

# SERVE YOU

## Your 2018 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](http://serve-you-rx.com)**

- Locate a participating retail pharmacy by ZIP code
- Perform drug 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 January 1, 2018

## 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](http://serve-you-rx.com) or call Customer 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](http://serve-you-rx.com) or call Customer 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
	<b>Tier 1 Lowest Cost</b>	Lower-cost, commonly used generic drugs.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	<b>Tier 2 Mid-range Cost</b>	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
	<b>Tier 3 Highest Cost</b>	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 Customer 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.

<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>ST</b>	<b>Step Therapy</b> – Trial of lower cost medication(s) is required before a higher-cost medication is covered.
<b>QL</b>	<b>Quantity Limits</b> – 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.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as a specialty pharmacy drug.
<b>E</b>	<b>Excluded</b> – 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](http://serve-you-rx.com) or call Customer 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 the drug cost comparison tool in the Member Portal at [serve-you-rx.com](http://serve-you-rx.com) to be 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 DirectRx<sup>SM</sup> 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 Customer 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](https://serve-you-rx.com) or call customer service at **800-759-3203** for more current information.

When you register at [serve-you-rx.com](https://serve-you-rx.com), you can use the website's helpful tools and features to:

- Perform drug cost comparisons
- Learn how to use mail service for home delivery of your medications
- View your medication history
- Locate in-plan, out-of-plan and 24-hour pharmacies near you
- Refill your prescriptions
- 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 Customer services at **800-759-3203** or visit [serve-you-rx.com](https://serve-you-rx.com).

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Drug Name	Drug Tier	Programs and Limits
<b>Anti-Infectives: Antibiotics</b>		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
<b>Azasite</b>	3	
Azithromycin	1	
<b>Bethkis</b>	2	SP
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
<b>Ciprodex Otic Suspension</b>	2	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
<b>Doryx MPC</b>	3	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab (Immediate Release)	1	
Doxycycline Monohydrate Cap	1	
Doxycycline Monohydrate Oral Suspension, Tab	1	
Erythromycin	1	
<b>Kitabis</b>	E	SP
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
<b>Oracea</b>	3	
Penicillin VK	1	
<b>Solodyn</b>	3	PA
Sulfamethoxazole-Trimethoprim	1	
Sulfamethoxazole-Trimethoprim DS	1	
<b>TOBI Podhaler</b>	E	ST, SP
<b>Tobramycin</b> (Generic manufacturer)	E	ST, SP

Drug Name	Drug Tier	Programs and Limits
<b>Anti-Infectives: Antifungals</b>		
Fluconazole	1	
<b>Jublia Solution</b>	3	PA
<b>Kerydin Solution</b>	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
<b>Anti-Infectives: Antivirals</b>		
Acyclovir Cap, Tab, Suspension	1	
Entecavir	1	QL, SP
<b>Epclusa</b>	2	PA, QL, SP
Famciclovir Tab	1	
<b>Harvoni</b>	2	PA, QL, SP
<b>Mavyret</b>	2	PA, QL, SP
Oseltamivir	1	QL
Valacyclovir	1	QL
<b>Zepatier</b>	3	PA, QL, SP
<b>Cancer</b>		
<b>Akynzeo</b>	3	QL
Anastrozole Tab	1	
<b>Cabometyx</b>	2	PA, SP
Capecitabine	1	SP
Letrozole	1	
Mercaptopurine	1	SP
<b>Revlimid</b>	3	PA, SP
<b>Sprycel</b>	2	PA, SP
Tamoxifen Tab	1	
<b>Zytiga</b>	3	PA, SP
<b>Cardiovascular/Heart Disease: Anticoagulants</b>		
<b>Brilinta</b>	2	
Clopidogrel	1	
<b>Effient</b>	3	
<b>Eliquis</b>	3	QL
Enoxaparin	1	
<b>Pradaxa</b>	2	QL
<b>Savaysa</b>	3	QL
Warfarin	1	
<b>Xarelto</b>	2	QL
<b>Zontivity</b>	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
<b>Cardiovascular/Heart Disease:</b>		
<b>High Blood Pressure</b>		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
<b>Bystolic</b>	2	
<b>Byvalson</b>	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem ER	1	
Doxazosin	1	
<b>Edarbi</b>	3	ST
<b>Edarbyclor</b>	3	ST
Enalapril	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Olmesartan	1	
Olmesartan HCT	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
<b>Tekturna</b>	2	ST

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Drug Name	Drug Tier	Programs and Limits
<b>Tekturna HCT</b>	2	ST
Telmisartan	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
<b>Cardiovascular/Heart Disease:</b>		
<b>High Cholesterol</b>		
Atorvastatin	1	
Choline Fenofibrate ER	1	
<b>Crestor</b>	3	
Fenofibrate 40 mg, 43 mg, 48 mg, 50 mg, 54 mg, 67 mg, 120 mg, 130 mg, 134 mg, 145 mg, 150 mg, 160 mg, 200 mg	1	
Gemfibrozil	1	
<b>Livalo</b>	3	ST
Lovastatin	1	
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
<b>Praluent</b>	2	PA, QL, SP
Pravastatin	1	
Rosuvastatin	1	
Simvastatin	1	
<b>Vascepa</b>	2	
<b>Welchol</b>	2	
<b>Cardiovascular/Heart Disease: Other</b>		
<b>Corlanor</b>	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
<b>Multaq</b>	3	
Nitroglycerin SL Tab	1	
<b>Ranexa</b>	2	ST
Sotalol	1	
<b>Cardiovascular/Heart Disease:</b>		
<b>Pulmonary Arterial Hypertension</b>		
<b>Adcirca</b>	3	PA, QL, SP
<b>Adempas</b>	2	PA, QL, SP
<b>Letairis</b>	2	PA, QL, SP
<b>Opsumit</b>	2	PA, QL, SP

Drug Name	Drug Tier	Programs and Limits
<b>Orenitram</b>	3	PA, SP
Sildenafil Tab 20 mg	1	PA, QL
<b>Tracleer</b>	2	PA, QL, SP
<b>Central Nervous System: Attention Deficit Disorder</b>		
Amphetamine- Dextroamphetamine Tab	1	QL
Amphetamine- Dextroamphetamine SR 24Hr Cap	1	QL
Dexmethylphenidate ER Cap	1	QL
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
<b>Strattera</b>	3	
<b>Vyvanse</b>	2	QL
<b>Central Nervous System: Depression</b>		
Amitriptyline	1	
Bupropion	1	
Bupropion ER	1	QL
Bupropion SR	1	QL
Bupropion XL	1	QL
Citalopram	1	
Doxepin	1	
Duloxetine Cap 20 mg, 30 mg, 60 mg	1	QL
Escitalopram Tab	1	
Fluoxetine Cap (not PMDD)	1	
<b>Forfivo XL</b>	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
<b>Rexulti</b>	3	QL
Risperidone Tab	1	
Sertraline	1	
Trazodone	1	
Trintellix	3	QL, ST

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Drug Name	Drug Tier	Programs and Limits
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	1	
<b>Viibryd</b>	3	QL
<b>Central Nervous System: Migraine</b>		
Butalbital- Acetaminophen- Caffeine Cap, Tab 50-325-40 mg	1	
<b>Migranal</b>	3	QL
<b>Relpax</b>	3	QL
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab and Spray	1	QL
<b>Sumavel Dose</b>	3	QL
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	2	PA, QL, SP
<b>Aubagio</b>	3	PA, QL, ST, SP
<b>Avonex Kit</b>	2	PA, QL, SP
<b>Avonex Pen Kit</b>	2	PA, QL, SP
<b>Avonex Prefill Kit</b>	2	PA, QL, SP
<b>Betaseron</b>	2	PA, QL, SP
<b>Copaxone</b>	2	PA, QL, SP
<b>Extavia</b>	E	PA, QL, ST, SP
<b>Gilenya<sup>+</sup></b>	3	PA, QL, ST, SP
<b>Plegridy</b>	E	PA, QL, ST, SP
<b>Rebif</b>	E	PA, QL, ST, SP
<b>Rebif Titrtm</b>	E	PA, QL, ST, SP
<b>Tecfidera</b>	2	PA, QL, SP
+ Tier 3 Preferred		
<b>Central Nervous System: Other</b>		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
<b>Aristada</b>	3	
Buspirone	1	
Diazepam Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
<b>Invega Sustenna</b>	3	
<b>Invega Trinza</b>	3	
<b>Latuda</b>	3	QL, ST
Lorazepam Tab	1	

