



## 2022 Pharmacy Benefit Drug List Changes

Starting January 1, 2022, some prescription drugs may:

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

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

### What you need to know:

- Talk with your doctor if any of these changes affect drugs you're currently using.
- Coverage for new drugs added to your plan will begin when your plan renews or starts on or after January 1, 2022.
- If your drug has been removed from coverage, ask your doctor about your options. Often, a covered generic or brand alternative may be available.
- If your drug has moved to a higher drug tier (e.g. tier 03 to tier 04), ask your doctor if a lower-cost alternative might be right for you.
- Your out-of-pocket costs may be less for drugs that move to a lower drug tier (e.g. tier 02 to tier 01).
- If your drug has a new special requirement, your doctor may need to submit a request to us before you may receive coverage.
- Call the Customer Service number listed on your Member ID card if you have any questions.

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

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

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

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

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

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

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

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

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

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|---|---------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| CHLOROTHIAZIDE TAB 250 MG                                       | CARDIOVASCULAR AGENTS     |                   | X                     |             | 04              | N/A             |                        |
| CHLOROTHIAZIDE TAB 500 MG                                       | CARDIOVASCULAR AGENTS     |                   | X                     |             | 04              | N/A             |                        |
| CHLORZOXAZONE TAB 500 MG  | SKELETAL MUSCLE RELAXANTS | X                 |                       |             | N/A             | 02              |                        |
| CIPRODEX SUS 0.3-0.1%   | OTIC AGENTS               |                   | X                     |             | 04              | N/A             |                        |
| CIPROFLOXACIN FOR ORAL SUSP 500 MG/5 ML (10%) (10 GM/100 ML)    | ANTIBACTERIALS            |                   | X                     |             | 02              | N/A             |                        |
| CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLUTION 0.3-0.025% | OTIC AGENTS               |                   | X                     |             | 04              | N/A             |                        |
| CIPROFLOXACIN TAB 100 MG  | ANTIBACTERIALS            |                   | X                     |             | 04              | N/A             |                        |
| CLENPIQ SOLUTION  | GASTROINTESTINAL AGENTS   | X                 |                       |             | N/A             | 04              |                        |
| CLINDAMYCIN CAP 75 MG   | ANTIBACTERIALS            |                   |                       | X           | 02              | 01              |                        |
| CLINDAMYCIN PHOSPHATE-TRETINOIN GEL 1.2-0.025%                  | DERMATOLOGICAL AGENTS     |                   |                       |             |                 |                 | PA                     |
| CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1-5%                 | DERMATOLOGICAL AGENTS     |                   | X                     |             | 02              | N/A             |                        |
| CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%     | DERMATOLOGICAL AGENTS     | X                 |                       |             | N/A             | 02              |                        |
| CLOBAZAM SUS 2.5 MG/ML  | ANTICONVULSANTS           | X                 |                       |             | N/A             | 02              |                        |
| CLOBAZAM TAB 10 MG  | ANTICONVULSANTS           | X                 |                       |             | N/A             | 02              |                        |
| CLOBAZAM TAB 20 MG  | ANTICONVULSANTS           | X                 |                       |             | N/A             | 02              |                        |
| CLOBETASOL AER 0.05%  | DERMATOLOGICAL AGENTS     |                   |                       |             |                 |                 | QL                     |
| CLOBETASOL GEL 0.05%  | DERMATOLOGICAL AGENTS     |                   | X                     |             | 02              | N/A             |                        |
| CLOBETASOL LOTION 0.05%   | DERMATOLOGICAL AGENTS     |                   | X                     |             | 02              | N/A             |                        |
| CLOBETASOL SHA 0.05%  | DERMATOLOGICAL AGENTS     |                   | X                     |             | 02              | N/A             |                        |
| CLOCORTOLONE CREAM 0.1%   | DERMATOLOGICAL AGENTS     | X                 |                       |             | N/A             | 04              |                        |
| CLOTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05%                    | DERMATOLOGICAL AGENTS     |                   | X                     |             | 02              | N/A             |                        |
| COLCHICINE TAB 0.6 MG   | ANTIGOUT AGENTS           | X                 |                       |             | N/A             | 02              |                        |
| COLESEVELAM PAK 3.75 GM   | CARDIOVASCULAR AGENTS     |                   | X                     |             | 02              | N/A             | PA, QL                 |
| COLY-MYCIN S SUS OTIC   | OTIC AGENTS               |                   |                       |             | 04              | 04              | PA                     |
| COMBIGAN SOLUTION 0.2/0.5%                                      | OPHTHALMIC AGENTS         | X                 |                       |             | N/A             | 04              |                        |
| CONDYLOX GEL 0.5%   | DERMATOLOGICAL AGENTS     |                   | X                     |             | 04              | N/A             |                        |
| CORTISPORIN CREAM 0.5%  | DERMATOLOGICAL AGENTS     |                   | X                     |             | 04              | N/A             |                        |

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|--|--|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| CORTISPORIN OINTMENT 1%  | DERMATOLOGICAL AGENTS  |                   | X                     |             | 04              | N/A             |                        |
| CROMOLYN SODIUM ORAL CONC 100 MG/5 ML                          | GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT |                   |                       |             | 02              | 02              | PA                     |
| CYCLOPHOSPHAMIDE CAP 25 MG                                     | ANTINEOPLASTICS  |                   | X                     |             | 02              | N/A             |                        |
| CYCLOPHOSPHAMIDE CAP 50 MG                                     | ANTINEOPLASTICS  |                   | X                     |             | 02              | N/A             |                        |
| CYCLOPHOSPHAMIDE TAB 25 MG                                     | ANTINEOPLASTICS  |                   |                       | X           | 04              | 02              |                        |
| CYCLOPHOSPHAMIDE TAB 50 MG                                     | ANTINEOPLASTICS  |                   |                       | X           | 04              | 02              |                        |
| CYCLOSERINE CAP 250 MG   | ANTIMYCOBACTERIALS   |                   | X                     |             | 02              | N/A             |                        |
| DENA VIR CREAM 1%  | ANTIVIRALS   |                   | X                     |             | 04              | N/A             |                        |
| DESMOPRESSIN ACETATE NASAL SPRAY SOLUTION 0.01% (REFRIGERATED) | HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)           |                   | X                     |             | 02              | N/A             |                        |
| DESONIDE LOTION 0.05%  | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| DESOXIMETASONE CREAM 0.05%                                     | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |
| DESOXIMETASONE CREAM 0.25%                                     | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | QL                     |
| DESOXIMETASONE GEL 0.05%                                       | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             | QL                     |
| DESOXIMETASONE SPRAY 0.25%                                     | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |
| DESOXIMETASONE OINTMENT 0.05%                                  | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |
| DESOXIMETASONE OINTMENT 0.25%                                  | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | QL                     |
| DIASTAT PED GEL 2.5 M GEL                                      | ANTICONSULTANTS  |                   |                       | X           | 03              | 04              |                        |
| DIASTAT AC DL GEL 5-10 MG                                      | ANTICONSULTANTS  |                   |                       | X           | 03              | 04              |                        |
| DIASTAT AC DL GEL 12.5-20                                      | ANTICONSULTANTS  |                   |                       | X           | 03              | 04              |                        |
| DIFFERIN CREAM 0.1%  | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA                     |
| DIFFERIN GEL 0.1%  | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA                     |
| DIFFERIN GEL 0.3%  | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA                     |
| DIFFERIN LOTION 0.1%   | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA                     |
| DIFLORASONE CREAM 0.05%  | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |

