



## 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 July 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](https://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).

## Table of Contents

<b>Drug tiers and cost</b> . . . . .	3	<b>Eye Conditions</b>	
<b>Programs and limits</b> . . . . .	4	Allergies . . . . .	15
<b>Drugs by category</b> . . . . .	8	Antibiotics . . . . .	15
<b>Addiction/Substance Abuse</b> . . . . .	8	Glaucoma . . . . .	15
<b>Anti-Infectives</b>		Other . . . . .	15
Antibiotics . . . . .	8	<b>Gastrointestinal</b>	
Antifungals . . . . .	8	Acid Suppression . . . . .	15
Antivirals . . . . .	8	Inflammatory Bowel Disease . . . . .	16
Vaccinations . . . . .	8	Nausea/Vomiting . . . . .	16
<b>Cancer</b> . . . . .	9	Other . . . . .	16
<b>Cardiovascular/Heart Disease</b>		<b>Gout</b> . . . . .	16
Anticoagulants . . . . .	9	<b>HIV/AIDS</b> . . . . .	16
High Blood Pressure . . . . .	9	<b>Infertility</b> . . . . .	16
High Cholesterol . . . . .	10	<b>Inflammatory Conditions</b> . . . . .	16
Other . . . . .	10	<b>Men’s Health</b>	
Pulmonary Arterial Hypertension . . . . .	10	Erectile Dysfunction . . . . .	17
<b>Central Nervous System</b>		Prostate . . . . .	17
Alzheimer’s/Dementia . . . . .	10	Testosterone Therapy . . . . .	17
Antipsychotics . . . . .	10	<b>Miscellaneous</b> . . . . .	17
Attention Deficit Disorder . . . . .	11	<b>Musculoskeletal</b>	
Depression . . . . .	11	Osteoporosis . . . . .	18
Migraine . . . . .	11	Other . . . . .	18
Multiple Sclerosis . . . . .	11	Pain Relief . . . . .	18
Other . . . . .	11	<b>Overactive Bladder</b> . . . . .	18
Parkinson’s Disease . . . . .	11	<b>Respiratory</b>	
Sedatives/Hypnotics . . . . .	12	Asthma/COPD . . . . .	19
Seizure Disorders . . . . .	12	Nasal Allergies . . . . .	19
<b>Dermatology</b> . . . . .	12	Oral Allergies . . . . .	19
<b>Diabetes/Endocrine</b>		<b>Transplant</b> . . . . .	19
Blood Glucose Monitoring . . . . .	13	<b>Vitamins/Electrolytes</b> . . . . .	19
Insulin . . . . .	13	<b>Women’s Health</b>	
Non-Insulin . . . . .	14	Birth Control . . . . .	19
<b>Endocrine</b>		Hormone Replacement . . . . .	20
Growth Hormone . . . . .	14	Vaginal Anti-Infectives . . . . .	20
Other . . . . .	14	<b>Index</b> . . . . .	21
Thyroid Hormone Replacement . . . . .	15		

Drug Name	Drug Tier	Programs and Limits
<b>Addiction/Substance Abuse</b>		
<b>Bunavail</b>	3	QL
Buprenorphine	1	QL
Buprenorphine/ Naloxone	1	QL
<b>Chantix Starter Kit</b>	3	QL
Naltrexone Tab	1	
<b>Narcan</b>	2	
<b>Suboxone</b>	2	QL
<b>Zubsolv</b>	2	QL
<b>Anti-Infectives: Antibiotics</b>		
<b>Acticlate</b>	E	
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>Clindesse</b>	3	
<b>Doryx MPC</b>	3	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab	1	
Doxycycline Monohydrate Cap	1	
Doxycycline Monohydrate Tab	1	
<b>Kitabis</b>	E	SP
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/Polymyxin/ HC Otic	1	
Nitrofurantoin Macrocrystalline	1	

Drug Name	Drug Tier	Programs and Limits
Nitrofurantoin Monohydrate	1	
Macrocrystalline		
Ofloxacin Otic Solution	1	
<b>Oracea</b>	3	
Penicillin VK	1	
<b>Solodyn</b>	3	
Sulfamethoxazole- Trimethoprim	1	
<b>TOBI Nebulizer</b>	E	SP
<b>TOBI Podhaler</b>	E	SP
<b>Tobramycin Nebulization Soln</b> (Genericus manufacturer)	E	SP
Tobramycin Nebulization Soln	1	SP
<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	1	
Entecavir	1	QL, SP
<b>Epclusa</b>	2	PA, QL, SP
<b>Harvoni</b>	2	PA, QL, SP
<b>Mavyret</b>	2	PA, QL, SP
Oseltamivir	1	QL
<b>Tamiflu Cap</b>	E	
<b>Tamiflu Suspension</b>	3	QL
Valacyclovir	1	QL
<b>Vosevi</b>	2	PA, QL, SP
<b>Zovirax Cap, Tab, Suspension</b>	E	
<b>Anti-Infectives: Vaccinations</b>		
<b>Afluria</b>	3	
<b>Boostrix</b>	3	
<b>Fluarix Quadrivalent</b>	3	
<b>Flucelvax Quadrivalent</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>Fluvirin</b>	3	
<b>Fluzone High-Dose</b>	3	
<b>Fluzone Quadrivalent</b>	3	
<b>Zostavax</b>	3	
<b>Cancer</b>		
Anastrozole Tab	1	
<b>Cabometyx</b>	2	PA, SP
Capecitabine	1	SP
<b>Ibrance</b>	3	PA, SP
Letrozole	1	
Mercaptopurine	1	
<b>Revlimid</b>	3	PA, SP
<b>Sprycel</b>	2	PA, SP
Tamoxifen Tab	1	
<b>Xtandi</b>	3	PA, SP
<b>Zytiga</b>	3	PA, SP
<b>Cardiovascular/Heart Disease: Anticoagulants</b>		
<b>Brilinta</b>	2	
Cilostazol	1	
Clopidogrel	1	
<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>Cardiovascular/Heart Disease: High Blood Pressure</b>		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
<b>Azor</b>	E	
Benazepril	1	
Benazepril/HCTZ	1	
<b>Benicar</b>	E	
<b>Benicar HCT</b>	E	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
<b>Bystolic</b>	2	
<b>Byvalson</b>	2	
Cartia XT	1	

**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
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem	1	
Diltiazem ER	1	
<b>Diovan</b>	E	
<b>Diovan HCT</b>	E	
Doxazosin	1	
<b>Edarbi</b>	3	ST
<b>Edarbyclor</b>	3	ST
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Irbesartan/HCTZ	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
<b>Norvasc</b>	E	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
<b>Tekturna</b>	2	ST
<b>Tekturna HCT</b>	2	ST
Telmisartan	1	
<b>Toprol XL</b>	E	
Torsemide Tab	1	
Triamterene/HCTZ	1	
<b>Tribenzor</b>	E	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil	1	
Verapamil ER	1	

Drug Name	Drug Tier	Programs and Limits
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Atorvastatin	1	
Choline Fenofibrate	1	
<b>Crestor</b>	E	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibric Acid	1	
Gemfibrozil	1	
<b>Lipitor</b>	E	
<b>Lipofen</b>	2	
<b>Livalo</b>	3	ST
Lovastatin	1	
<b>Lovaza</b>	E	
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
<b>Praluent</b>	2	PA, QL, SP
Pravastatin	1	
<b>Repatha</b>	2	PA, QL, SP
Rosuvastatin	1	
Simvastatin	1	
<b>Vascepa</b>	2	
<b>Vytorin</b>	E	
<b>Welchol</b>	2	
<b>Zetia</b>	E	
<b>Cardiovascular/Heart Disease: Other</b>		
Amiodarone	1	
Digoxin	1	
Digox	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
<b>Multaq</b>	3	
Nitroglycerin SL	1	
<b>Nitrostat</b>	E	
Pentoxifylline ER	1	
<b>Ranexa</b>	2	ST
Sotalol	1	
<b>Cardiovascular/Heart Disease: 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: Alzheimer's/Dementia</b>		
Donepezil	1	
Memantine	1	
<b>Namzaric</b>	2	QL
<b>Central Nervous System: Antipsychotics</b>		
Aripiprazole	1	QL
<b>Arista</b>	3	
Haloperidol	1	
<b>Invega Sustenna</b>	3	
<b>Invega Trinza</b>	3	
<b>Latuda</b>	3	QL, ST
Olanzapine	1	
Quetiapine	1	
Risperidone	1	
<b>Saphris</b>	2	QL
Ziprasidone	1	
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR</b>	E	
Amphetamine-Dextroamphetamine	1	QL
Amphetamine-Dextroamphetamine ER	1	QL
Atomoxetine	1	QL
<b>Concerta</b>	E	
Dexmethylphenidate	1	QL
Dexmethylphenidate ER Cap	1	QL
Guanfacine ER Tab	1	
Methylphenidate ER	1	QL
Methylphenidate Tab	1	QL
<b>Vyvanse</b>	2	QL
<b>Central Nervous System: Depression</b>		
Amitriptyline	1	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL	1	QL
Citalopram	1	