Drug Name	Drug Tier	Programs and Limits
Modafinil	1	PA, QL
<b>Namenda XR Cap</b>	2	QL
<b>Namzanic</b>	2	QL
Olanzapine Tab	1	
Pramipexole	1	
Quetiapine	1	
<b>Rexulti</b>	3	
Risperidone Tab	1	
Ropinirole (Immediate Release)	1	
<b>Saphris</b>	2	
<b>Xyrem</b>	3	PA, QL, SP
<b>Central Nervous System: Sedatives/Hypnotics</b>		
Eszopiclone Tab	1	QL
<b>Silenor</b>	3	QL
Temazepam	1	
Triazolam Tab	1	
Zaleplon	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
<b>Central Nervous System: Seizure Disorders</b>		
Clonazepam	1	
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Levetiracetam	1	
Levetiracetam ER	1	
<b>Lyrica Cap</b>	2	QL
Oxcarbazepine	1	
Primidone	1	
Topiramate Tab	1	
Trokendi XR	E	ST
<b>Vimpat</b>	3	
Zonisamide	1	
<b>Dermatology</b>		
<b>Absorica</b>	3	PA
<b>Acanya Gel</b>	E	ST
<b>Aczone Gel</b>	3	
<b>Aktipak</b>	E	ST
<b>Atralin</b>	3	PA

Drug Name	Drug Tier	Programs and Limits
Claravis	1	PA
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	
<b>Clobex</b>	3	
Clotrimazole/ Betamethasone Cream, Lotion	1	
<b>Dupixent</b>	2	PA, QL, SP
<b>Elidel</b>	2	ST
<b>Epiduo &amp; Epiduo Forte</b>	3	PA
<b>Eucrisa</b>	2	ST
Fluocinonide Cream, 0.1%	1	
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1	
Hydrocortisone Cream, Ointment 2.5%	1	
Ketoconazole Cream/ Shampoo	1	
Lidocaine Topical Ointment, Solution	1	
<b>Metrogel</b>	3	
Metronidazole Gel 0.75%	1	
<b>Mirvaso Gel</b>	2	
Mupirocin Ointment	1	
Myorisan	1	PA
Nystatin Cream, Ointment, Powder	1	
<b>Onexton</b>	3	
<b>Oxsoralen-UL</b>	2	
<b>Pennsaid Solution</b>	E	PA
Permethrin Cream 5%	1	
<b>Proctofoam HC</b>	2	
<b>Soolantra</b>	2	
<b>Tazorac</b>	3	PA
Tretinoin Cream	1	PA

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

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

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

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Drug Name	Drug Tier	Programs and Limits
Onetouch Ultra Test Strips	2	QL
Onetouch Verio Test Strips	2	QL
Precision Test Strips	E	QL, ST
<b>Diabetes/Endocrine: Insulin</b>		
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	
<b>Diabetes/Endocrine: Non-Insulin</b>		
Adlyxin	E	QL, ST
Alogliptin	E	ST
Alogliptin/metformin	E	ST

Drug Name	Drug Tier	Programs and Limits
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	
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
<b>Endocrine: Growth Hormone</b>		
Genotropin	E	PA, SP
Humatrope	E	PA, SP
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Omnitrope	2	PA, SP
Saizen	E	PA, SP
Zomacton	E	PA, SP

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Drug Name	Drug Tier	Programs and Limits
<b>Endocrine: Other</b>		
Calcitriol Cap	1	
Clomiphene	1	
Dexamethasone Tab	1	
<b>H.P. Acthar</b>	2	PA, SP
Hydrocortisone Tab	1	
<b>Lupron Depot</b> 3.75 mg, 11.25 mg	3	PA, SP
<b>Lupron Depot</b> 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	
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
<b>Synthroid</b>	3	
<b>Tirosint</b>	3	
<b>Eye Conditions: Allergies</b>		
Azelastine Ophthalmic Solution	1	
<b>Pataday</b>	3	
<b>Pazeo</b>	2	
<b>Eye Conditions: Antibiotics</b>		
<b>Besivance</b>	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
<b>Moxeza</b>	2	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B/ Trimethoprim Solution	1	

Drug Name	Drug Tier	Programs and Limits
Tobramycin	1	
Tobramycin/ Dexamethasone	1	
<b>Vigamox</b>	3	
<b>Eye Conditions: Glaucoma</b>		
<b>Azopt</b>	2	
<b>Betimol</b>	3	
<b>Combigan</b>	2	
<b>Cosopt PF</b>	3	
Latanoprost	1	QL
<b>Lumigan</b>	2	QL
<b>Rescula</b>	E	QL
<b>Simbrinza</b>	2	
<b>Travatan Z</b>	2	QL
<b>Zioptan</b>	E	QL
<b>Eye Conditions: Other</b>		
Ketorolac Ophthalmic Solution	1	
Prednisolone Ophthalmic Suspension	1	
<b>Restasis</b>	2	PA
<b>Restasis Multidose</b>	2	PA
<b>Xiidra</b>	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
<b>Dexilant</b>	2	QL
<b>Duexis</b>	E	QL, ST
Esomeprazole Magnesium (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	
<b>Vimovo</b>	E	PA, QL

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Drug Name	Drug Tier	Programs and Limits
<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	QL
Ondansetron Tab	1	
<b>Transderm-Scop</b>	3	
<b>Varubi</b>	3	QL
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	2	PA, QL, ST
<b>Apriso</b>	2	
<b>Asacol HD</b>	E	ST
<b>Canasa</b>	2	
<b>Creon</b>	2	
<b>Delzicol</b>	E	ST
Dicyclomine	1	
<b>Dipentum</b>	3	
Diphenoxylate/Atropine	1	
Gavilyte Solution	1	
<b>Lialda</b>	E	ST
<b>Linzess</b>	2	PA, QL, ST
<b>Mesalamine DR</b>	E	ST
Misoprostol	1	
<b>Pancreaze</b>	E	ST
<b>Pentasa</b>	3	
<b>Pertzye</b>	E	ST
Polyethylene Glycol 3350 Powder	1	
<b>Prepopik</b>	3	
<b>Pylera</b>	2	
Rabeprazole	1	QL
<b>Suprep Bowel Prep</b>	3	
<b>Uceris Foam</b>	3	
<b>Ultresa</b>	E	ST
<b>Viokace</b>	E	ST
<b>Zenpep</b>	2	
<b>HIV/AIDS</b>		
<b>Atripla</b>	2	
<b>Complera</b>	2	
<b>Descovy</b>	2	
<b>Genvoya</b>	2	
<b>Isentress</b>	2	
<b>Norvir</b>	2	

Drug Name	Drug Tier	Programs and Limits
<b>Odefsey</b>	2	
<b>Prezcobix</b>	2	
<b>Prezista</b>	2	
<b>Reyataz</b>	2	
<b>Stribild</b>	2	
<b>Tivicay</b>	2	
<b>Triumeq</b>	2	
<b>Truvada</b>	2	
<b>Viread</b>	2	
<b>Infertility</b>		
<b>Bravelle</b>	E	SP
<b>Cetrotide</b>	2	SP
<b>Follistim AQ</b>	E	SP
<b>Gonal-f</b>	2	SP
<b>Gonal-f RFF</b>	2	SP
<b>Ovidrel</b>	3	SP
<b>Inflammatory Conditions</b>		
<b>Cimzia Kit</b>	2	PA, SP
<b>Cosentyx<sup>+</sup></b>	3	PA, SP
<b>Depen</b>	2	SP
<b>Enbrel</b>	3	PA, ST, SP
<b>Humira Kit</b>	2	PA, SP
<b>Humira Pen Kit</b>	2	PA, SP
<b>Humira Pen Kit Crohns</b>	2	PA, SP
<b>Humira Pen Kit Psoriasis</b>	2	PA, SP
Hydroxychloroquine	1	
<b>Inflectra</b>	E	PA, SP
Leflunomide	1	
Methotrexate Tab	1	
<b>Orencia SC</b>	3	PA, ST, SP
<b>Otezla</b>	2	PA, SP
<b>Rasuvo</b>	2	PA, QL
<b>Remicade</b>	2	PA, SP
<b>Simponi</b>	2	PA, SP
<b>Simponi Aria</b>	2	PA, SP
<b>Stelara</b>	2	PA, SP
<b>Taltz</b>	E	PA, ST, SP
<b>Xeljanz</b>	3	PA, ST, SP
+ Tier 3 Preferred		