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|---|-------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| DIFLORASONE OINTMENT 0.05%                      | DERMATOLOGICAL AGENTS   | X                 |                       |             | N/A             | 02              | QL                     |
| DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML  | ANTIMIGRAINE AGENTS     |                   |                       |             |                 |                 | PA                     |
| DILTIAZEM CAP 180 MG ER                         | CARDIOVASCULAR AGENTS   |                   |                       | X           | 02              | 01              |                        |
| DILTIAZEM CAP 180 MG/24                         | CARDIOVASCULAR AGENTS   |                   |                       | X           | 02              | 01              |                        |
| DILTIAZEM CAP 360 MG CD                         | CARDIOVASCULAR AGENTS   |                   | X                     |             | 02              | N/A             |                        |
| DILTIAZEM CAP 360 MG ER                         | CARDIOVASCULAR AGENTS   |                   | X                     |             | 02              | N/A             |                        |
| DILTIAZEM ER TAB 300 MG                         | CARDIOVASCULAR AGENTS   |                   | X                     |             | 02              | N/A             |                        |
| DILTIAZEM ER TAB 360 MG                         | CARDIOVASCULAR AGENTS   |                   | X                     |             | 02              | N/A             |                        |
| DILTIAZEM ER TAB 420 MG                         | CARDIOVASCULAR AGENTS   |                   | X                     |             | 02              | N/A             |                        |
| DIPHENOXYLATE W/ ATROPINE LIQ 2.5-0.025 MG/5 ML | GASTROINTESTINAL AGENTS |                   | X                     |             | 04              | N/A             | PA, QL                 |
| DORAL TAB 15 MG                                 | SLEEP DISORDER AGENTS   |                   |                       |             |                 |                 | PA, QL                 |
| DOXEPIN HCL CREAM 5%                            | DERMATOLOGICAL AGENTS   | X                 |                       |             | N/A             | 04              |                        |
| DOXYCYCLINE MONOHYDRATE TAB 150 MG              | ANTIBACTERIALS          |                   | X                     |             | 02              | N/A             |                        |
| DUOBRII LOTION                                  | DERMATOLOGICAL AGENTS   |                   |                       |             |                 |                 | QL                     |
| EC-NAPROXEN TAB 375 MG                          | ANALGESICS              |                   | X                     |             | 01              | N/A             |                        |
| EC-NAPROXEN TAB 500 MG                          | ANALGESICS              |                   | X                     |             | 01              | N/A             |                        |
| EDARBI TAB 40 MG                                | CARDIOVASCULAR AGENTS   |                   | X                     |             | 04              | N/A             |                        |
| EDARBI TAB 80 MG                                | CARDIOVASCULAR AGENTS   |                   | X                     |             | 04              | N/A             |                        |
| ELEPSIA XR TAB 1000 MG                          | ANTICONVULSANTS         |                   |                       |             |                 |                 | PA, QL                 |
| ELEPSIA XR TAB 1500 MG                          | ANTICONVULSANTS         |                   |                       |             |                 |                 | PA, QL                 |
| EMBEDA CAP 20-0.8 MG                            | ANALGESICS              |                   | X                     |             | 04              | N/A             |                        |
| EMBEDA CAP 30-1.2 MG                            | ANALGESICS              |                   | X                     |             | 04              | N/A             |                        |
| EMBEDA CAP 50-2 MG                              | ANALGESICS              |                   | X                     |             | 04              | N/A             |                        |
| EMBEDA CAP 60-2.4 MG                            | ANALGESICS              |                   | X                     |             | 04              | N/A             |                        |
| EMBEDA CAP 80-3.2 MG                            | ANALGESICS              |                   | X                     |             | 04              | N/A             |                        |
| EMBEDA CAP 100-4 MG                             | ANALGESICS              |                   | X                     |             | 04              | N/A             |                        |
| EMSAM DIS 6 MG/24 HR                            | ANTIDEPRESSANTS         |                   | X                     |             | 04              | N/A             |                        |
| EMSAM DIS 9 MG/24 HR                            | ANTIDEPRESSANTS         |                   | X                     |             | 04              | N/A             |                        |
| EMSAM DIS 12 MG/24 HR                           | ANTIDEPRESSANTS         |                   | X                     |             | 04              | N/A             |                        |
| EMTRIVA CAP 200 MG                              | ANTIVIRALS              |                   | X                     |             | 04              | N/A             |                        |
| ENSTILAR AER                                    | DERMATOLOGICAL AGENTS   |                   |                       |             | 03              | 03              | QL                     |
| EPIDUO GEL 0.1-2.5%                             | DERMATOLOGICAL AGENTS   |                   |                       |             |                 |                 | PA                     |
| EPIDUO FORTE GEL 0.3-2.5%                       | DERMATOLOGICAL AGENTS   |                   |                       |             |                 |                 | PA                     |

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|---|-------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| EPIDURAL NEEDLE (DISP)<br>17 X 3-1/2"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (DISP)<br>17 X 5"         | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (DISP)<br>17 X 8 CM       | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (DISP)<br>18 X 2"         | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (DISP)<br>18 X 3-1/2"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (DISP)<br>18 X 4"         | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (DISP)<br>18 X 5"         | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (DISP)<br>18 X 8 CM       | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (DISP)<br>20 X 2"         | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (DISP)<br>20 X 3-1/2"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (REUSABLE)<br>14 X 3"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (REUSABLE)<br>16 X 3"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (REUSABLE)<br>17 X 3"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (REUSABLE)<br>17 X 7"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (REUSABLE)<br>18 X 3"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| EPIDURAL NEEDLE (REUSABLE)<br>18 X 3-1/2" | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| ERGOMAR SUB 2 MG                          | ANTIMIGRAINE AGENTS     |                   | X                     |             | 04              | N/A             |                        |
| ERGOTAMINE W/ CAFFEINE TAB<br>1-100 MG    | ANTIMIGRAINE AGENTS     |                   | X                     |             | 02              | N/A             | PA, QL                 |
| ERYTHROMYCIN STEARATE TAB<br>250 MG       | ANTIBACTERIALS          |                   | X                     |             | 03              | N/A             |                        |
| ERYTHROMYCIN<br>ETHYLSUCCINATE TAB 400 MG | ANTIBACTERIALS          |                   | X                     |             | 04              | N/A             |                        |

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|--------------------------------|--|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| ESOMEPRAZOLE GRA 10 MG DR      | GASTROINTESTINAL AGENTS  |                   |                       |             | 02              | 02              | PA                     |
| ESOMEPRAZOLE GRA 20 MG DR      | GASTROINTESTINAL AGENTS  |                   |                       |             | 02              | 02              | PA                     |
| ESOMEPRAZOLE GRA 40 MG DR      | GASTROINTESTINAL AGENTS  |                   |                       |             | 02              | 02              | PA                     |
| EXTINA AER 2%                  | ANTIFUNGALS  |                   |                       |             |                 |                 | PA                     |
| FABIOR AER 0.1%                | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA                     |
| FALESSA KIT                    | HORMONAL AGENTS,<br>STIMULANT/ REPLACEMENT/<br>MODIFYING (ADRENAL) |                   | X                     |             | 04              | N/A             |                        |
| FAMCICLOVIR TAB 125 MG         | ANTIVIRALS   |                   |                       | X           | 01              | 02              |                        |
| FENOFIBRATE CAP 43 MG          | CARDIOVASCULAR AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| FENOFIBRATE CAP 67 MG          | CARDIOVASCULAR AGENTS  |                   |                       | X           | 02              | 01              |                        |
| FENOFIBRATE CAP 130 MG         | CARDIOVASCULAR AGENTS  |                   | X                     |             | 02              | N/A             | ST                     |
| FENOFIBRATE TAB 40 MG          | CARDIOVASCULAR AGENTS  |                   |                       |             |                 |                 | ST                     |
| FENOFIBRATE TAB 120 MG         | CARDIOVASCULAR AGENTS  |                   |                       |             |                 |                 | ST                     |
| FENOFIBRIC CAP 45 MG DR        | CARDIOVASCULAR AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| FENOFIBRIC CAP 135 MG DR       | CARDIOVASCULAR AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| FENOPROFEN TAB 600 MG          | ANALGESICS   |                   | X                     |             | 02              | N/A             |                        |
| FERRIPROX TAB 500 MG           | ELECTROLYTES/MINERALS/<br>METALS/ VITAMINS                         |                   | X                     |             | 06              | N/A             |                        |
| FILTER NEEDL MIS 18 X 1-1/2    | NEEDLE/SYRINGE/SUPPLIES  |                   | X                     |             | 03              | N/A             |                        |
| FIRDAPSE TAB 10 MG             | CENTRAL NERVOUS SYSTEM<br>AGENTS                                   |                   | X                     |             | 06              | N/A             |                        |
| FLUOCINONIDE CREAM 0.05%       | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | QL                     |
| FLUOCINONIDE CREAM E 0.05%     | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             | QL                     |
| FLUOCINONIDE GEL 0.05%         | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             | QL                     |
| FLUOCINONIDE OINTMENT<br>0.05% | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | QL                     |
| FLUOCINONIDE SOLUTION<br>0.05% | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | QL                     |
| FLUOROURACIL CREAM 5%          | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | PA                     |
| FLURBIPROFEN TAB 50 MG         | ANALGESICS   |                   |                       | X           | 01              | 04              |                        |
| FLUTAMIDE CAP 125 MG           | ANTINEOPLASTICS  |                   |                       | X           | 02              | 04              |                        |
| HALCINONIDE CREAM 0.1%         | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |
| HALOBETASOL AER 0.05%          | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA, QL                 |
| HALOBETASOL OINTMENT<br>0.05%  | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| HALOG CREAM 0.1%               | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |

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|--|------------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| HALOG OINTMENT 0.1%                      | DERMATOLOGICAL AGENTS        |                   |                       |             |                 |                 | QL                     |
| HALOG SOLUTION 0.1%                      | DERMATOLOGICAL AGENTS        |                   |                       |             |                 |                 | PA, QL                 |
| HALOPERIDOL CON 2 MG/ML                  | ANTIPSYCHOTICS               |                   |                       | X           | 01              | 02              |                        |
| HELIXATE FS INJ 500 UNIT                 | BLOOD PRODUCTS AND MODIFIERS |                   | X                     |             | 05              | N/A             |                        |
| HELIXATE FS INJ 1000 UNIT                | BLOOD PRODUCTS AND MODIFIERS |                   | X                     |             | 05              | N/A             |                        |
| HELIXATE FS INJ 2000 UNIT                | BLOOD PRODUCTS AND MODIFIERS |                   | X                     |             | 05              | N/A             |                        |
| HELIXATE FS INJ 3000 UNIT                | BLOOD PRODUCTS AND MODIFIERS |                   | X                     |             | 05              | N/A             |                        |
| HEPLISAV-B INJ 20 MCG                    | VACCINE                      |                   | X                     |             | 03              | N/A             |                        |
| HUMALOG KWIK INJ 200/ML                  | BLOOD GLUCOSE REGULATORS     |                   | X                     |             | 04              | N/A             |                        |
| HUMALOG MIX INJ 50/50 KWP                | BLOOD GLUCOSE REGULATORS     |                   | X                     |             | 04              | N/A             |                        |
| HUMALOG MIX SUS 75/25                    | BLOOD GLUCOSE REGULATORS     |                   | X                     |             | 04              | N/A             |                        |
| HUMALOG MIX INJ 50/50                    | BLOOD GLUCOSE REGULATORS     |                   | X                     |             | 04              | N/A             |                        |
| HUMIRA INJ 10 MG/0.2                     | IMMUNOLOGICAL AGENTS         |                   | X                     |             | 05              | N/A             |                        |
| HYDROCODONE CAP 10 MG ER                 | ANALGESICS                   |                   |                       | X           | 02              | 04              |                        |
| HYDROCODONE CAP 15 MG ER                 | ANALGESICS                   |                   |                       | X           | 02              | 04              |                        |
| HYDROCODONE CAP 20 MG ER                 | ANALGESICS                   |                   |                       | X           | 02              | 04              |                        |
| HYDROCODONE CAP 30 MG ER                 | ANALGESICS                   |                   |                       | X           | 02              | 04              |                        |
| HYDROCODONE CAP 40 MG ER                 | ANALGESICS                   |                   |                       | X           | 02              | 04              |                        |
| HYDROCODONE CAP 50 MG ER                 | ANALGESICS                   |                   |                       | X           | 02              | 04              |                        |
| HYDROCODONE-ACETAMINOPHEN TAB 5-300 MG   | ANALGESICS                   |                   | X                     |             | 02              | N/A             |                        |
| HYDROCODONE-ACETAMINOPHEN TAB 7.5-300 MG | ANALGESICS                   |                   | X                     |             | 02              | N/A             |                        |
| HYDROCODONE-ACETAMINOPHEN TAB 10-300 MG  | ANALGESICS                   |                   | X                     |             | 02              | N/A             |                        |
| HYDROCODONE-IBUPROFEN TAB 5-200 MG       | ANALGESICS                   |                   |                       | X           | 02              | 04              |                        |
| HYDROCORTISONE BUTYRATE CREAM 0.1%       | DERMATOLOGICAL AGENTS        |                   | X                     |             | 02              | N/A             |                        |
| HYDROCORTISONE BUTYRATE OINTMENT 0.1%    | DERMATOLOGICAL AGENTS        |                   | X                     |             | 02              | N/A             |                        |

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| HYDROCORTISONE BUTYRATE SOLUTION 0.1%     | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| HYDROCORTISONE VALERATE CREAM 0.2%        | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| HYDROCORTISONE VALERATE OINTMENT 0.2%     | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| IMPOYZ CREAM 0.025%                       | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |
| INDOCIN SUS 25 MG/5 ML                    | ANALGESICS   |                   |                       |             |                 |                 | QL                     |
| INFUS SYRING MIS 100 ML                   | NEEDLE/SYRINGE/SUPPLIES  |                   | X                     |             | 03              | N/A             |                        |
| INTELENCE TAB 100 MG                      | ANTIVIRALS   |                   | X                     |             | 03              | N/A             |                        |
| INTELENCE TAB 200 MG                      | ANTIVIRALS   |                   | X                     |             | 03              | N/A             |                        |
| INTRAROSA SUP 6.5 MG                      | HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS) |                   | X                     |             | 04              | N/A             |                        |
| INVOKAMET TAB 50-500 MG                   | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| INVOKAMET TAB 50-1000                     | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| INVOKAMET TAB 150-500                     | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| INVOKAMET TAB 150-1000                    | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| INVOKAMET XR TAB 50-500 MG                | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| INVOKAMET XR TAB 50-1000                  | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| INVOKAMET XR TAB 150-500                  | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| INVOKAMET XR TAB 150-1000                 | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| INVOKANA TAB 100 MG                       | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| INVOKANA TAB 300 MG                       | BLOOD GLUCOSE REGULATORS   |                   | X                     |             | 03              | N/A             |                        |
| ISOSORBIDE DINITRATE TAB 40 MG            | CARDIOVASCULAR AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| ISOSORBIDE DINITRATE TAB ER 40 MG         | CARDIOVASCULAR AGENTS  |                   | X                     |             | 04              | N/A             |                        |
| ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG | CARDIOVASCULAR AGENTS  |                   |                       | X           | 02              | 01              |                        |
| ISTURISA TAB 1 MG                         | HORMONAL AGENTS, SUPPRESSANT (ADRENAL)                                       |                   | X                     |             | 06              | N/A             |                        |
| ISTURISA TAB 5 MG                         | HORMONAL AGENTS, SUPPRESSANT (ADRENAL)                                       |                   | X                     |             | 06              | N/A             |                        |
| ISTURISA TAB 10 MG                        | HORMONAL AGENTS, SUPPRESSANT (ADRENAL)                                       |                   | X                     |             | 06              | N/A             |                        |
| IVERMECTIN LOTION 0.5%                    | DERMATOLOGICAL AGENTS  |                   |                       | X           | 02              | 04              |                        |

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|---|--|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| KALETRA TAB 100-25 MG                             | ANTIVIRALS   |                   | X                     |             | 03              | N/A             |                        |
| KALETRA TAB 200-50 MG                             | ANTIVIRALS   |                   | X                     |             | 03              | N/A             |                        |
| KETOCONAZOLE AER 2%                               | ANTIFUNGALS  |                   |                       |             |                 |                 | PA                     |
| KETOCONAZOLE TAB 200 MG                           | ANTIFUNGALS  | X                 |                       |             | N/A             | 02              |                        |
| KETODAN AER 2%                                    | ANTIFUNGALS  |                   |                       |             |                 |                 | PA                     |
| KETOPROFEN CAP 25 MG                              | ANALGESICS   |                   | X                     |             | 04              | N/A             | PA, QL                 |
| KETOROLAC TROMETHAMINE NASAL SPRAY 15.75 MG/SPRAY | ANALGESICS   |                   |                       |             |                 |                 | PA                     |
| KISQALI 200 PAK FEMARA                            | ANTINEOPLASTICS  |                   |                       | X           | 05              | 06              |                        |
| KISQALI 400 PAK FEMARA                            | ANTINEOPLASTICS  |                   |                       | X           | 05              | 06              |                        |
| KISQALI 600 PAK FEMARA                            | ANTINEOPLASTICS  |                   |                       | X           | 05              | 06              |                        |
| KISQALI TAB 200 DOSE                              | ANTINEOPLASTICS  |                   |                       | X           | 05              | 06              |                        |
| KISQALI TAB 400 DOSE                              | ANTINEOPLASTICS  |                   |                       | X           | 05              | 06              |                        |
| KISQALI TAB 600 DOSE                              | ANTINEOPLASTICS  |                   |                       | X           | 05              | 06              |                        |
| KLATSKIN BIO MIS 16 X 4"                          | NEEDLE/SYRINGE/SUPPLIES  |                   | X                     |             | 03              | N/A             |                        |
| KORLYM TAB 300 MG                                 | HORMONAL AGENTS, SUPPRESSANT (ADRENAL)                                   |                   | X                     |             | 06              | N/A             |                        |
| KUVAN POW 100 MG                                  | GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT |                   | X                     |             | 06              | N/A             |                        |
| KUVAN POW 500 MG                                  | GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT |                   | X                     |             | 06              | N/A             |                        |
| KUVAN TAB 100 MG                                  | GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT |                   | X                     |             | 06              | N/A             |                        |
| LANTHANUM CHEW 500 MG                             | ELECTROLYTES/MINERALS/METALS/ VITAMINS                                   | X                 |                       |             | N/A             | 02              |                        |
| LANTHANUM CHEW 750 MG                             | ELECTROLYTES/MINERALS/METALS/ VITAMINS                                   | X                 |                       |             | N/A             | 02              |                        |
| LANTHANUM CHEW 1000 MG                            | ELECTROLYTES/MINERALS/METALS/ VITAMINS                                   | X                 |                       |             | N/A             | 02              |                        |
| LANTUS INJ 100/ML                                 | BLOOD GLUCOSE REGULATORS   |                   |                       | X           | 03              | 04              | PA                     |
| LANTUS SOLOS INJ 100/ML                           | BLOOD GLUCOSE REGULATORS   |                   |                       | X           | 03              | 04              | PA                     |
| LEXETTE AER 0.05%                                 | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA, QL                 |

