

SERVE YOU

Your 2018 Prescription Drug List

Serve You Rx Standard 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
- 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 or call customer service 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 customer service 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 customer service 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.

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 customer service 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 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 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 customer service 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 customer service 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:

- 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 service 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
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	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	3	
Penicillin VK	1	
Solodyn	3	PA
Sulfamethoxazole-Trimethoprim	1	
Sulfamethoxazole-Trimethoprim DS	1	

Drug Name	Drug Tier	Programs and Limits
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	
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Famciclovir Tab	1	
Harvoni	2	PA, QL, SP
Mavyret	2	PA, QL, SP
Oseltamivir	1	QL
Tamiflu	3	QL
Valacyclovir	1	
Zepatier	3	PA, QL, SP
Cancer		
Akynzeo	3	QL
Anastrozole Tab	1	
Cabometyx	2	PA, SP
Capecitabine	1	SP
Letrozole	1	
Mercaptopurine	1	SP
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Zytiga	3	PA, SP
Cardiovascular/Heart Disease: Anticoagulants		
Brilinta	2	
Clopidogrel	1	
Effient	3	
Eliquis	3	QL
Enoxaparin	1	
Pradaxa	2	QL
Savaysa	3	QL
Warfarin	1	
Xarelto	2	QL
Zontivity	3	

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Byvalson	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem ER Cap	1	
Doxazosin	1	
Dutasteride	1	
Edarbi	3	ST
Edarbyclor	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/HCTZ	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	

Drug Name	Drug Tier	Programs and Limits
Spirolactone	1	
Tektuna	2	ST
Tektuna HCT	2	ST
Telmisartan	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	
Choline Fenofibrate ER	1	
Crestor	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	
Livalo	3	ST
Lovastatin	1	
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	
Cardiovascular/Heart Disease: Other		
Corlanor	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL Tab	1	
Ranexa	2	ST
Sotalol	1	

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Drug Name	Drug Tier	Programs and Limits
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
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	3	QL
Vyvanse	2	QL
Central Nervous System: Depression		
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	
Forfivo XL	2	QL

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Drug Name	Drug Tier	Programs and Limits
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Pristiq	3	QL
Rexulti	3	QL
Risperidone Tab	1	
Sertraline	1	
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	1	
Viibryd	3	QL
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 & Spray	1	QL
Sumavel Dose	3	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
Avonex Prefill Kit	2	PA, QL, SP
Betaseron	2	PA, QL, SP
Copaxone	2	PA, QL, SP
Gilenya*	3	PA, QL, ST, SP
Tecfidera	2	PA, QL, SP
* Tier 3 Preferred		
Central Nervous System: Other		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
Aristada	3	
Buspirone	1	
Diazepam Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	

Drug Name	Drug Tier	Programs and Limits
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL, ST
Lorazepam Tab	1	
Modafinil	1	PA, QL
Namenda XR Cap	2	QL
Namzaric	2	QL
Olanzapine Tab	1	
Pramipexole	1	
Quetiapine	1	
Risperidone Tab	1	
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Xyrem	3	PA, QL, SP
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	
Triazolam Tab	1	
Zaleplon	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Clonazepam	1	
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Levetiracetam	1	
Lyrica Cap	2	QL
Oxcarbazepine	1	
Topiramate Tab	1	
Vimpat	3	
Zonisamide	1	
Dermatology		
Absorica	3	PA
Aczone Gel	3	
Atralin	3	PA
Claravis	1	PA
Clindamycin Gel, Lotion, Solution	1	

Drug Name	Drug Tier	Programs and Limits
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clindamycin/Benzoyl Peroxide Gel 1.2-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex	3	
Clotrimazole/ Betamethasone Cream, Lotion	1	
Dupixent		PA, QL, SP
Elidel	2	ST
Epiduo & Epiduo Forte	3	PA
Eucrisa	2	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	
Ketoconazole Cream/ Shampoo	1	
Metrogel	3	
Metronidazole Gel 0.75%	1	
Mirvaso Gel	2	
Mupirocin Ointment	1	
Myorisan	1	PA
Nystatin Cream, Ointment, Powder	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