**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>Cymbalta</b>	E	
Desvenlafaxine	1	QL
Doxepin	1	
Duloxetine Cap 20 mg, 30 mg, 60 mg	1	QL
Duloxetine Cap 40 mg	3	QL
<b>Effexor XR</b>	E	
Escitalopram Tab	1	
Fluoxetine	1	
<b>Forfivo XL</b>	2	QL
<b>Lexapro Tab</b>	E	
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
<b>Pristiq</b>	E	
<b>Prozac Cap</b>	E	
<b>Rexulti</b>	3	QL
Sertraline	1	
Trazodone	1	
<b>Trintellix</b>	3	QL, ST
Venlafaxine Tab	1	
Venlafaxine ER	1	
<b>Viibryd</b>	3	QL
<b>Wellbutrin SR</b>	E	
<b>Wellbutrin XL</b>	E	
<b>Zoloft</b>	E	
<b>Central Nervous System: Migraine</b>		
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg	1	
<b>Migranal</b>	3	QL
<b>Onzetra Xsail</b>	3	QL, ST
Rizatriptan	1	QL
Sumatriptan Tab	1	QL
<b>Sumavel DosePro</b>	3	QL
<b>Zomig</b>	E	
<b>Zomig ZMT</b>	E	
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	2	PA, QL, SP
<b>Aubagio</b>	3	PA, QL, SP
<b>Avonex Kit</b>	2	PA, QL, SP

Drug Name	Drug Tier	Programs and Limits
<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	SP
<b>Gilenya<sup>+</sup></b>	3	PA, QL, SP
<b>Plegridy</b>	E	SP
<b>Rebif</b>	E	SP
<b>Rebif Titrtn</b>	E	SP
<b>Tecfidera</b>	2	PA, QL, SP
+ Tier 3 Preferred		
<b>Central Nervous System: Other</b>		
Alprazolam Tab	1	QL
Buspirone	1	
Diazepam Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	
Modafinil	1	PA, QL
Risperidone Tab	1	
<b>Valium</b>	E	
<b>Xanax</b>	E	
<b>Xanax ER</b>	E	
<b>Central Nervous System: Parkinson's Disease</b>		
Benzotropine	1	
Carbidopa-Levodopa	1	
Pramipexole	1	
Ropinirole	1	
<b>Zelapar</b>	3	
<b>Central Nervous System: Sedatives/Hypnotics</b>		
<b>Ambien</b>	E	
<b>Ambien CR</b>	E	
Eszopiclone Tab	1	QL
<b>Lunesta</b>	E	
<b>Silenor</b>	3	QL
Temazepam	1	
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL

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

**E** Excluded  
**PA** Prior Authorization

**ST** Step Therapy  
**QL** Quantity Limits  
**SP** Specialty Program

Drug Name	Drug Tier	Programs and Limits
<b>Central Nervous System: Seizure Disorders</b>		
Carbamazepine	1	
Clonazepam	1	QL
<b>Dilantin</b>	E	
<b>Dilantin Infatabs</b>	E	
<b>Dilantin Suspension</b>	E	
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine	1	
Levetiracetam	1	
<b>Lyrica Cap</b>	2	QL
Oxcarbazepine	1	
Phenytoin Extended	1	
Topiramate Tab	1	
<b>Trokendi XR</b>	E	
<b>Vimpat</b>	3	
Zonisamide	1	
<b>Dermatology</b>		
<b>Absorica</b>	3	PA
<b>Acanya Gel</b>	E	
<b>Aczone Gel</b>	3	
Adapalene Gel	1	PA
<b>Aktipak</b>	E	
<b>Atralin</b>	3	PA
<b>Benzaclin</b>	E	
<b>Benzaclin Pump</b>	E	
<b>Benzamycin</b>	E	
Betamethasone Cream	1	
Claravis	1	PA
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
<b>Clobex</b>	3	
Clobetasol Cream, Ointment, Solution	1	
Clotrimazole/ Betamethasone Cream, Lotion	1	
<b>Duac</b>	E	
<b>Differin Gel, Lotion</b>	3	PA

Drug Name	Drug Tier	Programs and Limits
<b>Dupixent</b>	2	PA, QL, SP
<b>Elidel</b>	2	ST
<b>Enstilar</b>	3	QL
<b>Epiduo &amp; Epiduo Forte</b>	3	PA
<b>Eucrisa</b>	2	ST
Fluocinonide Cream	1	
<b>Fluoroplex</b>	3	
Hydrocortisone Cream, Ointment 2.5%	1	
Ketoconazole Cream, Shampoo	1	
Lidocaine Ointment	1	
<b>Metrogel</b>	3	
Metronidazole Gel	1	
<b>Mirvaso Gel</b>	2	
Mometasone Cream	1	
Mupirocin Ointment	1	
Nystatin Cream	1	
<b>Onexton</b>	3	
<b>Oxsoralen-UL</b>	2	
<b>Pennsaid Solution</b>	E	
Permethrin Cream	1	
<b>Retin-A-Micro 0.04%, 0.1%</b>	E	
<b>Retin-A Micro 0.06%, 0.08%</b>	2	PA
<b>Soolantra</b>	2	
<b>Taclonex Ointment</b>	E	
<b>Taclonex Suspension</b>	3	QL
<b>Tazorac</b>	3	PA
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
<b>Vectical</b>	3	
<b>Veltin</b>	E	
<b>Ziana</b>	E	
<b>Zovirax Cream</b>	2	
<b>Zovirax Ointment</b>	E	
<b>Zyclara</b>	3	
<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>		
<b>Accu-Chek Aviva Kit</b>	E	
<b>Accu-Chek Aviva Connect Kit</b>	E	

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

**E** Excluded  
**PA** Prior Authorization

**ST** Step Therapy  
**QL** Quantity Limits  
**SP** Specialty Program

Drug Name	Drug Tier	Programs and Limits
Accu-Chek Aviva Plus Kit	E	
Accu-Chek Compact Plus Kit	E	
Accu-Chek Compact Plus Test Strips	E	
Accu-Chek FastClix Kit	2	
Accu-Chek FastClix Lancets	2	
Accu-Chek Guide Kit	E	
Accu-Chek Multiclix Kit	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Nano SmartView Kit	E	
Accu-Chek SmartView Test Strips	E	
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclix Kit	2	
Accu-Chek Softclix Lancets	2	
Dexcom G4 Platinum Pediatric Receiver Device	3	
Dexcom G4 Platinum Receiver, Sensor, Transmitter Device	3	
Dexcom G5 Sensor, Transmitter, Mobile Receiver	3	
Novofine Autocover Pen Needle	2	
Novofine Pen Needle	2	
Novofine Plus Pen Needle	2	
Novotwist Pen Needle	2	
Onetouch Ultra 2 System	2	

Drug Name	Drug Tier	Programs and Limits
Onetouch Ultra Blue Test Strips	2	QL
Onetouch UltraMini System Kit	2	
Onetouch Verio IQ System Kit	2	
Onetouch Verio Sync System Kit	2	
Onetouch Verio System Kit	2	
Onetouch Verio Flex System Kit	2	
Onetouch Verio Test Strips	2	QL
<b>Diabetes/Endocrine: Insulin</b>		
Apidra	E	
Basaglar	E	
Fiasp	E	
Humalog Mix 50/50 Vials and KwikPen	2	
Humalog Mix 75/25 Vials and KwikPen	2	
Humalog U-100 Junior KwikPen	2	
Humalog U-100 Vials, KwikPen, and Cartridges	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 Relion	E	
Novolin 70/30 Vials	E	
Novolin N Relion	E	

**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>Novolin R Relion</b>	E	
<b>Novolin N Vials</b>	E	
<b>Novolin R Vials</b>	E	
<b>Novolog Flexpen</b>	E	
<b>Novolog Mix 70/30 Vials and Flexpen</b>	E	
<b>Novolog Penfill</b>	E	
<b>Novolog Vials</b>	E	
<b>Soliqua</b>	2	QL, ST
<b>Toujeo SoloStar</b>	2	
<b>Tresiba</b>	E	
<b>Diabetes/Endocrine: Non-Insulin</b>		
<b>Adlyxin</b>	E	
<b>Alogliptin</b>	E	
<b>Alogliptin/Metformin</b>	E	
<b>Alogliptin/Pioglitazone</b>	E	
<b>Bydureon</b>	2	QL, ST
<b>Bydureon Bcise</b>	2	QL, ST
<b>Byetta</b>	2	QL, ST
<b>Farxiga</b>	E	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
<b>Glumetza</b>	E	
Glyburide	1	
Gyburide/Meformin	1	
<b>Invokamet</b>	2	ST
<b>Invokamet XR</b>	2	ST
<b>Invokana</b>	2	ST
<b>Janumet</b>	2	ST
<b>Janumet XR</b>	2	ST
<b>Januvia</b>	2	ST
<b>Jardiance</b>	2	ST
<b>Jentadueto</b>	2	ST
<b>Jentadueto XR</b>	2	ST
<b>Kazano</b>	E	
<b>Kombiglyze XR</b>	E	
Metformin	1	
Metformin ER	1	
<b>Nesina</b>	E	
<b>Onglyza</b>	E	
<b>Oseni</b>	E	

