

# SERVE YOU

## Your 2019 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](http://serve-you-rx.com)**

- Locate a participating retail pharmacy by ZIP code
- Perform drug cost comparisons
- Search the drug database for generics, brand-names, generic equivalents and other drug information
- View quality and safety information about prescription alternatives

Effective January 1, 2019

## 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://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://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
	<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 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.

<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.

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 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](http://serve-you-rx.com) to be sure.

## Are you taking a specialty medication?

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

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

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

Serve You DirectRx<sup>SM</sup> Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care. Call customer 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](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 service at **800-759-3203** or visit [serve-you-rx.com](https://serve-you-rx.com).

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<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>		
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	
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 Macrocrystals	1	
Nitrofurantoin Monohydrate Macrocrystals	1	
Ofloxacin Otic Solution	1	
<b>Oracea</b>	3	

Drug Name	Drug Tier	Programs and Limits
Penicillin VK	1	
<b>Solodyn</b>	3	
Sulfamethoxazole- Trimethoprim	1	
<b>TOBI Podhaler</b>	3	QL, SP
<b>Xifaxan</b>	3	PA
<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 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</b>	3	QL
Valacyclovir	1	QL
<b>Vosevi</b>	2	PA, QL, SP
<b>Anti-Infectives: Vaccinations</b>		
<b>Afluria</b>	3	
<b>Flucelvax Quadrivalent</b>	3	
<b>Shingrix</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	SP
<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

**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
<b>Cardiovascular/Heart Disease: Anticoagulants</b>		
<b>Brilinta</b>	2	
Cilostazol	1	
Clopidogrel	1	
<b>Eliquis</b>	2	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/Olmesartan	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
<b>Bystolic</b>	2	
<b>Byvalson</b>	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem	1	
Diltiazem ER Cap	1	
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	

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

**Bold type = Brand name drug**  
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Drug Name	Drug Tier	Programs and Limits
<b>Cardiovascular/Heart Disease: Other</b>		
Amiodarone	1	
<b>Corlanor</b>	3	PA, QL
Digoxin	1	
<b>Entresto</b>	2	QL
Flecainide	1	
Isosorbide Mononitrate ER	1	
<b>Multaq</b>	3	
Nitroglycerin SL	1	
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
<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>		
<b>Abilify Maintena</b>	3	
Aripiprazole	1	QL
<b>Arista</b>	3	
Haloperidol	1	
<b>Invega Sustenna</b>	3	
<b>Invega Trinza</b>	3	
<b>Latuda</b>	3	QL
Olanzapine	1	
Quetiapine	1	
Risperidone	1	
<b>Saphris</b>	2	QL
<b>Vraylar</b>	3	QL, ST
Ziprasidone	1	
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR Cap</b>	3	ST
<b>Adzenys ER</b>	3	ST

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Drug Name	Drug Tier	Programs and Limits
<b>Adzenys XR-ODT</b>	3	ST
Amphetamine-Dextroamphetamine	1	
Amphetamine-Dextroamphetamine ER	1	
Atomoxetine	1	
<b>Cotempla XR-ODT</b>	3	ST
Dexmethylphenidate	1	
Dexmethylphenidate ER	1	
Guanfacine ER Tab	1	
Methylphenidate ER	1	
Methylphenidate Tab	1	
<b>Vyvanse</b>	2	
<b>Central Nervous System: Depression</b>		
Amitriptyline	1	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL	1	QL
Citalopram	1	
Desvenlafaxine	1	QL
Doxepin	1	
Duloxetine	1	QL
Escitalopram Tab	1	
Fluoxetine	1	
Fluvoxamine	1	
<b>Forfivo XL</b>	3	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
<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>Central Nervous System: Migraine</b>		
Butalbital-Acetaminophen-Caffeine Cap, Tab	1	
Eletriptan	1	QL
<b>Migranal</b>	3	QL
<b>Onzetra Xsail</b>	3	QL, ST
Rizatriptan	1	QL

Drug Name	Drug Tier	Programs and Limits
Sumatriptan Tab	1	QL
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	3	PA, QL, SP
<b>Aubagio</b>	3	PA, QL, SP
<b>Avonex</b>	2	PA, QL, SP
<b>Betaseron</b>	2	PA, QL, SP
<b>Copaxone</b>	2	PA, QL, SP
<b>Gilenya*</b>	3	PA, QL, SP
<b>Rebif</b>	3	PA, QL, SP
<b>Tecfidera</b>	2	PA, QL, SP

\* Tier 3 Preferred

<b>Central Nervous System: Other</b>		
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

<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>		
Eszopiclone Tab	1	QL
<b>Silenor</b>	3	QL
Temazepam	1	
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL

<b>Central Nervous System: Seizure Disorders</b>		
Carbamazepine	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine	1	

Drug Name	Drug Tier	Programs and Limits
Levetiracetam	1	
<b>Lyrica Cap</b>	2	QL
Oxcarbazepine	1	
<b>Oxtellar XR</b>	3	ST
Phenytoin Extended	1	
Topiramate	1	
Topiramate ER	1	ST
<b>Vimpat</b>	3	
Zonisamide	1	

<b>Dermatology</b>		
<b>Absorica</b>	3	PA
<b>Aczone Gel 5%</b>	3	
<b>Aczone Gel 7.5%</b>	2	
Adapalene Gel	1	PA
Ala-Cort 1%	1	
<b>Atralin</b>	3	PA
Betamethasone Cream	1	
Claravis	1	PA
<b>Clindagel</b>	3	ST
Clindamycin Lotion, Solution	1	
Clindamycin Phosphate Gel 1%	1	
<b>Clindamycin Phosphate 1% Gel</b> (Oceanside manufacturer)	3	ST
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
<b>Clobex</b>	3	
Clotrimazole/Betamethasone Cream	1	
<b>Differin Gel, Lotion</b>	3	PA
<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	

