

SERVE YOU

Your 2017 Prescription Drug List

Serve You Rx Select Formulary

Please read:

This document contains information about the drugs covered under your pharmacy benefit plan.

If you have questions:



Call Customer Service at
800-759-3203.



Visit **serve-you-rx.com**

- Locate a participating retail pharmacy by ZIP code
- **What's My Copay?** cost comparisons
- Search the drug database for generics, brand-names, generic equivalents and other drug information
- View quality and safety information about prescription alternatives

Effective July 1, 2017

Your Prescription Drug List (PDL)

The Prescription Drug List, or formulary, is a listing of the most commonly prescribed medications sorted by therapeutic category. The PDL identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. It is intended to be used as a guide to help you and your doctor choose the best course of treatment for you. Drug designation by category is for reference only and not clinical comparison. The PDL is not intended to be a substitute for the clinical knowledge and judgement of the medical practitioner in their choice of drug therapy. In all cases, the prescriber is expected to select appropriate drug therapy for the individual patient and provide high-quality healthcare.

Please note:

- Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule.
- This document is not intended to be a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.
- You may also log on to serve-you-rx.com or call Member Services at **800-759-3203** for more information.

At Serve You Rx, we are committed to helping you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the PDL.




How do I use my Prescription Drug List?

Bring this PDL with you when you see your doctor. You and your doctor should consult it when choosing a medication. It is organized by common medical conditions. Medications are then listed alphabetically and identified as generic or brand, and if special rules apply. If your medication is not listed in this document, please visit serve-you-rx.com or call Member Services at **800-759-3203**.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or plan sponsor. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

| \$ | Drug Tier | Includes | Helpful Tips |
|--|----------------------------------|---|---|
|  | Tier 1 Lowest Cost | Lower-cost, commonly used generic drugs. | Use Tier 1 drugs for the lowest out-of-pocket costs. |
|  | Tier 2 Mid-range Cost | Many common brand-name drugs, called preferred brands. | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs. |
|  | Tier 3 Highest Cost | Mostly higher-cost brand drugs, also known as non-preferred brands. | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |

Please note: Plans may have different tiers (4 or none, etc.). If your plan has a Tier 4, specialty drugs are included in this tier. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan documents or call Member Services at **800-759-3203** for more information about your benefit plan.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Programs and Limits

Some medications are noted with letters or symbols next to them. The letters and symbols refer to pharmacy benefit programs and are provided to help you check which medications may have a program or limit. Your benefit plan determines how these medications may be covered for you.

| | |
|-----------|--|
| PA | Prior Authorization – Your doctor is required to provide additional information to determine coverage. |
| ST | Step Therapy – Trial of lower cost medication(s) is required before a higher-cost medication is covered. |
| QL | Quantity Limits – Amount of medication covered per copayment or in a specific time period. For selected medications, may include conversion from twice-daily dosing to one-time-daily dosing. |
| SP | Specialty Medication – Medication is designated as a specialty pharmacy drug. |
| E | Excluded – May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered. |

To learn more about a Serve You Rx Clinical Pharmacy Program, or to find out if it applies to you, please visit serve-you-rx.com or call Member Services at **800-759-3203**.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, rosuvastatin).

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit serve-you-rx.com, *What's My Copay?* to make sure.

Are you taking a specialty medication?

Specialty medications treat rare or complex conditions and are typically higher cost medications. Specialty drugs have the following characteristics:

- Treat complex and often costly medical conditions such as: cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and pulmonary hypertension
- Are often injected or infused (IV) medicines, but may also be taken orally
- Require close monitoring of response to drug therapy
- May require individualized dosing, medical devices to administer the medicine, and/or special handling and delivery
- Require additional education for safe and cost-effective use

Please note, not all specialty medications are listed in the PDL.

Serve You DirectRxSM Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care. Call Member Services at **800-759-3203** and have your prescriptions delivered right to your home or office.

Should I talk to my doctor about OTC medications?

An Over-the-Counter (OTC, no prescription required) medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered under your pharmacy benefit, they may cost less than your out-of-pocket expense for prescription medications.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit serve-you-rx.com or call Member Services at **800-759-3203** for more current information.

When you register at serve-you-rx.com, you can use the website's helpful tools and features to:

- Look at *What's My Copay?* cost comparisons
- Learn how to use the Serve You DirectRxSM Mail Service Pharmacy
- View your medication history
- Locate in-plan, out-of-plan and 24-hour pharmacies near you
- Refill orders placed through *DirectRx Mail* and *DirectRx Specialty*
- Search the drug database for generics, brand-names, generic equivalents and other drug information
- View quality and safety information about prescription alternatives
- View any plan-specific content



More Information

If you have additional questions, please call Member Services at **800-759-3203** or visit serve-you-rx.com.

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| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Anti-Infectives: Antibiotics | | |
| Amoxicillin | 1 | |
| Amoxicillin/Clavulanate | 1 | |
| Azasite | 3 | |
| Azithromycin | 1 | |
| Bethkis | 2 | SP |
| Cefadroxil Cap | 1 | |
| Cefdinir | 1 | |
| Cefuroxime Tab | 1 | |
| Cephalexin | 1 | |
| Ciprodex Otic Suspension | 2 | |
| Ciprofloxacin Tab | 1 | |
| Clarithromycin | 1 | |
| Clindamycin Cap | 1 | |
| Doryx MPC | 3 | |
| Doxycycline Hyclate Cap | 1 | |
| Doxycycline Hyclate Tab (Immediate Release) | 1 | |
| Doxycycline Monohydrate Cap | 1 | |
| Doxycycline Monohydrate Oral Suspension, Tab | 1 | |
| Erythromycin | 1 | |
| Kitabis | E | SP |
| Levofloxacin Tab | 1 | |
| Metronidazole Tab | 1 | |
| Minocycline Cap | 1 | |
| Moxifloxacin | 1 | |
| Neomycin/Polymyxin/HC Otic Suspension, Solution | 1 | |
| Nitrofurantoin Macrocrystalline | 1 | |
| Nitrofurantoin Monohydrate Macrocrystalline | 1 | |
| Ofloxacin Otic Solution | 1 | |
| Oracea | 3 | |
| Penicillin VK | 1 | |
| Solodyn | 3 | PA |
| Sulfamethoxazole-Trimethoprim | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Sulfamethoxazole-Trimethoprim DS | 1 | |
| TOBI Nebulizer | E | SP |
| TOBI Podhaler | E | SP |
| Tobramycin (Genericus manufacturer) | E | SP |
| Anti-Infectives: Antifungals | | |
| Fluconazole | 1 | |
| Jublia Solution | 3 | PA |
| Kerydin Solution | 3 | PA |
| Nystatin Suspension | 1 | |
| Terbinafine Tab | 1 | QL |
| Anti-Infectives: Antivirals | | |
| Acyclovir Cap, Tab, Suspension | 1 | |
| Daklinza* | 3 | PA, QL, SP |
| Entecavir | 1 | QL, SP |
| Epclusa* | 2 | PA, QL, SP |
| Famciclovir Tab | 1 | |
| Harvoni* | 2 | PA, QL, SP |
| Sovaldi* | 2 | PA, QL, ST, SP |
| Tamiflu | 3 | QL |
| Valacyclovir | 1 | |
| Zepatier* | 2 | PA, QL, SP |
| * PA Required | | |
| Cancer | | |
| Akynzeo | 3 | QL |
| Anastrozole Tab | 1 | |
| Capecitabine | 1 | SP |
| Letrozole | 1 | |
| Revlimid | 3 | PA, SP |
| Sprycel | 2 | PA, SP |
| Tamoxifen Tab | 1 | |
| Tasigna | 3 | PA, SP |
| Temozolomide | 1 | PA, SP |
| Zytiga | 3 | PA, SP |
| Cardiovascular/Heart Disease: Anticoagulants | | |
| Brilinta | 2 | |
| Clopidogrel | 1 | |
| Effient | 2 | |
| Eliquis | 3 | QL |

Bold type = Brand name drug
[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Enoxaparin | 1 | |
| Pradaxa | 2 | QL |
| Savaysa | 3 | QL |
| Warfarin | 1 | |
| Xarelto | 2 | QL |
| Cardiovascular/Heart Disease: High Blood Pressure | | |
| Amlodipine | 1 | |
| Amlodipine/Benazepril | 1 | |
| Amlodipine/Valsartan | 1 | |
| Amlodipine/Valsartan/ HCTZ | 1 | |
| Atenolol | 1 | |
| Atenolol/Chlorthalidone | 1 | |
| Azor | 3 | |
| Benazepril | 1 | |
| Benazepril/HCTZ | 1 | |
| Benicar | 3 | |
| Benicar HCT | 3 | |
| Bisoprolol | 1 | |
| Bisoprolol/HCTZ | 1 | |
| Bumetanide | 1 | |
| Bystolic | 2 | |
| Cartia XT | 1 | |
| Carvedilol | 1 | |
| Chlorthalidone | 1 | |
| Clonidine Patch | 1 | |
| Clonidine Tab | 1 | |
| Diltiazem Tab | 1 | |
| Doxazosin | 1 | |
| Edarbi | 3 | |
| Edarbyclor | 3 | |
| Enalapril | 1 | |
| Enalapril/HCTZ | 1 | |
| Felodipine | 1 | |
| Fosinopril | 1 | |
| Furosemide | 1 | |
| Guanfacine Tab (Immediate Release) | 1 | |
| Hydralazine | 1 | |
| Hydrochlorothiazide | 1 | |
| Irbesartan | 1 | |
| Irbesartan/HCTZ | 1 | |
| Labetalol | 1 | |
| Lisinopril | 1 | |
| Lisinopril/HCTZ | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Losartan | 1 | |
| Losartan/HCTZ | 1 | |
| Metoprolol Succinate | 1 | |
| Metoprolol Tartrate | 1 | |
| Nadolol | 1 | |
| Nifedipine ER | 1 | |
| Propranolol | 1 | |
| Propranolol ER | 1 | |
| Quinapril | 1 | |
| Ramipril | 1 | |
| Spirolactone | 1 | |
| Tekturna | 2 | ST |
| Tekturna HCT | 2 | ST |
| Telmisartan | 1 | |
| Terazosin | 1 | |
| Torsemide Tab | 1 | |
| Triamterene/HCTZ | 1 | |
| Tribenzor | 3 | |
| Valsartan | 1 | |
| Valsartan/HCTZ | 1 | |
| Verapamil ER | 1 | |
| Cardiovascular/Heart Disease: High Cholesterol | | |
| Atorvastatin | 1 | |
| Cholestyramine | 1 | |
| Crestor | 3 | |
| Fenofibrate 43 mg, 48 mg, 50 mg, 54 mg, 67 mg, 130 mg, 134 mg, 145 mg, 150 mg, 160 mg, 200 mg | 1 | |
| Gemfibrozil | 1 | |
| Lipitor | 3 | ST |
| Lovastatin | 1 | |
| Lovaza | 3 | |
| Niacin ER Tab | 1 | |
| Omega-3 Acid Cap 1 gm | 1 | |
| Praluent* | 2 | PA, QL, SP |
| Pravastatin | 1 | |
| Rosuvastatin | 1 | |
| Simvastatin | 1 | |
| Vascepa | 2 | |
| Vytorin | 3 | |
| Welchol | 2 | |
| Zetia | 3 | |