Drug Name	Drug Tier	Programs and Limits
Pioglitazone	1	
<b>Synjardy</b>	2	ST
<b>Synjardy XR</b>	2	ST
<b>Tanzeum</b>	E	
<b>Tradjenta</b>	2	ST
<b>Trulicity</b>	2	QL, ST
<b>Victoza</b>	2	QL, ST
<b>Xigduo XR</b>	E	
<b>Endocrine: Growth Hormone</b>		
<b>Genotropin</b>	E	SP
<b>Humatrope</b>	E	SP
<b>Norditropin</b>	2	PA, SP
<b>Nutropin AQ</b>	2	PA, SP
<b>Omnitrope</b>	2	PA, SP
<b>Saizen</b>	E	SP
<b>Zomacton</b>	E	SP
<b>Endocrine: Other</b>		
Calcitriol Cap	1	
Dexamethasone Tab	1	
<b>H.P. Acthar</b>	2	PA, SP
Hydrocortisone Tab	1	
<b>Lupron Depot</b>		
<b>7.5 mg, 22.5 mg, 30 mg, 45 mg</b>	2	PA, SP
Methylprednisolone Tab	1	
Prednisone	1	
Prednisolone Syrup, Solution	1	
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
<b>Cytomel</b>	E	
Levo-T	1	
Levothyroxine	1	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
<b>Nature-Thyroid</b>	3	
<b>Synthroid</b>	3	
<b>Tirosint</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>Eye Conditions: Allergies</b>		
<b>Lastacft</b>	3	ST
Olopatadine Ophthalmic	1	
<b>Pazeo</b>	2	
<b>Eye Conditions: Antibiotics</b>		
<b>Besivance</b>	3	
Ciprofloxacin Ophthalmic	1	
Erythromycin Ophthalmic	1	
Gentamicin Ophthalmic	1	
<b>Moxeza</b>	2	
Moxifloxacin Ophthalmic	1	
Neomycin/Polymyxin/Dexa Ophthalmic	1	
Ofloxacin Ophthalmic	1	
Polymyxin B/Trimethoprim Solution	1	
<b>Tobradex</b>	E	
Tobramycin Ophthalmic	1	
Tobramycin/Dexamethasone	1	
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P 0.1%</b>	2	
<b>Alphagan P 0.15%</b>	E	
<b>Azopt</b>	2	
<b>Betimol</b>	3	
Brimonidine Ophthalmic	1	
<b>Combigan</b>	2	
<b>Cosopt PF</b>	3	
Dorzolamide/Timolol	1	
Latanoprost	1	QL
<b>Lumigan</b>	2	QL
<b>Rescula</b>	E	
<b>Simbrinza</b>	2	
Timolol Ophthalmic	1	
<b>Travatan Z</b>	2	QL
<b>Zioptan</b>	E	
<b>Eye Conditions: Other</b>		
Ketorolac Ophthalmic	1	

Drug Name	Drug Tier	Programs and Limits
Prednisolone Ophthalmic	1	
<b>Prolensa</b>	3	QL
<b>Restasis</b>	2	PA
<b>Restasis Multidose</b>	2	PA
<b>Xiidra</b>	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
<b>Aciphex</b>	E	
<b>Carafate Tab</b>	E	
<b>Dexilant</b>	2	QL
<b>Duexis</b>	E	
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
<b>Nexium Cap</b>	E	
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
<b>Prevacid</b>	E	
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
<b>Vimovo</b>	E	
<b>Zegerid</b>	E	
<b>Gastrointestinal: Inflammatory Bowel Disease</b>		
<b>Apriso</b>	2	
<b>Canasa</b>	2	
<b>Delzicol</b>	E	
<b>Dipentum</b>	3	
<b>Lialda</b>	E	
Mesalamine DR 1.2 gm	1	
Mesalamine DR 800 mg	E	
<b>Pentasa</b>	3	
<b>Proctofoam-HC</b>	2	
Sulfasalazine Tab	1	
<b>Uceris</b>	3	
<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	QL

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

**E** Excluded  
**PA** Prior Authorization

**ST** Step Therapy  
**QL** Quantity Limits  
**SP** Specialty Program

Drug Name	Drug Tier	Programs and Limits
Ondansetron Tab 4 mg, 8 mg	1	
Ondansetron Tab 24 mg	1	QL
Prochlorperazine	1	
<b>Varubi</b>	3	QL
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	2	PA, QL, ST
<b>Asacol HD</b>	E	
<b>Creon</b>	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G Solution	1	
<b>Linzess</b>	2	PA, QL, ST
<b>Motofen</b>	E	
<b>Movantik</b>	E	
<b>Moviprep</b>	3	
<b>Omeclamox-Pak</b>	2	
<b>Pancreaze</b>	E	
<b>Pertzye</b>	E	
Polyethylene Glycol 3350 Powder	1	
<b>Prepopik</b>	3	
<b>Pylera</b>	2	
<b>Relistor Solution</b>	3	PA, QL
<b>Suprep Bowel Prep</b>	3	
<b>Viberzi</b>	3	PA, QL
<b>Viokace</b>	E	
<b>Zenpep</b>	2	
<b>Gout</b>		
Allopurinol	1	
<b>Colchicine</b>	3	
<b>Colcrys</b>	2	
<b>Uloric</b>	2	ST
<b>Zurampic</b>	3	ST
<b>HIV/AIDS</b>		
Abacavir/Lamivudine	1	
<b>Atripla</b>	2	
<b>Complera</b>	2	
<b>Descovy</b>	2	
<b>Genvoya</b>	2	
<b>Intelence</b>	2	
<b>Isentress</b>	2	

Drug Name	Drug Tier	Programs and Limits
<b>Norvir</b>	2	
<b>Odefsey</b>	2	
<b>Prezcobix</b>	2	
<b>Prezista</b>	2	
<b>Reyataz</b>	3	
<b>Stribild</b>	2	
<b>Tivicay</b>	2	
<b>Triumeq</b>	2	
<b>Truvada</b>	2	
<b>Viread 150 mg, 200 mg, 250 mg</b>	2	
<b>Viread 300 mg</b>	3	
<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</b>	2	PA, SP
<b>Cosentyx<sup>+</sup></b>	3	PA, SP
<b>Depen</b>	2	SP
<b>Enbrel</b>	3	PA, 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	SP
Methotrexate	1	
<b>Orencia SC</b>	3	PA, 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	SP
<b>Xeljanz XR</b>	3	PA, SP

+ Tier 3 Preferred

**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>Men's Health: Erectile Dysfunction</b>		
<b>Cialis</b>	2	QL
<b>Levitra</b>	E	
<b>Staxyn</b>	E	
<b>Stendra</b>	E	
<b>Viagra</b>	3	QL
<b>Men's Health: Prostate</b>		
Alfuzosin ER	1	
<b>Cialis 2.5 mg &amp; 5 mg</b>	2	QL
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%</b>	E	
<b>Depo-Testosterone</b>	E	
<b>Fortesta</b>	E	
<b>Testim</b>	E	
Testosterone Cypionate IM Injection	1	PA
<b>Testosterone Gel 2%</b>	E	
<b>Vogelxo</b>	E	
<b>Miscellaneous</b>		
<b>Afstyla</b>	3	SP
<b>Aranesp</b>	E	SP
Armodafinil	1	PA, QL
<b>Auryxia</b>	3	
<b>Auvi-Q</b>	E	
Benzonatate	1	
<b>Botox 100, 200 unit Injection (non-cosmetic)</b>	2	PA, SP
<b>Cerdelga</b>	3	PA, SP
<b>Cetylev</b>	3	
Cheratussin	1	
Chlorhexidine	1	
<b>Contrave</b>	2	PA
<b>Emverm</b>	2	