**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
Hydrocortisone Cream 1%, 2.5%	1	
Hydrocortisone Ointment 2.5%	1	
Ketoconazole Cream, Shampoo	1	
Lidocaine/Prilocaine Cream	1	
<b>Metrogel</b>	3	
Metronidazole Gel	1	
<b>Mirvaso Gel</b>	2	
Mometasone Cream	1	
Mupirocin Ointment	1	
Myorisan	1	PA
Nystatin Cream	1	
<b>Onexton</b>	3	
<b>Oxsoralen-UL</b>	2	
Permethrin Cream	1	
<b>Retin-A Micro 0.04%, 0.1%</b>	3	PA
<b>Retin-A Micro 0.06%, 0.08%</b>	2	PA
<b>Soolantra</b>	2	
<b>Taclonex</b>	3	QL
<b>Tazorac</b>	3	PA
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
<b>Vectical</b>	3	
<b>Zovirax Cream</b>	2	
<b>Zovirax Ointment</b>	3	
<b>Zyclara</b>	3	
<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>		
<b>Accu-Chek Aviva Connect Kit</b>	2	
<b>Accu-Chek Aviva Plus Kit</b>	2	
<b>Accu-Chek Aviva Plus Test Strips</b>	2	QL
<b>Accu-Chek Compact Plus Kit</b>	2	
<b>Accu-Chek Compact Plus Test Strips</b>	2	QL
<b>Accu-Chek FastClix Kit</b>	2	
<b>Accu-Chek FastClix Lancets</b>	2	

Drug Name	Drug Tier	Programs and Limits
<b>Accu-Chek Guide Kit</b>	2	
<b>Accu-Chek Guide Test Strips</b>	2	QL
<b>Accu-Chek Multiclix Kit</b>	2	
<b>Accu-Chek Multiclix Lancets</b>	2	
<b>Accu-Chek Nano SmartView Kit</b>	2	
<b>Accu-Chek SmartView Test Strips</b>	2	QL
<b>Accu-Chek Soft Touch Lancets</b>	2	
<b>Accu-Chek Softclix Kit</b>	2	
<b>Accu-Chek Softclix Lancets</b>	2	
<b>Dexcom G4 Platinum Pediatric Receiver Device</b>	3	
<b>Dexcom G4 Platinum Receiver, Sensor, Transmitter Device</b>	3	
<b>Dexcom G5 Sensor, Transmitter, Mobile Receiver</b>	3	
<b>Novofine Autocover Pen Needle</b>	2	
<b>Novofine Pen Needle</b>	2	
<b>Novofine Plus Pen Needle</b>	2	
<b>NovoTwist Pen Needle</b>	2	
<b>OneTouch UltraMini System Kit</b>	2	
<b>OneTouch Ultra 2 System Kit</b>	2	
<b>OneTouch Ultra Blue Test Strips</b>	2	QL
<b>OneTouch Verio Flex System Kit</b>	2	
<b>OneTouch Verio IQ System Kit</b>	2	
<b>OneTouch Verio System Kit</b>	2	
<b>OneTouch Verio Test Strips</b>	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
V-Go 20	2	
V-Go 30	2	
V-Go 40	2	
<b>Diabetes/Endocrine: Insulin</b>		
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 and Cartridges	2	
Humalog U-100 and 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	2	
<b>Diabetes/Endocrine: Non-Insulin</b>		
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	
<b>Glucagon Emergency Kit</b>	2	
Glyburide	1	
Glyburide-Metformin	1	
<b>Glyxambi</b>	2	ST
<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>Jentaduetto</b>	2	ST
<b>Jentaduetto XR</b>	2	ST
Metformin	1	
Metformin ER	1	
Metformin ER Modified Release (generic Glumetza)	1	PA
Metformin ER Osmotic (generic Fortamet)	1	PA
<b>Onglyza</b>	3	ST
<b>Ozempic</b>	2	QL, ST
Pioglitazone	1	
<b>Qtern</b>	3	ST
<b>Synjardy</b>	2	ST
<b>Synjardy XR</b>	2	ST
<b>Tradjenta</b>	2	ST
<b>Trulicity</b>	2	QL, ST
<b>Victoza</b>	2	QL, ST
<b>Endocrine: Growth Hormone</b>		
<b>Norditropin</b>	2	PA, SP
<b>Nutropin AQ</b>	2	PA, SP
<b>Omnitrope</b>	2	PA, SP
<b>Endocrine: Other</b>		
Calcitriol Cap	1	
Dexamethasone Soln, 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

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Drug Name	Drug Tier	Programs and Limits
Methylprednisolone Tab	1	
Prednisone	1	
Prednisolone Solution	1	
<b>Endocrine:</b>		
<b>Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
Levo-T	1	
Levothyroxine	1	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
<b>Nature-Thyroid</b>	3	
<b>Synthroid</b>	3	
<b>Tirosint</b>	3	
<b>Eye Conditions: Allergies</b>		
<b>Lastacaft</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	
Tobramycin Ophthalmic	1	
Tobramycin/Dexamethasone	1	
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P</b>	2	
<b>Azopt</b>	2	
<b>Betimol</b>	3	
<b>Betoptic-S</b>	3	
Brimonidine Ophthalmic	1	
<b>Combigan</b>	2	
<b>Cosopt PF</b>	3	

Drug Name	Drug Tier	Programs and Limits
Dorzolamide/Timolol	1	
Latanoprost	1	QL
<b>Lumigan</b>	2	QL
<b>Simbrinza</b>	2	
Timolol Ophthalmic	1	
<b>Timoptic Ocudose</b>	3	
<b>Travatan Z</b>	2	QL
<b>Zioptan</b>	3	QL
<b>Eye Conditions: Other</b>		
<b>Bromsite</b>	3	QL, ST
<b>Ilevro</b>	3	QL, ST
Ketorolac Ophthalmic	1	
<b>Nevanac</b>	3	QL, ST
Prednisolone Ophthalmic	1	
<b>Prolensa</b>	2	QL
<b>Restasis</b>	2	PA
<b>Restasis Multidose</b>	2	PA
<b>Xiidra</b>	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
<b>Dexilant</b>	2	QL
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	
<b>Gastrointestinal: Inflammatory Bowel Disease</b>		
<b>Apriso</b>	2	
<b>Canasa</b>	2	
<b>Delzicol</b>	3	ST
<b>Dipentum</b>	3	
Mesalamine	1	
<b>Pentasa</b>	3	
<b>Proctofoam-HC</b>	2	
Sulfasalazine Tab	1	
<b>Uceris</b>	3	