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|-------------------------------------|--|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| LIDOCAINE SOLUTION 4%               |  |                   | X                     |             | 04              | N/A             |                        |
| LONSURF TAB 15-6.14                 | ANTINEOPLASTICS  |                   |                       |             | 05              | 05              | QL                     |
| LOPINA VIR-RITONAVIR TAB 100-25 MG  | ANTIVIRALS   | X                 |                       |             | N/A             | 02              |                        |
| LOPINA VIR-RITONAVIR TAB 200-50 MG  | ANTIVIRALS   | X                 |                       |             | N/A             | 02              |                        |
| LOTEMAX SM GEL 0.38%                | OPHTHALMIC AGENTS  |                   |                       | X           | 04              | 03              |                        |
| LOTEMAX GEL 0.5%                    | OPHTHALMIC AGENTS  |                   | X                     |             | 04              | N/A             |                        |
| LOTEMAX OINTMENT 0.5%               | OPHTHALMIC AGENTS  |                   | X                     |             | 04              | N/A             |                        |
| LOTEPREDNOL GEL 0.5%                | OPHTHALMIC AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| LUBIPROSTONE CAP 8 MCG              | GASTROINTESTINAL AGENTS                                      |                   | X                     |             | 04              | N/A             |                        |
| LUBIPROSTONE CAP 24 MCG             | GASTROINTESTINAL AGENTS                                      |                   | X                     |             | 04              | N/A             |                        |
| LUCEMYRA TAB 0.18 MG                | ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS             |                   | X                     |             | 04              | N/A             |                        |
| MATZIM LA TAB 300 MG/24             | CARDIOVASCULAR AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| MATZIM LA TAB 360 MG/24             | CARDIOVASCULAR AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| MATZIM LA TAB 420 MG/24             | CARDIOVASCULAR AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| MEDROL TAB 2 MG                     | HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) |                   | X                     |             | 04              | N/A             |                        |
| MEFENAMIC ACID CAP 250 MG           | ANALGESICS   |                   |                       |             |                 |                 | QL                     |
| MEPROBAMATE TAB 200 MG              | ANXIOLYTICS  | X                 |                       |             | N/A             | 02              |                        |
| MEPROBAMATE TAB 400 MG              | ANXIOLYTICS  | X                 |                       |             | N/A             | 02              |                        |
| METHAZOLAMIDE TAB 25 MG             | CARDIOVASCULAR AGENTS  | X                 |                       |             | N/A             | 02              |                        |
| METHAZOLAMIDE TAB 50 MG             | CARDIOVASCULAR AGENTS  | X                 |                       |             | N/A             | 02              |                        |
| METHOXSALEN CAP 10 MG               | DERMATOLOGICAL AGENTS  |                   |                       | X           | 02              | 04              |                        |
| METHYLDOPA TAB 250 MG               | CARDIOVASCULAR AGENTS  |                   |                       | X           | 01              | 04              |                        |
| METHYLDOPA TAB 500 MG               | CARDIOVASCULAR AGENTS  |                   |                       | X           | 02              | 04              |                        |
| METHYLPHENIDATE HCL CHEW TAB 2.5 MG | CENTRAL NERVOUS SYSTEM AGENTS                                |                   | X                     |             | 02              | N/A             |                        |
| METHYLPHENIDATE HCL CHEW TAB 5 MG   | CENTRAL NERVOUS SYSTEM AGENTS                                |                   | X                     |             | 02              | N/A             |                        |
| METHYLPHENIDATE HCL CHEW TAB 10 MG  | CENTRAL NERVOUS SYSTEM AGENTS                                |                   | X                     |             | 02              | N/A             |                        |
| METRONIDAZOLE LOTION 0.75%          | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             |                        |
| MIGRANAL SPR 4 MG/ML                | ANTIMIGRAINE AGENTS  |                   |                       |             |                 |                 | PA                     |
| MINITRAN DIS 0.2 MG/HR              | CARDIOVASCULAR AGENTS  |                   |                       | X           | 01              | 02              |                        |

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|-------------------------------------|-------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| MITIGARE CAP 0.6 MG                 | ANTIGOUT AGENTS         |                   | X                     |             | 03              | N/A             |                        |
| MOMETASONE OINTMENT 0.1%            | DERMATOLOGICAL AGENTS   |                   |                       |             | 01              | 01              | QL                     |
| MORPHINE SULFATE CAP ER 24HR 10 MG  | ANALGESICS              |                   | X                     |             | 02              | N/A             |                        |
| MORPHINE SULFATE CAP ER 24HR 20 MG  | ANALGESICS              |                   | X                     |             | 02              | N/A             |                        |
| MORPHINE SULFATE CAP ER 24HR 30 MG  | ANALGESICS              |                   | X                     |             | 02              | N/A             |                        |
| MORPHINE SULFATE CAP ER 24HR 50 MG  | ANALGESICS              |                   | X                     |             | 02              | N/A             |                        |
| MORPHINE SULFATE CAP ER 24HR 60 MG  | ANALGESICS              |                   | X                     |             | 02              | N/A             |                        |
| MORPHINE SULFATE CAP ER 24HR 80 MG  | ANALGESICS              |                   | X                     |             | 02              | N/A             |                        |
| MORPHINE SULFATE CAP ER 24HR 100 MG | ANALGESICS              |                   | X                     |             | 02              | N/A             |                        |
| MOVANTIK TAB 12.5 MG                | GASTROINTESTINAL AGENTS | X                 |                       |             | N/A             | 03              |                        |
| MOVANTIK TAB 25 MG                  | GASTROINTESTINAL AGENTS | X                 |                       |             | N/A             | 03              |                        |
| NABUMETONE TAB 750 MG               | ANALGESICS              |                   |                       | X           | 01              | 02              |                        |
| NAFTIFINE HCL CREAM 1%              | ANTIFUNGALS             |                   | X                     |             | 04              | N/A             |                        |
| NAFTIFINE HCL CREAM 2%              | ANTIFUNGALS             |                   | X                     |             | 02              | N/A             |                        |
| NAPROXEN SODIUM TAB 275 MG          | ANALGESICS              |                   | X                     |             | 02              | N/A             |                        |
| NAPROXEN DR TAB 375 MG              | ANALGESICS              |                   | X                     |             | 01              | N/A             |                        |
| NAPROXEN DR TAB 500 MG              | ANALGESICS              |                   | X                     |             | 01              | N/A             |                        |
| NEFAZODONE TAB 50 MG                | ANTIDEPRESSANTS         |                   | X                     |             | 04              | N/A             |                        |
| NEFAZODONE TAB 100 MG               | ANTIDEPRESSANTS         |                   | X                     |             | 04              | N/A             |                        |
| NEFAZODONE TAB 150 MG               | ANTIDEPRESSANTS         |                   | X                     |             | 04              | N/A             |                        |
| NEFAZODONE TAB 200 MG               | ANTIDEPRESSANTS         |                   | X                     |             | 04              | N/A             |                        |
| NEFAZODONE TAB 250 MG               | ANTIDEPRESSANTS         |                   | X                     |             | 04              | N/A             |                        |
| NEO-SYNALAR CREAM                   | DERMATOLOGICAL AGENTS   |                   | X                     |             | 04              | N/A             |                        |
| NEUAC GEL 1.2-5%                    | DERMATOLOGICAL AGENTS   | X                 |                       |             | N/A             | 02              |                        |
| NEVIRAPINE SUS 50 MG/5 ML           | ANTIVIRALS              |                   |                       | X           | 02              | 01              |                        |
| NEXIUM GRA 2.5 MG DR                | GASTROINTESTINAL AGENTS |                   |                       |             | 04              | 04              | PA                     |
| NEXIUM GRA 5 MG DR                  | GASTROINTESTINAL AGENTS |                   |                       |             | 04              | 04              | PA                     |
| NEXIUM GRA 10 MG DR                 | GASTROINTESTINAL AGENTS |                   |                       |             |                 |                 | PA                     |
| NEXIUM GRA 20 MG DR                 | GASTROINTESTINAL AGENTS |                   |                       |             |                 |                 | PA                     |