Drug Name	Drug Tier	Programs and Limits
<b>Epinephrine</b> (Impax manufacturer) 0.15 mg	E	
<b>Epinephrine</b> (Mylan manufacture) 0.15 mg	2	
<b>Epinephrine</b> (Impax manufacturer) 0.3 mg	2	
<b>Epinephrine</b> (Mylan manufacturer) 0.3 mg	2	
<b>Epipen</b>	2	
<b>Epipen Jr</b>	E	
<b>Epogen</b>	E	SP
<b>Euflexxa</b>	2	PA, SP
<b>Granix</b>	2	PA, SP
<b>Haegarda</b>	3	PA, SP
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	
Lidocaine Viscous	1	
<b>Makena</b>	2	PA, SP
<b>Neupogen</b>	2	PA, SP
<b>Nuvigil</b>	E	
<b>Nuwiq</b>	3	SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
<b>Procrit</b>	2	PA, SP
Promethazine DM	1	
Promethazine/Codeine	1	
Pseudoephedrine/ Bromphen/DM	1	
<b>Renvela Tab</b>	2	
<b>Synvisc</b>	2	PA, SP
<b>Synvisc One</b>	2	PA, SP
Tolterodine ER	1	
<b>Velphoro</b>	3	
<b>Zarxio</b>	2	PA, SP
<b>Zutripro</b>	3	QL

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

**E** Excluded  
**PA** Prior Authorization

**ST** Step Therapy  
**QL** Quantity Limits  
**SP** Specialty Program

Drug Name	Drug Tier	Programs and Limits
<b>Musculoskeletal: Osteoporosis</b>		
Alendronate Tab 5 mg, 10 mg, 40 mg	1	
Alendronate Tab 35 mg, 75 mg	1	QL
<b>Binosto</b>	3	QL
<b>Forteo</b>	2	PA, SP
Ibandronate	1	QL
<b>Ospena</b>	3	
Raloxifene	1	
<b>Tymlos</b>	2	PA, SP
<b>Musculoskeletal: Other</b>		
<b>Amrix</b>	E	
Baclofen Tab	1	
Carisoprodol 350 mg	1	
Cyclobenzaprine Tab	1	
<b>Lorzone</b>	3	
Metaxalone	1	
Methocarbamol	1	
Orphenadrine Citrate ER	1	
Tizanidine Cap	1	
Tizanidine Tab	1	
<b>Musculoskeletal: Pain Relief</b>		
<b>Abstral</b>	E	
Acetaminophen w/ Codeine	1	QL
Acetaminophen w/ Codeine #3, #4	1	QL
<b>Arymo ER</b>	E	
<b>Cambia</b>	E	
<b>Celebrex</b>	E	
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
<b>Duragesic</b>	E	
<b>Embeda</b>	2	PA, QL
Etodolac	1	
Fentanyl Patch	1	PA, QL
<b>Fentora</b>	E	
<b>Flector Patch</b>	3	QL
<b>Gralise</b>	3	PA, QL, ST
Hydrocodone/APAP	1	QL

Drug Name	Drug Tier	Programs and Limits
Hydromorphone Tab	1	QL
<b>Hysingla ER</b>	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
<b>Kadian</b>	E	
Ketorolac Tab	1	QL
<b>Lazanda</b>	E	
Lidocaine Patch 5%	1	
<b>Lidoderm</b>	E	
Meloxicam	1	
Methadone Tab	1	PA
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
<b>Norco</b>	E	
<b>Nucynta</b>	E	
<b>Nucynta ER</b>	E	
<b>Opana ER</b>	E	
Oxycodone Tab	1	QL
Oxycodone w/ Acetaminophen	1	QL
<b>Oxycontin</b>	2	PA, QL
<b>Percocet</b>	E	
<b>Subsys</b>	E	
Sulindac	1	
Tramadol Tab 50 mg	1	QL
Tramadol w/ Acetaminophen	1	QL
<b>Voltaren Gel 1%</b>	E	
<b>Xtampza ER</b>	E	
<b>Zohydro ER</b>	E	
<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	

**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
Albuterol Nebulizer Solution	1	QL
<b>Alvesco</b>	E	
<b>Anoro Ellipta</b>	2	QL
<b>Arnuity Ellipta</b>	2	QL
<b>Asmanex</b>	E	
<b>Asmanex HFA</b>	E	
<b>Breo Ellipta</b>	2	QL
Budesonide Inhalation Suspension	1	QL
<b>Combivent Respimat</b>	2	QL
<b>Dulera</b>	E	
<b>Flovent Diskus</b>	2	QL
<b>Flovent HFA</b>	2	QL
<b>Incruse Ellipta</b>	2	QL
Ipratropium/Albuterol	1	QL
Ipratropium Bromide Inhalation	1	QL
<b>Levalbuterol Inhaler</b>	E	
Montelukast	1	
<b>Perforomist</b>	3	QL
<b>Proair HFA</b>	2	QL
<b>Proair RespiClick</b>	2	QL
<b>Proventil HFA</b>	E	
<b>Pulmicort Flexhaler</b>	2	QL
<b>Pulmicort Suspension</b>	E	
<b>Qvar</b>	E	
<b>Serevent Diskus</b>	2	QL
<b>Singulair</b>	E	
<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	
<b>Ventolin HFA</b>	2	QL
<b>Xolair</b>	2	PA, SP
<b>Xopenex HFA</b>	E	
<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

Drug Name	Drug Tier	Programs and Limits
<b>Nasonex</b>	E	
<b>Omnaris</b>	3	QL
<b>QNasl</b>	3	QL
<b>Zetonna</b>	3	QL
<b>Respiratory: Oral Allergies</b>		
Cetirizine	1	
Levocetirizine	1	
Promethazine Tab	1	
<b>Tuzistra XR</b>	3	QL
<b>Transplant</b>		
Azathioprine Tab	1	
Cyclosporine Cap	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	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	1	
Ludent	1	
Potassium Chloride ER	1	
Potassium Chloride Micro ER	1	
<b>Veltassa</b>	3	
<b>Vitafol Tab</b>	E	
Vitamin D (ergocalciferol) (Rx only)	1	
<b>Women's Health: Birth Control</b>		
Apri	1	
Aviane	1	
Azurette	1	
<b>Beyaz</b>	E	
Blisovi	1	
Blisovi Fe	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	
Enskyce	1	
Jolivet	1	
Junel	1	
Junel Fe	1	

**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
Levonorgestrel/Ethinyl Estradiol	1	
<b>Lo Loestrin Fe</b>	3	
Loryna	1	
Low-Ogestrel	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	
Microgestin Fe	1	
<b>Minatrin 24 Fe</b>	E	
Mono-Linyah	1	
Mononessa	1	
<b>Natazia</b>	2	
Nikki	1	
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
<b>Nuvaring</b>	2	
Ocella	1	
<b>Ortho-Tri-Cyclen</b>	E	
<b>Ortho Tri-Cyclen Lo</b>	E	
Portia-28	1	
<b>Safyral</b>	3	
Sprintec 28	1	
Tri-Estarylla	1	
Tri-Linyah	1	
Tri-Lo-Marzia	1	
Tri-Lo-Sprintec	1	
Trinessa	1	
Trinessa Lo	1	
Tri-Sprintec	1	
Vienva	1	
Viorele	1	
Xulane	1	
<b>Yaz</b>	E	

Drug Name	Drug Tier	Programs and Limits
<b>Women's Health: Hormone Replacement</b>		
<b>Climara Pro</b>	2	
<b>Divigel</b>	3	
<b>Duavee</b>	2	
<b>Elestrin Gel</b>	3	
<b>Endometrin</b>	2	
<b>Estrace Vaginal Cream</b>	3	
Estradiol Patch, Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
<b>Minivelle</b>	3	
<b>Premarin Tab</b>	2	
<b>Premarin Vaginal Cream</b>	2	
<b>Premphase</b>	2	
<b>Prempro</b>	2	
Progesterone Cap	1	
<b>Vagifem Tab</b>	E	
<b>Vivelle-Dot</b>	E	
Yuvafem	1	
<b>Women's Health: Vaginal Anti-Infectives</b>		
<b>Gynazole-1 Vaginal Cream</b>	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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

**E** Excluded  
**PA** Prior Authorization

**ST** Step Therapy  
**QL** Quantity Limits  
**SP** Specialty Program

# Index

## A

Abacavir/Lamivudine . . . . .	16
Absorica . . . . .	12
Abstral . . . . .	18
Acanya Gel. . . . .	12
Accu-Chek Aviva Connect Kit. . . . .	12
Accu-Chek Aviva Kit. . . . .	12
Accu-Chek Aviva Plus Kit . . . . .	13
Accu-Chek Compact Plus Kit . . . . .	13
Accu-Chek Compact Plus Test Strips. . . . .	13
Accu-Chek FastClix Kit . . . . .	13
Accu-Chek FastClix Lancets. . . . .	13
Accu-Chek Guide Kit . . . . .	13
Accu-Chek Multiclix Kit . . . . .	13
Accu-Chek Multiclix Lancets . . . . .	13
Accu-Chek Nano SmartView Kit . . . . .	13
Accu-Chek SmartView Test Strips. . . . .	13
Accu-Chek Softclix Kit. . . . .	13
Accu-Chek Softclix Lancets . . . . .	13
Accu-Chek Soft Touch Lancets . . . . .	13
Acetaminophen w/ Codeine . . . . .	18
Acetaminophen w/ Codeine #3, #4. . . . .	18
Aciphex . . . . .	15
Acticlate . . . . .	8
Acyclovir Cap, Tab. . . . .	8
Aczone Gel. . . . .	12
Adapalene Gel. . . . .	12
Adcirca. . . . .	10
Adderall XR . . . . .	10
Adempas. . . . .	10
Adlyxin . . . . .	14
Advair Diskus . . . . .	18
Advair HFA. . . . .	18
Aerospan . . . . .	18
Afluria . . . . .	8
Afstyla . . . . .	17
AirDuo . . . . .	18
Aktipak . . . . .	12