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[Plain type = Generic drug]

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

Drug Name	Drug Tier	Programs and Limits
Accu-Chek SmartView Control Liquid	3	
Accu-Chek SmartView Test Strips	2	QL
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclix Kit	2	
Accu-Chek Softclix Lancets	2	
Bayer Contour Test Strips	3	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	3	QL, ST
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine Pen Needle	3	
Novofine Autocover Pen Needle	3	
Novotwist Pen Needle	3	
Onetouch Kit Ultra	2	
Onetouch UltraMini System Kit	2	
Onetouch Ultra 2 System	2	
OneTouch Ultra Test Strips	2	QL
OneTouch Verio Flex System Kit	2	
OneTouch Verio IQ System Kit	2	

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
OneTouch Verio Sync System Kit	2	
OneTouch Verio System Kit	2	
Onetouch Verio Test Strips	2	QL
Precision Test Strips	3	QL, ST
Diabetes/Endocrine: Insulin		
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	2	
Levemir Vials	2	
Novolin 70/30 Vials	2	
Novolin N Vials	2	
Novolin R Vials	2	
Novolog Flexpen	2	
Novolog Mix 70/30 Vials and Flexpen	2	
Novolog Penfill	2	
Novolog Vials	2	
Soliqua	2	QL, ST
Toujeo SoloStar	2	
Tresiba	3	

Drug Name	Drug Tier	Programs and Limits
Diabetes/Endocrine: Non-Insulin		
Bydureon	2	QL, ST
Byetta	2	QL, ST
Farxiga	3	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
Jentaduetto	2	ST
Jentaduetto XR	2	ST
Metformin	1	
Metformin ER	1	
Pioglitazone	1	
Synjardy	2	ST
Tradjenta	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST
Endocrine: Growth Hormone		
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Omnitrope	2	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Clomiphene	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	

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PA Prior Authorization
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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Prednisone	1	
Prednisolone Solution 25 mg/5 ml	1	
Prednisolone Syrup, Solution 15 mg/5 ml	1	
Endocrine:		
Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	3	
Eye Conditions: Allergies		
Azelastine Ophthalmic Solution	1	
Pataday	3	
Pazeo	2	
Eye Conditions: Antibiotics		
Besivance	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
Moxeza	2	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B/Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/Dexamethasone	1	
Vigamox	3	
Eye Conditions: Glaucoma		
Alphagan P	2	
Azopt	2	
Betimol	3	
Combigan	2	
Cosopt PF	3	
Latanoprost	1	QL
Lumigan	2	QL
Simbrinza	2	
Travatan Z	2	QL

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SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Eye Conditions: Other		
Ketorolac Ophthalmic Solution	1	
Prednisolone Ophthalmic Suspension	1	
Restasis	2	PA
Restasis Multidose	2	PA
Xiidra	2	PA
Gastrointestinal: Acid Suppression		
Dexilant	2	QL
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Misoprostol	1	
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	QL
Ondansetron Tab	1	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	2	PA, QL, ST
Apriso	2	
Canasa	2	
Creon	2	
Delzicol	3	ST
Dicyclomine	1	
Dipentum	3	
Diphenoxylate/Atropine	1	
Gavilyte Solution	1	
Lialda	2	ST
Linzess	2	PA, QL, ST
Pentasa	3	