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|--|-------------------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| NEXIUM GRA 40 MG DR                                    | GASTROINTESTINAL AGENTS             |                   |                       |             |                 |                 | PA                     |
| NIACIN TAB 500 MG                                      | CARDIOVASCULAR AGENTS               |                   |                       |             |                 |                 | PA, QL                 |
| NIACOR TAB 500 MG                                      | CARDIOVASCULAR AGENTS               |                   |                       |             |                 |                 | PA, QL                 |
| NIFEDIPINE TAB 60 MG ER                                | CARDIOVASCULAR AGENTS               |                   |                       | X           | 01              | 02              |                        |
| NISOLDIPINE TAB 8.5 MG ER                              | CARDIOVASCULAR AGENTS               | X                 |                       |             | N/A             | 02              |                        |
| NISOLDIPINE TAB 17 MG ER                               | CARDIOVASCULAR AGENTS               | X                 |                       |             | N/A             | 02              |                        |
| NISOLDIPINE TAB 20 MG ER                               | CARDIOVASCULAR AGENTS               |                   | X                     |             | 04              | N/A             |                        |
| NISOLDIPINE TAB 30 MG ER                               | CARDIOVASCULAR AGENTS               |                   | X                     |             | 04              | N/A             |                        |
| NISOLDIPINE TAB 34 MG ER                               | CARDIOVASCULAR AGENTS               | X                 |                       |             | N/A             | 02              |                        |
| NISOLDIPINE TAB 40 MG ER                               | CARDIOVASCULAR AGENTS               |                   | X                     |             | 04              | N/A             |                        |
| NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG | ANTIBACTERIALS                      |                   |                       | X           | 01              | 02              |                        |
| NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR                  | CARDIOVASCULAR AGENTS               |                   |                       | X           | 01              | 02              |                        |
| NITROGLYCERIN SL TAB 0.4 MG                            | CARDIOVASCULAR AGENTS               |                   |                       | X           | 02              | 01              |                        |
| NIZATIDINE CAP 150 MG                                  | GASTROINTESTINAL AGENTS             |                   |                       | X           | 01              | 02              |                        |
| NIZATIDINE CAP 300 MG                                  | GASTROINTESTINAL AGENTS             |                   |                       | X           | 02              | 04              |                        |
| NUCYNTA ER TAB 50 MG                                   | ANALGESICS                          | X                 |                       |             | N/A             | 04              |                        |
| NUCYNTA ER TAB 100 MG                                  | ANALGESICS                          | X                 |                       |             | N/A             | 04              |                        |
| NUCYNTA ER TAB 150 MG                                  | ANALGESICS                          | X                 |                       |             | N/A             | 04              |                        |
| NUCYNTA ER TAB 200 MG                                  | ANALGESICS                          | X                 |                       |             | N/A             | 04              |                        |
| NUCYNTA ER TAB 250 MG                                  | ANALGESICS                          | X                 |                       |             | N/A             | 04              |                        |
| ODACTRA SUB  | RESPIRATORY TRACT/ PULMONARY AGENTS |                   | X                     |             | 04              | N/A             |                        |
| OFLOXACIN OPHTH SOLUTION 0.3%                          | OPHTHALMIC AGENTS                   |                   |                       | X           | 02              | 01              |                        |
| OLOPATADINE HCL NASAL SOLUTION 0.6%                    | RESPIRATORY TRACT/ PULMONARY AGENTS |                   | X                     |             | 02              | N/A             |                        |
| OLUX AER 0.05%   | DERMATOLOGICAL AGENTS               |                   |                       |             |                 |                 | QL                     |
| ORPHENADRINE TAB 100 MG ER                             | SKELETAL MUSCLE RELAXANTS           |                   |                       | X           | 01              | 02              |                        |
| OSGOOD BIOPS MIS                                       | NEEDLE/SYRINGE/SUPPLIES             |                   | X                     |             | 03              | N/A             |                        |
| OSGOOD BIOPS MIS 18 G X 1"                             | NEEDLE/SYRINGE/SUPPLIES             |                   | X                     |             | 03              | N/A             |                        |
| OTOVEL DRO   | OTIC AGENTS                         |                   |                       | X           | 04              | 03              |                        |
| OXERVATE SOLUTION 20 MCG/ML                            | OPHTHALMIC AGENTS                   |                   | X                     |             | 06              | N/A             |                        |

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|---|---|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| OXICONAZOLE NITRATE CREAM 1%                                    | ANTIFUNGALS                             | X                 |                       |             | N/A             | 02              |                        |
| OXYCODONE HCL CAP 5 MG  | ANALGESICS                              |                   | X                     |             | 02              | N/A             |                        |
| OXYCODONE W/ ACETAMINOPHEN SOLUTION 10-300 MG/5 ML              | ANALGESICS                              |                   |                       |             |                 |                 | QL                     |
| PACERONE TAB 400 MG   | CARDIOVASCULAR AGENTS                   |                   | X                     |             | 02              | N/A             |                        |
| PANRETIN GEL 0.1%   | ANTINEOPLASTICS                         |                   | X                     |             | 04              | N/A             |                        |
| PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLUTION 100 GM | GASTROINTESTINAL AGENTS                 | X                 |                       |             | N/A             | 02              |                        |
| PEG-PREP KIT  | GASTROINTESTINAL AGENTS                 |                   |                       | X           | 02              | 04              |                        |
| PERINDOPRIL TAB 2 MG  | CARDIOVASCULAR AGENTS                   |                   |                       | X           | 01              | 02              |                        |
| PERINDOPRIL TAB 4 MG  | CARDIOVASCULAR AGENTS                   |                   |                       | X           | 01              | 02              |                        |
| PICATO GEL 0.015%   | DERMATOLOGICAL AGENTS                   |                   | X                     |             | 04              | N/A             |                        |
| PICATO GEL 0.05%  | DERMATOLOGICAL AGENTS                   |                   | X                     |             | 04              | N/A             |                        |
| PONSTEL CAP 250 MG  | ANALGESICS                              |                   |                       |             |                 |                 | QL                     |
| POT CHLORIDE TAB 20 MEQ ER                                      | ELECTROLYTES/MINERALS/ METALS/ VITAMINS |                   |                       | X           | 02              | 01              |                        |
| PRADAXA CAP 75 MG   | BLOOD PRODUCTS AND MODIFIERS            |                   | X                     |             | 04              | N/A             |                        |
| PRADAXA CAP 110 MG  | BLOOD PRODUCTS AND MODIFIERS            |                   | X                     |             | 04              | N/A             |                        |
| PRADAXA CAP 150 MG  | BLOOD PRODUCTS AND MODIFIERS            |                   | X                     |             | 04              | N/A             |                        |
| PREGABALIN CAP 25 MG  | ANTICONSULSANTS                         |                   |                       | X           | 02              | 01              |                        |
| PREGABALIN CAP 50 MG  | ANTICONSULSANTS                         |                   |                       | X           | 02              | 01              |                        |
| PREGABALIN CAP 75 MG  | ANTICONSULSANTS                         |                   |                       | X           | 02              | 01              |                        |
| PREGABALIN CAP 100 MG   | ANTICONSULSANTS                         |                   |                       | X           | 02              | 01              |                        |
| PREGABALIN CAP 150 MG   | ANTICONSULSANTS                         |                   |                       | X           | 02              | 01              |                        |
| PREGABALIN CAP 200 MG   | ANTICONSULSANTS                         |                   |                       | X           | 02              | 01              |                        |
| PREGABALIN CAP 225 MG   | ANTICONSULSANTS                         |                   |                       | X           | 02              | 01              |                        |
| PREGABALIN CAP 300 MG   | ANTICONSULSANTS                         |                   |                       | X           | 02              | 01              |                        |
| PREPIDIL GEL 0.5 MG/3 G   |   |                   | X                     |             | 04              | N/A             |                        |
| PRIMIDONE TAB 250 MG  | ANTICONSULSANTS                         |                   |                       | X           | 01              | 02              |                        |
| PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)            | ANTIEMETICS                             |                   |                       | X           | 01              | 02              |                        |
| PROLATE SOLUTION 10/300 MG                                      | ANALGESICS                              |                   |                       |             |                 |                 | QL                     |