Albuterol Nebulizer Solution . . . . .	19
Alendronate Tab 5 mg, 10 mg, 40 mg. . . . .	18
Alendronate Tab 35 mg, 75 mg . . . . .	18
Alfuzosin ER . . . . .	17
Allopurinol . . . . .	16
Alogliptin. . . . .	14
Alogliptin/Metformin . . . . .	14
Alogliptin/Pioglitazone . . . . .	14
Alphagan P 0.1% . . . . .	15
Alphagan P 0.15% . . . . .	15
Alprazolam Tab . . . . .	11
Alvesco . . . . .	19
Ambien . . . . .	11
Ambien CR. . . . .	11
Amiodarone . . . . .	10
Amitiza . . . . .	16
Amitriptyline. . . . .	10
Amlodipine. . . . .	9
Amlodipine/Benazepril . . . . .	9
Amlodipine/Valsartan . . . . .	9
Amoxicillin . . . . .	8
Amoxicillin/Clavulanate . . . . .	8
Amphetamine-Dextroamphetamine . . . . .	10
Amphetamine-Dextroamphetamine ER . . . . .	10
Ampyra. . . . .	11
Amrix. . . . .	18
Anastrozole Tab . . . . .	9
Androderm . . . . .	17
Androgel 1% . . . . .	17
Anoro Ellipta . . . . .	19
Apidra . . . . .	13
Apri . . . . .	19
Apriso . . . . .	15
Aranesp . . . . .	17
Aripiprazole . . . . .	10
Arista. . . . .	10
Armodafinil . . . . .	17
Armour Thyroid . . . . .	14
Arnuity Ellipta . . . . .	19
Arymo ER . . . . .	18
Asacol HD . . . . .	16
Asmanex. . . . .	19

Asmanex HFA . . . . .	19
Astepro . . . . .	19
Atenolol . . . . .	9
Atenolol/Chlorthalidone. . . . .	9
Atomoxetine. . . . .	10
Atorvastatin . . . . .	10
Atralin . . . . .	12
Atripla . . . . .	16
Aubagio . . . . .	11
Auryxia. . . . .	17
Auvi-Q . . . . .	17
Aviane . . . . .	19
Avonex Kit . . . . .	11
Avonex Pen Kit . . . . .	11
Avonex Prefill Kit. . . . .	11
Azasite . . . . .	8
Azathioprine Tab. . . . .	19
Azelastine Spray. . . . .	19
Azithromycin. . . . .	8
Azopt. . . . .	15
Azor . . . . .	9
Azurette . . . . .	19

## B

Baclofen Tab . . . . .	18
Basaglar . . . . .	13
Benazepril . . . . .	9
Benazepril/HCTZ . . . . .	9
Benicar. . . . .	9
Benicar HCT . . . . .	9
Benzaclin . . . . .	12
Benzaclin Pump . . . . .	12
Benzamycin . . . . .	12
Benzonatate . . . . .	17
Benztropine . . . . .	11
Besivance . . . . .	15
Betamethasone Cream . . . . .	12
Betaseron . . . . .	11
Bethkis . . . . .	8
Betimol. . . . .	15
Beyaz . . . . .	19
Binosto. . . . .	18

Bisoprolol . . . . .	.9	Celecoxib . . . . .	18	Cosentyx . . . . .	16
Bisoprolol/HCTZ . . . . .	.9	Cephalexin . . . . .	.8	Cosopt PF . . . . .	15
Blisovi . . . . .	19	Cerdelga . . . . .	17	Creon . . . . .	16
Blisovi Fe . . . . .	19	Cetirizine . . . . .	19	Crestor . . . . .	10
Boostrix . . . . .	.8	Cetrotide . . . . .	16	Cryselle-28 . . . . .	19
Botox 100, 200 unit Injection (non-cosmetic) . . . . .	17	Cetylev . . . . .	17	Cyanocobalamin Injection . . . . .	19
Bravelle . . . . .	16	Chantix Starter Kit . . . . .	.8	Cyclobenzaprine Tab . . . . .	18
Breo Ellipta . . . . .	19	Cheratussin . . . . .	17	Cyclosporine Cap . . . . .	19
Brilinta . . . . .	.9	Chlorhexidine . . . . .	17	Cymbalta . . . . .	11
Brimonidine Ophthalmic . . . . .	15	Chlorthalidone . . . . .	.9	Cytomel . . . . .	14
Budesonide Inhalation Suspension . . . . .	19	Choline Fenofibrate . . . . .	10		
Bumetanide . . . . .	.9	Cialis . . . . .	17	<b>D</b>	
Bunavail . . . . .	.8	Cialis 2.5 mg & 5 mg . . . . .	17	Delzicol . . . . .	15
Buprenorphine . . . . .	.8	Cilostazol . . . . .	.9	Depen . . . . .	16
Buprenorphine/Naloxone . . . . .	.8	Cimzia . . . . .	16	Depo-Testosterone . . . . .	17
Bupropion . . . . .	10	Ciprodex Otic Suspension . . . . .	.8	Descovy . . . . .	16
Bupropion SR . . . . .	10	Ciprofloxacin Ophthalmic . . . . .	15	Desvenlafaxine . . . . .	11
Bupropion XL . . . . .	10	Ciprofloxacin Tab . . . . .	.8	Dexamethasone Tab . . . . .	14
Buspiron . . . . .	11	Citalopram . . . . .	10	Dexcom G4 Platinum Pediatric Receiver Device . . . . .	13
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg . . . . .	11	Claravis . . . . .	12	Dexcom G4 Platinum Receiver, Sensor, Transmitter Device . . . . .	13
Bydureon . . . . .	14	Clarithromycin . . . . .	.8	Dexcom G5 Sensor, Transmitter, Mobile Receiver . . . . .	13
Bydureon Bcise . . . . .	14	Climara Pro . . . . .	20	Dexilant . . . . .	15
Byetta . . . . .	14	Clindamycin/Benzoyl Peroxide Gel 1-5% . . . . .	12	Dexmethylphenidate . . . . .	10
Bystolic . . . . .	.9	Clindamycin Cap . . . . .	.8	Dexmethylphenidate ER Cap . . . . .	10
Byvalson . . . . .	.9	Clindamycin Gel, Lotion, Solution . . . . .	12	Diazepam Tab . . . . .	11
<b>C</b>		Clindesse . . . . .	.8	Diclofenac Gel . . . . .	18
Cabometyx . . . . .	.9	Clobetasol Cream, Ointment, Solution . . . . .	12	Diclofenac Tab . . . . .	18
Calcitriol Cap . . . . .	14	Clobex . . . . .	12	Dicyclomine . . . . .	16
Cambia . . . . .	18	Clonazepam . . . . .	12	Differin Gel, Lotion . . . . .	12
Canasa . . . . .	15	Clonidine Tab . . . . .	.9	Digox . . . . .	10
Capecitabine . . . . .	.9	Clopidogrel . . . . .	.9	Digoxin . . . . .	10
Carafate Tab . . . . .	15	Clotrimazole/Betamethasone Cream, Lotion . . . . .	12	Dilantin . . . . .	12
Carbamazepine . . . . .	12	Colchicine . . . . .	16	Dilantin Infatabs . . . . .	12
Carbidopa-Levodopa . . . . .	11	Colcrys . . . . .	16	Dilantin Suspension . . . . .	12
Carisoprodol 350 mg . . . . .	18	Combigan . . . . .	15	Diltiazem . . . . .	.9
Cartia XT . . . . .	.9	Combivent Respimat . . . . .	19	Diltiazem ER . . . . .	.9
Carvedilol . . . . .	.9	Complera . . . . .	16	Diovan . . . . .	.9
Cefdinir . . . . .	.8	Concerta . . . . .	10	Diovan HCT . . . . .	.9
Cefuroxime Tab . . . . .	.8	Contrave . . . . .	17	Dipentum . . . . .	15
Celebrex . . . . .	18	Copaxone . . . . .	11	Diphenoxylate/Atropine . . . . .	16

