

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 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](https://www.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](https://www.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
Addiction/Substance Abuse		
Bunavail	3	QL
Buprenorphine	1	QL
Buprenorphine/ Naloxone	1	QL
Chantix Starter Kit	3	QL
Naltrexone Tab	1	
Narcan	2	
Suboxone	2	QL
Zubsolv	2	QL
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	
Clindesse	3	
Doryx MPC	3	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab	1	
Doxycycline Monohydrate Cap	1	
Doxycycline Monohydrate Tab	1	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/Polymyxin/ HC Otic	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	

Drug Name	Drug Tier	Programs and Limits
Oracea	3	
Penicillin VK	1	
Solodyn	3	
Sulfamethoxazole- Trimethoprim	1	
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	1	
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Harvoni	2	PA, QL, SP
Mavyret	2	PA, QL, SP
Oseltamivir	1	QL
Valacyclovir	1	QL
Vosevi	2	PA, QL, SP
Anti-Infectives: Vaccinations		
Afluria	3	
Boostrix	3	
Fluarix Quadrivalent	3	
Flucelvax Quadrivalent	3	
Fluvirin	3	
Fluzone High-Dose	3	
Fluzone Quadrivalent	3	
Zostavax	3	
Cancer		
Anastrozole Tab	1	
Cabometyx	2	PA, SP
Capecitabine	1	SP
Ibrance	3	PA, SP
Letrozole	1	
Mercaptopurine	1	
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Xtandi	3	PA, SP
Zytiga	3	PA, SP

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: Anticoagulants		
Brilinta	2	
Cilostazol	1	
Clopidogrel	1	
Eliquis	3	QL
Enoxaparin	1	
Pradaxa	2	QL
Savaysa	3	QL
Warfarin	1	
Xarelto	2	QL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Byvalson	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem	1	
Diltiazem ER Cap	1	
Doxazosin	1	
Edarbi	3	ST
Edarbyclor	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	

Drug Name	Drug Tier	Programs and Limits
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	
Spironolactone	1	
Tektuna	2	ST
Tektuna HCT	2	ST
Telmisartan	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil	1	
Verapamil ER	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	
Choline Fenofibrate	1	
Crestor	3	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibric Acid	1	
Gemfibrozil	1	
Lipofen	2	
Livalo	3	ST
Lovastatin	1	
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
Praluent	2	PA, QL, SP
Pravastatin	1	
Repatha	2	PA, QL, SP
Rosuvastatin	1	
Simvastatin	1	
Vascepa	2	
Welchol	2	

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digox	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL	1	
Pentoxifylline ER	1	
Ranexa	2	ST
Sotalol	1	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension		
Adcirca	3	PA, QL, SP
Adempas	2	PA, QL, SP
Letairis	2	PA, QL, SP
Opsumit	2	PA, QL, SP
Orenitram	3	PA, SP
Sildenafil Tab 20 mg	1	PA, QL
Tracleer	2	PA, QL, SP
Central Nervous System: Alzheimer's/Dementia		
Donepezil	1	
Memantine	1	
Namzaric	2	QL
Central Nervous System: Antipsychotics		
Aripiprazole	1	QL
Arista	3	
Haloperidol	1	
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL, ST
Olanzapine	1	
Quetiapine	1	
Risperidone	1	
Saphris	2	QL
Ziprasidone	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR Cap	3	QL, ST
Amphetamine-Dextroamphetamine	1	QL
Amphetamine-Dextroamphetamine ER	1	QL

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Atomoxetine	1	QL
Dexmethylphenidate	1	QL
Dexmethylphenidate ER Cap	1	QL
Guanfacine ER Tab	1	
Methylphenidate ER	1	QL
Methylphenidate Tab	1	QL
Vyvanse	2	QL
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL	1	QL
Citalopram	1	
Desvenlafaxine	1	QL
Doxepin	1	
Duloxetine Cap 20 mg, 30 mg, 60 mg	1	QL
Duloxetine Cap 40 mg	3	QL
Escitalopram Tab	1	
Fluoxetine	1	
Forfivo XL	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Rexulti	3	QL
Sertraline	1	
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine Tab	1	
Venlafaxine ER	1	
Viibryd	3	QL
Central Nervous System: Migraine		
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg	1	
Migranal	3	QL
Onzetra Xsail	3	QL, ST
Rizatriptan	1	QL
Sumatriptan Tab	1	QL
Sumavel DosePro	3	QL

Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, QL, SP
Aubagio	3	PA, QL, 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, SP
Tecfidera	2	PA, QL, SP

* Tier 3 Preferred

Central Nervous System: Other		
Alprazolam Tab	1	QL
Bupirone	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	