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|---|----------------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| PROPRANOLOL SOLUTION<br>20 MG/5 ML              | CARDIOVASCULAR AGENTS            |                   |                       |             | 03              | 03              | PA, QL                 |
| PROPRANOLOL SOLUTION<br>40 MG/5 ML              | CARDIOVASCULAR AGENTS            |                   |                       |             | 03              | 03              | PA, QL                 |
| PROSTIN E2 SUP 20 MG                            |                                  |                   | X                     |             | 04              | N/A             |                        |
| PROTRIPTYLINE HCL TAB 5 MG                      | ANTIDEPRESSANTS                  |                   | X                     |             | 02              | N/A             |                        |
| PROTRIPTYLINE HCL TAB 10 MG                     | ANTIDEPRESSANTS                  |                   | X                     |             | 02              | N/A             |                        |
| PSORCON CREAM 0.05%                             | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | QL                     |
| PYRAZINAMIDE TAB 500 MG                         | ANTIMYCOBACTERIALS               |                   |                       | X           | 02              | 04              |                        |
| QTERN TAB 5-5 MG                                | BLOOD GLUCOSE REGULATORS         |                   | X                     |             | 04              | N/A             |                        |
| QTERN TAB 10 MG/5 MG                            | BLOOD GLUCOSE REGULATORS         |                   | X                     |             |                 |                 |                        |
| QUAZEPAM TAB 15 MG                              | SLEEP DISORDER AGENTS            |                   |                       |             |                 |                 | PA, QL                 |
| QUDEXY XR CAP 25/24 HR                          | ANTICONSULSANTS                  | X                 |                       |             | N/A             | 02              |                        |
| QUDEXY XR CAP 50/24 HR                          | ANTICONSULSANTS                  | X                 |                       |             | N/A             | 02              |                        |
| QUDEXY XR CAP 100/24 HR                         | ANTICONSULSANTS                  | X                 |                       |             | N/A             | 02              |                        |
| QUDEXY XR CAP 150/24 HR                         | ANTICONSULSANTS                  | X                 |                       |             | N/A             | 02              |                        |
| QUDEXY XR CAP 200/24 HR                         | ANTICONSULSANTS                  | X                 |                       |             | N/A             | 02              |                        |
| RELAFEN TAB 750 MG                              | ANALGESICS                       |                   |                       | X           | 01              | 02              |                        |
| RETIN-A CREAM 0.025%                            | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A CREAM 0.05%                             | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A CREAM 0.1%                              | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A GEL 0.01%                               | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A GEL 0.025%                              | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A MICR GEL 0.04%                          | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A MICR GEL 0.04% PUMP                     | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A MICR GEL 0.06%                          | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A MICR GEL 0.08%                          | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A MICR GEL 0.1%                           | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RETIN-A MICR GEL 0.1% PUMP                      | DERMATOLOGICAL AGENTS            |                   |                       |             |                 |                 | PA                     |
| RIBASPHERE TAB 400 MG                           | ANTIVIRALS                       |                   | X                     |             | 06              | N/A             |                        |
| RIBASPHERE TAB 600 MG                           | ANTIVIRALS                       |                   | X                     |             | 06              | N/A             |                        |
| RIMANTADINE TAB 100 MG                          | ANTIVIRALS                       |                   | X                     |             | 04              | N/A             |                        |
| RISEDRONATE SODIUM TAB<br>DELAYED RELEASE 35 MG | METABOLIC BONE DISEASE<br>AGENTS |                   | X                     |             | 02              | N/A             |                        |
| ROSENTHAL MIS                                   | NEEDLE/SYRINGE/SUPPLIES          |                   | X                     |             | 03              | N/A             |                        |
| ROSENTHAL MIS 18 G X 1"                         | NEEDLE/SYRINGE/SUPPLIES          |                   | X                     |             | 03              | N/A             |                        |

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|---|--|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| RUZURGI TAB 10 MG                                     | CENTRAL NERVOUS SYSTEM AGENTS          |                   | X                     |             | 06              | N/A             |                        |
| SAFETYGLIDE MIS 27 G X 5/8"                           | NEEDLE/SYRINGE/SUPPLIES                |                   | X                     |             | 03              | N/A             |                        |
| SAMSCA TAB 30 MG                                      | ELECTROLYTES/MINERALS/METALS/ VITAMINS |                   | X                     |             | 06              | N/A             |                        |
| SAPHRIS SUB 2.5 MG                                    | ANTIPSYCHOTICS                         |                   | X                     |             | 04              | N/A             |                        |
| SAPHRIS SUB 5 MG                                      | ANTIPSYCHOTICS                         |                   | X                     |             | 04              | N/A             |                        |
| SAPHRIS SUB 10 MG                                     | ANTIPSYCHOTICS                         |                   | X                     |             | 04              | N/A             |                        |
| SECUADO DIS 3.8 MG                                    | ANTIPSYCHOTICS                         |                   | X                     |             | 04              | N/A             |                        |
| SECUADO DIS 5.7 MG                                    | ANTIPSYCHOTICS                         |                   | X                     |             | 04              | N/A             |                        |
| SECUADO DIS 7.6 MG                                    | ANTIPSYCHOTICS                         |                   | X                     |             | 04              | N/A             |                        |
| SEGLUOMET TAB 2.5-500                                 | BLOOD GLUCOSE REGULATORS               |                   | X                     |             | 04              | N/A             |                        |
| SEGLUOMET TAB 2.5-1000                                | BLOOD GLUCOSE REGULATORS               |                   | X                     |             | 04              | N/A             |                        |
| SEGLUOMET TAB 7.5-500                                 | BLOOD GLUCOSE REGULATORS               |                   | X                     |             | 04              | N/A             |                        |
| SEGLUOMET TAB 7.5-1000                                | BLOOD GLUCOSE REGULATORS               |                   | X                     |             | 04              | N/A             |                        |
| SERNIVO SPR 0.05%                                     | DERMATOLOGICAL AGENTS                  |                   |                       |             |                 |                 | QL                     |
| SILODOSIN CAP 4 MG                                    | GENITOURINARY AGENTS                   |                   | X                     |             | 02              | N/A             |                        |
| SILODOSIN CAP 8 MG                                    | GENITOURINARY AGENTS                   |                   | X                     |             | 02              | N/A             |                        |
| SKLICE LOTION 0.5%                                    | DERMATOLOGICAL AGENTS                  |                   | X                     |             | 04              | N/A             |                        |
| SODIUM FLUORIDE RINSE 0.2%                            |  |                   | X                     |             | 01              | N/A             |                        |
| SODIUM FLUORIDE RINSE 0.2% MINT                       |  |                   | X                     |             | 01              | N/A             |                        |
| SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 30 GM/120 ML | ELECTROLYTES/MINERALS/METALS/ VITAMINS |                   | X                     |             | 02              | N/A             |                        |
| SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 50 GM/200 ML | ELECTROLYTES/MINERALS/METALS/ VITAMINS |                   | X                     |             | 02              | N/A             |                        |
| SORILUX AER 0.005%                                    | DERMATOLOGICAL AGENTS                  |                   |                       |             |                 |                 | PA, QL                 |
| SORINE TAB 160 MG                                     | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| SORINE TAB 240 MG                                     | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| SOTALOL AF TAB 160 MG                                 | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| SOTALOL HCL TAB 160 MG                                | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| SOTALOL TAB 160 MG                                    | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| SOTALOL HCL TAB 240 MG                                | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| SPINAL NEEDLE (DISP) 18 X 2-1/2"                      | NEEDLE/SYRINGE/SUPPLIES                |                   | X                     |             | 03              | N/A             |                        |