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**PA** Prior Authorization  
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**QL** Quantity Limits  
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Drug Name	Drug Tier	Programs and Limits
<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab 4 mg, 8 mg	1	
Ondansetron Tab 24 mg	1	QL
Prochlorperazine	1	
Scopolamine	1	
<b>Varubi</b>	3	QL
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	3	QL, ST
<b>Clenpiq</b>	3	
<b>Creon</b>	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G	1	
<b>Linzess</b>	2	QL, ST
<b>Movantik</b>	2	QL, ST
<b>Moviprep</b>	3	
<b>Omeclamox-Pak</b>	2	
Polyethylene Glycol 3350 Powder	1	
<b>Prepopik</b>	3	
<b>Pylera</b>	2	
<b>Relistor</b>	3	PA, QL
<b>Suprep Bowel Prep</b>	3	
<b>Symproic</b>	2	QL, ST
<b>Trulance</b>	3	QL, ST
<b>Viberzi</b>	3	PA, QL
<b>Zenpep</b>	2	
<b>Gout</b>		
Allopurinol	1	
<b>Colchicine</b>	3	ST
<b>Colcrys</b>	2	
<b>Duzallo</b>	3	ST
<b>Uloric</b>	2	ST
<b>Zurampic</b>	3	ST
<b>HIV/AIDS</b>		
Abacavir-Lamivudine	1	
<b>Atripla</b>	3	ST
<b>Cimduo</b>	2	

Drug Name	Drug Tier	Programs and Limits
<b>Complera</b>	2	
<b>Descovy</b>	3	
<b>Genvoya</b>	3	
<b>Intelence</b>	2	
<b>Isentress</b>	2	
<b>Juluca</b>	2	
<b>Norvir</b>	3	
<b>Odefsey</b>	3	
<b>Prezcobix</b>	2	
<b>Prezista</b>	2	
<b>Reyataz</b>	3	
<b>Stribild</b>	3	
<b>Symfi</b>	2	
<b>Symfi Lo</b>	2	
Tenofovir Disoproxil Fumarate	1	
<b>Tivicay</b>	2	
<b>Triumeq</b>	2	
<b>Truvada</b>	2	
<b>Infertility</b>		
<b>Cetrotide</b>	2	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*</b>	3	PA, SP
<b>Depen</b>	2	SP
<b>Enbrel</b>	3	PA, SP
<b>Humira</b>	2	PA, SP
Hydroxychloroquine	1	
<b>Kevzara*</b>	3	PA, SP
Methotrexate	1	
<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>Tremfya</b>	2	PA, SP
<b>Xeljanz*</b>	3	PA, SP
<b>Xeljanz XR*</b>	3	PA, SP

\* Tier 3 Preferred

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**PA** Prior Authorization  
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**QL** Quantity Limits  
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Drug Name	Drug Tier	Programs and Limits
<b>Men's Health: Erectile Dysfunction</b>		
<b>Cialis</b>	3	QL
Sildenafil 25 mg, 50 mg, 100 mg	1	QL
<b>Men's Health: Prostate</b>		
Alfuzosin ER	1	
<b>Cialis 2.5 mg &amp; 5 mg</b>	3	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 1.62%</b>	3	PA
Testosterone Cypionate IM Injection	1	PA
<b>Miscellaneous</b>		
<b>Addyi</b>	3	PA, QL
<b>Afstyla</b>	3	SP
<b>Aranesp</b>	2	PA, SP
<b>Auryxia</b>	3	
Benzonatate	1	
<b>Botox</b> (non-cosmetic)	2	PA, SP
<b>Cerdelga</b>	3	PA, SP
<b>Cetylev</b>	3	
Chlorhexidine	1	
<b>Contrave</b>	2	PA
<b>Emverm</b>	2	
<b>Epinephrine</b> (Impax manufacturer) 0.15 mg	3	ST
<b>Epinephrine</b> (Impax manufacturer) 0.3 mg	2	
<b>Epinephrine</b> (Mylan manufacturer)	2	
<b>Euflexxa</b>	2	PA, SP
<b>Granix</b>	2	PA, SP
<b>Haegarda</b>	3	PA, SP
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	QL
Lidocaine Viscous	1	
<b>Makena</b>	2	PA, SP

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**QL** Quantity Limits  
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Drug Name	Drug Tier	Programs and Limits
<b>Neupogen</b>	2	PA, SP
<b>Nityr</b>	3	PA, SP
<b>Nuwiq</b>	3	SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
<b>Procrit</b>	2	PA, SP
Promethazine	1	
Promethazine DM	1	
Promethazine/Codeine	1	QL
Pseudoephedrine/ Bromphen/DM	1	
<b>Renvela Tab</b>	3	
<b>Synvisc</b>	2	PA, SP
<b>Synvisc One</b>	2	PA, SP
<b>Velphoro</b>	3	
<b>Zarxio</b>	2	PA, SP
<b>Musculoskeletal: Osteoporosis</b>		
Alendronate Tab 5 mg, 10 mg, 40 mg	1	
Alendronate Tab 35 mg, 70 mg	1	QL
<b>Binosto</b>	3	QL
<b>Forteo</b>	2	PA, SP
Ibandronate	1	QL
<b>Osphena</b>	3	
Raloxifene	1	
<b>Tymlos</b>	2	PA, SP
<b>Musculoskeletal: Other</b>		
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab	1	
<b>Lorzone</b>	3	
Metaxalone	1	
Methocarbamol	1	
Orphenadrine Citrate ER	1	
Tizanidine Tab	1	
<b>Musculoskeletal: Pain Relief</b>		
Acetaminophen w/ Codeine	1	QL
Acetaminophen w/ Codeine #2, #3, #4	1	QL
<b>Belbuca</b>	2	PA, QL
Celecoxib	1	QL