Drug Name	Drug Tier	Programs and Limits
Polyethylene Glycol 3350 Powder	1	
Prepopik	3	
Pylera	2	
Suprep Bowel Prep	3	
Uceris Foam	3	
Zenpep	2	
HIV/AIDS		
Atripla	2	
Complera	2	
Descovy	2	
Genvoya	2	
Intelence	2	
Isentress	2	
Norvir	2	
Odefsey	2	
Prezcobix	2	
Prezista	2	
Reyataz	2	
Stribild	2	
Tivicay	2	
Triumeq	2	
Truvada	2	
Viread	2	
Infertility		
Cetrotide	2	SP
Gonal-f	2	SP
Gonal-f RFF	2	SP
Ovidrel	3	SP
Inflammatory Conditions		
Cimzia Kit	2	PA, SP
Cosentyx*	3	PA, SP
Depen	2	SP
Enbrel	3	PA, ST, SP
Humira Kit	2	PA, SP
Humira Pen Kit	2	PA, SP
Humira Pen Kit Crohns	2	PA, SP
Humira Pen Kit Psoriasis	2	PA, SP
Hydroxychloroquine	1	
Leflunomide	1	

Drug Name	Drug Tier	Programs and Limits
Methotrexate Tab	1	
Orencia SC	3	PA, ST, SP
Otezla	2	PA, SP
Rasuvo	2	PA, QL
Remicade	2	PA, SP
Simponi	2	PA, SP
Simponi Aria	2	PA, SP
Stelara	2	PA, SP
Xeljanz	3	PA, ST, SP
* Tier 3 Preferred		
Men's Health: Erectile Dysfunction		
Cialis	2	QL
Levitra	3	QL
Stendra	3	QL
Viagra	2	QL
Men's Health: Prostate		
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%	3	PA, ST
Testosterone Cypionate IM Injection	1	PA
Miscellaneous		
Allopurinol	1	
Aranesp	2	PA, SP
Armodafinil	1	PA, QL
Auryxia	3	
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA, SP
Bunavail	3	QL
Cerdelga	3	PA, SP
Cheratussin	1	
Chlorhexidine	1	

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[Plain type = Generic drug]

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

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Drug Name	Drug Tier	Programs and Limits
Musculoskeletal: Osteoporosis		
Alendronate Tab 35 mg & 70 mg	1	QL
Binosto	3	QL
Forteo	2	PA, SP
Tymlos	2	PA, SP
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	
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
Embeda	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
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	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
Lidocaine Patch 5%	1	
Meloxicam	1	

Drug Name	Drug Tier	Programs and Limits
Methadone Tab	1	PA
Morphine Sulfate ER	1	PA, QL
Morphine Sulfate Tab	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	QL
Oxycodone w/ Acetaminophen	1	QL
Oxycontin	2	QL, PA
Tramadol Tab 50 mg	1	
Tramadol w/ Acetaminophen	1	
Zohydro ER	3	QL, PA
Zorvolex	3	
Overactive Bladder		
Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	1	
Toviaz	3	
Vesicare	2	
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Aerospan	3	QL
Albuterol Nebulizer Solution	1	QL
Anoro Ellipta	2	QL
Arnuity Ellipta	2	QL
Breo Ellipta	2	QL
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	QL
Dulera	3	ST, QL
Flovent Diskus	2	QL
Flovent HFA	2	QL
Incruse Ellipta	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
Montelukast	1	
Proair HFA, RespiClick	2	QL
Pulmicort Flexhaler	2	QL

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Drug Name	Drug Tier	Programs and Limits
Qvar	2	QL
Serevent Diskus	2	QL
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Stiolto	2	QL
Symbicort	2	QL
Ventolin HFA	2	QL
Xolair	2	PA, SP
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	QL
Mometasone	1	QL
Omnaris	3	QL
QNasl	3	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Levocetirizine	1	
Promethazine Tab	1	
Transplant		
Azathioprine Tab	1	
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	
Mycophenolate Sodium 180 mg, 360 mg Tab	1	
Prograf Cap	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	
Ludent	1	
Multi-Vit/FI Chew	1	

Drug Name	Drug Tier	Programs and Limits
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER 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	QL
Microgestin	1	
Microgestin Fe	1	
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-Lo Sprintec	1	