* PA Required

Bold type = Brand name drug
[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Cardiovascular/Heart Disease: Other | | |
| Amiodarone | 1 | |
| Amlodipine/Atorvastatin | 1 | |
| Corlanor | 3 | PA, QL |
| Digoxin | 1 | |
| Flecainide | 1 | |
| Isosorbide Mononitrate | 1 | |
| Multaq | 3 | |
| Nitrostat | 3 | |
| Ranexa | 2 | ST |
| Sotalol | 1 | |
| Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension | | |
| Adcirca | 3 | PA, QL, SP |
| Adempas | 2 | PA, QL, SP |
| Letairis | 2 | PA, QL, SP |
| Opsumit | 2 | PA, QL, SP |
| Orenitram | 3 | PA, SP |
| Sildenafil Tab 20 mg | 1 | PA, QL |
| Tracleer | 2 | PA, QL, SP |
| Central Nervous System: Attention Deficit Disorder | | |
| Adderall XR Cap | 3 | QL, ST |
| Amphetamine-Dextroamphetamine Tab | 1 | QL |
| Amphetamine-Dextroamphetamine SR 24Hr Cap | 1 | QL |
| Dexmethylphenidate ER Cap | 1 | QL |
| Evekeo | 3 | QL, ST |
| Guanfacine ER Tab | 1 | |
| Methylphenidate ER Cap | 1 | QL |
| Methylphenidate ER Tab | 1 | QL |
| Methylphenidate SA Osmotic ER Tab | 1 | QL |
| Methylphenidate Tab | 1 | QL |
| Strattera | 2 | |
| Vyvanse | 2 | QL |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Central Nervous System: Depression | | |
| Amitriptyline | 1 | |
| Bupropion | 1 | |
| Bupropion ER | 1 | |
| Bupropion SR | 1 | |
| Bupropion XL | 1 | QL |
| Doxepin | 1 | |
| Duloxetine Cap 20 mg, 30 mg, 60 mg | 1 | QL |
| Escitalopram Tab | 1 | |
| Fluoxetine Cap (not PMDD) | 1 | |
| Fluvoxamine Tab | 1 | |
| Forfivo XL | 2 | QL |
| Mirtazapine | 1 | |
| Nortriptyline | 1 | |
| Paroxetine Tab | 1 | |
| Pristiq | 3 | QL |
| Risperidone | 1 | |
| Sertraline | 1 | |
| Trazodone | 1 | |
| Venlafaxine Tab | 1 | |
| Venlafaxine ER Cap | 1 | |
| Venlafaxine ER Tab | 1 | |
| Viibryd | 3 | QL, ST |
| Central Nervous System: Migraine | | |
| Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg | 1 | |
| Migranal | 3 | QL |
| Relpax | 3 | QL |
| Rizatriptan Tab, ODT | 1 | QL |
| Sumatriptan Tab and Spray | 1 | QL |
| Sumavel Dose | 3 | QL |
| Zolmitriptan Tab | 1 | QL |
| Central Nervous System: Multiple Sclerosis | | |
| Ampyra | 2 | PA, QL, SP |
| Aubagio | 3 | PA, QL, ST, SP |
| Avonex Kit* | 2 | PA, QL, SP |
| Avonex Pen Kit* | 2 | PA, QL, SP |

Bold type = Brand name drug
[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|----------------------------|-----------|---------------------|
| Avonex Prefill Kit* | 2 | PA, QL, SP |
| Betaseron* | 2 | PA, QL, SP |
| Copaxone* | 2 | PA, QL, SP |
| Extavia | E | PA, QL, ST, SP |
| Gilenya** | 3 | PA, QL, ST, SP |
| Plegridy | E | PA, QL, ST, SP |
| Rebif | E | PA, QL, ST, SP |
| Rebif Titrtm | E | PA, QL, ST, SP |
| Tecfidera* | 2 | PA, QL, SP |

+ Tier 3 Preferred * PA Required ** PA Required

Central Nervous System: Other

| | | |
|--|---|--------|
| Alprazolam Tab | 1 | QL |
| Aripiprazole | 1 | QL |
| Benzotropine | 1 | |
| Bupirone | 1 | |
| Carbidopa/Levodopa Tab (Immediate Release) | 1 | |
| Diazepam Tab | 1 | |
| Donepezil Tab | 1 | |
| Hydroxyzine HCL | 1 | |
| Hydroxyzine Pamoate | 1 | |
| Invega Sustenna | 3 | |
| Invega Trinza | 3 | |
| Latuda | 3 | QL, ST |
| Lithium Carbonate | 1 | |
| Lorazepam Tab | 1 | |
| Modafinil | 1 | PA, QL |
| Namenda XR Cap | 2 | QL |
| Namzaric | 2 | QL |
| Olanzapine Tab | 1 | |
| Prochlorperazine | 1 | |
| Quetiapine | 1 | |
| Rexulti | 3 | |
| Risperidone Tab | 1 | |
| Ropinirole (Immediate Release) | 1 | |
| Saphris | 2 | |
| Seroquel XR | 3 | QL |
| Ziprasidone Cap | 1 | |
| Central Nervous System: Sedatives/Hypnotics | | |
| Eszopiclone Tab | 1 | QL |
| Silenor | 3 | QL |
| Temazepam | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Triazolam Tab | 1 | |
| Zolpidem | 1 | QL |
| Zolpidem ER | 1 | QL |
| Central Nervous System: Seizure Disorders | | |
| Carbamazepine Tab | 1 | |
| Clonazepam | 1 | |
| Divalproex DR | 1 | |
| Divalproex ER | 1 | |
| Gabapentin | 1 | |
| Lamotrigine (Immediate Release) | 1 | |
| Lamotrigine ER | 1 | |
| Levetiracetam | 1 | |
| Levetiracetam ER | 1 | |
| Lyrica Cap | 2 | QL |
| Onfi | 3 | PA |
| Oxcarbazepine | 1 | |
| Phenytoin | 1 | |
| Primidone | 1 | |
| Topiramate Tab | 1 | |
| Vimpat | 3 | |
| Zonisamide | 1 | |
| Dermatology | | |
| Absorica | 3 | |
| Acanya Gel | E | ST |
| Acyclovir Ointment 5% | 1 | |
| Aczone Gel | 3 | |
| Atralin | 3 | PA |
| Benzaclin | E | ST |
| Benzamycin | E | ST |
| Betamethasone Dipropionate Cream | 1 | |
| Ciclopirox Cream | 1 | |
| Clindamycin Gel, Lotion, Solution | 1 | |
| Clindamycin/ Benzoyl Peroxide Gel 1-5% | 1 | |
| Clindamycin/Benzoyl Peroxide Gel 1.2-5% | 1 | |
| Clobetasol Cream, Ointment, Solution | 1 | |
| Clobex | 3 | |