Drug Name	Drug Tier	Programs and Limits
Diclofenac Gel 1%	1	QL
Diclofenac Tab	1	
<b>Embeda</b>	2	PA, QL
Etodolac	1	
Fentanyl Patch	1	PA, QL
<b>Flector Patch</b>	3	QL
<b>Gralise</b>	3	PA, QL, ST
Hydrocodone/APAP	1	QL
Hydromorphone Tab	1	QL
<b>Hysingla ER</b>	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
Lidocaine Ointment	1	
Lidocaine Patch 5%	1	
Meloxicam	1	
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
<b>Nucynta</b>	3	QL
Oxycodone Tab	1	QL
Oxycodone w/ Acetaminophen	1	QL
<b>Oxycontin</b>	2	PA, QL
<b>Sprix</b>	3	PA, QL
Sulindac	1	
Tramadol	1	QL
Tramadol w/ Acetaminophen	1	QL
<b>Zohydro ER</b>	3	PA, QL
<b>Overactive Bladder</b>		
<b>Myrbetriq</b>	2	
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine 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
Albuterol Nebulizer Solution	1	QL
<b>Anoro Ellipta</b>	2	QL

Drug Name	Drug Tier	Programs and Limits
<b>Armonair Respiclick</b>	3	QL, ST
<b>Arnuity Ellipta</b>	2	QL
<b>Bevespi Aerosphere</b>	3	QL, ST
<b>Breo Ellipta</b>	2	QL
Budesonide Inhalation Suspension	1	QL
<b>Combivent Respimat</b>	2	QL
<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
Montelukast	1	
<b>Perforomist</b>	3	QL
<b>Proair HFA</b>	2	QL
<b>Proair RespiClick</b>	2	QL
<b>Proventil HFA</b>	3	QL, ST
<b>Pulmicort Flexhaler</b>	2	QL
<b>Seebri Neohaler</b>	3	QL, ST
<b>Serevent Diskus</b>	2	QL
<b>Spiriva Handihaler</b>	2	QL
<b>Spiriva Respimat</b>	2	QL
<b>Stiolto</b>	2	QL
<b>Symbicort</b>	2	QL
<b>Utibron Neohaler</b>	3	QL, ST
<b>Ventolin HFA</b>	2	QL
<b>Xolair</b>	2	PA, SP
<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	
Mometasone	1	QL
<b>Omnaris</b>	3	QL
<b>QNasl</b>	3	QL
<b>Zetonna</b>	3	QL
<b>Respiratory: Oral Allergies</b>		
Cetirizine	1	
Desloratadine	1	
Levocetirizine	1	

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**PA** Prior Authorization  
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Drug Name	Drug Tier	Programs and Limits
<b>Transplant</b>		
Azathioprine Tab	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 M20	1	
Potassium Chloride ER	1	
Potassium Citrate ER	1	
<b>Veltassa</b>	3	
Vitamin D (ergocalciferol) (Rx only)	1	
<b>Women's Health: Birth Control</b>		
Apri	1	
Aviane	1	
Blisovi Fe	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	
Enskyce	1	
Gianvi	1	
Junel	1	
Junel Fe	1	
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	
Mono-Linyah	1	
Mononessa	1	
<b>Natazia</b>	2	
Nikki	1	
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	

Drug Name	Drug Tier	Programs and Limits
Norgestimate/Ethinyl Estradiol	1	
Nortrel	1	
<b>Nuvaring</b>	2	
Ocella	1	
Portia-28	1	
Sprintec 28	1	
Tri-Estarylla	1	
Tri-Linyah	1	
Tri-Lo-Marzia	1	
Tri-Previfem	1	
Tri-Sprintec	1	
Trinessa	1	
Trinessa Lo	1	
Vienna	1	
Viorele	1	
Xulane	1	
<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	
Estradiol Cream, Patch, Tab	1	
Medroxyprogesterone Acetate Tab	1	
<b>Menest</b>	2	
<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	
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	

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**PA** Prior Authorization  
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**QL** Quantity Limits  
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Armour Thyroid . . . . .	14
Arnuity Ellipta . . . . .	17
Astepro . . . . .	17
Atenolol . . . . .	9
Atenolol/Chlorthalidone. . . . .	9
Atomoxetine. . . . .	10
Atorvastatin . . . . .	9
Atralin . . . . .	11
Atripla . . . . .	15
Aubagio . . . . .	11

Auryxia. . . . .	16
Aviane . . . . .	18
Avonex. . . . .	11
Azasite . . . . .	8
Azathioprine Tab. . . . .	18
Azelastine Spray. . . . .	17
Azithromycin. . . . .	8
Azopt. . . . .	14

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Baclofen Tab . . . . .	16
Belbuca . . . . .	16
Benazepril . . . . .	9
Benazepril/HCTZ . . . . .	9
Benzonatate . . . . .	16
Benzotropine . . . . .	11
Besivance . . . . .	14
Betamethasone Cream . . . . .	11
Betaseron . . . . .	11
Bethkis. . . . .	8
Betimol. . . . .	14
Betoptic-S . . . . .	14
Bevespi Aerosphere. . . . .	17
Binosto. . . . .	16
Bisoprolol . . . . .	9
Bisoprolol/HCTZ . . . . .	9
Blisovi Fe. . . . .	18
Botox (non-cosmetic) . . . . .	16
Breo Ellipta. . . . .	17
Brilinta . . . . .	9
Brimonidine Ophthalmic . . . . .	14
Bromsite . . . . .	14
Budesonide Inhalation Suspension	17
Bumetanide . . . . .	9
Bunavail . . . . .	8
Buprenorphine. . . . .	8
Buprenorphine/Naloxone . . . . .	8
Bupropion . . . . .	10
Bupropion SR . . . . .	10
Bupropion XL . . . . .	10

Buspirone . . . . .	11
Butalbital-Acetaminophen-Caffeine Cap, Tab . . . . .	10
Bydureon. . . . .	13
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Byetta . . . . .	13
Bystolic. . . . .	.9
Byvalson . . . . .	.9