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

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|---|-------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| SPINAL NEEDLE (DISP)<br>27 X 1-1/2"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (DISP)<br>27 X 3-1/2"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (DISP)<br>27 X 4-11/16"   | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (DISP)<br>29 X 3-1/2"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (DISP)<br>29 X 4-11/16"   | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>14 X 2"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>17 X 3-1/2" | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>18 X 1-1/2" | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>18 X 2-1/2" | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>18 X 3"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>18 X 6"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>19 X 3"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>19 X 3-1/2" | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>20 X 2"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>20 X 3"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>20 X 4"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>22 X 1-1/2" | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>22 X 2"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>22 X 3"     | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |

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|---|--|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| SPINAL NEEDLE (REUSABLE)<br>24 X 3-1/2" | NEEDLE/SYRINGE/SUPPLIES                    |                   | X                     |             | 03              | N/A             |                        |
| SPINAL NEEDLE (REUSABLE)<br>26 X 3-1/2" | NEEDLE/SYRINGE/SUPPLIES                    |                   | X                     |             | 03              | N/A             |                        |
| SPRIX SPR 15.75 MG                      | ANALGESICS                                 |                   |                       |             |                 |                 | PA                     |
| SPS SUS 15 GM/60                        | ELECTROLYTES/MINERALS/<br>METALS/ VITAMINS |                   |                       | X           | 02              | 04              |                        |
| STAVUDINE CAP 15 MG                     | ANTIVIRALS                                 |                   |                       | X           | 02              | 04              |                        |
| STAVUDINE CAP 20 MG                     | ANTIVIRALS                                 |                   |                       | X           | 02              | 04              |                        |
| STAVUDINE CAP 30 MG                     | ANTIVIRALS                                 |                   |                       | X           | 02              | 04              |                        |
| STAVUDINE CAP 40 MG                     | ANTIVIRALS                                 |                   |                       | X           | 02              | 04              |                        |
| STEGLATRO TAB 5 MG                      | BLOOD GLUCOSE REGULATORS                   |                   | X                     |             | 04              | N/A             |                        |
| STEGLATRO TAB 15 MG                     | BLOOD GLUCOSE REGULATORS                   |                   | X                     |             | 04              | N/A             |                        |
| STIMEX NEEDL MIS 22 X 2-1/8             | NEEDLE/SYRINGE/SUPPLIES                    |                   | X                     |             | 03              | N/A             |                        |
| STIMEX NEEDL MIS 22 G X 4.25            | NEEDLE/SYRINGE/SUPPLIES                    |                   | X                     |             | 03              | N/A             |                        |
| SULCONAZOLE SOLUTION 1%                 | ANTIFUNGALS                                |                   | X                     |             | 04              | N/A             |                        |
| SYLATRON KIT 200 MCG                    | IMMUNOLOGICAL AGENTS                       |                   | X                     |             | 05              | N/A             |                        |
| SYLATRON KIT 300 MCG                    | IMMUNOLOGICAL AGENTS                       |                   | X                     |             | 05              | N/A             |                        |
| SYLATRON KIT 600 MCG                    | IMMUNOLOGICAL AGENTS                       |                   | X                     |             | 05              | N/A             |                        |
| SYMFI LO TAB                            | ANTIVIRALS                                 |                   | X                     |             | 03              | N/A             |                        |
| SYMFI TAB                               | ANTIVIRALS                                 |                   | X                     |             | 03              | N/A             |                        |
| SYMPATH NDL MIS 18 G X 6"               | NEEDLE/SYRINGE/SUPPLIES                    |                   | X                     |             | 03              | N/A             |                        |
| SYMPATH NDL MIS 19 G X 5"               | NEEDLE/SYRINGE/SUPPLIES                    |                   | X                     |             | 03              | N/A             |                        |
| SYMPATH NDL MIS 20 G X 5"               | NEEDLE/SYRINGE/SUPPLIES                    |                   | X                     |             | 03              | N/A             |                        |
| SYNERA DIS 70-70 MG                     | ANESTHETICS                                |                   | X                     |             | 04              | N/A             |                        |
| TACLONEX OINTMENT                       | DERMATOLOGICAL AGENTS                      |                   |                       |             |                 |                 | QL                     |
| TACLONEX SUS                            | DERMATOLOGICAL AGENTS                      |                   |                       |             |                 |                 | QL                     |
| TARGRETIN GEL 1%                        | ANTINEOPLASTICS                            |                   | X                     |             | 06              | N/A             |                        |
| TAZAROTENE CREAM 0.1%                   | DERMATOLOGICAL AGENTS                      |                   |                       |             | 02              | 02              | PA                     |
| TAZAROTENE AER 0.1%                     | DERMATOLOGICAL AGENTS                      |                   |                       |             |                 |                 | PA                     |
| TAZORAC CREAM 0.05%                     | DERMATOLOGICAL AGENTS                      |                   |                       |             | 03              | 03              | PA                     |
| TAZORAC CREAM 0.1%                      | DERMATOLOGICAL AGENTS                      |                   |                       |             |                 |                 | PA                     |
| TAZORAC GEL 0.05%                       | DERMATOLOGICAL AGENTS                      |                   | X                     |             | 03              | N/A             | PA                     |
| TAZORAC GEL 0.1%                        | DERMATOLOGICAL AGENTS                      |                   | X                     |             | 03              | N/A             | PA                     |
| TAZTIA XT CAP 180 MG/24                 | CARDIOVASCULAR AGENTS                      |                   |                       | X           | 02              | 01              |                        |
| TECFIDERA CAP 120 MG                    | CENTRAL NERVOUS SYSTEM<br>AGENTS           |                   | X                     |             | 05              | N/A             |                        |

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|--|------------------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| TECFIDERA CAP 240 MG                           | CENTRAL NERVOUS SYSTEM AGENTS      |                   | X                     |             | 05              | N/A             |                        |
| TECFIDERA MIS STARTER                          | CENTRAL NERVOUS SYSTEM AGENTS      |                   | X                     |             | 05              | N/A             |                        |
| TELMISARTAN TAB 80 MG                          | CARDIOVASCULAR AGENTS              |                   |                       | X           | 01              | 02              |                        |
| TELMISARTAN-AMLODIPINE TAB 40-5 MG             | CARDIOVASCULAR AGENTS              |                   | X                     |             | 02              | N/A             |                        |
| TELMISARTAN-AMLODIPINE TAB 40-10 MG            | CARDIOVASCULAR AGENTS              |                   | X                     |             | 02              | N/A             |                        |
| TELMISARTAN-AMLODIPINE TAB 80-5 MG             | CARDIOVASCULAR AGENTS              |                   | X                     |             | 02              | N/A             |                        |
| TELMISARTAN-AMLODIPINE TAB 80-10 MG            | CARDIOVASCULAR AGENTS              |                   | X                     |             | 02              | N/A             |                        |
| TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG | CARDIOVASCULAR AGENTS              |                   | X                     |             | 02              | N/A             |                        |
| TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG | CARDIOVASCULAR AGENTS              |                   | X                     |             | 02              | N/A             |                        |
| TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG   | CARDIOVASCULAR AGENTS              |                   | X                     |             | 02              | N/A             |                        |
| TEMAZEPAM CAP 22.5 MG                          | SLEEP DISORDER AGENTS              |                   | X                     |             | 02              | N/A             |                        |
| TETRACAINE SOLUTION 0.5% OP                    | OPHTHALMIC AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| THEOPHYLLINE TAB 100 MG CR                     | RESPIRATORY TRACT/PULMONARY AGENTS |                   | X                     |             | 02              | N/A             |                        |
| THEOPHYLLINE TAB 200 MG CR                     | RESPIRATORY TRACT/PULMONARY AGENTS |                   | X                     |             | 01              | N/A             |                        |
| THIOLA TAB 100 MG                              |                                    |                   | X                     |             | 04              | N/A             |                        |
| THIORIDAZINE TAB 10 MG                         | ANTIPSYCHOTICS                     |                   | X                     |             | 02              | N/A             |                        |
| THIORIDAZINE TAB 25 MG                         | ANTIPSYCHOTICS                     |                   | X                     |             | 02              | N/A             |                        |
| THIORIDAZINE TAB 50 MG                         | ANTIPSYCHOTICS                     |                   | X                     |             | 02              | N/A             |                        |
| THIORIDAZINE TAB 100 MG                        | ANTIPSYCHOTICS                     |                   | X                     |             | 02              | N/A             |                        |
| TIADYL CAP 180 MG/24                           | CARDIOVASCULAR AGENTS              |                   |                       | X           | 02              | 01              |                        |
| TIMOLOL MALEATE TAB 10 MG                      | CARDIOVASCULAR AGENTS              |                   |                       | X           | 02              | 04              |                        |
| TOPICORT CREAM 0.05%                           | DERMATOLOGICAL AGENTS              |                   |                       |             |                 |                 | QL                     |
| TOPICORT CREAM 0.25%                           | DERMATOLOGICAL AGENTS              |                   |                       |             |                 |                 | QL                     |
| TOPICORT GEL 0.05%                             | DERMATOLOGICAL AGENTS              |                   |                       |             |                 |                 | QL                     |