Bold type = Brand name drug
[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Clotrimazole/ Betamethasone Cream, Lotion | 1 | |
| Cortifoam | 3 | |
| Desonide Cream, Ointment | 1 | |
| Desoximetasone Cream, Gel, Ointment | 1 | |
| Differin | 3 | PA |
| Duac | E | ST |
| Econazole Cream | 1 | |
| Elidel | 2 | ST |
| Epiduo & Epiduo Forte | 3 | PA |
| Finacea | 3 | ST |
| Fluocinonide Cream, 0.1% | 1 | |
| Fluocinonide Cream, Gel, Ointment, Solution 0.05% | 1 | |
| Hydrocortisone Cream, Ointment 2.5% | 1 | |
| Lidocaine Topical Ointment, Solution | 1 | |
| Lidocaine/Prilocaine Cream | 1 | |
| Ketoconazole Cream/ Shampoo | 1 | |
| Metrogel | 3 | |
| Metronidazole Gel 0.75% | 1 | |
| Mirvaso Gel | 2 | |
| Mupirocin Ointment | 1 | |
| Nystatin Cream, Ointment, Powder | 1 | |
| Nystatin/Triamcinolone Cream, Ointment | 1 | |
| Onexton | 3 | |
| Oxsoralen-UL | 2 | |
| Permethrin Cream 5% | 1 | |
| Proctofoam HC | 2 | |
| Retin-A Micro | 3 | PA |
| Soolantra | 2 | |
| Sulfacetamide/Sulfur Emulsion | 1 | |
| Taclonex | 3 | QL |
| Tazorac | 3 | PA, QL |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Tretinoin Cream | 1 | PA |
| Tretinoin Microsphere Gel | 1 | PA |
| Triamcinolone | 1 | |
| Vectical | 3 | |
| Veltin | E | ST |
| Ziana Gel | E | ST |
| Zovirax Cream | 2 | |
| Zovirax Ointment | 3 | |
| Zyclara | 3 | |
| Diabetes/Endocrine Blood: Glucose Monitoring | | |
| Accu-Chek Active Glucose Control Liquid | E | |
| Accu-Chek Active Test Strips | E | QL |
| Accu-Chek Aviva Connect Kit | E | |
| Accu-Chek Aviva Plus Control Liquid | E | |
| Accu-Chek Aviva Plus Kit | E | |
| Accu-Chek Aviva Plus Test Strips | E | QL |
| Accu-Chek Compact Plus Control Liquid | E | |
| Accu-Chek Compact Plus Test Strips | E | QL |
| Accu-Chek Compact Plus Kit | E | |
| Accu-Chek FastClix Kit | 2 | |
| Accu-Chek FastClix Lancets | 2 | |
| Accu-Chek Guide Control Liquid | E | |
| Accu-Chek Guide Kit | E | |
| Accu-Chek Guide Test Strips | E | QL |
| Accu-Chek Multiclix Kit | 2 | |
| Accu-Chek Multiclix Lancets | 2 | |

Bold type = Brand name drug
[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|------------------------------------|-----------|---------------------|
| Accu-Chek Nano SmartView Kit | E | |
| Accu-Chek SmartView Control Liquid | E | |
| Accu-Chek SmartView Test Strips | E | QL |
| Accu-Chek Soft Touch Lancets | 2 | |
| Accu-Chek Softclix Kit | 2 | |
| Accu-Chek Softclix Lancets | 2 | |
| Bayer Contour Test Strips | E | QL, ST |
| Dexcom G4 Platinum Kit | 3 | |
| Dexcom G4 Platinum Sensor Kit | 3 | |
| Dexcom G4 Platinum Transmitter Kit | 3 | |
| Dexcom G5 Kit | 3 | |
| Dexcom G5 Sensor Kit | 3 | |
| Dexcom G5 Transmitter Kit | 3 | |
| Freestyle Test Strips | E | QL, ST |
| Insulin Pen Needle | 2 | |
| Insulin Syringe/ Needle | 2 | |
| Novofine Pen Needle | 3 | |
| Novofine Autocover Pen Needle | 3 | |
| Novotwist Pen Needle | 3 | |
| Onetouch Ultra 2 System | 2 | |
| Onetouch UltraMini System Kit | 2 | |
| Onetouch Verio IQ System Kit | 2 | |
| Onetouch Verio Sync System Kit | 2 | |
| Onetouch Verio System Kit | 2 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Onetouch Verio Flex System Kit | 2 | |
| Onetouch Ultra Test Strips | 2 | QL |
| Onetouch Verio Test Strips | 2 | QL |
| Precision Test Strips | E | QL, ST |
| Diabetes/Endocrine: Insulin | | |
| Apidra | E | ST |
| Basaglar | E | ST |
| Humalog Mix 50/50 Vials and KwikPen | 2 | |
| Humalog Mix 75/25 Vials and KwikPen | 2 | |
| Humalog U-100 Vials and KwikPen | 2 | |
| Humalog U-200 KwikPen | 2 | |
| Humulin 70/30 Vials and KwikPen | 2 | |
| Humulin N Vials and KwikPen | 2 | |
| Humulin R U-500 Vials and KwikPen | 2 | |
| Humulin R Vials | 2 | |
| Lantus Solostar | 2 | |
| Lantus Vials | 2 | |
| Levemir FlexTouch | E | |
| Levemir Vials | E | |
| Novolin 70/30 Vials | E | |
| Novolin N Vials | E | |
| Novolin R Vials | E | |
| Novolog Flexpen | E | |
| Novolog Mix 70/30 Vials and Flexpen | E | |
| Novolog Penfill | E | |
| Novolog Vials | E | |
| Toujeo SoloStar | 2 | |
| Tresiba | E | |
| Diabetes/Endocrine: Non-Insulin | | |
| Adlyxin | E | QL, ST |
| Alogliptin | E | ST |

Bold type = Brand name drug
[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|-------------------------------------|-----------|---------------------|
| Alogliptin/metformin | E | ST |
| Alogliptin/ pioglitazone | E | ST |
| Bydureon | 2 | QL, ST |
| Byetta | 2 | QL, ST |
| Farxiga | E | ST |
| Glimepiride | 1 | |
| Glipizide | 1 | |
| Glipizide ER | 1 | |
| Glipizide XL | 1 | |
| Glumetza | 3 | PA |
| Glyburide | 1 | |
| Glyburide/Metformin | 1 | |
| Invokamet | 2 | ST |
| Invokamet XR | 2 | ST |
| Invokana | 2 | ST |
| Janumet | 2 | ST |
| Janumet XR | 2 | ST |
| Januvia | 2 | ST |
| Jardiance | 2 | ST |
| Jentadueto | 2 | ST |
| Jentadueto XR | 2 | ST |
| Kazano | E | ST |
| Kombiglyze | E | ST |
| Metformin | 1 | |
| Metformin ER | 1 | |
| Nesina | E | ST |
| Onglyza | E | ST |
| Oseni | E | ST |
| Pioglitazone | 1 | |
| Soliqua | 2 | QL, ST |
| Synjardy | 2 | ST |
| Synjardy XR | 2 | ST |
| Tanzeum | E | QL, ST |
| Tradjenta | 2 | ST |
| Trulicity | 2 | QL, ST |
| Victoza | 2 | QL, ST |
| Xigduo XR | E | ST |
| Endocrine: Growth Hormone | | |
| Genotropin | E | PA, SP |
| Humatrope | E | PA, SP |
| Norditropin | 2 | PA, SP |
| Nutropin AQ | 2 | PA, SP |
| Omnitrope | E | PA, SP |

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E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Saizen | E | PA, SP |
| Zomacton | E | PA, SP |
| Endocrine: Other | | |
| Calcitriol Cap | 1 | |
| Dexamethasone Tab | 1 | |
| H.P. Acthar | 2 | PA, SP |
| Hydrocortisone Tab | 1 | |
| Lupron Depot 3.75 mg, 11.25 mg | 3 | PA, SP |
| Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg | 2 | PA, SP |
| Methylprednisolone Tab | 1 | |
| Prednisone | 1 | |
| Prednisolone Solution 25 mg/5 ml | 1 | |
| Prednisolone Syrup, Solution 15 mg/5 ml | 1 | |
| Sensipar | 3 | PA |
| Endocrine: Thyroid Hormone Replacement | | |
| Armour Thyroid | 3 | |
| Levothyroxine | 1 | |
| Liothyronine | 1 | |
| Methimazole | 1 | |
| Synthroid | 3 | |
| Tirosint | 3 | |
| Eye Conditions: Allergies | | |
| Azelastine Ophthalmic Solution | 1 | |
| Bepreve | 3 | ST |
| Lastacaft | 3 | ST |
| Pataday | 2 | |
| Pazeo | 2 | |
| Eye Conditions: Antibiotics | | |
| Besivance | 3 | |
| Ciprofloxacin Ophthalmic Solution | 1 | |
| Erythromycin Ointment | 1 | |
| Gentamicin | 1 | |
| Moxeza | 2 | |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension | 1 | |
| Ofloxacin Ophthalmic Solution | 1 | |
| Polymyxin B/Trimethoprim Solution | 1 | |
| Tobramycin | 1 | |
| Tobramycin/Dexamethasone | 1 | |
| Vigamox | 2 | |
| Eye Conditions: Glaucoma | | |
| Alphagan P | 2 | |
| Azopt | 2 | |
| Betimol | 3 | |
| Brimonidine | 1 | |
| Combigan | 2 | |
| Cosopt PF | 3 | |
| Dorzolamide-Timolol Maleate | 1 | |
| Latanoprost | 1 | QL |
| Lumigan | 2 | QL |
| Rescula | E | QL |
| Simbrinza | 2 | |
| Timolol | 1 | |
| Timoptic Ocudose | 2 | |
| Travatan Z | 2 | QL |
| Zioptan | E | QL |
| Eye Conditions: Other | | |
| Durezol Ophthalmic Emulsion | 3 | |
| Lotemax Ophthalmic Gel | 3 | QL |
| Ketorolac Ophthalmic Solution | 1 | |
| Prednisolone Ophthalmic Suspension | 1 | |
| Restasis | 2 | PA |
| Xiidra | 2 | PA |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Gastrointestinal: Acid Suppression | | |
| Dexilant | 2 | QL |
| Duexis | E | QL, ST |
| Esomeprazole (Rx only) | 1 | QL |
| Famotidine Tab 20 mg and 40 mg (Rx only) | 1 | |
| Lansoprazole (Rx only) | 1 | QL |
| Omeprazole (Rx only) | 1 | QL |
| Pantoprazole | 1 | QL |
| Ranitidine Tab, Cap, Syrup (Rx only) | 1 | |
| Sucralfate Tab | 1 | |
| Vimovo | E | PA, QL |
| Gastrointestinal: Nausea/Vomiting | | |
| Meclizine | 1 | |
| Metoclopramide | 1 | |
| Ondansetron Tab, ODT | 1 | |
| Transderm-Scop | 3 | |
| Varubi | 3 | QL |
| Gastrointestinal: Other | | |
| Amitiza | 2 | PA, QL, ST |
| Apriso | 2 | |
| Asacol HD | E | ST |
| Canasa | 2 | |
| Creon | 2 | |
| Delzicol | E | ST |
| Dipentum | 3 | |
| Gavilyte Solution | 1 | |
| Hyoscyamine Sublingual Tab | 1 | |
| Lactulose | 1 | |
| Lialda | 2 | |
| Linzess | 2 | PA, QL, ST |
| Mesalamine DR | E | ST |
| Movantik | E | QL, ST |
| Moviprep | 3 | |
| Omeclamox Pak | 2 | |
| Pancreaze | E | ST |
| Pentasa | 3 | |
| Pertzye | E | ST |
| Polyethylene Glycol 3350 Powder | 1 | |