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Drug Name	Drug Tier	Programs and Limits
<b>Men's Health: Erectile Dysfunction</b>		
<b>Cialis</b>	2	QL
<b>Levitra</b>	E	QL
<b>Staxyn</b>	E	QL
<b>Stendra</b>	E	QL
<b>Viagra</b>	2	QL
<b>Men's Health: Prostate</b>		
<b>Cialis 2.5 mg &amp; 5 mg</b>	2	QL
Doxazosin	1	
Dutasteride	1	
Finasteride 5 mg	1	
<b>Rapaflo</b>	2	
Tamsulosin	1	
Terazosin	1	
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	PA
<b>Androgel 1.62%</b>	2	PA
<b>Axiron</b>	E	PA
<b>Fortesta</b>	E	PA
<b>Testim</b>	E	PA
Testosterone Cypionate IM Injection	1	PA
<b>Vogelxo</b>	E	PA
<b>Miscellaneous</b>		
<b>Adrenaclick</b>	E	ST
Allopurinol	1	
<b>Aranesp</b>	E	PA, SP
Armodafinil	1	PA, QL
<b>Auryxia</b>	3	
<b>Auvi-Q</b>	E	ST
Benzonatate	1	
<b>Botox 100, 200 unit Injection (non-cosmetic)</b>	2	PA, SP
<b>Bunavail</b>	3	QL
<b>Cerdelga</b>	3	PA, SP
Cheratussin	1	
Chlorhexidine	1	
<b>Colcrys</b>	2	
<b>Contrave</b>	2	PA

Drug Name	Drug Tier	Programs and Limits
<b>Epinephrine</b> (Impax manufacturer)	E	ST
<b>Epinephrine</b> (Mylan manufacturer)	2	
<b>Epipen &amp; Epipen Jr</b>	E	ST
<b>Epogen</b>	E	PA, SP
<b>Euflexxa</b>	2	PA, SP
<b>Fosrenol</b>	3	
<b>Granix</b>	2	PA, SP
Guaifenesin/Codeine Syrup	1	
Hydrocodone/ Chlorpheniramine Liquid	1	
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	
Lidocaine Viscous Solution 2%	1	
<b>Makena</b>	2	PA, SP
<b>Narcan</b>	2	
<b>Neupogen</b>	2	PA, SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
<b>Procrit</b>	2	PA, SP
Promethazine DM Syrup	1	
Promethazine/Codeine Syrup	1	
<b>Renvela Tab</b>	2	
<b>Rezira</b>	3	
<b>Suboxone Film</b>	2	QL
<b>Synvisc</b>	2	PA, SP
<b>Synvisc One</b>	2	PA, SP
<b>Uloric</b>	2	ST
<b>Velphoro</b>	3	
<b>Zarxio</b>	2	PA, SP
<b>Zostavax Injection</b>	3	
<b>Zubsolv</b>	2	QL
<b>Zurampic</b>	3	
<b>Zutripro</b>	3	

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Drug Name	Drug Tier	Programs and Limits
<b>Musculoskeletal: Osteoporosis</b>		
Alendronate Tab 35 mg & 70 mg	1	QL
<b>Binosto</b>	3	QL
<b>Forteo</b>	2	PA, SP
<b>Tymlos</b>	2	PA, SP
<b>Musculoskeletal: Other</b>		
<b>Amrix</b>	E	
Baclofen Tab	1	
Carisoprodol 350 mg	1	
Cyclobenzaprine Tab 5, 10 mg	1	
<b>Lorzone</b>	3	
Metaxalone	1	
Methocarbamol	1	
Tizanidine Cap	1	
Tizanidine Tab	1	
<b>Musculoskeletal: Pain Relief</b>		
<b>Abstral</b>	E	PA, QL
Acetaminophen w/ Codeine	1	QL
Arymo ER	E	PA, QL
<b>Cambia</b>	E	ST
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
<b>Embeda</b>	2	PA, QL
Etodolac	1	
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	PA, QL
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	PA, QL
<b>Fentora</b>	E	PA, QL
<b>Flector Patch</b>	3	QL
<b>Gralise</b>	3	PA, QL, ST
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	QL
<b>Hysingla ER</b>	2	PA, QL

Drug Name	Drug Tier	Programs and Limits
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
<b>Lazanda</b>	E	PA, QL
Lidocaine Patch 5%	1	
Meloxicam	1	
Methadone Tab	1	PA
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
<b>Nucynta ER</b>	E	QL, ST
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	QL
Oxycodone w/ Acetaminophen	1	QL
<b>Oxycontin</b>	2	PA, QL
<b>Subsys</b>	E	PA, QL
Tramadol Tab 50 mg	1	
Tramadol w/ Acetaminophen	1	
<b>Xtampza ER</b>	E	PA, QL
<b>Zohydro ER</b>	E	PA, QL
<b>Zorvolex</b>	E	
<b>Overactive Bladder</b>		
<b>Myrbetriq</b>	2	
Oxybutynin	1	
Oxybutynin ER	1	
<b>Toviaz</b>	3	
<b>Vesicare</b>	2	
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus</b>	2	QL
<b>Advair HFA</b>	2	QL
<b>Aerospan</b>	3	QL
<b>AirDuo</b>	E	QL, ST
Albuterol Nebulizer Solution	1	QL
<b>Alvesco</b>	E	QL, ST
<b>Anoro Ellipta</b>	2	QL
<b>Arnuity Ellipta</b>	2	QL
<b>Asmanex</b>	E	QL, ST
<b>Breo Ellipta</b>	2	QL

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Drug Name	Drug Tier	Programs and Limits
Budesonide Inhalation Suspension	1	QL
<b>Combivent Respimat</b>	2	QL
<b>Dulera</b>	E	QL, ST
<b>Flovent Diskus</b>	2	QL
<b>Flovent HFA</b>	2	QL
<b>Incruse Ellipta</b>	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
<b>Levalbuterol Inhaler</b>	E	QL, ST
Montelukast	1	
<b>Proair HFA, RespiClick</b>	2	QL
<b>Proventil HFA</b>	E	QL, ST
<b>Pulmicort Flexhaler</b>	2	QL
<b>Qvar</b>	E	QL
<b>Serevent Diskus</b>	2	QL
<b>Spiriva Handihaler</b>	2	QL
<b>Spiriva Respimat</b>	2	QL
<b>Stiolto</b>	2	QL
<b>Symbicort</b>	2	QL
<b>Tudorza Pressair</b>	E	QL, ST
<b>Ventolin HFA</b>	2	QL
<b>Xolair</b>	2	PA, SP
<b>Xopenex HFA</b>	E	QL, ST
<b>Respiratory: Nasal Allergies</b>		
<b>Astepro</b>	3	QL
Azelastine Spray	1	QL
<b>Dymista Spray</b>	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	QL
Mometasone	1	QL
<b>Omnaris</b>	3	QL
<b>QNasi</b>	3	QL
<b>Zetonna</b>	3	QL
<b>Respiratory: Oral Allergies</b>		
Cetirizine	1	
Levocetirizine	1	
Promethazine Tab	1	
<b>Transplant</b>		
Azathioprine Tab	1	
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	