**C**

Cabometyx . . . . .	.8
Calcitriol Cap. . . . .	13
Canasa . . . . .	14
Capecitabine. . . . .	.8
Carbamazepine . . . . .	11
Carbidopa-Levodopa . . . . .	11
Carisoprodol . . . . .	16
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Carvedilol . . . . .	.9
Cefdinir. . . . .	.8
Cefuroxime Tab . . . . .	.8
Celecoxib . . . . .	16
Cephalexin. . . . .	.8
Cerdelga . . . . .	16
Cetirizine. . . . .	17
Cetrotide. . . . .	15
Cetylev . . . . .	16
Chantix Starter Kit . . . . .	.8
Chlorhexidine . . . . .	16
Chlorthalidone. . . . .	.9
Choline Fenofibrate . . . . .	.9
Cialis . . . . .	16
Cialis 2.5 mg & 5 mg. . . . .	16
Cilostazol. . . . .	.9
Cimduo . . . . .	15
Cimzia . . . . .	15
Ciprodex Otic Suspension. . . . .	.8
Ciprofloxacin Ophthalmic . . . . .	14
Ciprofloxacin Tab . . . . .	.8
Citalopram . . . . .	10

Claravis. . . . .	11
Clarithromycin . . . . .	.8
Clenpiq. . . . .	15
Climara Pro . . . . .	18
Clindagel . . . . .	11
Clindamycin/Benzoyl Peroxide Gel 1-5%. . . . .	11
Clindamycin Cap. . . . .	.8
Clindamycin Lotion, Solution . . . . .	11
Clindamycin Phosphate 1% Gel (Oceanside manufacturer) . . . . .	11
Clindesse . . . . .	.8
Clobetasol Cream, Ointment, Solution . . . . .	11
Clobex . . . . .	11
Clonazepam . . . . .	11
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Clopidogrel. . . . .	.9
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Combigan . . . . .	14
Combivent Respimat . . . . .	17
Complera . . . . .	15
Contrave . . . . .	16
Copaxone . . . . .	11
Corlanor . . . . .	10
Cosentyx. . . . .	15
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Cotempla XR-ODT . . . . .	10
Creon . . . . .	15
Cryselle-28. . . . .	18
Cyanocobalamin Injection . . . . .	18
Cyclobenzaprine Tab . . . . .	16

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Delzicol. . . . .	14
Depen . . . . .	15
Descovy . . . . .	15
Desloratadine . . . . .	17
Desvenlafaxine . . . . .	10

Dexamethasone Soln, Tab . . . . .	13
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Dexmethylphenidate . . . . .	10
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Diazepam Tab . . . . .	11
Diclofenac Gel 1% . . . . .	17
Diclofenac Tab. . . . .	17
Dicyclomine . . . . .	15
Differin Gel, Lotion. . . . .	11
Digoxin. . . . .	10
Diltiazem. . . . .	.9
Diltiazem ER Cap . . . . .	.9
Dipentum . . . . .	14
Diphenoxylate/Atropine. . . . .	15
Divalproex DR . . . . .	11
Divalproex ER . . . . .	11
Divigel . . . . .	18
Donepezil . . . . .	10
Dorzolamide/Timolol . . . . .	14
Doxazosin . . . . .	.9
Doxepin . . . . .	10
Doxycycline Hyclate Cap . . . . .	.8
Doxycycline Hyclate Tab. . . . .	.8
Doxycycline Monohydrate Cap . . . . .	.8
Doxycycline Monohydrate Tab . . . . .	.8
Drospirenone/Ethinyl Estradiol . . . . .	18
Duavee. . . . .	18
Duloxetine Cap . . . . .	10
Dupilxent . . . . .	11
Duzallo. . . . .	15
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**E**

Edarbi . . . . .	.9
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Elestrin Gel. . . . .	18
Eletriptan . . . . .	10
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Eliquis . . . . .	.9
Embeda . . . . .	17
Emverm . . . . .	16
Enalapril . . . . .	.9
Enbrel . . . . .	15
Endometrin . . . . .	18
Enoxaparin. . . . .	.9
Enskyce . . . . .	18
Enstilar . . . . .	11
Entecavir. . . . .	.8
Entresto . . . . .	10
Epclusa. . . . .	.8
Epiduo & Epiduo Forte . . . . .	11
Epinephrine (Impax manufacturer) 0.3 mg. . . . .	16
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Epinephrine (Mylan manufacturer) .	16
Erythromycin Ophthalmic . . . . .	14
Escitalopram Tab . . . . .	10
Esomeprazole Magnesium (Rx only)	14
Estradiol Cream, Patch, Tab . . . . .	18
Eszopiclone Tab . . . . .	11
Etodolac . . . . .	17
Eucrisa . . . . .	11
Euflexxa . . . . .	16
Ezetimibe . . . . .	.9
Ezetimibe/Simvastatin. . . . .	.9

**F**

Famotidine Tab 20 mg and 40 mg (Rx only). . . . .	14
Farxiga . . . . .	13
Fenofibrate. . . . .	.9
Fenofibric Acid. . . . .	.9
Fentanyl Patch. . . . .	17
Finasteride 5 mg. . . . .	16
Flecainide . . . . .	10

Flector Patch. . . . .	17
Flovent Diskus . . . . .	17
Flovent HFA . . . . .	17
Flucelvax Quadrivalent . . . . .	.8
Fluconazole . . . . .	.8
Fluocinonide Cream. . . . .	11
Fluoroplex . . . . .	11
Fluoxetine . . . . .	10
Fluticasone Spray . . . . .	17
Fluvoxamine . . . . .	10
Folic Acid 1 mg (Rx only) . . . . .	18
Forfivo XL . . . . .	10
Forteo . . . . .	16
Furosemide . . . . .	.9