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[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|--------------------------------|-----------|---------------------|
| Prepopik | 3 | |
| Protosol HC | 1 | |
| Pylera | 2 | |
| Sulfasalazine | 1 | |
| Suprep Bowel Prep | 3 | |
| Uceris Foam | 3 | |
| Ultresa | E | ST |
| Viokace | E | ST |
| Zenpep | 2 | |
| HIV/AIDS | | |
| Atripla | 2 | |
| Complera | 2 | |
| Epzicom | 3 | |
| Genvoya | 2 | |
| Intelence | 2 | |
| Isentress | 2 | |
| Kaletra Solution | 3 | |
| Kaletra Tablet | 2 | |
| Nevirapine | 1 | |
| Norvir | 2 | |
| Prezcobix | 2 | |
| Prezista | 2 | |
| Reyataz | 2 | |
| Stribild | 2 | |
| Sustiva | 2 | |
| Tivicay | 2 | |
| Triumeq | 2 | |
| Truvada | 2 | |
| Viread | 2 | |
| Infertility | | |
| Bravelle | E | SP |
| Cetrotide | 2 | SP |
| Follistim AQ | E | SP |
| Gonal-f | 2 | SP |
| Gonal-f RFF | 2 | SP |
| Ovidrel | 3 | SP |
| Inflammatory Conditions | | |
| Cimzia Kit* | 2 | PA, SP |
| Cosentyx* | E | PA, SP |
| Depen | 2 | |
| Enbrel | 3 | PA, SP |
| Humira Kit* | 2 | PA, SP |

| Drug Name | Drug Tier | Programs and Limits |
|----------------------------------|-----------|---------------------|
| Humira Pen Kit* | 2 | PA, SP |
| Humira Pen Kit Crohns* | 2 | PA, SP |
| Humira Pen Kit Psoriasis* | 2 | PA, SP |
| Hydroxychloroquine | 1 | |
| Inflectra | E | PA, SP |
| Methotrexate Tab | 1 | |
| Orencia SC | 3 | PA, ST, SP |
| Otezla | 3 | PA, ST, SP |
| Otrexup | 3 | PA, QL |
| Rasuvo | 2 | PA, QL |
| Remicade | 2 | PA, SP |
| Simponi* | 2 | PA, SP |
| Simponi Aria* | 2 | PA, SP |
| Stelara* | 2 | PA, SP |
| Taltz | 3 | PA, ST, SP |
| Xeljanz | 3 | PA, ST, SP |

* PA Required

Men's Health: Erectile Dysfunction

| | | |
|----------------|---|----|
| Cialis | 2 | QL |
| Levitra | E | QL |
| Staxyn | E | QL |
| Stendra | E | QL |
| Viagra | 2 | QL |

Men's Health: Prostate

| | | |
|---------------------------------|---|----|
| Alfuzosin | 1 | |
| Cialis 2.5 mg & 5 mg | 2 | QL |
| Doxazosin | 1 | |
| Finasteride 5 mg | 1 | |
| Rapaflo | 2 | |
| Tamsulosin | 1 | |
| Terazosin | 1 | |

Men's Health: Testosterone Therapy

| | | |
|--|---|--------|
| Androderm | 2 | PA |
| Androgel 1.62% | 2 | PA |
| Androgel 1% | E | PA, ST |
| Axiron | E | PA |
| Fortesta | E | PA |
| Testim | E | PA |
| Testosterone Cypionate IM Injection | 1 | |
| Vogelxo | E | PA |

Bold type = Brand name drug
[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Miscellaneous | | |
| Adrenacllick | E | ST |
| Allopurinol | 1 | |
| Antipyrine/Benzocaine Otic Solution 5.4 - 1.4% | 1 | |
| Aranesp | E | PA, SP |
| Auryxia | 3 | |
| Auvi-Q | E | ST |
| Benzonatate | 1 | |
| Botox 100, 200 unit Injection (non-cosmetic) | 2 | PA, SP |
| Bunavail | 3 | QL |
| Cerdelga | 3 | PA, SP |
| Chantix | 3 | QL |
| Cheratussin | 1 | |
| Chlorhexidine | 1 | |
| Colcrys | 2 | |
| Cyproheptadine | 1 | |
| Desmopressin | 1 | |
| Epinephrine (Impax manufacturer) | E | ST |
| Epinephrine (Mylan manufacturer) | 2 | |
| Epipen & Epipen Jr | E | ST |
| Epogen | E | PA, SP |
| Euflexxa | 2 | PA, SP |
| Fosrenol | 3 | |
| Granix | 2 | PA, SP |
| Guaifenesin/Codeine Syrup | 1 | |
| Homatropine/ Hydrocodone Syrup | 1 | |
| Hydrocodone/ Chlorpheniramine Liquid | 1 | |
| Hydrocortisone AC Suppository 25 mg | 1 | |
| Hydromet | 1 | |
| Lidocaine Viscous Solution 2% | 1 | |
| Makena | 2 | PA, SP |

| Drug Name | Drug Tier | Programs and Limits |
|--------------------------------------|-----------|---------------------|
| Narcan | 2 | |
| Neupogen | 2 | PA, SP |
| Phenazopyridine (Rx only) | 1 | |
| Phentermine Tab | 1 | PA |
| Procrit | 2 | PA, SP |
| Promethazine DM Syrup | 1 | |
| Promethazine/Codeine Syrup | 1 | |
| Pulmozyme | 2 | SP |
| Renvela Tab & Pack | 2 | |
| Rezira | 3 | |
| Suboxone Film | 2 | QL |
| Synagis | 2 | PA, SP |
| Synvisc | 2 | PA, SP |
| Synvisc One | 2 | PA, SP |
| Uloric | 2 | ST |
| Ursodiol | 1 | |
| Velphoro | 3 | |
| Zarxio | 2 | PA, SP |
| Zostavax Injection | 3 | |
| Zubsolv | 2 | QL |
| Zutripro | 3 | |
| Musculoskeletal: Osteoporosis | | |
| Alendronate Tab 35 mg & 70 mg | 1 | QL |
| Binosto | 3 | QL |
| Evista | 3 | |
| Forteo | 2 | PA, SP |
| Ibandronate Tab | 1 | QL |
| Raloxifene | 1 | |
| Musculoskeletal: Other | | |
| Baclofen Tab | 1 | |
| Carisoprodol 350 mg | 1 | |
| Cyclobenzaprine Tab 5, 10 mg | 1 | |
| Lorzone | 3 | |
| Metaxalone | 1 | |
| Methocarbamol | 1 | |
| Tizanidine Cap | 1 | |
| Tizanidine Tab | 1 | |

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[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Musculoskeletal: Pain Relief | | |
| Abstral | E | PA, QL |
| Acetaminophen w/ Codeine | 1 | QL |
| Cambia | E | ST |
| Celebrex | 3 | QL |
| Celecoxib | 1 | QL |
| Diclofenac Tab | 1 | |
| Embeda | 2 | QL |
| Endocet Tab | 1 | QL |
| Etodolac | 1 | |
| Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr | 1 | QL |
| Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr | 1 | QL |
| Fentora | E | PA, QL |
| Flector Patch | 3 | QL |
| Gralise | 3 | PA, QL, ST |
| Hydrocodone/APAP 5, 7.5, 10/325 mg | 1 | QL |
| Hydromorphone Tab | 1 | QL |
| Hysingla ER | E | QL, ST |
| Ibuprofen Tab 400, 600, 800 mg (Rx only) | 1 | |
| Indomethacin Cap | 1 | |
| Kadian | E | QL, ST |
| Ketorolac Tab | 1 | QL |
| Lazanda | E | PA, QL |
| Lidocaine Patch 5% | 1 | |
| Meloxicam | 1 | |
| Methadone Tab | 1 | |
| Morphine Sulfate Tab | 1 | QL |
| Nabumetone | 1 | |
| Naproxen (Rx only) | 1 | |
| Nucynta ER | E | QL, ST |
| Opana ER | E | QL |
| Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release) | 1 | QL |
| Oxycodone w/ Acetaminophen | 1 | QL |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Oxycontin | 2 | QL |
| Subsys | E | PA, QL |
| Tivorbex | 3 | PA, ST |
| Tramadol Tab 50 mg | 1 | |
| Tramadol w/ Acetaminophen | 1 | |
| Vicodin | 1 | QL |
| Vicodin ES | 1 | QL |
| Voltaren Gel | 3 | QL |
| Xtampza ER | E | QL, ST |
| Zohydro ER | E | QL, ST |
| Zorvolex | E | |
| Overactive Bladder | | |
| Myrbetriq | 2 | |
| Oxybutynin | 1 | |
| Oxybutynin ER | 1 | |
| Tolterodine | 1 | |
| Toviaz | 3 | |
| Vesicare | 2 | |
| Respiratory: Asthma/COPD | | |
| Advair Diskus | 2 | QL |
| Advair HFA | 2 | QL |
| Aerospan | 3 | QL |
| Albuterol Nebulizer Solution | 1 | QL |
| Alvesco | E | QL, ST |
| Anoro Ellipta | 2 | QL |
| Arnuity Ellipta | 2 | QL |
| Asmanex | E | QL, ST |
| Breo Ellipta | 2 | QL |
| Budesonide Inhalation Suspension | 1 | QL |
| Combivent Respimat | 2 | QL |
| Dulera | E | QL, ST |
| Flovent Diskus | 2 | QL |
| Flovent HFA | 2 | QL |
| Foradil | 2 | QL |
| Incruse Ellipta | 2 | QL |
| Ipratropium/Albuterol Nebulizer Solution | 1 | QL |
| Levalbuterol Nebulizer Solution | 1 | QL |
| Levalbuterol Inhaler | E | QL, ST |
| Montelukast | 1 | |