Drug Name	Drug Tier	Programs and Limits
Mycophenolate Sodium 180 mg, 360 mg Tab	1	
<b>Prograf Cap</b>	3	
Tacrolimus Cap	1	
<b>Vitamins/Electrolytes</b>		
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con 8 and 10 MEQ	1	
Klor-Con M10 and M20	1	
Ludent	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Vitamin D 50,000 units (Rx only)	1	
<b>Women's Health: Birth Control</b>		
Apri	1	
Aviane	1	
Azurette	1	
Cryselle-28	1	
Falmina	1	
<b>Generess Fe Chewable</b>	3	
Gianvi	1	
Gildess	1	
Jolivette	1	
Junel	1	
Kariva	1	
Levora 28	1	
<b>Lo Loestrin</b>	3	
Lomedia Fe	1	
Loryna	1	
Low-Ogestrel	1	
Lutera	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	
Microgestin Fe	1	
Mono-Linyah	1	
Mononessa	1	
<b>Natazia</b>	2	

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Drug Name	Drug Tier	Programs and Limits
Necon	1	
Nora-Be	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
<b>Nuvaring</b>	2	
Ocella	1	
Orsythia	1	
Previfem	1	
Reclipsen	1	
Sprintec 28	1	
Tri-Linyah	1	
Tri-Lo-Sprintec	1	
Tri-Previfem	1	
Trinessa	1	
Tri-Sprintec	1	
Vestura	1	
Viorele	1	
Xulane	1	
Zarah	1	

### Women's Health: Hormone Replacement

<b>Climara Pro</b>	2	
<b>Divigel</b>	3	
<b>Duavee</b>	2	
<b>Elestrin Gel</b>	3	
<b>Estrace Vaginal Cream</b>	3	
Estradiol Patch, Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
<b>Minivelle</b>	3	
<b>Osphena</b>	3	
<b>Premarin Tab</b>	2	
<b>Premarin Vaginal Cream</b>	2	
<b>Premphase</b>	2	
<b>Prempro</b>	2	
Progesterone Cap	1	
Yuvaferm	1	

Drug Name	Drug Tier	Programs and Limits
<b>Women's Health: Vaginal Anti-Infectives</b>		
<b>Gynazole-1 Vaginal Cream</b>	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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Amphetamine-Dextroamphetamine SR 24Hr Cap . . . . .	10
Amphetamine-Dextroamphetamine Tab . . . . .	10
Ampyra . . . . .	10
Amrix. . . . .	17
Anastrozole Tab . . . . .	8
Androderm . . . . .	16
Androgel 1.62% . . . . .	16
Anoro Ellipta . . . . .	17
Apidra . . . . .	13
Apri . . . . .	18
Apriso . . . . .	15
Aranesp. . . . .	16
Aripiprazole . . . . .	10
Aristada . . . . .	10
Armodafinil. . . . .	16
Armour Thyroid . . . . .	14
Arnuity Ellipta . . . . .	17

Arymo ER . . . . .	17
Asacol HD . . . . .	15
Asmanex . . . . .	17
Astepro . . . . .	18
Atenolol . . . . .	9
Atenolol/Chlorthalidone. . . . .	9
Atorvastatin . . . . .	9
Atralin. . . . .	11
Atripla. . . . .	15
Aubagio . . . . .	10
Auryxia . . . . .	16
Auvi-Q. . . . .	16
Aviane . . . . .	18
Avonex Kit . . . . .	10
Avonex Pen Kit . . . . .	10
Avonex Prefill Kit . . . . .	10
Axiron . . . . .	16
Azasite . . . . .	8
Azathioprine Tab. . . . .	18
Azelastine Ophthalmic Solution. . . . .	14
Azelastine Spray. . . . .	18
Azithromycin. . . . .	8
Azopt . . . . .	14
Azurette . . . . .	18

## B

Baclofen Tab . . . . .	17
Basaglar. . . . .	13
Bayer Contour Test Strips . . . . .	12
Benazepril . . . . .	9
Benazepril/HCTZ . . . . .	9
Benzonatate . . . . .	16
Besivance. . . . .	14
Betaseron . . . . .	10
Bethkis . . . . .	8
Betimol . . . . .	14
Binosto . . . . .	17
Bisoprolol . . . . .	9
Bisoprolol/HCTZ . . . . .	9

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

<b>Botox 100, 200 unit Injection (non-cosmetic)</b> . . . . .	<b>16</b>	<b>Cialis 2.5 mg &amp; 5 mg</b> . . . . .	<b>16</b>	<b>Descovy</b> . . . . .	<b>15</b>
<b>Bravelle</b> . . . . .	<b>15</b>	<b>Cimzia Kit</b> . . . . .	<b>15</b>	Dexamethasone Tab . . . . .	14
<b>Breo Ellipta</b> . . . . .	<b>17</b>	<b>Ciprodex Otic Suspension</b> . . . . .	<b>8</b>	<b>Dexcom G4 Platinum Kit</b> . . . . .	<b>12</b>
<b>Brilinta</b> . . . . .	<b>8</b>	Ciprofloxacin Ophthalmic Solution . . . . .	14	<b>Dexcom G4 Platinum Sensor Kit</b> . . . . .	<b>12</b>
Budesonide Inhalation Suspension . . . . .	18	Ciprofloxacin Tab . . . . .	8	<b>Dexcom G4 Platinum Transmitter Kit</b> . . . . .	<b>12</b>
Bumetanide . . . . .	9	Citalopram . . . . .	10	<b>Dexcom G5 Kit</b> . . . . .	<b>12</b>
<b>Bunavail</b> . . . . .	<b>16</b>	<b>Claravis</b> . . . . .	<b>11</b>	<b>Dexcom G5 Sensor Kit</b> . . . . .	<b>12</b>
Bupropion . . . . .	10	Clarithromycin . . . . .	8	<b>Dexcom G5 Transmitter Kit</b> . . . . .	<b>12</b>
Bupropion ER . . . . .	10	<b>Climara Pro</b> . . . . .	<b>19</b>	<b>Dexilant</b> . . . . .	<b>14</b>
Bupropion SR . . . . .	10	Clindamycin/Benzoyl Peroxide Gel 1.2-5% . . . . .	11	Dexmethylphenidate ER Cap . . . . .	10
Bupropion XL . . . . .	10	Clindamycin/Benzoyl Peroxide Gel 1-5% . . . . .	11	Diazepam Tab . . . . .	10
Buspirone . . . . .	10	Clindamycin Cap. . . . .	8	Diclofenac Gel . . . . .	17
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg. . . . .	10	Clindamycin Gel, Lotion, Solution . . . . .	11	Diclofenac Tab . . . . .	17
<b>Bydureon</b> . . . . .	<b>13</b>	Clobetasol Cream, Ointment, Solution . . . . .	11	<b>Dicyclomine</b> . . . . .	<b>15</b>
<b>Byetta</b> . . . . .	<b>13</b>	<b>Clobex</b> . . . . .	<b>11</b>	Digoxin . . . . .	9
<b>Bystolic</b> . . . . .	<b>9</b>	Clomiphene . . . . .	14	Diltiazem ER . . . . .	9
<b>Byvalson</b> . . . . .	<b>9</b>	Clonazepam . . . . .	11	<b>Dipentum</b> . . . . .	<b>15</b>
<b>C</b>		Clonidine Tab . . . . .	9	Diphenoxylate/Atropine . . . . .	15
Cabometyx . . . . .	8	Clopidogrel . . . . .	8	Divalproex DR . . . . .	11
Calcitriol Cap. . . . .	14	Clotrimazole/Betamethasone Cream, Lotion . . . . .	11	Divalproex ER . . . . .	11
<b>Cambia</b> . . . . .	<b>17</b>	<b>Colcrys</b> . . . . .	<b>16</b>	<b>Divigel</b> . . . . .	<b>19</b>
<b>Canasa</b> . . . . .	<b>15</b>	<b>Combigan</b> . . . . .	<b>14</b>	<b>Doryx MPC</b> . . . . .	<b>8</b>
Capecitabine . . . . .	8	<b>Combivent Respimat</b> . . . . .	<b>18</b>	Doxazosin . . . . .	9
Carisoprodol 350 mg . . . . .	17	<b>Complera</b> . . . . .	<b>15</b>	Doxazosin . . . . .	16
Cartia XT . . . . .	9	Contrave . . . . .	16	Doxepin . . . . .	10
Carvedilol . . . . .	9	<b>Copaxone</b> . . . . .	<b>10</b>	Doxycycline Hyclate Cap . . . . .	8
Cefdinir . . . . .	8	<b>Corlanor</b> . . . . .	<b>9</b>	Doxycycline Hyclate Tab (Immediate Release) . . . . .	8
Cefuroxime Tab . . . . .	8	<b>Cosentyx</b> . . . . .	<b>15</b>	Doxycycline Monohydrate Cap . . . . .	8
Celecoxib . . . . .	17	<b>Cosopt PF</b> . . . . .	<b>14</b>	Doxycycline Monohydrate Oral Suspension, Tab . . . . .	8
Cephalexin . . . . .	8	<b>Creon</b> . . . . .	<b>15</b>	<b>Duavee</b> . . . . .	<b>19</b>
<b>Cerdelga</b> . . . . .	<b>16</b>	<b>Crestor</b> . . . . .	<b>9</b>	<b>Duexis</b> . . . . .	<b>14</b>
Cetirizine . . . . .	18	Cryselle-28 . . . . .	18	<b>Dulera</b> . . . . .	<b>18</b>
<b>Cetrotide</b> . . . . .	<b>15</b>	Cyanocobalamine Injection . . . . .	18	Duloxetine Cap 20 mg, 30 mg, 60 mg . . . . .	10
Cheratussin . . . . .	16	Cyclobenzaprine Tab 5, 10 mg . . . . .	17	Dupixent . . . . .	11
Chlorhexidine . . . . .	16	<b>D</b>		Dutasteride . . . . .	16
Chlorthalidone . . . . .	9	<b>Delzicol</b> . . . . .	<b>15</b>	<b>Dymista Spray</b> . . . . .	<b>18</b>
Choline Fenofibrate ER . . . . .	9	<b>Depen</b> . . . . .	<b>15</b>		
<b>Cialis</b> . . . . .	<b>16</b>				