Divalproex DR . . . . .	12
Divalproex ER . . . . .	12
Divigel . . . . .	20
Donepezil . . . . .	10
Doryx MPC . . . . .	8
Dorzolamide/Timolol . . . . .	15
Doxazosin . . . . .	9
Doxepin . . . . .	11
Doxycycline Hyclate Cap . . . . .	8
Doxycycline Hyclate Tab. . . . .	8
Doxycycline Monohydrate Cap . . . . .	8
Doxycycline Monohydrate Tab . . . . .	8
Drospirenone/Ethinyl Estradiol . . . . .	19
Duac . . . . .	12
Duavee . . . . .	20
Duexis . . . . .	15
Dulera . . . . .	19
Duloxetine Cap 20 mg, 30 mg, 60 mg. . . . .	11
Duloxetine Cap 40 mg. . . . .	11
Dupixent . . . . .	12
Duragesic . . . . .	18
Dymista Spray . . . . .	19

**E**

Edarbi . . . . .	9
Edarbyclor . . . . .	9
Effexor XR . . . . .	11
Elestrin Gel. . . . .	20
Elidel . . . . .	12
Eliquis . . . . .	9
Embeda . . . . .	18
Emverm . . . . .	17
Enalapril . . . . .	9
Enbrel . . . . .	16
Endometrin . . . . .	20
Enoxaparin. . . . .	9
Enskyce . . . . .	19
Enstilar . . . . .	12
Entecavir. . . . .	8
Epclusa. . . . .	8
Epiduo & Epiduo Forte . . . . .	12
Epinephrine (Impax manufacturer) 0.3 mg . . . . .	17

Epinephrine (Impax manufacturer) 0.15 mg. . . . .	17
Epinephrine (Mylan manufacture) 0.15 mg. . . . .	17
Epinephrine (Mylan manufacturer) 0.3 mg . . . . .	17
Epipen . . . . .	17
Epipen Jr . . . . .	17
Epogen. . . . .	17
Erythromycin Ophthalmic. . . . .	15
Escitalopram Tab . . . . .	11
Esomeprazole Magnesium (Rx only) . . . . .	15
Estrace Vaginal Cream . . . . .	20
Estradiol/Norethindrone Tab . . . . .	20
Estradiol Patch, Tab . . . . .	20
Eszopiclone Tab . . . . .	11
Etodolac . . . . .	18
Eucrisa . . . . .	12
Euflexxa . . . . .	17
Extavia . . . . .	11
Ezetimibe . . . . .	10
Ezetimibe/Simvastatin. . . . .	10

**F**

Famotidine Tab 20 mg and 40 mg (Rx only). . . . .	15
Farxiga . . . . .	14
Fenofibrate . . . . .	10
Fenofibric Acid. . . . .	10
Fentanyl Patch . . . . .	18
Fentora. . . . .	18
Fiasp . . . . .	13
Finasteride 5 mg. . . . .	17
Flecainide . . . . .	10
Flector Patch. . . . .	18
Flovent Diskus . . . . .	19
Flovent HFA . . . . .	19
Fluarix Quadrivalent. . . . .	8
Flucelvac Quadrivalent . . . . .	8
Fluconazole . . . . .	8
Fluocinonide Cream. . . . .	12
Fluoroplex . . . . .	12
Fluoxetine . . . . .	11
Fluticasone Spray . . . . .	19

Fluvirin . . . . .	9
Fluzone High-Dose . . . . .	9
Fluzone Quadrivalent . . . . .	9
Folic Acid 1 mg (Rx only) . . . . .	19
Follistim AQ . . . . .	16
Forfivo XL . . . . .	11
Forteo . . . . .	18
Fortesta . . . . .	17
Furosemide . . . . .	9

**G**

Gabapentin . . . . .	12
Gavilyte-G Solution . . . . .	16
Gemfibrozil. . . . .	10
Genotropin. . . . .	14
Gentamicin Ophthalmic. . . . .	15
Genvoya . . . . .	16
Gilenya. . . . .	11
Glimepiride. . . . .	14
Glipizide . . . . .	14
Glipizide ER . . . . .	14
Glipizide XL . . . . .	14
Glumetza. . . . .	14
Glyburide. . . . .	14
Gonal-f. . . . .	16
Gonal-f RFF . . . . .	16
Gralise . . . . .	18
Granix . . . . .	17
Guanfacine. . . . .	9
Guanfacine ER Tab. . . . .	10
Gyburide/Meformin . . . . .	14
Gynazole-1 Vaginal Cream . . . . .	20

**H**

Haegarda . . . . .	17
Haloperidol. . . . .	10
Harvoni. . . . .	8
H.P. Acthar . . . . .	14
Humalog Mix 50/50 Vials and KwikPen . . . . .	13
Humalog Mix 75/25 Vials and KwikPen . . . . .	13
Humalog U-100 Junior KwikPen . . . . .	13
Humalog U-100 Vials, KwikPen, and Cartridges. . . . .	13

Humalog U-200 KwikPen . . . . .	13
Humatrope . . . . .	14
Humira Kit . . . . .	16
Humira Pen Kit. . . . .	16
Humira Pen Kit Crohns . . . . .	16
Humira Pen Kit Psoriasis . . . . .	16
Humulin 70/30 Vials and KwikPen . . . . .	13
Humulin N Vials and KwikPen. . . . .	13
Humulin R U-500 Vials and KwikPen. . . . .	13
Humulin R Vials . . . . .	13
Hydralazine . . . . .	9
Hydrochlorothiazide . . . . .	9
Hydrocodone/APAP . . . . .	18
Hydrocodone Polistirex/Chlorpheniramine ER Suspension . . . . .	17
Hydrocortisone Cream, Ointment 2.5% . . . . .	12
Hydrocortisone Tab . . . . .	14
Hydromorphone Tab. . . . .	18
Hydroxychloroquine . . . . .	16
Hydroxyzine HCL . . . . .	11
Hydroxyzine Pamoate . . . . .	11
Hysingla ER . . . . .	18

**I**

Ibandronate . . . . .	18
Ibrance . . . . .	9
Ibuprofen Tab 400, 600, 800 mg (Rx only). . . . .	18
Incruse Ellipta . . . . .	19
Indomethacin Cap. . . . .	18
Inflectra . . . . .	16
Intelence . . . . .	16
Invega Sustenna. . . . .	10
Invega Trinza . . . . .	10
Invokamet . . . . .	14
Invokamet XR . . . . .	14
Invokana . . . . .	14
Ipratropium/Albuterol . . . . .	19
Ipratropium Bromide Inhalation. . . . .	19
Ipratropium Spray . . . . .	19
Irbesartan . . . . .	9
Irbesartan/HCTZ . . . . .	9

Isentress . . . . .	16
Isosorbide Mononitrate ER . . . . .	10

**K**

Janumet . . . . .	14
Janumet XR . . . . .	14
Januvia . . . . .	14
Jardiance. . . . .	14
Jentadueto . . . . .	14
Jentadueto XR . . . . .	14
Jolivette . . . . .	19
Jublia Solution . . . . .	8
Junel . . . . .	19
Junel Fe . . . . .	19

**K**

Kadian . . . . .	18
Kazano . . . . .	14
Kerydin Solution . . . . .	8
Ketoconazole Cream, Shampoo . . . . .	12
Ketorolac Ophthalmic . . . . .	15
Ketorolac Tab . . . . .	18
Kitabis . . . . .	8
Klor-Con . . . . .	19
Kombiglyze XR. . . . .	14

**L**

Labetalol . . . . .	9
Lamotrigine . . . . .	12
Lansoprazole (Rx only) . . . . .	15
Lantus Solostar . . . . .	13
Lantus Vials . . . . .	13
Lastacaft . . . . .	15
Latanoprost . . . . .	15
Latuda . . . . .	10
Lazanda . . . . .	18
Letairis . . . . .	10
Letrozole. . . . .	9
Levalbuterol Inhaler . . . . .	19
Levemir FlexTouch. . . . .	13
Levemir Vials . . . . .	13
Levetiracetam . . . . .	12
Levitra . . . . .	17

Levocetirizine . . . . .	19
Levofloxacin Tab . . . . .	8
Levonorgestrel/Ethinyl Estradiol . . . . .	20
Levo-T . . . . .	14
Levothyroxine . . . . .	14
Levoxyl . . . . .	14
Lexapro Tab . . . . .	11
Lialda . . . . .	15
Lidocaine Ointment . . . . .	12
Lidocaine Patch 5% . . . . .	18
Lidocaine Viscous . . . . .	17
Lidoderm . . . . .	18
Linzess. . . . .	16
Liothyronine . . . . .	14
Lipitor . . . . .	10
Lipofen . . . . .	10
Lisinopril . . . . .	9
Lisinopril/HCTZ. . . . .	9
Lithium . . . . .	11
Lithium ER . . . . .	11
Livalo. . . . .	10
Lo Loestrin Fe . . . . .	20
Lorazepam Tab . . . . .	11
Loryna . . . . .	20
Lorzone . . . . .	18
Losartan . . . . .	9
Losartan/HCTZ. . . . .	9
Lovastatin . . . . .	10
Lovaza . . . . .	10
Low-Ogestrel. . . . .	20
Ludent . . . . .	19
Lumigan . . . . .	15
Lunesta . . . . .	11
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg. . . . .	14
Lyrica Cap . . . . .	12