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E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Perforomist | 3 | QL |
| Proair HFA, RespiClick | 2 | QL |
| Proventil HFA | E | QL, ST |
| Pulmicort Flexhaler | 2 | QL |
| Qvar | E | QL |
| Seebri | 3 | QL |
| Serevent Diskus | 2 | QL |
| Spiriva Handihaler | 2 | QL |
| Spiriva Respimat | 2 | QL |
| Stiolto | 2 | QL |
| Symbicort | 2 | QL |
| Tudorza Pressair | E | QL, ST |
| Ventolin HFA | 2 | QL |
| Xolair | 2 | PA, SP |
| Xopenex HFA | E | QL, ST |
| Respiratory: Nasal Allergies | | |
| Astepro | 3 | QL |
| Azelastine Spray | 1 | QL |
| Dymista Spray | 2 | QL |
| Fluticasone Spray | 1 | |
| Ipratropium Spray | 1 | QL |
| Mometasone | 1 | QL |
| Nasonex | 2 | QL |
| Omnis | 3 | QL |
| QNasl | 3 | QL |
| Triamcinolone Spray | 1 | QL |
| Zetonna | 3 | QL |
| Respiratory: Oral Allergies | | |
| Cetirizine | 1 | |
| Promethazine Tab | 1 | |
| Desloratadine | 1 | |
| Levocetirizine | 1 | |
| Transplant | | |
| Azathioprine Tab | 1 | |
| Cellcept Tab/ Suspension | 3 | |
| Cyclosporine Cap | 1 | |
| Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab | 1 | |
| Mycophenolate Sodium 180 mg, 360 mg Tab | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Prograf Cap | 3 | |
| Rapamune | 3 | |
| Tacrolimus Cap | 1 | |
| Vitamins/Electrolytes | | |
| Cyanocobalamine Injection | 1 | |
| Folic Acid 1 mg (Rx only) | 1 | |
| Klor-Con 8 and 10 MEQ | 1 | |
| Klor-Con M10 and M20 | 1 | |
| Multi-Vit/FI Chew | 1 | |
| Potassium Chloride ER Tab, Cap | 1 | |
| Potassium Chloride Micro ER Tab | 1 | |
| Potassium Citrate 540 mg, 1080 mg Tab | 1 | |
| Vitamin D 50,000 units (Rx only) | 1 | |
| Women's Health: Birth Control | | |
| Apri | 1 | |
| Aviane | 1 | |
| Azurette | 1 | |
| Cryselle-28 | 1 | |
| Falmina | 1 | |
| Generess Fe Chewable | 3 | |
| Gianvi | 1 | |
| Gildess | 1 | |
| Jolivette | 1 | |
| Junel | 1 | |
| Kariva | 1 | |
| Levora 28 | 1 | |
| Lo Loestrin | 3 | |
| Lomedia Fe | 1 | |
| Loryna | 1 | |
| Low-Ogestrel | 1 | |
| Lutera | 1 | |
| Medroxyprogesterone Acetate Injection | 1 | |
| Microgestin | 1 | |
| Microgestin Fe | 1 | |
| Minastrin 24 Fe Chewable | 3 | |

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[Plain type = Generic drug]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|----------------------------|-----------|---------------------|
| Mono-Linyah | 1 | |
| Mononessa | 1 | |
| Natazia | 2 | |
| Necon | 1 | |
| Nora-Be | 1 | |
| Norgest/Ethi Estradio | 1 | |
| Nortrel | 1 | |
| Nuvaring | 2 | |
| Ocella | 1 | |
| Orsythia | 1 | |
| Ortho Tri-Cyclen Lo | 3 | |
| Previfem | 1 | |
| Reclipsen | 1 | |
| Sprintec 28 | 1 | |
| Tri-Linyah | 1 | |
| Tri-Previfem | 1 | |
| Trinessa | 1 | |
| Tri-Sprintec | 1 | |
| Vestura | 1 | |
| Viorele | 1 | |
| Xulane | 1 | |
| Zarah | 1 | |

Women's Health: Hormone Replacement

| | | |
|---------------------------------|---|--|
| Climara Pro | 2 | |
| Divigel | 3 | |
| Duavee | 2 | |
| Elestrin Gel | 3 | |
| Estrace Vaginal Cream | 3 | |
| Estradiol Tab | 1 | |
| Estradiol/Norethindrone Tab | 1 | |
| Medroxyprogesterone Acetate Tab | 1 | |
| Minivelle | 3 | |
| Osphena | 3 | |
| Premarin Tab | 2 | |

| Drug Name | Drug Tier | Programs and Limits |
|-------------------------------|-----------|---------------------|
| Premarin Vaginal Cream | 2 | |
| Premphase | 2 | |
| Prempro | 2 | |
| Progesterone Cap | 1 | |
| Vagifem | 3 | |

Women's Health: Vaginal Anti-Infectives

| | | |
|---------------------------------|---|--|
| Gynazole-1 Vaginal Cream | 3 | |
| Metronidazole Vaginal Gel | 1 | |
| Terconazole Vaginal Cream | 1 | |

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E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

| A | | | | | |
|--|-----------|--|-----------|--|-----------|
| Absorica | 11 | Advair HFA | 18 | Arnuity Ellipta | 18 |
| Abstral | 18 | Aerospan | 18 | Asacol HD | 15 |
| Acanya Gel | 11 | Akynzeo | 8 | Asmanex | 18 |
| Accu-Chek Active Glucose Control Liquid | 12 | Albuterol Nebulizer Solution | 18 | Astepro | 19 |
| Accu-Chek Active Test Strips | 12 | Alendronate Tab 35 mg & 70 mg | 17 | Atenolol | 9 |
| Accu-Chek Aviva Connect Kit | 12 | Alfuzosin | 16 | Atenolol/Chlorthalidone | 9 |
| Accu-Chek Aviva Plus Control Liquid | 12 | Allopurinol | 17 | Atorvastatin | 9 |
| Accu-Chek Aviva Plus Kit | 12 | Alogliptin | 13 | Atralin | 11 |
| Accu-Chek Aviva Plus Test Strips | 12 | Alogliptin/metformin | 14 | Atripila | 16 |
| Accu-Chek Compact Plus Control Liquid | 12 | Alogliptin/pioglitazone | 14 | Aubagio | 10 |
| Accu-Chek Compact Plus Kit | 12 | Alphagan P | 15 | Auryxia | 17 |
| Accu-Chek Compact Plus Test Strips | 12 | Alprazolam Tab | 11 | Auvi-Q | 17 |
| Accu-Chek FastClix Kit | 12 | Alvesco | 18 | Aviane | 19 |
| Accu-Chek FastClix Lancets | 12 | Amiodarone | 10 | Avonex Kit | 10 |
| Accu-Chek Guide Control Liquid | 12 | Amitiza | 15 | Avonex Pen Kit | 10 |
| Accu-Chek Guide Test Strips | 12 | Amitriptyline | 10 | Avonex Prefill Kit | 11 |
| Accu-Chek Multiclix Kit | 12 | Amlodipine | 9 | Axiron | 16 |
| Accu-Chek Multiclix Lancets | 12 | Amlodipine/Atorvastatin | 10 | Azasite | 8 |
| Accu-Chek Nano SmartView Kit | 13 | Amlodipine/Benazepril | 9 | Azathioprine Tab. | 19 |
| Accu-Chek SmartView Control Liquid | 13 | Amlodipine/Valsartan | 9 | Azelastine Ophthalmic Solution | 14 |
| Accu-Chek SmartView Test Strips | 13 | Amlodipine/Valsartan/HCTZ | 9 | Azelastine Spray | 19 |
| Accu-Chek Softclix Kit | 13 | Amoxicillin | 8 | Azithromycin | 8 |
| Accu-Chek Softclix Lancets | 13 | Amoxicillin/Clavulanate | 8 | Azopt | 15 |
| Accu-Chek Soft Touch Lancets | 13 | Amphetamine-Dextroamphetamine SR 24Hr Cap | 10 | Azor | 9 |
| Acetaminophen w/ Codeine | 18 | Amphetamine-Dextroamphetamine Tab | 10 | Azurette | 19 |
| Acyclovir Cap, Tab, Suspension | 8 | Ampyra | 10 | | |
| Acyclovir Ointment 5% | 11 | Anastrozole Tab | 8 | B | |
| Aczone Gel | 11 | Androderm | 16 | Baclofen Tab | 17 |
| Adcirca | 10 | Androgel 1% | 16 | Basaglar | 13 |
| Adderall XR Cap | 10 | Androgel 1.62% | 16 | Bayer Contour Test Strips | 13 |
| Adempas | 10 | Anoro Ellipta | 18 | Benazepril | 9 |
| Adlyxin | 13 | Antipyrine/Benzocaine Otic Solution 5.4 - 1.4% | 17 | Benazepril/HCTZ | 9 |
| Adrenaclick | 17 | Apidra | 13 | Benicar | 9 |
| Advair Diskus | 18 | Apri 19 | | Benicar HCT | 9 |
| | | Apriso | 15 | Benzaclin | 11 |
| | | Aranesp | 17 | Benzamycin | 11 |
| | | Aripiprazole | 11 | Benzonatate | 17 |
| | | Armour Thyroid | 14 | Benzotropine | 11 |
| | | | | Bepreve | 14 |
| | | | | Besivance | 14 |