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**E**

<b>Edarbi</b> . . . . .	<b>9</b>	Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr . . . . .	17	<b>Glumetza</b> . . . . .	<b>13</b>
<b>Edarbyclor</b> . . . . .	<b>9</b>	Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr . . . . .	17	Glyburide . . . . .	13
<b>Effient</b> . . . . .	<b>8</b>	<b>Fentora</b> . . . . .	<b>17</b>	<b>Gonal-f</b> . . . . .	<b>15</b>
<b>Elestrin Gel</b> . . . . .	<b>19</b>	Finasteride 5 mg . . . . .	16	<b>Gonal-f RFF</b> . . . . .	<b>15</b>
<b>Elidel</b> . . . . .	<b>11</b>	Flecainide . . . . .	9	<b>Gralise</b> . . . . .	<b>17</b>
<b>Eliquis</b> . . . . .	<b>8</b>	Flector Patch . . . . .	17	<b>Granix</b> . . . . .	<b>16</b>
<b>Embeda</b> . . . . .	<b>17</b>	<b>Flovent Diskus</b> . . . . .	<b>18</b>	Guaifenesin/Codeine Syrup . . . . .	16
Enalapril . . . . .	9	<b>Flovent HFA</b> . . . . .	<b>18</b>	Guanfacine ER Tab . . . . .	10
<b>Enbrel</b> . . . . .	<b>15</b>	Fluconazole . . . . .	8	Guanfacine Tab (Immediate Release) . . . . .	9
Enoxaparin . . . . .	8	Fluocinonide Cream, 0.1% . . . . .	11	<b>Gynazole-1 Vaginal Cream</b> . . . . .	<b>19</b>
Entecavir . . . . .	8	Fluocinonide Cream, Gel, Ointment, Solution 0.05% . . . . .	11		
<b>Epclusa</b> . . . . .	<b>8</b>	Fluoxetine Cap (not PMDD) . . . . .	10	<b>H</b>	
<b>Epiduo &amp; Epiduo Forte</b> . . . . .	<b>11</b>	Fluticasone Spray . . . . .	18	<b>Harvoni</b> . . . . .	<b>8</b>
<b>Epinephrine</b> (Impax manufacturer) . . . . .	16	Folic Acid 1 mg (Rx only) . . . . .	18	<b>H.P. Acthar</b> . . . . .	<b>14</b>
<b>Epinephrine</b> (Mylan manufacturer) . . . . .	16	<b>Follistim AQ</b> . . . . .	<b>15</b>	<b>Humalog Mix 50/50 Vials and KwikPen</b> . . . . .	<b>13</b>
<b>Epipen &amp; Epipen Jr</b> . . . . .	<b>16</b>	<b>Forfivo XL</b> . . . . .	<b>10</b>	<b>Humalog Mix 75/25 Vials and KwikPen</b> . . . . .	<b>13</b>
<b>Epogen</b> . . . . .	<b>16</b>	<b>Forteo</b> . . . . .	<b>17</b>	<b>Humalog U-100 Vials and KwikPen</b> . . . . .	<b>13</b>
Erythromycin . . . . .	8	<b>Fortesta</b> . . . . .	<b>16</b>	<b>Humalog U-200 KwikPen</b> . . . . .	<b>13</b>
Erythromycin Ointment . . . . .	14	<b>Fosrenol</b> . . . . .	<b>16</b>	<b>Humatrope</b> . . . . .	<b>13</b>
Escitalopram Tab . . . . .	10	<b>Freestyle Test Strips</b> . . . . .	<b>12</b>	<b>Humira Kit</b> . . . . .	<b>15</b>
Esomeprazole Magnesium (Rx only) . . . . .	14	Furosemide . . . . .	9	<b>Humira Pen Kit</b> . . . . .	<b>15</b>
<b>Estrace Vaginal Cream</b> . . . . .	<b>19</b>	<b>G</b>		<b>Humira Pen Kit Crohns</b> . . . . .	<b>15</b>
Estradiol/Norethindrone Tab . . . . .	19	Gabapentin . . . . .	11	<b>Humira Pen Kit Psoriasis</b> . . . . .	<b>15</b>
Estradiol Patch, Tab . . . . .	19	Gavilyte Solution . . . . .	15	<b>Humulin 70/30 Vials and KwikPen</b> . . . . .	<b>13</b>
Eszopiclone Tab . . . . .	11	Gemfibrozil . . . . .	9	<b>Humulin N Vials and KwikPen</b> . . . . .	<b>13</b>
Etodolac . . . . .	17	<b>Generess Fe Chewable</b> . . . . .	<b>18</b>	<b>Humulin R U-500 Vials and KwikPen</b> . . . . .	<b>13</b>
<b>Eucrisa</b> . . . . .	<b>11</b>	<b>Genotropin</b> . . . . .	<b>13</b>	<b>Humulin R Vials</b> . . . . .	<b>13</b>
<b>Euflexxa</b> . . . . .	<b>16</b>	<b>Genvoya</b> . . . . .	<b>15</b>	Hydralazine . . . . .	9
<b>Extavia</b> . . . . .	<b>10</b>	Gianvi . . . . .	18	Hydrochlorothiazide . . . . .	9
<b>F</b>		Gildess . . . . .	18	Hydrocodone/APAP 5, 7.5, 10/325 mg . . . . .	17
Falmina . . . . .	18	<b>Gilenya</b> . . . . .	<b>10</b>	Hydrocodone/Chlorpheniramine Liquid . . . . .	16
Famciclovir Tab . . . . .	8	Glimepiride . . . . .	13	Hydrocodone Polistirex/ Chlorpheniramine ER Suspension . . . . .	16
Famotidine Tab 20 mg and 40 mg (Rx only) . . . . .	14	Glipizide . . . . .	13	Hydrocortisone Cream, Ointment 2.5% . . . . .	11
<b>Farxiga</b> . . . . .	<b>13</b>	Glipizide ER . . . . .	13		
Fenofibrate 40mg, 43 mg, 48 mg, 50 mg, 54 mg, 67 mg, 120 mg, 130 mg, 134 mg, 145 mg, 150 mg, 160 mg, 200 mg . . . . .	9	Glipizide XL . . . . .	13		

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Hydrocortisone Tab . . . . .	14
Hydromorphone Tab. . . . .	17
Hydroxychloroquine. . . . .	15
Hydroxyzine HCL . . . . .	10
Hydroxyzine Pamoate . . . . .	10
<b>Hysingla ER.</b> . . . . .	<b>17</b>