Central Nervous System: Parkinson's Disease		
Benzotropine	1	
Carbidopa-Levodopa	1	
Pramipexole	1	
Ropinirole	1	
Zelapar	3	

Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL

Central Nervous System: Seizure Disorders		
Carbamazepine	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	

Drug Name	Drug Tier	Programs and Limits
Gabapentin	1	
Lamotrigine	1	
Levetiracetam	1	
Lyrica Cap	2	QL
Oxcarbazepine	1	
Phenytoin Extended	1	
Topiramate Tab	1	
Vimpat	3	
Zonisamide	1	

Dermatology		
Absorica	3	PA
Aczone Gel	3	
Adapalene Gel	1	PA
Atralin	3	PA
Betamethasone Cream	1	
Claravis	1	PA
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex	3	
Clotrimazole/ Betamethasone Cream	1	
Differin Gel, Lotion	3	PA
Dupixent	3	PA, QL, SP
Elidel	2	ST
Enstilar	3	QL
Epiduo & Epiduo Forte	3	PA
Eucrisa	2	ST
Fluocinonide Cream	1	
Fluoroplex	3	
Hydrocortisone Cream, Ointment 2.5%	1	
Ketoconazole Cream, Shampoo	1	
Lidocaine Ointment	1	
Metrogel	3	
Metronidazole Gel	1	
Mirvaso Gel	2	
Mometasone Cream	1	

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[Plain type = Generic drug]

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Mupirocin Ointment	1	
Nystatin Cream	1	
Onexton	3	
Oxsoresalen-UL	2	
Permethrin Cream	1	
Retin-A Micro 0.04%, 0.1%	3	PA
Retin-A Micro 0.06%, 0.08%	2	PA
Soolantra	2	
Taclonex	3	QL
Tazorac	3	PA
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
Vectical	3	
Zovirax Cream	2	
Zovirax Ointment	3	
Zyclara	3	
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Aviva Connect Kit	2	
Accu-Chek Aviva Plus Kit	2	
Accu-Chek Aviva Plus Test Strips	2	QL
Accu-Chek Compact Plus Kit	2	
Accu-Chek Compact Plus Test Strips	2	QL
Accu-Chek FastClix Kit	2	
Accu-Chek FastClix Lancets	2	
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 Test Strips	2	QL
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 UltraMini System Kit	2	
OneTouch Ultra 2 System	2	
OneTouch Ultra Blue Test Strips	2	QL
OneTouch Verio Flex System Kit	2	
OneTouch Verio IQ System Kit	2	
OneTouch Verio Sync System Kit	2	
OneTouch Verio System Kit	2	
OneTouch Verio Test Strips	2	QL

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Diabetes/Endocrine: Insulin		
Humalog Mix 50/50 Vials and KwikPen	2	
Humalog Mix 75/25 Vials, KwikPen, and Cartridges	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	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	
Diabetes/Endocrine: Non-Insulin		
Bydureon	2	QL, ST
Bydureon Bcise	2	QL, ST
Byetta	2	QL, ST
Farxiga	3	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	

Drug Name	Drug Tier	Programs and Limits
Glipizide XL	1	
Glyburide	1	
Glyburide-Metformin	1	
Invokamet	2	ST
Invokamet XR	2	ST
Invokana	2	ST
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	ST
Jentaduetto	2	ST
Jentaduetto XR	2	ST
Kombiglyze XR	3	ST
Metformin	1	
Metformin ER	1	
Onglyza	3	ST
Pioglitazone	1	
Synjardy	2	ST
Synjardy XR	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	
Dexamethasone Tab	1	
H.P. Acthar	2	PA, SP
Hydrocortisone Tab	1	
Lupron Depot		
7.5 mg, 22.5 mg, 30 mg, 45 mg	2	PA, SP
Methylprednisolone Tab	1	
Prednisone	1	
Prednisolone Syrup, Solution	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levo-T	1	
Levothyroxine	1	

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
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
Nature-Thyroid	3	
Synthroid	3	
Tirosint	3	
Eye Conditions: Allergies		
Lastacaft	3	ST
Olopatadine Ophthalmic	1	
Pazeo	2	
Eye Conditions: Antibiotics		
Besivance	3	
Ciprofloxacin Ophthalmic	1	
Erythromycin Ophthalmic	1	
Gentamicin Ophthalmic	1	
Moxeza	2	
Moxifloxacin Ophthalmic	1	
Neomycin/Polymyxin/Dexa Ophthalmic	1	
Ofloxacin Ophthalmic	1	
Polymyxin B/Trimethoprim Solution	1	
Tobramycin Ophthalmic	1	
Tobramycin/Dexamethasone	1	
Eye Conditions: Glaucoma		
Alphagan P	2	
Azopt	2	
Betimol	3	
Brimonidine Ophthalmic	1	
Combigan	2	
Cosopt PF	3	
Dorzolamide/Timolol	1	
Latanoprost	1	QL
Lumigan	2	QL
Simbrinza	2	
Timolol Ophthalmic	1	
Travatan Z	2	QL
Zioptan	3	QL