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Gabapentin . . . . .	11
Gavilyte-G . . . . .	15
Gemfibrozil. . . . .	.9
Gentamicin Ophthalmic . . . . .	14
Genvoya . . . . .	15
Gianvi . . . . .	18
Gilenya . . . . .	11
Glimepiride. . . . .	13
Glipizide . . . . .	13
Glipizide ER . . . . .	13
Glipizide XL . . . . .	13
Glucagon Emergency Kit . . . . .	13
Glyburide. . . . .	13
Glyburide-Metformin . . . . .	13
Glyxambi . . . . .	13
Gonal-f. . . . .	15
Gonal-f RFF . . . . .	15
Gralise . . . . .	17
Granix . . . . .	16
Guanfacine. . . . .	.9
Guanfacine ER Tab. . . . .	10
Gynazole-1 Vaginal Cream . . . . .	18

**H**

Haegarda. . . . .	16
Haloperidol. . . . .	10
Harvoni. . . . .	.8
H.P. Acthar . . . . .	13
Humalog Mix 50/50 Vials and KwikPen . . . . .	13
Humalog Mix 75/25 Vials and KwikPen . . . . .	13
Humalog U-100 and U-200 KwikPen	13
Humalog U-100 Junior KwikPen. . .	13
Humalog U-100 Vials and Cartridges	13
Humira . . . . .	15
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 . . . . .	17
Hydrocodone Polistirex Chlorphenir- amine ER Suspension . . . . .	16
Hydrocortisone Cream 1%, 2.5% . .	11
Hydrocortisone Ointment 2.5%. . .	12
Hydrocortisone Tab . . . . .	13
Hydromorphone Tab. . . . .	17
Hydroxychloroquine . . . . .	15
Hydroxyzine HCL . . . . .	11
Hydroxyzine Pamoate . . . . .	11
Hysingla ER . . . . .	17

**I**

Ibandronate . . . . .	16
Ibrance . . . . .	.8
Ibuprofen Tab 400, 600, 800 mg (Rx only) . . . . .	17
Ilevro . . . . .	14
Incruse Ellipta . . . . .	17
Indomethacin Cap. . . . .	17
Intelence . . . . .	15
Invega Sustenna . . . . .	10

Invega Trinza . . . . .	10	Latuda . . . . .	10	Meclizine . . . . .	15
Invokamet . . . . .	13	Letairis . . . . .	10	Medroxyprogesterone Acetate Injection . . . . .	18
Invokamet XR . . . . .	13	Letrozole . . . . .	8	Medroxyprogesterone Acetate Tab	18
Invokana . . . . .	13	Levemir FlexTouch. . . . .	13	Meloxicam . . . . .	17
Ipratropium/Albuterol . . . . .	17	Levemir Vials. . . . .	13	Memantine. . . . .	10
Ipratropium Bromide Inhalation. . . . .	17	Levetiracetam . . . . .	11	Menest. . . . .	18
Ipratropium Spray . . . . .	17	Levocetirizine . . . . .	17	Mercaptopurine . . . . .	8
Irbesartan . . . . .	9	Levofloxacin Tab . . . . .	8	Mesalamine . . . . .	14
Irbesartan/HCTZ . . . . .	9	Levonorgestrel/Ethinyl Estradiol . . . . .	18	Metaxalone . . . . .	16
Isentress . . . . .	15	Levo-T . . . . .	14	Metformin . . . . .	13
Isosorbide Mononitrate ER . . . . .	10	Levothyroxine . . . . .	14	Metformin ER . . . . .	13
<b>J</b>					
Janumet . . . . .	13	Levoxyl . . . . .	14	Metformin ER Modified Release (generic Glumetza) . . . . .	13
Janumet XR . . . . .	13	Lidocaine Ointment . . . . .	17	Metformin ER Osmotic (generic Fortamet) . . . . .	13
Januvia . . . . .	13	Lidocaine Patch 5% . . . . .	17	Methimazole . . . . .	14
Jardiance. . . . .	13	Lidocaine/Prilocaine cream . . . . .	12	Methocarbamol . . . . .	16
Jentaduetto . . . . .	13	Lidocaine Viscous . . . . .	16	Methotrexate . . . . .	15
Jentaduetto XR . . . . .	13	Linzess . . . . .	15	Methylphenidate ER . . . . .	10
Jublia Solution . . . . .	8	Liothyronine . . . . .	14	Methylphenidate Tab . . . . .	10
Juluca . . . . .	15	Lipofen . . . . .	9	Methylprednisolone Tab. . . . .	14
Junel . . . . .	18	Lisinopril . . . . .	9	Metoclopramide . . . . .	15
Junel Fe . . . . .	18	Lisinopril/HCTZ. . . . .	9	Metoprolol Succinate . . . . .	9
<b>K</b>					
Kerydin Solution . . . . .	8	Lithium . . . . .	11	Metoprolol Tartrate . . . . .	9
Ketoconazole Cream, Shampoo . . . . .	12	Lithium ER . . . . .	11	Metrogel . . . . .	12
Ketorolac Ophthalmic . . . . .	14	Livalo. . . . .	9	Metronidazole Gel. . . . .	12
Ketorolac Tab . . . . .	17	Lo Loestrin Fe . . . . .	18	Metronidazole Tab. . . . .	8
Kevzara . . . . .	15	Lorazepam Tab . . . . .	11	Metronidazole Vaginal Gel. . . . .	18
Klor-Con M20 . . . . .	18	Loryna . . . . .	18	Microgestin . . . . .	18
<b>L</b>					
Labetalol . . . . .	9	Lorzone . . . . .	16	Microgestin Fe . . . . .	18
Lamotrigine . . . . .	11	Losartan . . . . .	9	Migranal . . . . .	10
Lansoprazole (Rx only) . . . . .	14	Losartan/HCTZ. . . . .	9	Minivelle . . . . .	18
Lantus Solostar . . . . .	13	Lovastatin . . . . .	9	Minocycline Cap. . . . .	8
Lantus Vials . . . . .	13	Low-Ogestrel. . . . .	18	Mirtazapine . . . . .	10
Lastacft . . . . .	14	Lumigan . . . . .	14	Mirvaso Gel . . . . .	12
Latanoprost . . . . .	14	Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg . . . . .	13	Modafinil . . . . .	11
<b>M</b>					
Makena . . . . .	16	Lyrica Cap . . . . .	11	Mometasone. . . . .	17
Mavyret . . . . .	8				
<b>M</b>					
Mometasone Cream . . . . .	12				
Mono-Linyah. . . . .	18				
Mononessa . . . . .	18				