**I**

Ibuprofen Tab 400, 600, 800 mg (Rx only). . . . .	17
<b>Incruse Ellipta</b> . . . . .	<b>18</b>
Indomethacin Cap. . . . .	17
Inflectra . . . . .	15
<b>Insulin Pen Needle</b> . . . . .	<b>12</b>
<b>Insulin Syringe/Needle</b> . . . . .	<b>12</b>
Invega Sustenna . . . . .	10
Invega Trinza. . . . .	10
<b>Invokamet</b> . . . . .	<b>13</b>
<b>Invokamet XR</b> . . . . .	<b>13</b>
<b>Invokana</b> . . . . .	<b>13</b>
Ipratropium/Albuterol Nebulizer Solution . . . . .	18
Ipratropium Spray . . . . .	18
Irbesartan . . . . .	9
<b>Isentress</b> . . . . .	<b>15</b>
Isosorbide Mononitrate ER . . . . .	9

**J**

<b>Janumet.</b> . . . . .	<b>13</b>
<b>Janumet XR</b> . . . . .	<b>13</b>
<b>Januvia</b> . . . . .	<b>13</b>
<b>Jardiance</b> . . . . .	<b>13</b>
<b>Jentadueto</b> . . . . .	<b>13</b>
<b>Jentadueto XR.</b> . . . . .	<b>13</b>
Jolivette . . . . .	18
<b>Jublia Solution.</b> . . . . .	<b>8</b>
Junel . . . . .	18

**K**

Kariva . . . . .	18
<b>Kazano</b> . . . . .	<b>13</b>
<b>Kerydin Solution</b> . . . . .	<b>8</b>
Ketoconazole Cream/Shampoo. . . . .	11
Ketorolac Ophthalmic Solution . . . . .	14
Ketorolac Tab . . . . .	17
<b>Kitabis.</b> . . . . .	<b>8</b>
Klor-Con 8 and 10 MEQ . . . . .	18
Klor-Con M10 and M20 . . . . .	18
<b>Kombiglyze.</b> . . . . .	<b>13</b>

**L**

Labetalol . . . . .	9
Lamotrigine (Immediate Release). . . . .	11
Lansoprazole (Rx only) . . . . .	14
<b>Lantus Solostar</b> . . . . .	<b>13</b>
<b>Lantus Vials</b> . . . . .	<b>13</b>
Latanoprost . . . . .	14
<b>Latuda.</b> . . . . .	<b>10</b>
<b>Lazanda.</b> . . . . .	<b>17</b>
Leflunomide . . . . .	15
<b>Letairis</b> . . . . .	<b>9</b>
Letrozole. . . . .	8
Levalbuterol Inhaler . . . . .	18
<b>Levemir FlexTouch</b> . . . . .	<b>13</b>
<b>Levemir Vials</b> . . . . .	<b>13</b>
Levetiracetam . . . . .	11
Levetiracetam ER . . . . .	11
<b>Levitra.</b> . . . . .	<b>16</b>
Levocetirizine . . . . .	18
Levofloxacin Tab . . . . .	8
Levora 28 . . . . .	18
Levothyroxine . . . . .	14
<b>Lialda</b> . . . . .	<b>15</b>
Lidocaine Patch 5% . . . . .	17
Lidocaine Topical Ointment, Solution . . . . .	11
Lidocaine Viscous Solution 2% . . . . .	16
<b>Linzess</b> . . . . .	<b>15</b>
Liothyronine . . . . .	14

Lisinopril . . . . .	9
Lisinopril/HCTZ. . . . .	9
Livalo. . . . .	9
<b>Lo Loestrin</b> . . . . .	<b>18</b>
Lomedia Fe . . . . .	18
Lorazepam Tab . . . . .	10
Loryna . . . . .	18
<b>Lorzone</b> . . . . .	<b>17</b>
Losartan . . . . .	9
Losartan/HCTZ. . . . .	9
Lovastatin . . . . .	9
Low-Ogestrel. . . . .	18
Ludent . . . . .	18
<b>Lumigan.</b> . . . . .	<b>14</b>
<b>Lupron Depot</b> <b>3.75 mg, 11.25 mg.</b> . . . . .	<b>14</b>
<b>Lupron Depot 7.5 mg, 22.5 mg,</b> <b>30 mg, 45 mg.</b> . . . . .	<b>14</b>
Lutera . . . . .	18
<b>Lyrica Cap</b> . . . . .	<b>11</b>

**M**

<b>Makena</b> . . . . .	<b>16</b>
<b>Mavyret.</b> . . . . .	<b>8</b>
Meclizine. . . . .	15
Medroxyprogesterone Acetate Injection. . . . .	18
Medroxyprogesterone Acetate Tab. . . . .	19
Meloxicam . . . . .	17
Mercaptopurine . . . . .	8
<b>Mesalamine DR</b> . . . . .	<b>15</b>
Metaxalone . . . . .	17
Metformin . . . . .	13
Metformin ER . . . . .	13
Methadone Tab . . . . .	17
Methimazole. . . . .	14
Methocarbamol . . . . .	17
Methotrexate Tab . . . . .	15
Methylphenidate ER Cap . . . . .	10
Methylphenidate ER Tab. . . . .	10