**M**

Makena . . . . .	17
Mavyret . . . . .	8
Meclizine. . . . .	15
Medroxyprogesterone Acetate Injection . . . . .	20



Medroxyprogesterone Acetate Tab . . . . .	20	Moxifloxacin Ophthalmic . . . . .	15	Novolin 70/30 Vials . . . . .	13
Meloxicam . . . . .	18	Multaq . . . . .	10	Novolin N Relion . . . . .	13
Memantine . . . . .	10	Mupirocin Ointment . . . . .	12	Novolin N Vials . . . . .	14
Mercaptopurine . . . . .	9	Mycophenolate Mofetil . . . . .	19	Novolin R Relion . . . . .	14
Mesalamine DR 1.2 gm . . . . .	15	Mycophenolate Sodium . . . . .	19	Novolin R Vials . . . . .	14
Mesalamine DR 800 mg . . . . .	15	Myrbetriq . . . . .	18	Novolog Flexpen . . . . .	14
Metaxalone . . . . .	18			Novolog Mix 70/30 Vials and Flexpen . . . . .	14
Metformin . . . . .	14	<b>N</b>		Novolog Penfill . . . . .	14
Metformin ER . . . . .	14	Nabumetone . . . . .	18	Novolog Vials . . . . .	14
Methadone Tab . . . . .	18	Nadolol . . . . .	9	Novotwist Pen Needle . . . . .	13
Methimazole . . . . .	14	Naltrexone Tab . . . . .	8	Nucynta . . . . .	18
Methocarbamol . . . . .	18	Namzaric . . . . .	10	Nucynta ER . . . . .	18
Methotrexate . . . . .	16	Naproxen (Rx only) . . . . .	18	Nutropin AQ . . . . .	14
Methylphenidate ER . . . . .	10	Narcan . . . . .	8	Nuvaring . . . . .	20
Methylphenidate Tab . . . . .	10	Nasonex . . . . .	19	Nuvigil . . . . .	17
Methylprednisolone Tab . . . . .	14	Natazia . . . . .	20	Nuwiq . . . . .	17
Metoclopramide . . . . .	15	Nature-Thyroid . . . . .	14	Nystatin Cream . . . . .	12
Metoprolol Succinate . . . . .	9	Neomycin/Polymyxin/Dexa Ophthalmic	15	Nystatin Suspension . . . . .	8
Metoprolol Tartrate . . . . .	9	Neomycin/Polymyxin/HC Otic . . . . .	8		
Metrogel . . . . .	12	Nesina . . . . .	14	<b>O</b>	
Metronidazole Gel . . . . .	12	Neupogen . . . . .	17	Ocella . . . . .	20
Metronidazole Tab . . . . .	8	Nexium Cap . . . . .	15	Odefsey . . . . .	16
Metronidazole Vaginal Gel . . . . .	20	Niacin ER Tab . . . . .	10	Ofloxacin Ophthalmic . . . . .	15
Microgestin . . . . .	20	Nifedipine ER . . . . .	9	Ofloxacin Otic Solution . . . . .	8
Microgestin Fe . . . . .	20	Nikki . . . . .	20	Olanzapine . . . . .	10
Migranal . . . . .	11	Nitrofurantoin Macrocrystalline . . . . .	8	Olmesartan . . . . .	9
Minatrin 24 Fe . . . . .	20	Nitrofurantoin Monohydrate Macrocrystalline . . . . .	8	Olmesartan/HCTZ . . . . .	9
Minivelle . . . . .	20	Nitroglycerin SL . . . . .	10	Olopatadine Ophthalmic . . . . .	15
Minocycline Cap . . . . .	8	Nitrostat . . . . .	10	Omeclamox-Pak . . . . .	16
Mirtazapine . . . . .	11	Norco . . . . .	18	Omega-3 Acid Cap 1 gm . . . . .	10
Mirvaso Gel . . . . .	12	Norditropin . . . . .	14	Omeprazole (Rx only) . . . . .	15
Modafinil . . . . .	11	Norethindrone . . . . .	20	Omnaris . . . . .	19
Mometasone . . . . .	19	Norethindrone/Ethinyl Estradiol . . . . .	20	Omnitrope . . . . .	14
Mometasone Cream . . . . .	12	Norgest/Ethi Estradio . . . . .	20	Ondansetron ODT . . . . .	15
Mono-Linyah . . . . .	20	Nortrel . . . . .	20	Ondansetron Tab 4 mg, 8 mg . . . . .	16
Mononessa . . . . .	20	Nortriptyline . . . . .	11	Ondansetron Tab 24 mg . . . . .	16
Montelukast . . . . .	19	Norvasc . . . . .	9	Onetouch Ultra 2 System . . . . .	13
Morphine Sulfate ER . . . . .	18	Norvir . . . . .	16	Onetouch Ultra Blue Test Strips . . . . .	13
Motofen . . . . .	16	Novofine Autocover Pen Needle . . . . .	13	Onetouch UltraMini System Kit . . . . .	13
Movantik . . . . .	16	Novofine Pen Needle . . . . .	13	Onetouch Verio Flex System Kit . . . . .	13
Moviprep . . . . .	16	Novofine Plus Pen Needle . . . . .	13	Onetouch Verio IQ System Kit . . . . .	13
Moxeza . . . . .	15	Novolin 70/30 Relion . . . . .	13	Onetouch Verio Sync System Kit . . . . .	13

Onetouch Verio System Kit . . . . .	13
Onetouch Verio Test Strips . . . . .	13
Onexton . . . . .	12
Onglyza . . . . .	14
Onzetra Xsail. . . . .	11
Opana ER . . . . .	18
Opsumit . . . . .	10
Oracea . . . . .	8
Orencia SC . . . . .	16
Orenitram . . . . .	10
Orphenadrine Citrate ER . . . . .	18
Ortho-Tri-Cyclen . . . . .	20
Ortho Tri-Cyclen Lo . . . . .	20
Oseltamivir. . . . .	8
Oseni. . . . .	14
Osphena . . . . .	18
Otezla . . . . .	16
Ovidrel . . . . .	16
Oxcarbazepine. . . . .	12
Oxsoralen-UL . . . . .	12
Oxybutynin . . . . .	18
Oxybutynin ER . . . . .	18
Oxycodone Tab . . . . .	18
Oxycodone w/ Acetaminophen . . . . .	18
Oxycontin . . . . .	18

**P**

Pancreaze . . . . .	16
Pantoprazole. . . . .	15
Paroxetine Tab. . . . .	11
Pazeo . . . . .	15
Penicillin VK . . . . .	8
Pennsaid Solution . . . . .	12
Pentasa . . . . .	15
Pentoxifylline ER. . . . .	10
Percocet . . . . .	18
Perforomist . . . . .	19
Permethrin Cream. . . . .	12
Pertzye. . . . .	16
Phenazopyridine (Rx only). . . . .	17
Phentermine Tab . . . . .	17
Phenytoin Extended. . . . .	12
Pioglitazone . . . . .	14

Plegridy . . . . .	11
Polyethylene Glycol 3350 Powder . . . . .	16
Polymyxin B/Trimethoprim Solution . . . . .	15
Portia-28 . . . . .	20
Potassium Chloride ER . . . . .	19
Potassium Chloride Micro ER . . . . .	19
Pradaxa . . . . .	9
Praluent . . . . .	10
Pramipexole . . . . .	11
Pravastatin. . . . .	10
Prazosin . . . . .	9
Prednisolone Ophthalmic . . . . .	15
Prednisolone Syrup, Solution . . . . .	14
Prednisone. . . . .	14
Premarin Tab. . . . .	20
Premarin Vaginal Cream. . . . .	20
Premphase. . . . .	20
Prempro . . . . .	20
Prepopik . . . . .	16
Prevacid . . . . .	15
Prezcobix . . . . .	16
Prezista . . . . .	16
Pristiq . . . . .	11
Proair HFA . . . . .	19
Proair RespiClick . . . . .	19
Prochlorperazine . . . . .	16
Procrit . . . . .	17
Proctofoam-HC . . . . .	15
Progesterone Cap . . . . .	20
Prograf Cap . . . . .	19
Prolensa . . . . .	15
Promethazine/Codeine . . . . .	17
Promethazine DM . . . . .	17
Promethazine Tab . . . . .	19
Propranolol . . . . .	9
Propranolol ER. . . . .	9
Proventil HFA . . . . .	19
Prozac Cap. . . . .	11
Pseudoephedrine/Bromphen/DM . . . . .	17
Pulmicort Flexhaler . . . . .	19
Pulmicort Suspension . . . . .	19
Pylera . . . . .	16