Drug Name	Drug Tier	Programs and Limits
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 Patch, Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	
Osphena	3	
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap	1	
Yuvaferm	1	
Women's Health: Vaginal Anti-Infectives		
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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Accu-Chek Compact Plus Test Strips	12
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Accu-Chek Guide Control Liquid	12
Accu-Chek Guide Kit	12
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Accu-Chek Nano SmartView Kit	12
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Accu-Chek SmartView Test Strips	12
Accu-Chek Softclix Kit	12
Accu-Chek Softclix Lancets	12
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Acyclovir Cap, Tab, Suspension	8
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Advair HFA	17
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Bupropion SR	10
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Bupirone	10
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg	10
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Clindamycin Cap.	8
Clindamycin Gel, Lotion, Solution	11
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Clobex.	11
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Clonidine Tab	9

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Complera	15
Contrave	16
Copaxone.	10
Corlanor	9
Cosentyx	15
Cosopt PF.	14
Creon	14
Crestor	9
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Cyanocobalamine Injection	17
Cyclobenzaprine Tab 5, 10 mg	16

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Descovy.	15
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Dexcom G5 Transmitter Kit	12
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Doxycycline Monohydrate Cap	8
Doxycycline Monohydrate Oral Suspension, Tab	8
Duavee	18
Dulera	17
Duloxetine Cap 20 mg, 30 mg, 60 mg.	10
Dupixent	11
Dutasteride	9
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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	9
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	16
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	16
Finasteride 5 mg.	15
Flecainide	9
Flector patch.	16
Flovent Diskus	17
Flovent HFA	17
Fluconazole	8
Fluocinonide Cream, 0.1%.	11
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	11
Fluoxetine Cap (not PMDD)	10
Fluticasone Spray	17
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Hydrocodone/APAP 5, 7.5, 10/325 mg	16
Hydrocodone/Chlorpheniramine Liquid	16
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Hydrocortisone Tab	13
Hydromorphone Tab.	16
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Hydroxyzine Pamoate	10
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J

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Jardiance	13
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Junel	18

K

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Klor-Con 8 and 10 MEQ	17
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Lamotrigine (Immediate Release)	11
Lansoprazole (Rx only)	14
Lantus Solostar	13
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Levocetirizine	17
Levofloxacin Tab	8
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Lidocaine Patch 5%	16
Lidocaine Topical Ointment, Solution	11
Lidocaine Viscous Solution 2%	16
Linzess	14
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Lisinopril	9
Lisinopril/HCTZ	9
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Lo Loestrin	18
Lomedia Fe	18
Lorazepam Tab	11
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Lorzone	16
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Ludent	17
Lumigan	14
Lupron Depot 3.75 mg, 11.25 mg	13
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	13
Lutera	18
Lyrica Cap	11

M

Makena	16
Mavyret	8
Meclizine	14
Medroxyprogesterone Acetate Injection	18
Medroxyprogesterone Acetate Tab	18
Meloxicam	16
Mercaptopurine	8
Metaxalone	16
Metformin	13
Metformin ER	13
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Methylphenidate ER Cap	10
Methylphenidate ER Tab	10
Methylphenidate SA Osmotic ER Tab	10
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Metoclopramide	14
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Metoprolol Tartrate	9
Metrogel	11
Metronidazole Gel 0.75%	11
Metronidazole Tab	8
Metronidazole Vaginal Gel	18
Microgestin	18
Microgestin Fe	18
Migranal	10
Minivelle	18
Minocycline Cap	8
Mirtazapine	10
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Misoprostol	14
Modafinil	11
Mometasone	17
Mono-Linyah	18
Mononessa	18
Montelukast	17
Morphine Sulfate ER	17
Morphine Sulfate Tab	17
Moxeza	14
Multaq	9
Multi-Vit/FI Chew	17
Mupirocin Ointment	11
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	17
Mycophenolate Sodium 180 mg, 360 mg Tab	17
Myorisan	11
Myrbetriq	17