Drug Name	Drug Tier	Programs and Limits
Eye Conditions: Other		
Ketorolac Ophthalmic	1	
Prednisolone Ophthalmic	1	
Prolensa	3	QL
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
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Gastrointestinal: Inflammatory Bowel Disease		
Apriso	2	
Canasa	2	
Delzicol	3	ST
Dipentum	3	
Mesalamine DR 1.2 gm	1	
Mesalamine DR 800 mg	3	ST
Pentasa	3	
Proctofoam-HC	2	
Sulfasalazine Tab	1	
Uceris	3	
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	QL
Ondansetron Tab 4 mg, 8 mg	1	
Ondansetron Tab 24 mg	1	QL
Prochlorperazine	1	
Varubi	3	QL

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

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ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Gastrointestinal: Other		
Amitiza	2	PA, QL, ST
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G	1	
Linzess	2	PA, QL, ST
Moviprep	3	
Omeclamox-Pak	2	
Polyethylene Glycol 3350 Powder	1	
Prepopik	3	
Pylera	2	
Relistor Solution	3	PA, QL
Suprep Bowel Prep	3	
Viberzi	3	PA, QL
Zenpep	2	
Gout		
Allopurinol	1	
Colchicine	3	
Colcrys	2	
Uloric	2	ST
Zurampic	3	ST
HIV/AIDS		
Abacavir-Lamivudine	1	
Atripla	2	
Complera	2	
Descovy	2	
Genvoya	2	
Intelence	2	
Isentress	2	
Norvir	2	
Odefsey	2	
Prezcobix	2	
Prezista	2	
Reyataz	3	
Stribild	2	
Tivicay	2	
Triumeq	2	
Truvada	2	
Viread 150 mg, 200 mg, 250 mg	2	
Viread 300 mg	3	

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SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Infertility		
Cetrotide	2	SP
Gonal-f	2	SP
Gonal-f RFF	2	SP
Ovidrel	3	SP
Inflammatory Conditions		
Cimzia	2	PA, SP
Cosentyx*	3	PA, SP
Depen	2	SP
Enbrel	3	PA, 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	
Methotrexate	1	
Orencia SC	3	PA, 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
Tremfya	2	PA, SP
Xeljanz XR	3	PA, SP

* Tier 3 Preferred

Men's Health: Erectile Dysfunction

Cialis	2	QL
Viagra	3	QL

Men's Health: Prostate

Alfuzosin ER	1	
Cialis 2.5 mg & 5 mg	2	QL
Finasteride 5 mg	1	
Rapaflo	2	
Tamsulosin	1	
Terazosin	1	

Drug Name	Drug Tier	Programs and Limits
Men's Health: Testosterone Therapy		
Androderm	2	PA
Androgel 1.62%	2	PA
Testosterone Cypionate IM Injection	1	PA
Miscellaneous		
Afstyla	3	SP
Aranesp	2	PA, SP
Armodafinil	1	PA, QL
Auryxia	3	
Auvi-Q	3	ST
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA, SP
Cerdelga	3	PA, SP
Cetylev	3	
Cheratussin	1	
Chlorhexidine	1	
Contrave	2	PA
Emverm	2	
Epinephrine (Impax manufacturer) 0.15 mg	3	ST
Epinephrine (Impax manufacturer) 0.3 mg	2	
Epinephrine (Mylan manufacturer)	2	
Euflexxa	2	PA, SP
Granix	2	PA, SP
Haegarda	3	PA, SP
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	QL
Lidocaine Viscous	1	
Makena	2	PA, SP
Neupogen	2	PA, SP
Nuwiq	3	SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
Procrit	2	PA, SP
Promethazine	1	
Promethazine DM	1	
Promethazine/Codeine	1	QL

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SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Pseudoephedrine/ Bromphen/DM	1	
Renvela Tab	2	
Synvisc	2	PA, SP
Synvisc One	2	PA, SP
Tolterodine ER	1	
Velphoro	3	
Zarxio	2	PA, SP
Zutripro	3	QL
Musculoskeletal: Osteoporosis		
Alendronate Tab 5 mg, 10 mg, 40 mg	1	
Alendronate Tab 35 mg, 70 mg	1	QL
Binosto	3	QL
Forteo	2	PA, SP
Ibandronate	1	QL
Osphena	3	
Raloxifene	1	
Tymlos	2	PA, SP
Musculoskeletal: Other		
Baclofen Tab	1	
Carisoprodol 350 mg	1	
Cyclobenzaprine Tab	1	
Lorzone	3	
Metaxalone	1	
Methocarbamol	1	
Orphenadrine Citrate ER	1	
Tizanidine Cap	1	
Tizanidine Tab	1	
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Acetaminophen w/ Codeine #3, #4	1	QL
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
Embeda	2	PA, QL
Etodolac	1	
Fentanyl Patch	1	PA, QL
Flector Patch	3	QL
Gralise	3	PA, QL, ST