Montelukast . . . . .	17	Nortriptyline . . . . .	10	OneTouch UltraMini System Kit . . .	12
Morphine Sulfate ER. . . . .	17	Norvir . . . . .	15	OneTouch Verio Flex System Kit . . .	12
Movantik . . . . .	15	Novofine Autocover Pen Needle . . .	12	OneTouch Verio IQ System Kit. . . .	12
Moviprep. . . . .	15	Novofine Pen Needle . . . . .	12	OneTouch Verio System Kit . . . . .	12
Moxeza. . . . .	14	Novofine Plus Pen Needle. . . . .	12	OneTouch Verio Test Strips . . . . .	12
Moxifloxacin Ophthalmic . . . . .	14	Novolin 70/30 Vials . . . . .	13	Onexton . . . . .	12
Multaq . . . . .	10	Novolin N Vials. . . . .	13	Onglyza . . . . .	13
Mupirocin Ointment . . . . .	12	Novolin R Vials. . . . .	13	Onzetra Xsail. . . . .	10
Mycophenolate Mofetil . . . . .	18	Novolog Flexpen. . . . .	13	Opsumit . . . . .	10
Mycophenolate Sodium. . . . .	18	Novolog Mix 70/30 Vials and Flexpen. . . . .	13	Oracea . . . . .	.8
Myorisan. . . . .	12	Novolog Penfill. . . . .	13	Orenitram . . . . .	10
Myrbetriq . . . . .	17	Novolog Vials . . . . .	13	Orphenadrine Citrate ER . . . . .	16
<b>N</b>					
Nabumetone. . . . .	17	NovoTwist Pen Needle . . . . .	12	Oseltamivir. . . . .	.8
Nadolol. . . . .	.9	Nucynta . . . . .	17	Osphena . . . . .	16
Naltrexone Tab. . . . .	.8	Nutropin AQ . . . . .	13	Otezla . . . . .	15
Namzaric. . . . .	10	Nuvaring . . . . .	18	Ovidrel . . . . .	15
Naproxen (Rx only) . . . . .	17	Nuwiq . . . . .	16	Oxcarbazepine. . . . .	11
Narcan . . . . .	.8	Nystatin Cream . . . . .	12	Oxsoralen-UL . . . . .	12
Natazia. . . . .	18	Nystatin Suspension. . . . .	.8	Oxtellar XR. . . . .	11
Nature-Thyroid. . . . .	14	<b>O</b>			
Neomycin/Polymyxin/Dexa Ophthalmic . . . . .	14	Ocella . . . . .	18	Oxybutynin . . . . .	17
Neomycin/Polymyxin/HC Otic . . . .	.8	Odefsey . . . . .	15	Oxybutynin ER . . . . .	17
Neupogen . . . . .	16	Ofloxacin Ophthalmic . . . . .	14	Oxycodone Tab . . . . .	17
Nevanac . . . . .	14	Ofloxacin Otic Solution . . . . .	.8	Oxycodone w/ Acetaminophen . . .	17
Niacin ER Tab . . . . .	.9	Olanzapine. . . . .	10	Oxycontin . . . . .	17
Nifedipine ER . . . . .	.9	Olmesartan . . . . .	.9	Ozempic . . . . .	13
Nikki . . . . .	18	Olmesartan/HCTZ . . . . .	.9	<b>P</b>	
Nitrofurantoin Macrocrystals . . . .	.8	Olopatadine Ophthalmic . . . . .	14	Pantoprazole. . . . .	14
Nitrofurantoin Monohydrate Macrocrystalline . . . . .	.8	Omeclamox-Pak . . . . .	15	Paroxetine Tab . . . . .	10
Nitroglycerin SL . . . . .	10	Omega-3 Acid Cap 1 gm . . . . .	.9	Pazeo . . . . .	14
Nityr . . . . .	16	Omeprazole (Rx only) . . . . .	14	Penicillin VK . . . . .	.8
Norditropin. . . . .	13	Omnaris . . . . .	17	Pentasa . . . . .	14
Norethindrone . . . . .	18	Omnitrope . . . . .	13	Pentoxifylline ER. . . . .	10
Norethindrone/Ethinyl Estradiol . .	18	Ondansetron ODT . . . . .	15	Perforomist . . . . .	17
Norgestimate/Ethinyl Estradiol . . .	18	Ondansetron Tab 4 mg, 8 mg . . . .	15	Permethrin Cream. . . . .	12
Nortrel . . . . .	18	Ondansetron Tab 24 mg. . . . .	15	Phenazopyridine (Rx only). . . . .	16
		OneTouch Ultra 2 System Kit . . . .	12	Phentermine Tab . . . . .	16
		OneTouch Ultra Blue Test Strips. . .	12	Phenytoin Extended. . . . .	11
				Pioglitazone . . . . .	13
				Polyethylene Glycol 3350 Powder .	15