Bold type = Brand name drug
 [Plain type = Generic drug]

| | | | | | |
|---|-----------|--|-----------|---|-----------|
| Betamethasone Dipropionate Cream | 11 | Cefuroxime Tab | 8 | Corlanor | 10 |
| Betaseron | 11 | Celebrex | 18 | Cortifoam | 12 |
| Bethkis | 8 | Celecoxib | 18 | Cosentyx | 16 |
| Betimol | 15 | Cellcept Tab/Suspension | 19 | Cosopt PF | 15 |
| Binosto | 17 | Cephalexin | 8 | Creon | 15 |
| Bisoprolol | 9 | Cerdelga | 17 | Crestor | 9 |
| Bisoprolol/HCTZ | 9 | Cetirizine | 19 | Cryselle-28 | 19 |
| Botox 100, 200 unit Injection (non-cosmetic) | 17 | Cetrotide | 16 | Cyanocobalamine Injection | 19 |
| Bravelle | 16 | Chantix | 17 | Cyclobenzaprine Tab 5, 10 mg | 17 |
| Breo Ellipta | 18 | Cheratussin | 17 | Cyclosporine Cap | 19 |
| Brilinta | 8 | Chlorhexidine | 17 | Cyproheptadine | 17 |
| Brimonidine | 15 | Chlorthalidone | 9 | | |
| Budesonide Inhalation Suspension | 18 | Cholestyramine | 9 | D | |
| Bumetanide | 9 | Cialis | 16 | Daklinza | 8 |
| Bunavail | 17 | Cialis 2.5 mg & 5 mg | 16 | Delzicol | 15 |
| Bupropion | 10 | Ciclopirox Cream | 11 | Depen | 16 |
| Bupropion ER | 10 | Cimzia Kit | 16 | Desloratadine | 19 |
| Bupropion SR | 10 | Ciprodex Otic Suspension | 8 | Desmopressin | 17 |
| Bupropion XL | 10 | Ciprofloxacin Ophthalmic Solution | 14 | Desonide Cream, Ointment | 12 |
| Buspirone | 11 | Ciprofloxacin Tab | 8 | Desoximetasone Cream, Gel, Ointment | 12 |
| Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg | 10 | Clarithromycin | 8 | Dexamethasone Tab | 14 |
| Bydureon | 14 | Climara Pro | 20 | Dexcom G4 Platinum Kit | 13 |
| Byetta | 14 | Clindamycin/Benzoyl Peroxide Gel 1.2-5% | 11 | Dexcom G4 Platinum Sensor Kit | 13 |
| Bystolic | 9 | Clindamycin/Benzoyl Peroxide Gel 1-5% | 11 | Dexcom G4 Platinum Transmitter Kit | 13 |
| C | | Clindamycin Cap | 8 | Dexcom G5 Kit | 13 |
| Calcitriol Cap | 14 | Clindamycin Gel, Lotion, Solution | 11 | Dexcom G5 Sensor Kit | 13 |
| Cambia | 18 | Clobetasol Cream, Ointment, Solution | 11 | Dexcom G5 Transmitter Kit | 13 |
| Canasa | 15 | Clobex | 11 | Dexilant | 15 |
| Capecitabine | 8 | Clonazepam | 11 | Dexmethylphenidate ER Cap | 10 |
| Carbamazepine Tab | 11 | Clonidine Patch | 9 | Diazepam Tab | 11 |
| Carbidopa/Levodopa Tab (Immediate Release) | 11 | Clonidine Tab | 9 | Diclofenac Tab | 18 |
| Carisoprodol 350 mg | 17 | Clopidogrel | 8 | Differin | 12 |
| Cartia XT | 9 | Clotrimazole/Betamethasone Cream, Lotion | 12 | Digoxin | 10 |
| Carvedilol | 9 | Colcrys | 17 | Diltiazem Tab | 9 |
| Cefadroxil Cap | 8 | Combigan | 15 | Dipentum | 15 |
| Cefdinir | 8 | Combivent Respimat | 18 | Divalproex DR | 11 |
| | | Complera | 16 | Divalproex ER | 11 |
| | | Copaxone | 11 | Divigel | 20 |
| | | | | Donepezil Tab | 11 |

Bold type = Brand name drug
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| | | | | | |
|---|-----------|---|-----------|---|-----------|
| Doryx MPC | 8 | Erythromycin | 8 | Folic Acid 1 mg (Rx only) | 19 |
| Dorzolamide-Timolol Maleate | 15 | Erythromycin Ointment | 14 | Follistim AQ | 16 |
| Doxazosin | 9 | Escitalopram Tab | 10 | Foradil | 18 |
| Doxazosin | 16 | Esomeprazole (Rx only) | 15 | Forfivo XL | 10 |
| Doxepin | 10 | Estrace Vaginal Cream | 20 | Forteo | 17 |
| Doxycycline Hyclate Cap | 8 | Estradiol/Norethindrone Tab | 20 | Fortesta | 16 |
| Doxycycline Hyclate Tab (Immediate Release) | 8 | Estradiol Tab | 20 | Fosinopril | 9 |
| Doxycycline Monohydrate Cap | 8 | Eszopiclone Tab | 11 | Fosrenol | 17 |
| Doxycycline Monohydrate Oral Suspension, Tab | 8 | Etodolac | 18 | Freestyle Test Strips | 13 |
| Duac | 12 | Euflexxa | 17 | Furosemide | 9 |
| Duavee | 20 | Evekeo | 10 | | |
| Duexis | 15 | Evista | 17 | G | |
| Dulera | 18 | Extavia | 11 | | |
| Duloxetine Cap 20 mg, 30 mg, 60 mg . | 10 | | | | |
| Durezol Ophthalmic Emulsion | 15 | F | | | |
| Dymista Spray | 19 | | | Gabapentin | 11 |
| | | | | Gavilyte Solution | 15 |
| E | | | | Gemfibrozil | 9 |
| | | | | Generess Fe Chewable | 19 |
| Econazole Cream | 12 | Falmina | 19 | Genotropin | 14 |
| Edarbi | 9 | Famciclovir Tab | 8 | Gentamicin | 14 |
| Edarbyclor | 9 | Famotidine Tab 20 mg and 40 mg (Rx only) | 15 | Genvoya | 16 |
| Effient | 8 | Farxiga | 14 | Gianvi | 19 |
| Elestrin Gel | 20 | Felodipine | 9 | Gildess | 19 |
| Elidel | 12 | Fenofibrate 43 mg, 48 mg, 50 mg, 54 mg, 67 mg, 130 mg, 134 mg, 145 mg, 150 mg, 160 mg, 200 mg . . | 9 | Gilenya | 11 |
| Eliquis | 8 | Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr | 18 | Glimepiride | 14 |
| Embeda | 18 | Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr | 18 | Glipizide | 14 |
| Enalapril | 9 | Fentora | 18 | Glipizide ER | 14 |
| Enalapril/HCTZ | 9 | Finacea | 12 | Glipizide XL | 14 |
| Enbrel | 16 | Finasteride 5 mg | 16 | Glumetza | 14 |
| Endocet Tab | 18 | Flecainide | 10 | Glyburide | 14 |
| Enoxaparin | 9 | Flector Patch | 18 | Glyburide/Metformin | 14 |
| Entecavir | 8 | Flovent Diskus | 18 | Gonal-f | 16 |
| Epclusa | 8 | Flovent HFA | 18 | Gonal-f RFF | 16 |
| Epiduo & Epiduo Forte | 12 | Fluconazole | 8 | Gralise | 18 |
| Epinephrine (Impax manufacturer) . . | 17 | Fluocinonide Cream, 0.1% | 12 | Granix | 17 |
| Epinephrine (Mylan manufacturer) . . | 17 | Fluocinonide Cream, Gel, Ointment, Solution 0.05% | 12 | Guaifenesin/Codeine Syrup | 17 |
| Epipen & Epipen Jr | 17 | Fluoxetine Cap (not PMDD) | 10 | Guanfacine ER Tab | 10 |
| Epogen | 17 | Fluticasone Spray | 19 | Guanfacine Tab(Immediate Release) . . | 9 |
| Epzicom | 16 | Fluvoxamine Tab | 10 | Gynazole-1 Vaginal Cream | 20 |