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Methylphenidate SA Osmotic ER Tab . . . . .	10	<b>Narcan</b> . . . . .	<b>16</b>	Olmesartan . . . . .	9
Methylphenidate Tab . . . . .	10	<b>Natazia</b> . . . . .	<b>18</b>	Olmesartan HCT . . . . .	9
Methylprednisolone Tab. . . . .	14	Necon . . . . .	19	Omega-3 Acid Cap 1 gm . . . . .	9
Metoclopramide . . . . .	15	<b>Nesina</b> . . . . .	<b>13</b>	Omeprazole (Rx only) . . . . .	14
Metoprolol Succinate . . . . .	9	<b>Neupogen</b> . . . . .	<b>16</b>	<b>Omnaris</b> . . . . .	<b>18</b>
Metoprolol Tartrate . . . . .	9	Niacin ER Tab . . . . .	9	<b>Omnitrope</b> . . . . .	<b>13</b>
<b>Metrogel</b> . . . . .	<b>11</b>	Nifedipine ER . . . . .	9	Ondansetron ODT . . . . .	15
Metronidazole Gel 0.75% . . . . .	11	Nitrofurantoin Macrocrystalline. . . . .	8	Ondansetron Tab . . . . .	15
Metronidazole Tab. . . . .	8	Nitrofurantoin Monohydrate Macrocrystalline . . . . .	8	<b>Onetouch Ultra 2 System</b> . . . . .	<b>12</b>
Metronidazole Vaginal Gel. . . . .	19	Nitroglycerin SL Tab . . . . .	9	<b>Onetouch UltraMini System Kit</b> . . . . .	<b>12</b>
Microgestin . . . . .	18	Nora-Be . . . . .	19	<b>Onetouch Ultra Test Strips</b> . . . . .	<b>13</b>
Microgestin Fe. . . . .	18	<b>Norditropin</b> . . . . .	<b>13</b>	<b>Onetouch Verio Flex System Kit</b> . . . . .	<b>12</b>
<b>Migranal</b> . . . . .	<b>10</b>	Norgest/Ethi Estradio . . . . .	19	<b>Onetouch Verio IQ System Kit</b> . . . . .	<b>12</b>
<b>Minivelle</b> . . . . .	<b>19</b>	Nortrel . . . . .	19	<b>Onetouch Verio Sync System Kit</b> . . . . .	<b>12</b>
Minocycline Cap. . . . .	8	Nortriptyline . . . . .	10	<b>Onetouch Verio System Kit</b> . . . . .	<b>12</b>
Mirtazapine . . . . .	10	<b>Norvir</b> . . . . .	<b>15</b>	<b>Onetouch Verio Test Strips</b> . . . . .	<b>13</b>
<b>Mirvaso Gel</b> . . . . .	<b>11</b>	<b>Novofine Autocover Pen Needle</b> . . . . .	<b>12</b>	<b>Onexton</b> . . . . .	<b>11</b>
Misoprostol . . . . .	15	<b>Novofine Pen Needle</b> . . . . .	<b>12</b>	<b>Onglyza</b> . . . . .	<b>13</b>
Modafinil . . . . .	11	<b>Novofine Pen Needle</b> . . . . .	<b>12</b>	<b>Opsumit</b> . . . . .	<b>9</b>
Mometasone. . . . .	18	<b>Novolin 70/30 Vials</b> . . . . .	<b>13</b>	<b>Oracea</b> . . . . .	<b>8</b>
Mono-Linyah. . . . .	18	<b>Novolin N Vials</b> . . . . .	<b>13</b>	<b>Orencia SC</b> . . . . .	<b>15</b>
Mononessa . . . . .	18	<b>Novolin R Vials</b> . . . . .	<b>13</b>	<b>Orenitram</b> . . . . .	<b>10</b>
Montelukast . . . . .	18	<b>Novolog Flexpen</b> . . . . .	<b>13</b>	Orsythia . . . . .	19
Morphine Sulfate ER. . . . .	17	<b>Novolog Mix 70/30 Vials and Flexpen</b> . . . . .	<b>13</b>	<b>Oseltamivir</b> . . . . .	<b>8</b>
<b>Moxeza</b> . . . . .	<b>14</b>	<b>Novolog Penfill</b> . . . . .	<b>13</b>	<b>Oseni</b> . . . . .	<b>13</b>
Multaq . . . . .	9	<b>Novolog Vials</b> . . . . .	<b>13</b>	<b>Osphena</b> . . . . .	<b>19</b>
Mupirocin Ointment . . . . .	11	<b>Novotwist Pen Needle</b> . . . . .	<b>12</b>	<b>Otezla</b> . . . . .	<b>15</b>
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab . . . . .	18	<b>Nucynta ER</b> . . . . .	<b>17</b>	<b>Ovidrel</b> . . . . .	<b>15</b>
Mycophenolate Sodium 180 mg, 360 mg Tab . . . . .	18	<b>Nutropin AQ</b> . . . . .	<b>13</b>	Oxcarbazepine. . . . .	11
Myorisan . . . . .	11	<b>Nuvaring</b> . . . . .	<b>19</b>	<b>Oxsoralen-UL</b> . . . . .	<b>11</b>
<b>Myrbetriq</b> . . . . .	<b>17</b>	Nystatin Cream, Ointment, Powder. . . . .	11	Oxybutynin . . . . .	17
		Nystatin Suspension. . . . .	8	Oxybutynin ER . . . . .	17
				Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release) . . . . .	17
<b>N</b>		<b>O</b>		Oxycodone w/ Acetaminophen . . . . .	17
Nabumetone. . . . .	17	Ocella . . . . .	19	<b>Oxycontin</b> . . . . .	<b>17</b>
Nadolol. . . . .	9	<b>Odefsey</b> . . . . .	<b>15</b>		
<b>Namenda XR Cap</b> . . . . .	<b>11</b>	Ofloxacin Ophthalmic Solution . . . . .	14		
<b>Namzaric</b> . . . . .	<b>11</b>	Ofloxacin Otic Solution . . . . .	8		
Naproxen (Rx only) . . . . .	17	Olanzapine Tab . . . . .	11		

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[Plain type = Generic drug]



<b>P</b>					
<b>Pancreaze</b> . . . . .	<b>15</b>	<b>Proair HFA, RespiClick</b> . . . . .	<b>18</b>	<b>Rezira</b> . . . . .	<b>16</b>
Pantoprazole. . . . .	14	<b>Procrit</b> . . . . .	<b>16</b>	Risperidone Tab . . . . .	10, 11
Paroxetine Tab. . . . .	10	<b>Proctofoam HC</b> . . . . .	<b>11</b>	Rizatriptan Tab, ODT . . . . .	10
<b>Pataday</b> . . . . .	<b>14</b>	Progesterone Cap . . . . .	19	Ropinirole (Immediate Release). . . . .	11
<b>Pazeo</b> . . . . .	<b>14</b>	<b>Prograf Cap</b> . . . . .	<b>18</b>	Rosuvastatin . . . . .	9
Penicillin VK . . . . .	8	Promethazine/Codeine Syrup. . . . .	16		
<b>Pennsaid Solution.</b> . . . . .	<b>11</b>	Promethazine DM Syrup . . . . .	16	<b>S</b>	
<b>Pentasa</b> . . . . .	<b>15</b>	Promethazine Tab . . . . .	18	<b>Saizen</b> . . . . .	<b>13</b>
Permethrin Cream 5%. . . . .	11	Propranolol . . . . .	9	<b>Saphris</b> . . . . .	<b>11</b>
<b>Pertzye</b> . . . . .	<b>15</b>	Propranolol ER. . . . .	9	<b>Savaysa</b> . . . . .	<b>8</b>
Phenazopyridine (Rx only). . . . .	16	<b>Proventil HFA</b> . . . . .	<b>18</b>	<b>Serevent Diskus</b> . . . . .	<b>18</b>
Phentermine Tab . . . . .	16	<b>Pulmicort Flexhaler</b> . . . . .	<b>18</b>	Sertraline. . . . .	10
Pioglitazone . . . . .	13	<b>Pylera</b> . . . . .	<b>15</b>	Sildenafil Tab 20 mg . . . . .	10
<b>Plegridy</b> . . . . .	<b>10</b>			<b>Silenor</b> . . . . .	<b>11</b>
Polyethylene Glycol 3350 Powder . . . . .	15	<b>Q</b>		<b>Simbrinza</b> . . . . .	<b>14</b>
Polymyxin B/Trimethoprim Solution . . . . .	14	<b>QNasi</b> . . . . .	<b>18</b>	<b>Simponi</b> . . . . .	<b>15</b>
Potassium Chloride ER Tab, Cap . . . . .	18	Quetiapine . . . . .	11	<b>Simponi Aria</b> . . . . .	<b>15</b>
Potassium Chloride Micro ER Tab. . . . .	18	Quinapril . . . . .	9	Simvastatin . . . . .	9
<b>Pradaxa</b> . . . . .	<b>8</b>	<b>Qvar</b> . . . . .	<b>18</b>	Soliqua . . . . .	13
<b>Praluent</b> . . . . .	<b>9</b>			<b>Solodyn</b> . . . . .	<b>8</b>
Pramipexole . . . . .	11	<b>R</b>		<b>Soolantra</b> . . . . .	<b>11</b>
Pravastatin . . . . .	9	Rabeprazole . . . . .	15	Sotalol . . . . .	9
Prazosin . . . . .	9	Ramipril . . . . .	9	<b>Spiriva Handihaler</b> . . . . .	<b>18</b>
<b>Precision Test Strips</b> . . . . .	<b>13</b>	<b>Ranexa</b> . . . . .	<b>9</b>	<b>Spiriva Respimat</b> . . . . .	<b>18</b>
Prednisolone Ophthalmic Suspension 14		Ranitidine Tab, Cap, Syrup (Rx only). . . . .	14	Spirolactone . . . . .	9
Prednisolone Solution 25 mg/5 ml . . . . .	14	<b>Rapaflo</b> . . . . .	<b>16</b>	Sprintec 28. . . . .	19
Prednisolone Syrup, Solution 15 mg/5 ml . . . . .	14	<b>Rasuvo</b> . . . . .	<b>15</b>	<b>Sprycel</b> . . . . .	<b>8</b>
Prednisone. . . . .	14	<b>Rebif</b> . . . . .	<b>10</b>	<b>Staxyn</b> . . . . .	<b>16</b>
<b>Premarin Tab.</b> . . . . .	<b>19</b>	<b>Rebif Titrtn</b> . . . . .	<b>10</b>	<b>Stelara</b> . . . . .	<b>15</b>
<b>Premarin Vaginal Cream</b> . . . . .	<b>19</b>	Reclipsen. . . . .	19	<b>Stendra</b> . . . . .	<b>16</b>
<b>Premphase</b> . . . . .	<b>19</b>	<b>Relpax</b> . . . . .	<b>10</b>	<b>Stiolto</b> . . . . .	<b>18</b>
<b>Prempro</b> . . . . .	<b>19</b>	<b>Remicade</b> . . . . .	<b>15</b>	<b>Strattera</b> . . . . .	<b>10</b>
<b>Prepopik</b> . . . . .	<b>15</b>	<b>Renvela Tab</b> . . . . .	<b>16</b>	<b>Stribild</b> . . . . .	<b>15</b>
Previfem . . . . .	19	<b>Rescula</b> . . . . .	<b>14</b>	<b>Suboxone Film.</b> . . . . .	<b>16</b>
<b>Prezcobix</b> . . . . .	<b>15</b>	<b>Restasis</b> . . . . .	<b>14</b>	<b>Subsys</b> . . . . .	<b>17</b>
<b>Prezista</b> . . . . .	<b>15</b>	<b>Restasis Multidose</b> . . . . .	<b>14</b>	Sucralfate Tab . . . . .	14
Primidone . . . . .	11	<b>Revlimid</b> . . . . .	<b>8</b>	Sulfamethoxazole-Trimethoprim . . . . .	8
		Rexulti . . . . .	10	Sulfamethoxazole-Trimethoprim DS . . . . .	8
		<b>Rexulti</b> . . . . .	<b>11</b>	Sumatriptan Tab and Spray . . . . .	10
		<b>Reyataz</b> . . . . .	<b>15</b>	<b>Sumavel Dose</b> . . . . .	<b>10</b>