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|---------------------------------|--|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| TOPICORT SPR 0.25%              | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |
| TOPICORT OINTMENT 0.05%         | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |
| TOPICORT OINTMENT 0.25%         | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | QL                     |
| TOPIRAMATE CAP ER 25 MG         | ANTICONSULTANTS  |                   | X                     |             | 02              | N/A             |                        |
| TOPIRAMATE CAP ER 50 MG         | ANTICONSULTANTS  |                   | X                     |             | 02              | N/A             |                        |
| TOPIRAMATE CAP ER 100 MG        | ANTICONSULTANTS  |                   | X                     |             | 02              | N/A             |                        |
| TOPIRAMATE CAP ER 150 MG        | ANTICONSULTANTS  |                   | X                     |             | 02              | N/A             |                        |
| TOPIRAMATE CAP ER 200 MG        | ANTICONSULTANTS  |                   | X                     |             | 02              | N/A             |                        |
| TRAMADOL HCL TAB 100 MG ER      | ANALGESICS   |                   | X                     |             | 02              | N/A             |                        |
| TRAMADOL HCL TAB 200 MG ER      | ANALGESICS   |                   | X                     |             | 02              | N/A             |                        |
| TRAMADOL HCL TAB 300 MG ER      | ANALGESICS   |                   | X                     |             | 02              | N/A             |                        |
| TRAZODONE TAB 300 MG            | ANTIDEPRESSANTS  |                   | X                     |             | 02              | N/A             |                        |
| TRETINOIN CREAM 0.025%          | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | PA                     |
| TRETINOIN CREAM 0.05%           | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | PA                     |
| TRETINOIN CREAM 0.1%            | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | PA                     |
| TRETINOIN GEL 0.01%             | DERMATOLOGICAL AGENTS  |                   |                       |             | 02              | 02              | PA                     |
| TRETINOIN GEL 0.025%            | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             | PA                     |
| TRETINOIN MICROSPHERE GEL 0.04% | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA                     |
| TRETINOIN GEL 0.05%             | DERMATOLOGICAL AGENTS  |                   | X                     |             | 02              | N/A             | PA                     |
| TRETINOIN GEL 0.1%              | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA                     |
| TRETINOIN GEL 0.1% PUMP         | DERMATOLOGICAL AGENTS  |                   |                       |             |                 |                 | PA                     |
| TRIFLURIDINE SOLUTION 1% OP     | OPHTHALMIC AGENTS  |                   |                       | X           | 04              | 03              |                        |
| TRINTELLIX TAB 5 MG             | ANTIDEPRESSANTS  | X                 |                       |             | N/A             | 04              |                        |
| TRINTELLIX TAB 10 MG            | ANTIDEPRESSANTS  | X                 |                       |             | N/A             | 04              |                        |
| TRINTELLIX TAB 20 MG            | ANTIDEPRESSANTS  | X                 |                       |             | N/A             | 04              |                        |
| TYBLUME CHEW 0.1-0.02           | HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) |                   |                       | X           | 01              | 04              |                        |
| TYKERB TAB 250 MG               | ANTINEOPLASTICS  |                   | X                     |             | 05              | N/A             |                        |
| VALACYCLOVIR TAB 1 GM           | ANTIVIRALS   |                   |                       | X           | 01              | 02              |                        |
| VALSARTAN TAB 160 MG            | CARDIOVASCULAR AGENTS  |                   |                       | X           | 01              | 02              |                        |
| VALSARTAN TAB 320 MG            | CARDIOVASCULAR AGENTS  |                   |                       | X           | 01              | 02              |                        |

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|---|--|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG   | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG   | CARDIOVASCULAR AGENTS                  |                   |                       | X           | 01              | 02              |                        |
| VELTIN GEL                                    | DERMATOLOGICAL AGENTS                  |                   | X                     |             | 04              | N/A             | PA                     |
| VERAPAMIL HCL CAP ER 24HR 100 MG              | CARDIOVASCULAR AGENTS                  |                   | X                     |             | 04              | N/A             |                        |
| VERAPAMIL CAP 200 MG ER                       | CARDIOVASCULAR AGENTS                  |                   | X                     |             | 04              | N/A             |                        |
| VERAPAMIL CAP 300 MG ER                       | CARDIOVASCULAR AGENTS                  |                   | X                     |             | 04              | N/A             |                        |
| VEREGEN OINTMENT 15%                          | DERMATOLOGICAL AGENTS                  |                   | X                     |             | 04              | N/A             |                        |
| VICODIN HP TAB 10-300 MG                      | ANALGESICS                             |                   | X                     |             | 02              | N/A             |                        |
| VONVENDI INJ 650 UNIT                         | BLOOD PRODUCTS AND MODIFIERS           |                   |                       | X           | 03              | 05              |                        |
| VONVENDI INJ 1300 UNIT                        | BLOOD PRODUCTS AND MODIFIERS           |                   |                       | X           | 03              | 05              |                        |
| VUMERITY CAP 231 MG                           | CENTRAL NERVOUS SYSTEM AGENTS          |                   | X                     |             | 05              | N/A             |                        |
| VYZULTA SOLUTION 0.024%                       | OPHTHALMIC AGENTS                      | X                 |                       |             | N/A             | 04              |                        |
| WEE CARE SUS 15/1.25                          | ELECTROLYTES/MINERALS/METALS/ VITAMINS |                   |                       | X           | 01              | 02              |                        |
| WELCHOL PAK 3.75 GM                           | CARDIOVASCULAR AGENTS                  |                   |                       |             |                 |                 | PA, QL                 |
| WYNZORA CREAM                                 | DERMATOLOGICAL AGENTS                  |                   |                       |             |                 |                 | QL                     |
| XERESE CREAM 5-1%                             | ANTIVIRALS                             |                   |                       |             |                 |                 | QL                     |
| XOLEGEL GEL 2%                                | ANTIFUNGALS                            |                   |                       |             |                 |                 | PA                     |
| YALE TB SYRN MIS 1/2 ML GL                    | NEEDLE/SYRINGE/SUPPLIES                |                   | X                     |             | 03              | N/A             |                        |
| YALE TB SYRN MIS LL 1 ML                      | NEEDLE/SYRINGE/SUPPLIES                |                   | X                     |             | 03              | N/A             |                        |
| YALE NEEDLES MIS 17 X 3-1/2                   | NEEDLE/SYRINGE/SUPPLIES                |                   | X                     |             | 03              | N/A             |                        |
| YALE NEEDLES MIS 19 G X 3"                    | NEEDLE/SYRINGE/SUPPLIES                |                   | X                     |             | 03              | N/A             |                        |
| YALE NEEDLES MIS 25 G X 2"                    | NEEDLE/SYRINGE/SUPPLIES                |                   | X                     |             | 03              | N/A             |                        |
| YALE NEEDLE MIS 26 G X 3/4"                   | NEEDLE/SYRINGE/SUPPLIES                |                   | X                     |             | 03              | N/A             |                        |

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

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

| Drug Name                    | Drug Therapy Category   | Added to Coverage | Removed from Coverage | Tier Change | 2021 Drug Tier* | 2022 Drug Tier* | Special Requirements** |
|------------------------------|-------------------------|-------------------|-----------------------|-------------|-----------------|-----------------|------------------------|
| YALE NEEDLES MIS 27 G X 1"   | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| YALE NEEDLES MIS 30 G X 1/2" | NEEDLE/SYRINGE/SUPPLIES |                   | X                     |             | 03              | N/A             |                        |
| ZIANA GEL                    | DERMATOLOGICAL AGENTS   |                   |                       |             |                 |                 | PA                     |
| ZIRGAN GEL 0.15%             | OPHTHALMIC AGENTS       |                   | X                     |             | 04              | N/A             |                        |
| ZYKADIA CAP 150 MG           | ANTINEOPLASTICS         |                   | X                     |             | 05              | N/A             |                        |

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

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

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

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