Bold type = Brand name drug
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| H | |
|--|-----------|
| Harvoni | 8 |
| Homatropine/Hydrocodone Syrup | 17 |
| H.P. Acthar | 14 |
| Humalog Mix 50/50 Vials and KwikPen | 13 |
| Humalog Mix 75/25 Vials and KwikPen | 13 |
| Humalog U-100 Vials and KwikPen | 13 |
| Humalog U-200 KwikPen | 13 |
| Humatrope | 14 |
| Humira Kit | 16 |
| Humira Pen Kit | 16 |
| Humira Pen Kit Crohns | 16 |
| Humira Pen Kit Psoriasis | 16 |
| Humulin 70/30 Vials and KwikPen | 13 |
| Humulin N Vials and KwikPen | 13 |
| Humulin R U-500 Vials and KwikPen | 13 |
| Humulin R Vials | 13 |
| Hydralazine | 9 |
| Hydrochlorothiazide | 9 |
| Hydrocodone/APAP 5, 7.5, 10/325 mg | 18 |
| Hydrocodone/Chlorpheniramine Liquid | 17 |
| Hydrocortisone AC Suppository 25 mg | 17 |
| Hydrocortisone Cream, Ointment 2.5% | 12 |
| Hydrocortisone Tab | 14 |
| Hydromet | 17 |
| Hydromorphone Tab | 18 |
| Hydroxychloroquine | 16 |
| Hydroxyzine HCL | 11 |
| Hydroxyzine Pamoate | 11 |
| Hyoscyamine Sublingual Tab | 15 |
| Hysingla ER | 18 |

| I | |
|---------------------------|----|
| Ibandronate Tab | 17 |

Bold type = Brand name drug
 [Plain type = Generic drug]

| | |
|--|-----------|
| Ibuprofen Tab 400, 600, 800 mg (Rx only). | 18 |
| Incruse Ellipta | 18 |
| Indomethacin Cap. | 18 |
| Inflectra | 16 |
| Insulin Pen Needle | 13 |
| Insulin Syringe/Needle | 13 |
| Intelence | 16 |
| Invega Sustenna | 11 |
| Invega Trinza | 11 |
| Invokamet | 14 |
| Invokamet XR | 14 |
| Invokana | 14 |
| Ipratropium/Albuterol Nebulizer Solution | 18 |
| Ipratropium Spray | 19 |
| Irbesartan | 9 |
| Irbesartan/HCTZ | 9 |
| Isentress | 16 |
| Isosorbide Mononitrate | 10 |

| J | |
|----------------------------------|-----------|
| Janumet | 14 |
| Janumet XR | 14 |
| Januvia | 14 |
| Jardiance | 14 |
| Jentaduetto | 14 |
| Jentaduetto XR | 14 |
| Jolivette | 19 |
| Jublia Solution | 8 |
| Junel | 19 |

| K | |
|---|-----------|
| Kadian | 18 |
| Kaletra Solution | 16 |
| Kaletra Tablet | 16 |
| Kariva | 19 |
| Kazano | 14 |
| Kerydin Solution | 8 |
| Ketoconazole Cream/Shampoo. | 12 |
| Ketorolac Ophthalmic Solution | 15 |
| Ketorolac Tab | 18 |

| | |
|---------------------------------|-----------|
| Kitabis | 8 |
| Klor-Con 8 and 10 MEQ | 19 |
| Klor-Con M10 and M20 | 19 |
| Kombiglyze | 14 |

| L | |
|--|-----------|
| Labetalol | 9 |
| Lactulose. | 15 |
| Lamotrigine ER. | 11 |
| Lamotrigine (Immediate Release). | 11 |
| Lansoprazole (Rx only) | 15 |
| Lantus Solostar | 13 |
| Lantus Vials | 13 |
| Lastacaft | 14 |
| Latanoprost | 15 |
| Latuda | 11 |
| Lazanda | 18 |
| Letairis | 10 |
| Letrozole. | 8 |
| Levalbuterol Inhaler | 18 |
| Levalbuterol Nebulizer Solution. | 18 |
| Levemir FlexTouch | 13 |
| Levemir Vials | 13 |
| Levetiracetam | 11 |
| Levetiracetam ER | 11 |
| Levitra | 16 |
| Levocetirizine | 19 |
| Levofloxacin Tab | 8 |
| Levora 28 | 19 |
| Levothyroxine | 14 |
| Lialda | 15 |
| Lidocaine Patch 5% | 18 |
| Lidocaine/Prilocaine Cream. | 12 |
| Lidocaine Topical Ointment, Solution | 12 |
| Lidocaine Viscous Solution 2% | 17 |
| Linzess | 15 |
| Liothyronine | 14 |
| Lipitor | 9 |
| Lisinopril | 9 |
| Lisinopril/HCTZ. | 9 |
| Lithium Carbonate. | 11 |

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|---|-----------|---|-----------|--|-----------|
| Lo Loestrin | 19 | Metoprolol Tartrate | 9 | Necon | 20 |
| Lomedia Fe | 19 | Metrogel | 12 | Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension | 15 |
| Lorazepam Tab | 11 | Metronidazole Gel 0.75% | 12 | Neomycin/Polymyxin/HC Otic Suspension, Solution | 8 |
| Loryna | 19 | Metronidazole Tab | 8 | Nesina | 14 |
| Lorzone | 17 | Metronidazole Vaginal Gel. | 20 | Neupogen | 17 |
| Losartan | 9 | Microgestin | 19 | Nevirapine | 16 |
| Losartan/HCTZ. | 9 | Microgestin Fe. | 19 | Niacin ER Tab | 9 |
| Lotemax Ophthalmic Gel | 15 | Migranal | 10 | Nifedipine ER | 9 |
| Lovastatin | 9 | Minastrin 24 Fe Chewable | 19 | Nitrofurantoin Macrocrystalline. | 8 |
| Lovaza | 9 | Minivelle | 20 | Nitrofurantoin Monohydrate Macrocrystalline | 8 |
| Low-Ogestrel. | 19 | Minocycline Cap. | 8 | Nitrostat | 10 |
| Lumigan | 15 | Mirtazapine | 10 | Nora-Be | 20 |
| Lupron Depot 3.75 mg, 11.25 mg. | 14 | Mirvaso Gel | 12 | Norditropin | 14 |
| Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg | 14 | Modafinil | 11 | Norgest/Ethi Estradio | 20 |
| Lutera | 19 | Mometasone. | 19 | Nortrel | 20 |
| Lyrica Cap | 11 | Mono-Linyah. | 20 | Nortriptyline | 10 |
| M | | Mononessa | 20 | Norvir | 16 |
| <hr/> | | Montelukast | 18 | Novofine Autocover Pen Needle | 13 |
| Makena | 17 | Morphine Sulfate Tab | 18 | Novofine Pen Needle | 13 |
| Meclizine. | 15 | Movantik | 15 | Novolin 70/30 Vials | 13 |
| Medroxyprogesterone Acetate Injection. | 19 | Moviprep. | 15 | Novolin N Vials. | 13 |
| Medroxyprogesterone Acetate Tab. | 20 | Moxeza. | 14 | Novolin R Vials. | 13 |
| Meloxicam | 18 | Moxifloxacin | 8 | Novolog Flexpen. | 13 |
| Mesalamine DR | 15 | Multaq | 10 | Novolog Mix 70/30 Vials and Flexpen | 13 |
| Metaxalone | 17 | Multi-Vit/FI Chew | 19 | Novolog Penfill. | 13 |
| Metformin | 14 | Mupirocin Ointment. | 12 | Novolog Vials | 13 |
| Metformin ER | 14 | Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab | 19 | Novotwist Pen Needle. | 13 |
| Methadone Tab | 18 | Mycophenolate Sodium 180 mg, 360 mg Tab | 19 | Nucynta ER. | 18 |
| Methimazole. | 14 | Myrbetriq | 18 | Nutropin AQ | 14 |
| Methocarbamol | 17 | N | | Nuvaring | 20 |
| Methotrexate Tab | 16 | <hr/> | | Nystatin Cream, Ointment, Powder. | 12 |
| Methylphenidate ER Cap | 10 | Nabumetone. | 18 | Nystatin Suspension. | 8 |
| Methylphenidate ER Tab. | 10 | Nadolol. | 9 | Nystatin/Triamcinolone Cream, Ointment | 12 |
| Methylphenidate SA Osmotic ER Tab. | 10 | Namenda XR Cap | 11 | O | |
| Methylphenidate Tab | 10 | Namzarcic. | 11 | Ocella | 20 |
| Methylprednisolone Tab. | 14 | Naproxen (Rx only) | 18 | Ofloxacin Ophthalmic Solution | 15 |
| Metoclopramide. | 15 | Narcan | 17 | | |
| Metoprolol Succinate | 9 | Nasonex | 19 | | |
| | | Natazia. | 20 | | |

Bold type = Brand name drug
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| | |
|---|-----------|
| Ofloxacin Otic Solution | 8 |
| Olanzapine Tab | 11 |
| Omeclamox Pak | 15 |
| Omega-3 Acid Cap 1 gm | 9 |
| Omeprazole (Rx only) | 15 |
| Omnaris | 19 |
| Omnitrope | 14 |
| Ondansetron Tab, ODT | 15 |
| Onetouch Ultra 2 System | 13 |
| Onetouch UltraMini System Kit | 13 |
| Onetouch Ultra Test Strips | 13 |
| Onetouch Verio Flex System Kit | 13 |
| Onetouch Verio IQ System Kit | 13 |
| Onetouch Verio Sync System Kit | 13 |
| Onetouch Verio System Kit | 13 |
| Onetouch Verio Test Strips | 13 |
| Onexton | 12 |
| Onfi | 11 |
| Onglyza | 14 |
| Opana ER | 18 |
| Opsumit | 10 |
| Oracea | 8 |
| Orencia SC | 16 |
| Orenitram | 10 |
| Orsythia | 20 |
| Ortho Tri-Cyclen Lo | 20 |
| Oseni | 14 |
| Osphena | 20 |
| Otezla | 16 |
| Otrexup | 16 |
| Ovidrel | 16 |
| Oxcarbazepine. | 11 |
| Oxsoralen-UL | 12 |
| Oxybutynin | 18 |
| Oxybutynin ER | 18 |
| Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release) | 18 |
| Oxycodone w/ Acetaminophen | 18 |
| Oxycontin | 18 |