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<b>Suprep Bowel Prep</b> . . . . .	<b>15</b>	<b>Tradjenta</b> . . . . .	<b>13</b>	Venlafaxine ER Cap . . . . .	10
<b>Symbicort</b> . . . . .	<b>18</b>	Tramadol Tab 50 mg . . . . .	17	Venlafaxine ER Tab . . . . .	10
Synjardy . . . . .	13	Tramadol w/ Acetaminophen . . . . .	17	Venlafaxine Tab . . . . .	10
<b>Synjardy XR</b> . . . . .	<b>13</b>	<b>Transderm-Scop</b> . . . . .	<b>15</b>	<b>Ventolin HFA</b> . . . . .	<b>18</b>
<b>Synthroid</b> . . . . .	<b>14</b>	<b>Travatan Z</b> . . . . .	<b>14</b>	Verapamil ER . . . . .	9
<b>Synvisc</b> . . . . .	<b>16</b>	Trazodone . . . . .	10	<b>Vesicare</b> . . . . .	<b>17</b>
<b>Synvisc One</b> . . . . .	<b>16</b>	<b>Tresiba</b> . . . . .	<b>13</b>	Vestura . . . . .	19
<b>T</b>					
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Tacrolimus Cap . . . . .	18	Tretinoin Cream . . . . .	11	<b>Viagra</b> . . . . .	<b>16</b>
<b>Taltz</b> . . . . .	<b>15</b>	Tretinoin Microsphere Gel . . . . .	12	<b>Victoza</b> . . . . .	<b>13</b>
Tamoxifen Tab . . . . .	8	Triamcinolone . . . . .	12	<b>Vigamox</b> . . . . .	<b>14</b>
Tamsulosin . . . . .	16	Triamterene/HCTZ . . . . .	9	<b>Viibryd</b> . . . . .	<b>10</b>
<b>Tanzeum</b> . . . . .	<b>13</b>	Triazolam Tab . . . . .	11	<b>Vimovo</b> . . . . .	<b>14</b>
<b>Tazorac</b> . . . . .	<b>11</b>	Tri-Linyah . . . . .	19	<b>Vimpat</b> . . . . .	<b>11</b>
<b>Tecfidera</b> . . . . .	<b>10</b>	Tri-Lo-Sprintec . . . . .	19	<b>Viokace</b> . . . . .	<b>15</b>
<b>Tekturna</b> . . . . .	<b>9</b>	Trinessa . . . . .	19	Viorele . . . . .	19
<b>Tekturna HCT</b> . . . . .	<b>9</b>	Trintellix . . . . .	10	<b>Viread</b> . . . . .	<b>15</b>
Telmisartan . . . . .	9	Tri-Previfem . . . . .	19	Vitamin D 50,000 units (Rx only) . . . . .	18
Temazepam . . . . .	11	Tri-Sprintec . . . . .	19	<b>Vogelxo</b> . . . . .	<b>16</b>
Terazosin . . . . .	9	<b>Triumeq</b> . . . . .	<b>15</b>	<b>Vyvanse</b> . . . . .	<b>10</b>
Terazosin . . . . .	16	Trokendi XR . . . . .	11	<b>W</b>	
Terbinafine Tab . . . . .	8	<b>Trulicity</b> . . . . .	<b>13</b>	<hr/>	
Terconazole Vaginal Cream . . . . .	19	<b>Truvada</b> . . . . .	<b>15</b>	Warfarin . . . . .	8
<b>Testim</b> . . . . .	<b>16</b>	<b>Tudorza Pressair</b> . . . . .	<b>18</b>	<b>Welchol</b> . . . . .	<b>9</b>
Testosterone Cypionate IM Injection . . . . .	16	Tymlos . . . . .	17	<b>X</b>	
<b>Tirosint</b> . . . . .	<b>14</b>	<b>U</b>			
<b>Tivicay</b> . . . . .	<b>15</b>	<hr/>			
Tizanidine Cap . . . . .	17	<b>Uceris Foam</b> . . . . .	<b>15</b>	<b>Xarelto</b> . . . . .	<b>8</b>
Tizanidine Tab . . . . .	17	<b>Uloric</b> . . . . .	<b>16</b>	<b>Xeljanz</b> . . . . .	<b>15</b>
<b>TOBI Podhaler</b> . . . . .	<b>8</b>	<b>Ultresa</b> . . . . .	<b>15</b>	<b>Xigduo XR</b> . . . . .	<b>13</b>
Tobramycin . . . . .	14	<b>V</b>			
Tobramycin/Dexamethasone . . . . .	14	<hr/>			
<b>Tobramycin (Genericus manufacturer)</b> . . . . .	<b>8</b>	Valacyclovir . . . . .	8	<b>Xiidra</b> . . . . .	<b>14</b>
Topiramate Tab . . . . .	11	Valsartan . . . . .	9	<b>Xolair</b> . . . . .	<b>18</b>
Torseamide Tab . . . . .	9	Valsartan/HCTZ . . . . .	9	<b>Xopenex HFA</b> . . . . .	<b>18</b>
<b>Toujeo SoloStar</b> . . . . .	<b>13</b>	<b>Varubi</b> . . . . .	<b>15</b>	<b>Xtampza ER</b> . . . . .	<b>17</b>
<b>Toviaz</b> . . . . .	<b>17</b>	<b>Vascepa</b> . . . . .	<b>9</b>	Xulane . . . . .	19
<b>Tracleer</b> . . . . .	<b>10</b>	<b>Vectical</b> . . . . .	<b>12</b>	<b>Xyrem</b> . . . . .	<b>11</b>
		<b>Velphoro</b> . . . . .	<b>16</b>	<b>Y</b>	
		<b>Veltin</b> . . . . .	<b>12</b>	<hr/>	
				<b>Yuvafem</b> . . . . .	<b>19</b>

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[Plain type = Generic drug]

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Zaleplon . . . . .	11
Zarah . . . . .	19
<b>Zarxio . . . . .</b>	<b>16</b>
<b>Zenpep . . . . .</b>	<b>15</b>
<b>Zepatier . . . . .</b>	<b>8</b>
<b>Zetonna . . . . .</b>	<b>18</b>
<b>Zioptan . . . . .</b>	<b>14</b>
<b>Zohydro ER . . . . .</b>	<b>17</b>
Zolpidem . . . . .	11
Zolpidem ER . . . . .	11
<b>Zomacton . . . . .</b>	<b>13</b>
Zonisamide . . . . .	11
Zontivity . . . . .	8
<b>Zorvolex . . . . .</b>	<b>17</b>
<b>Zostavax Injection . . . . .</b>	<b>16</b>
<b>Zovirax Cream . . . . .</b>	<b>12</b>
<b>Zubsolv . . . . .</b>	<b>16</b>
<b>Zurampic . . . . .</b>	<b>16</b>
<b>Zutripro . . . . .</b>	<b>16</b>
<b>Zyclara . . . . .</b>	<b>12</b>
<b>Zytiga . . . . .</b>	<b>8</b>

*"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

