO TAB 600MG	Respiratory Tract/ Pulmonary Agents		x		4	N/A	
ZYKADIA CAP 150MG	Antineoplastics			x	4	3	
ZYKADIA TAB 150MG	Antineoplastics			x	4	3	
ZYLET SUS 0.5-0.3%	Ophthalmic Agents		x		3	N/A	
ZYLOPRIM TAB 100MG	Antigout Agents		x		4	N/A	
ZYLOPRIM TAB 300MG	Antigout Agents		x		4	N/A	
ZYMAXID SOL 0.5%	Ophthalmic Agents		x		4	N/A	
ZYPITAMAG TAB 1MG	Cardiovascular Agents		x		4	N/A	
ZYPITAMAG TAB 2MG	Cardiovascular Agents		x		4	N/A	
ZYPITAMAG TAB 4MG	Cardiovascular Agents		x		4	N/A	
ZYPREXA TAB 10MG	Antipsychotics		x		4	N/A	
ZYPREXA TAB 15MG	Antipsychotics		x		4	N/A	

Drug Product Name	Therapeutic Category	Added to Coverage	Removed from Coverage	Tier Change	Old Drug List Tier*	New Performance Drug List Tier* (as of 1.1.22)	Special Requirements**
ZYPREXA TAB 2.5MG	Antipsychotics		x		4	N/A	
ZYPREXA TAB 20MG	Antipsychotics		x		4	N/A	
ZYPREXA TAB 5MG	Antipsychotics		x		4	N/A	
ZYPREXA TAB 7.5MG	Antipsychotics		x		4	N/A	
ZYPREXA ZYDI TAB 10MG	Antipsychotics		x		4	N/A	
ZYPREXA ZYDI TAB 15MG	Antipsychotics		x		4	N/A	
ZYPREXA ZYDI TAB 20MG	Antipsychotics		x		4	N/A	
ZYPREXA ZYDI TAB 5MG	Antipsychotics		x		4	N/A	
ZYTIGA TAB 250MG	Antineoplastics		x		4	N/A	
ZYTIGA TAB 500MG	Antineoplastics		x		4	N/A	
ZYVOX SUS 100MG/5M	Antibacterials		x		4	N/A	
ZYVOX TAB 600MG	Antibacterials		x		4	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. Only you and your doctor can decide which medicine is right for you. 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 Texas (BCBSTX) contracts with Prime Therapeutics LLC to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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

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