P

| | |
|--|-----------|
| Pancreaze | 15 |
| Pantoprazole. | 15 |
| Paroxetine Tab. | 10 |
| Pataday | 14 |
| Pazeo | 14 |
| Penicillin VK | 8 |
| Pentasa | 15 |
| Perforomist | 18 |
| Permethrin Cream 5%. | 12 |
| Pertzye | 15 |
| Phenazopyridine (Rx only). | 17 |
| Phentermine Tab | 17 |
| Phenytoin | 11 |
| Pioglitazone | 14 |
| Plegridy | 11 |
| Polyethylene Glycol 3350 Powder | 15 |
| Polymyxin B/Trimethoprim Solution | 15 |
| Potassium Chloride ER Tab, Cap | 19 |
| Potassium Chloride Micro ER Tab. | 19 |
| Potassium Citrate 540 mg, 1080 mg Tab | 19 |
| Pradaxa | 9 |
| Praluent | 9 |
| Pravastatin. | 9 |
| Precision Test Strips | 13 |
| Prednisolone Ophthalmic Suspension | 15 |
| Prednisolone Solution 25 mg/5 ml | 14 |
| Prednisolone Syrup, Solution 15 mg/5 ml | 14 |
| Prednisone. | 14 |
| Premarin Tab | 20 |
| Premarin Vaginal Cream | 20 |
| Premphase | 20 |
| Prempro | 20 |
| Prepopik | 16 |
| Previfem | 20 |
| Prezcobix | 16 |
| Prezista | 16 |
| Primidone | 11 |
| Pristiq | 10 |

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|---|-----------|
| Proair HFA, RespiClick | 19 |
| Prochlorperazine | 11 |
| Procrit | 17 |
| Proctofoam HC | 12 |
| Progesterone Cap | 20 |
| Prograf Cap | 19 |
| Promethazine/Codeine Syrup. | 17 |
| Promethazine DM Syrup | 17 |
| Promethazine Tab | 19 |
| Propranolol | 9 |
| Propranolol ER. | 9 |
| Protosol HC | 16 |
| Proventil HFA | 19 |
| Pulmicort Flexhaler | 19 |
| Pulmozyme | 17 |
| Pylera | 16 |

Q

| | |
|------------------------|-----------|
| QNasl | 19 |
| Quetiapine | 11 |
| Quinapril | 9 |
| Qvar | 19 |

R

| | |
|--|-----------|
| Raloxifene | 17 |
| Ramipril | 9 |
| Ranexa | 10 |
| Ranitidine Tab, Cap, Syrup (Rx only) | 15 |
| Rapaflo | 16 |
| Rapamune | 19 |
| Rasuvo | 16 |
| Rebif | 11 |
| Rebif Titrtn | 11 |
| Reclipsen. | 20 |
| Relpax | 10 |
| Remicade | 16 |
| Renvela Tab & Pack | 17 |
| Rescula | 15 |
| Restasis | 15 |
| Retin-A Micro | 12 |
| Revlimid | 8 |

Bold type = Brand name drug
[Plain type = Generic drug]

| | | | | | |
|--|-----------|--|-----------|---|-----------|
| Rexulti | 11 | Suboxone Film | 17 | Testosterone Cypionate IM Injection | 16 |
| Reyataz | 16 | Subsys | 18 | Timolol | 15 |
| Rezira | 17 | Sucralfate Tab | 15 | Timoptic Ocudose | 15 |
| Risperidone | 10 | Sulfacetamide/Sulfur Emulsion | 12 | Tirosint | 14 |
| Risperidone Tab | 11 | Sulfamethoxazole-Trimethoprim | 8 | Tivicay | 16 |
| Rizatriptan Tab, ODT | 10 | Sulfamethoxazole-Trimethoprim DS | 8 | Tivorbex | 18 |
| Ropinirole (Immediate Release) | 11 | Sulfasalazine | 16 | Tizanidine Cap | 17 |
| Rosuvastatin | 9 | Sumatriptan Tab and Spray | 10 | Tizanidine Tab | 17 |
| S | | Sumavel Dose | 10 | TOBI Nebulizer | 8 |
| <hr/> | | Suprep Bowel Prep | 16 | TOBI Podhaler | 8 |
| Saizen | 14 | Sustiva | 16 | Tobramycin | 15 |
| Saphris | 11 | Symbicort | 19 | Tobramycin/Dexamethasone | 15 |
| Savaysa | 9 | Synagis | 17 | Tobramycin | |
| Seebri | 19 | Synjardy | 14 | (Genericus manufacturer) | 8 |
| Sensipar | 14 | Synjardy XR | 14 | Tolterodine | 18 |
| Serevent Diskus | 19 | Synthroid | 14 | Topiramate Tab | 11 |
| Seroquel XR | 11 | Synvisc | 17 | Torseamide Tab | 9 |
| Sertraline | 10 | Synvisc One | 17 | Toujeo SoloStar | 13 |
| Sildenafil Tab 20 mg | 10 | T | | Toviaz | 18 |
| Silenor | 11 | <hr/> | | Tracleer | 10 |
| Simbrinza | 15 | Taclonex | 12 | Tradjenta | 14 |
| Simponi | 16 | Tacrolimus Cap | 19 | Tramadol Tab 50 mg | 18 |
| Simponi Aria | 16 | Taltz | 16 | Tramadol w/ Acetaminophen | 18 |
| Simvastatin | 9 | Tamiflu | 8 | Transderm-Scop | 15 |
| Soliqua | 14 | Tamoxifen Tab | 8 | Travatan Z | 15 |
| Solodyn | 8 | Tamsulosin | 16 | Trazodone | 10 |
| Soolantra | 12 | Tanzeum | 14 | Tresiba | 13 |
| Sotalol | 10 | Tasigna | 8 | Tretinoin Cream | 12 |
| Sovaldi | 8 | Tazorac | 12 | Tretinoin Microsphere Gel | 12 |
| Spiriva Handihaler | 19 | Tecfidera | 11 | Triamcinolone | 12 |
| Spiriva Respimat | 19 | Tekturna | 9 | Triamcinolone Spray | 19 |
| Spironolactone | 9 | Tekturna HCT | 9 | Triamterene/HCTZ | 9 |
| Sprintec 28 | 20 | Telmisartan | 9 | Triazolam Tab | 11 |
| Sprycel | 8 | Temazepam | 11 | Tribenzor | 9 |
| Staxyn | 16 | Temozolomide | 8 | Tri-Linyah | 20 |
| Stelara | 16 | Terazosin | 9 | Trinessa | 20 |
| Stendra | 16 | Terazosin | 16 | Tri-Previfem | 20 |
| Stiolto | 19 | Terbinafine Tab | 8 | Tri-Sprintec | 20 |
| Strattera | 10 | Terconazole Vaginal Cream | 20 | Triumeq | 16 |
| Stribild | 16 | Testim | 16 | Trulicity | 14 |

Bold type = Brand name drug
[Plain type = Generic drug]

| | | | | | |
|--|-----------|-------------------------------------|-----------|---------------------------|-----------|
| Truvada | 16 | Voltaren Gel | 18 | Zutripro | 17 |
| Tudorza Pressair | 19 | Vytorin | 9 | Zyclara | 12 |
| U | | Vyvanse | 10 | Zytiga | 8 |
| <hr/> | | | | | |
| Uceris Foam | 16 | W | | | |
| Uloric | 17 | <hr/> | | | |
| Ultresa | 16 | Warfarin | 9 | | |
| Ursodiol | 17 | Welchol | 9 | | |
| V | | X | | | |
| <hr/> | | | | | |
| Vagifem | 20 | Xarelto | 9 | | |
| Valacyclovir | 8 | Xeljanz | 16 | | |
| Valsartan | 9 | Xigduo XR | 14 | | |
| Valsartan/HCTZ | 9 | Xiidra | 15 | | |
| Varubi | 15 | Xolair | 19 | | |
| Vascepa | 9 | Xopenex HFA | 19 | | |
| Vectical | 12 | Xtampza ER | 18 | | |
| Velphoro | 17 | Xulane | 20 | | |
| Veltin | 12 | X | | | |
| Venlafaxine ER Cap | 10 | <hr/> | | | |
| Venlafaxine ER Tab | 10 | Zarah | 20 | | |
| Venlafaxine Tab | 10 | Zarxio | 17 | | |
| Ventolin HFA | 19 | Zenpep | 16 | | |
| Verapamil ER | 9 | Zepatier | 8 | | |
| Vesicare | 18 | Zetia | 9 | | |
| Vestura | 20 | Zetonna | 19 | | |
| Viagra | 16 | Ziana Gel | 12 | | |
| Vicodin | 18 | Zioptan | 15 | | |
| Vicodin ES | 18 | Ziprasidone Cap | 11 | | |
| Victoza | 14 | Zohydro ER | 18 | | |
| Vigamox | 15 | Zolmitriptan Tab | 10 | | |
| Viiibryd | 10 | Zolpidem | 11 | | |
| Vimovo | 15 | Zolpidem ER | 11 | | |
| Vimpat | 11 | Zomacton | 14 | | |
| Viokace | 16 | Zonisamide | 11 | | |
| Viorele | 20 | Zorvolex | 18 | | |
| Viread | 16 | Zostavax Injection | 17 | | |
| Vitamin D 50,000 units (Rx only) | 19 | Zovirax Cream | 12 | | |
| Vogelxo | 16 | Zovirax Ointment | 12 | | |
| | | Zubsolv | 17 | | |

Bold type = Brand name drug
 [Plain type = Generic drug]

"My Medications" worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

| Name of Medicine and Strength | Drug Tier | I Take This Medicine For | Directions | Doctor |
|--------------------------------------|------------------|---------------------------------|-------------------|---------------|
| Example: Lisinopril, 20 mg | Tier 1 | High blood pressure | One tablet daily | Dr. Johnson |
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