Drug Name	Drug Tier	Programs and Limits
Hydrocodone/APAP	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	
Methadone Tab	1	PA
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
Oxycodone Tab	1	QL
Oxycodone w/ Acetaminophen	1	QL
Oxycontin	2	QL, PA
Sulindac	1	
Tramadol Tab 50 mg	1	QL
Tramadol w/ Acetaminophen	1	QL
Zohydro ER	3	QL, PA
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

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Incruse Ellipta	2	QL
Ipratropium/Albuterol	1	QL
Ipratropium Bromide Inhalation	1	QL
Montelukast	1	
Perforomist	3	QL
Proair HFA	2	QL
Proair RespiClick	2	QL
Proventil HFA	3	ST, QL
Pulmicort Flexhaler	2	QL
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
QNasi	3	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Levocetirizine	1	
Promethazine Tab	1	
Tuzistra XR	3	QL
Transplant		
Azathioprine Tab	1	
Cyclosporine Cap	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Prograf Cap	3	
Tacrolimus Cap	1	

Drug Name	Drug Tier	Programs and Limits
Vitamins/Electrolytes		
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con M20	1	
Ludent	1	
Potassium Chloride ER	1	
Potassium Chloride Micro ER	1	
Veltassa	3	
Vitamin D (ergocalciferol) (Rx only)	1	
Women's Health: Birth Control		
Apri	1	
Aviane	1	
Azurette	1	
Blisovi	1	
Blisovi Fe	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	
Enskyce	1	
Jolivette	1	
Junel	1	
Junel Fe	1	
Levonorgestrel/Ethinyl Estradiol	1	
Lo Loestrin Fe	3	
Loryna	1	
Low-Ogestrel	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	
Microgestin Fe	1	
Mono-Linyah	1	
Mononessa	1	
Natazia	2	
Nikki	1	
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Norgest/Ethi Estradio	1	
Nortrel	1	

Drug Name	Drug Tier	Programs and Limits
Nuvaring	2	
Ocella	1	
Portia-28	1	
Safyral	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	
Viorele	1	
Vienna	1	
Xulane	1	

Women's Health: Hormone Replacement		
Climara Pro	2	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Endometrin	2	
Estrace Vaginal Cream	3	
Estradiol Patch, Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
Minivelle	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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Trazodone	10
Tremfya	15
Tresiba	13
Tretinoin Cream	12
Triamcinolone Cream, Ointment	12
Triamterene/HCTZ	9
Triazolam Tab	11
Tri-Estarylla.	18
Tri-Linyah.	18
Tri-Lo-Marzia	18
Tri-Lo Sprintec	18
Trinessa	18
Trinessa Lo	18
Trintellix	10
Tri-Sprintec.	18
Triumeq	15
Trulicity.	13
Truvada.	15
Tuzistra XR.	17
Tymlos	16

U

Uceris	14
Uloric	15

V

Valacyclovir	8
Valsartan	9
Valsartan/HCTZ	9
Varubi	14
Vascepa	9
Vectical	12
Velphoro	16
Veltassa	18
Venlafaxine ER	10
Venlafaxine Tab	10
Ventolin HFA	17
Verapamil	9
Verapamil ER	9
Vesicare	17
Viagra	15
Viberzi	15
Victoza	13
Vienna	18
Viiibryd	10
Vimpat	11
Viorele	18
Viread 150mg, 200 mg 250 mg	15
Viread 300 mg	15
Vitamin D (ergocalciferol) (Rx only)	18
Vosevi	8
Vyvanse	10

W

Warfarin	9
Welchol	9

X

Xarelto	9
Xeljanz XR	15
Xiidra	14
Xolair	17
Xtandi	8
Xulane	18

Y

Yuvaferm	18
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Z

Zarxio	16
Zelapar	11
Zenpep	15
Zetonna	17
Zioptan	14
Ziprasidone	10
Zohydro ER	17
Zolpidem	11
Zolpidem ER	11
Zonisamide	11
Zostavax	8
Zovirax Cream	12
Zovirax Ointment	12
Zubsolv	8
Zurampic	15
Zutripro	16
Zyclara	12
Zytiga	8

"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>