**Q**

<b>QNasl. . . . .</b>	<b>19</b>
<b>Quetiapine . . . . .</b>	<b>10</b>
Quinapril . . . . .	9
<b>Qvar . . . . .</b>	<b>19</b>

**R**

Rabeprazole . . . . .	15
Raloxifene . . . . .	18
Ramipril . . . . .	9
Ranexa. . . . .	10
Ranitidine Tab, Cap, Syrup (Rx only). . . . .	15
Rapaflo. . . . .	17
Rasuvo . . . . .	16
Rebif . . . . .	11
Rebif Titrtn . . . . .	11
Relistor Solution . . . . .	16
Remicade . . . . .	16
Renvela Tab . . . . .	17
Repatha . . . . .	10
Rescula. . . . .	15
Restasis . . . . .	15
Restasis Multidose . . . . .	15
Retin-A-Micro 0.04%, 0.1% . . . . .	12
Retin-A Micro 0.06%, 0.08% . . . . .	12
Revlimid . . . . .	9
Rexulti . . . . .	11
Reyataz . . . . .	16
Risperidone . . . . .	10
Risperidone Tab . . . . .	11
Rizatriptan . . . . .	11
Ropinirole . . . . .	11
Rosuvastatin . . . . .	10

**S**

Safyral . . . . .	20
Saizen . . . . .	14
Saphris. . . . .	10
Savaysa . . . . .	9
Serevent Diskus . . . . .	19
Sertraline. . . . .	11
Sildenafil Tab 20 mg . . . . .	10

Silenor . . . . .	11	Tamiflu Suspension . . . . .	8	Tretinoin Cream . . . . .	12
Simbrinza . . . . .	15	Tamoxifen Tab . . . . .	9	Triamcinolone Cream, Ointment . . . . .	12
Simponi . . . . .	16	Tamsulosin . . . . .	17	Triamterene/HCTZ . . . . .	9
Simponi Aria . . . . .	16	Tanzeum . . . . .	14	Triazolam Tab . . . . .	11
Simvastatin . . . . .	10	Tazorac . . . . .	12	Tribenzor . . . . .	9
Singulair . . . . .	19	Tecfidera . . . . .	11	Tri-Estarylla . . . . .	20
Soliqua . . . . .	14	Tekturna . . . . .	9	Tri-Linyah . . . . .	20
Solodyn . . . . .	8	Tekturna HCT . . . . .	9	Tri-Lo-Marzia . . . . .	20
Soolantra . . . . .	12	Telmisartan . . . . .	9	Tri-Lo-Sprintec . . . . .	20
Sotalol . . . . .	10	Temazepam . . . . .	11	Trinessa . . . . .	20
Spiriva Handihaler . . . . .	19	Terazosin . . . . .	17	Trinessa Lo . . . . .	20
Spiriva Respimat . . . . .	19	Terbinafine Tab . . . . .	8	Trintellix . . . . .	11
Spirolactone . . . . .	9	Terconazole Vaginal Cream . . . . .	20	Tri-Sprintec . . . . .	20
Sprintec 28 . . . . .	20	Testim . . . . .	17	Triumeq . . . . .	16
Sprycel . . . . .	9	Testosterone Cypionate IM Injection . . . . .	17	Trokendi XR . . . . .	12
Staxyn . . . . .	17	Testosterone Gel 2% . . . . .	17	Trulicity . . . . .	14
Stelara . . . . .	16	Timolol Ophthalmic . . . . .	15	Truvada . . . . .	16
Stendra . . . . .	17	Tirosint . . . . .	14	Tudorza Pressair . . . . .	19
Stiolto . . . . .	19	Tivicay . . . . .	16	Tuzistra XR . . . . .	19
Stribild . . . . .	16	Tizanidine Cap . . . . .	18	Tymlos . . . . .	18
Suboxone . . . . .	8	Tizanidine Tab . . . . .	18		
Subsys . . . . .	18	TOBI Nebulizer . . . . .	8	<b>U</b>	
Sucralfate Tab . . . . .	15	TOBI Podhaler . . . . .	8	Uceris . . . . .	15
Sulfamethoxazole-Trimethoprim . . . . .	8	Tobradex . . . . .	15	Uloric . . . . .	16
Sulfasalazine Tab . . . . .	15	Tobramycin/Dexamethasone . . . . .	15		
Sulindac . . . . .	18	Tobramycin Nebulization Soln . . . . .	8	<b>V</b>	
Sumatriptan Tab . . . . .	11	Tobramycin Nebulization Soln (Genericus manufacturer) . . . . .	8	Vagifem Tab . . . . .	20
Sumavel DosePro . . . . .	11	Tobramycin Ophthalmic . . . . .	15	Valacyclovir . . . . .	8
Suprep Bowel Prep . . . . .	16	Tolterodine ER . . . . .	17	Valium . . . . .	11
Symbicort . . . . .	19	Topiramate Tab . . . . .	12	Valsartan . . . . .	9
Synjardy . . . . .	14	Toprol XL . . . . .	9	Valsartan/HCTZ . . . . .	9
Synjardy XR . . . . .	14	Torsemide Tab . . . . .	9	Varubi . . . . .	16
Synthroid . . . . .	14	Toujeo SoloStar . . . . .	14	Vascepa . . . . .	10
Synvisc . . . . .	17	Toviaz . . . . .	18	Vectical . . . . .	12
Synvisc One . . . . .	17	Tracleer . . . . .	10	Velphoro . . . . .	17
		Tradjenta . . . . .	14	Veltassa . . . . .	19
<b>T</b>		Tramadol Tab 50 mg . . . . .	18	Veltin . . . . .	12
Taclonex Ointment . . . . .	12	Tramadol w/ Acetaminophen . . . . .	18	Venlafaxine ER . . . . .	11
Taclonex Suspension . . . . .	12	Travatan Z . . . . .	15	Venlafaxine Tab . . . . .	11
Tacrolimus Cap . . . . .	19	Trazodone . . . . .	11	Ventolin HFA . . . . .	19
Taltz . . . . .	16	Tresiba . . . . .	14	Verapamil . . . . .	9
Tamiflu Cap . . . . .	8			Verapamil ER . . . . .	9

Vesicare . . . . .	18
Viagra . . . . .	17
Viberzi . . . . .	16
Victoza . . . . .	14
Vienna . . . . .	20
Viiibryd . . . . .	11
Vimovo . . . . .	15
Vimpat . . . . .	12
Viokace. . . . .	16
Viorele . . . . .	20
Viread 150 mg, 200 mg, 250 mg . . . . .	16
Viread 300 mg . . . . .	16
Vitafol Tab . . . . .	19
Vitamin D (ergocalciferol) (Rx only) . . . . .	19
Vivelle-Dot . . . . .	20
Vogelxo . . . . .	17
Voltaren Gel 1% . . . . .	18
Vosevi . . . . .	8
Vytorin . . . . .	10
Vyvanse . . . . .	10

**W**

Warfarin . . . . .	9
Welchol . . . . .	10
Wellbutrin SR . . . . .	11
Wellbutrin XL. . . . .	11
Xanax . . . . .	11
Xanax ER. . . . .	11
Xarelto . . . . .	9
Xeljanz XR . . . . .	16
Xigduo XR . . . . .	14
Xiidra . . . . .	15
Xolair. . . . .	19
Xopenex HFA . . . . .	19
Xtampza ER . . . . .	18
Xtandi . . . . .	9
Xulane . . . . .	20

**Y**

Yaz . . . . .	20
Yuvafem . . . . .	20

**Z**

Zarxio . . . . .	17
Zegerid . . . . .	15
Zelapar . . . . .	11
Zenpep . . . . .	16
Zetia . . . . .	10
Zetonna . . . . .	19
Ziana . . . . .	12
Zioptan . . . . .	15
Ziprasidone . . . . .	10
Zohydro ER. . . . .	18
Zoloft . . . . .	11
Zolpidem . . . . .	11
Zolpidem ER . . . . .	11
Zomacton . . . . .	14
Zomig . . . . .	11
Zomig ZMT . . . . .	11
Zonisamide . . . . .	12
Zorvolex . . . . .	18
Zostavax . . . . .	9
Zovirax Cap, Tab, Suspension . . . . .	8
Zovirax Cream . . . . .	12
Zovirax Ointment . . . . .	12
Zubsolv . . . . .	8
Zurampic. . . . .	16
Zutripro . . . . .	17
Zyclara . . . . .	12
Zytiga. . . . .	9

*"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