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N	O	
Nabumetone	Ocella	Oxycodone w/ Acetaminophen 17
Nadolol	Odefsey	Oxycontin
Namenda XR Cap	Ofloxacin Ophthalmic Solution	P
Namzaric	Ofloxacin Otic Solution	Pantoprazole
Naproxen (Rx only)	Olanzapine Tab	Paroxetine Tab
Narcan	Olmesartan	Pataday
Natazia	Olmesartan/HCTZ	Pazeo
Necon	Omega-3 Acid Cap 1 gm	Penicillin VK
Neupogen	Omeprazole (Rx only)	Pentasa
Niacin ER Tab	Omnaris	Permethrin Cream 5%
Nifedipine ER	Omnitrope	Phenazopyridine (Rx only)
Nitrofurantoin Macrocrystalline	Ondansetron ODT	Phentermine Tab
Nitrofurantoin Monohydrate Macrocrystalline	Ondansetron Tab	Pioglitazone
Nitroglycerin SL Tab	Onetouch Kit Ultra	Polyethylene Glycol 3350 Powder
Nora-Be	Onetouch Ultra 2 System	Polymyxin B/Trimethoprim Solution
Norditropin	Onetouch UltraMini System Kit	Potassium Chloride ER Tab, Cap
Norgest/Ethi Estradio	OneTouch Ultra Test Strips	Potassium Chloride Micro ER Tab
Nortrel	OneTouch Verio Flex System Kit	Pradaxa
Nortriptyline	OneTouch Verio IQ System Kit	Praluent
Norvir	OneTouch Verio Sync System Kit	Pramipexole
Novofine Autocover Pen Needle	OneTouch Verio System Kit	Pravastatin
Novofine Pen Needle	Onetouch Verio Test Strips	Prazosin
Novolin 70/30 Vials	Onexton	Precision Test Strips
Novolin N Vials	Opsumit	Prednisolone Ophthalmic Suspension
Novolin R Vials	Oracea	Prednisolone Solution 25 mg/5 ml
Novolog Flexpen	Orencia SC	Prednisolone Syrup, Solution 15 mg/5 ml
Novolog Mix 70/30 Vials and Flexpen	Orenitram	Prednisone
Novolog Penfill	Orsythia	Premarin Tab
Novolog Vials	Ortho Tri-Cyclen Lo	Premarin Vaginal Cream
Novotwist Pen Needle	Oseltamivir	Premphase
Nutropin AQ	Osphena	Prempro
Nuvaring	Otezla	Prepopik
Nystatin Cream, Ointment, Powder	Ovidrel	Previfem
Nystatin Suspension	Oxcarbazepine	Prezcobix
	Oxsoralen-UL	Prezista
	Oxybutynin	Pristiq
	Oxybutynin ER	Proair HFA, RespiClick
	Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	Procrit

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

Proctofoam HC	11
Progesterone Cap	18
Prograf Cap	17
Promethazine	16
Promethazine/Codeine Syrup.	16
Promethazine DM Syrup	16
Promethazine Tab	17
Propranolol	9
Propranolol ER.	9
Pulmicort Flexhaler	17
Pylera	15

Q

QNasl	17
Quetiapine	11
Quinapril	9
Qvar	17

R

Rabeprazole	14
Ramipril	9
Ranexa	9
Ranitidine Tab, Cap, Syrup (Rx only).	14
Rapaflo	15
Rasuvo	15
Reclipsen.	18
Relpax	10
Remicade	15
Renvela Pack	16
Renvela Tab	16
Restasis	14
Restasis Multidose	14
Retin-A Micro	11
Revlimid	8
Rexulti	10
Reyataz	15
Rezira	16
Risperidone Tab	10
Risperidone Tab	11

Rizatriptan Tab, ODT	10
Ropinirole (Immediate Release).	11
Rosuvastatin	9

S

Saphris	11
Savaysa	8
Serevent Diskus	17
Seroquel XR	11
Sertraline.	10
Sildenafil Tab 20 mg	10
Silenor	11
Simbrinza	14
Simponi	15
Simponi Aria	15
Simvastatin	9
Soliqua	13
Solodyn	8
Soolantra	11
Sotalol	9
Spiriva Handihaler	17
Spiriva Respimat	17
Spironolactone	9
Sprintec 28.	18
Sprycel	8
Stelara	15
Stendra	15
Stiolto	17
Strattera	10
Stribild	15
Suboxone Film	16
Sucrafate Tab	14
Sulfacetamide/Sulfur Emulsion	11
Sulfamethoxazole-Trimethoprim	8
Sulfamethoxazole-Trimethoprim DS	8
Sumatriptan Tab & Spray	10
Sumavel Dose	10
Suprep Bowel Prep	15
Symbicort	17
Synjardy	13

Synthroid	14
Synvisc	16
Synvisc One	16

T

Taclonex	11
Tacrolimus Cap	17
Tamiflu	8
Tamoxifen Tab	8
Tamsulosin.	15
Tazorac	11
Tecfidera	10
Tekturna	9
Tekturna HCT	9
Telmisartan	9
Temazepam	11
Terazosin.	9
Terazosin.	15
Terbinafine Tab	8
Terconazole Vaginal Cream	18
Testosterone Cypionate IM Injection	15
Tirosint	14
Tivicay	15
Tizanidine Cap	16
Tizanidine Tab	16
Tobramycin	14
Tobramycin/Dexamethasone	14
Topiramate Tab	11
Torsemid Tab	9
Toujeo SoloStar	13
Toviaz	17
Tracleer	10
Tradjenta	13
Tramadol Tab 50 mg	17
Tramadol w/ Acetaminophen	17
Travatan Z	14
Trazodone	10
Tresiba	13
Tretinoin Cream	11
Tretinoin Microsphere Gel.	12

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 [Plain type = Generic drug]

Triamcinolone	12	Vitamin D 50,000 units (Rx only)	18
Triamterene/HCTZ	9	Vytorin	9
Triazolam Tab	11	Vyvance	10
Tri-Linyah.	18		
Tri-Lo Sprintec	18	W	
Trinessa	18	Warfarin	8
Trintellix	10	Welchol	9
Tri-Previfem	18		
Tri-Sprintec.	18	X	
Triumeq	15	Xarelto	8
Trulicity	13	Xeljanz	15
Truvada	15	Xiidra	14
Tymlos	16	Xolair	17
		Xulane	18
U		Xyrem	11
Uceris Foam	15		
Uloric	16	Y	
		Yuvaferm	18
V			
Valacyclovir	8	Z	
Valsartan	9	Zaleplon	11
Valsartan/HCTZ	9	Zarah	18
Varubi	14	Zarxio	16
Vascepa	9	Zenpep	15
Vectical	12	Zepatier	8
Velphoro	16	Zetonna	17
Venlafaxine ER Cap	10	Zohydro ER	17
Venlafaxine ER Tab	10	Zolpidem.	11
Venlafaxine Tab	10	Zolpidem ER	11
Ventolin HFA	17	Zonisamide	11
Verapamil ER.	9	Zontivity	8
Vesicare	17	Zorvolex	17
Vestura	18	Zovirax Cream	12
Viagra	15	Zovirax Ointment	12
Victoza	13	Zubsolv	16
Vigamox	14	Zurampic	16
Viibryd	10	Zutripro	16
Vimpat	11	Zyclara	12
Viorele	18	Zytiga	8
Viread	15		

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[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
<i>Example: Lisinopril, 20 mg</i>	<i>Tier 1</i>	<i>High blood pressure</i>	<i>One tablet daily</i>	<i>Dr. Johnson</i>