Polymyxin B/Trimethoprim Solution	14	Quetiapine . . . . .	10	Simponi . . . . .	15
Portia-28 . . . . .	18	Quinapril . . . . .	.9	Simponi Aria . . . . .	15
Potassium Chloride ER . . . . .	18			Simvastatin . . . . .	.9
Potassium Citrate ER . . . . .	18	<b>R</b>		Soliqua . . . . .	13
Pradaxa . . . . .	.9	Rabeprazole . . . . .	14	Soliqua . . . . .	13
Praluent . . . . .	.9	Raloxifene . . . . .	16	Solodyn . . . . .	.8
Pramipexole . . . . .	11	Ramipril . . . . .	.9	Soolantra. . . . .	12
Pravastatin. . . . .	.9	Ranexa . . . . .	10	Sotalol . . . . .	10
Prazosin . . . . .	.9	Ranitidine Tab, Cap, Syrup (Rx only)	14	Spiriva Handihaler . . . . .	17
Prednisolone Ophthalmic . . . . .	14	Rapaflo . . . . .	16	Spiriva Respimat. . . . .	17
Prednisolone Syrup, Solution . . . . .	14	Rasuvo . . . . .	15	Spirolactone . . . . .	.9
Prednisone. . . . .	14	Rebif . . . . .	11	Sprintec 28. . . . .	18
Premarin Tab. . . . .	18	Relistor. . . . .	15	Sprix . . . . .	17
Premarin Vaginal Cream. . . . .	18	Remicade . . . . .	15	Sprycel . . . . .	.8
Premphase. . . . .	18	Renvela Tab . . . . .	16	Stelara . . . . .	15
Prempro . . . . .	18	Repatha . . . . .	.9	Stiolto . . . . .	17
Prepopik . . . . .	15	Restasis . . . . .	14	Stribild . . . . .	15
Prezcobix . . . . .	15	Restasis Multidose . . . . .	14	Suboxone . . . . .	.8
Prezista . . . . .	15	Retin-A Micro 0.04%, 0.1% . . . . .	12	Sucalfate Tab . . . . .	14
Proair HFA . . . . .	17	Retin-A Micro 0.06%, 0.08% . . . . .	12	Sulfamethoxazole-Trimethoprim . . . . .	.8
Proair RespiClick. . . . .	17	Revlimid . . . . .	.8	Sulfasalazine Tab . . . . .	14
Prochlorperazine . . . . .	15	Rexulti . . . . .	10	Sulindac . . . . .	17
Procrit . . . . .	16	Reyataz . . . . .	15	Sumatriptan Tab . . . . .	11
Proctofoam-HC . . . . .	14	Risperidone . . . . .	10	Suprep Bowel Prep . . . . .	15
Progesterone Cap . . . . .	18	Rizatriptan . . . . .	10	Symbicort . . . . .	17
Prograf Cap . . . . .	18	Ropinirole . . . . .	11	Symfi . . . . .	15
Prolensa . . . . .	14	Rosuvastatin. . . . .	.9	Symfi Lo . . . . .	15
Promethazine . . . . .	16			Symproic. . . . .	15
Promethazine/Codeine . . . . .	16	<b>S</b>		Synjardy . . . . .	13
Promethazine DM . . . . .	16	Saphris. . . . .	10	Synjardy XR . . . . .	13
Propranolol . . . . .	.9	Savaysa . . . . .	.9	Synthroid. . . . .	14
Propranolol ER. . . . .	.9	Scopolamine. . . . .	15	Synvisc. . . . .	16
Proventil HFA . . . . .	17	Seebri Neohaler . . . . .	17	Synvisc One . . . . .	16
Pseudoephedrine/Bromphen/DM . . . . .	16	Serevent Diskus . . . . .	17		
Pulmicort Flexhaler . . . . .	17	Sertraline. . . . .	10	<b>T</b>	
Pylera . . . . .	15	Shingrix . . . . .	.8	Taclonex . . . . .	12
		Sildenafil 25 mg, 50 mg, 100 mg . . . . .	16	Tacrolimus Cap . . . . .	18
<b>Q</b>		Sildenafil Tab 20 mg . . . . .	10	Tamiflu . . . . .	.8
QNasl. . . . .	17	Silenor . . . . .	11	Tamoxifen Tab . . . . .	.8
Qtern . . . . .	13	Simbrinza . . . . .	14	Tamsulosin. . . . .	16



Tazorac . . . . .	12	Trinessa . . . . .	18	Vitamin D (ergocalciferol) (Rx only) . . . . .	18
Tecfidera . . . . .	11	Trinessa Lo . . . . .	18	Vosevi . . . . .	8
Tekturna . . . . .	9	Trintellix . . . . .	10	Vraylar . . . . .	10
Tekturna HCT . . . . .	9	Tri-Previfem . . . . .	18	Vyvanse . . . . .	10
Telmisartan . . . . .	9	Tri-Sprintec . . . . .	18		
Temazepam . . . . .	11	Triumeq . . . . .	15	<b>W</b>	
Tenofovir Disoproxil Fumarate . . . . .	15	Trulance . . . . .	15	Warfarin . . . . .	9
Terazosin . . . . .	16	Trulicity . . . . .	13		
Terbinafine Tab . . . . .	8	Truvada . . . . .	15	<b>X</b>	
Terconazole Vaginal Cream . . . . .	18	Tymlos . . . . .	16	Xarelto . . . . .	9
Testosterone Cypionate IM Injection . . . . .	16			Xeljanz . . . . .	15
Timolol Ophthalmic . . . . .	14	<b>U</b>		Xeljanz XR . . . . .	15
Timoptic Ocudose . . . . .	14	Uceris . . . . .	14	Xifaxan . . . . .	8
Tirosint . . . . .	14	Uloric . . . . .	15	Xiidra . . . . .	14
Tivicay . . . . .	15	Utibron Neohaler . . . . .	17	Xolair . . . . .	17
Tizanidine Tab . . . . .	16			Xtandi . . . . .	8
TOBI Podhaler . . . . .	8	<b>V</b>		Xulane . . . . .	18
Tobramycin/Dexamethasone . . . . .	14	Valacyclovir . . . . .	8		
Tobramycin Ophthalmic . . . . .	14	Valsartan . . . . .	9	<b>Y</b>	
Tolterodine ER . . . . .	17	Valsartan/HCTZ . . . . .	9	Yuvaferm . . . . .	18
Topiramate . . . . .	11	Varubi . . . . .	15		
Topiramate ER . . . . .	11	Vascepa . . . . .	9	<b>Z</b>	
Torsemide Tab . . . . .	9	Vectical . . . . .	12	Zarxio . . . . .	16
Toujeo SoloStar . . . . .	13	Velphoro . . . . .	16	Zelapar . . . . .	11
Toviaz . . . . .	17	Veltassa . . . . .	18	Zenpep . . . . .	15
Tracleer . . . . .	10	Venlafaxine ER . . . . .	10	Zetonna . . . . .	17
Tradjenta . . . . .	13	Venlafaxine Tab . . . . .	10	Zioptan . . . . .	14
Tramadol Tab . . . . .	17	Ventolin HFA . . . . .	17	Ziprasidone . . . . .	10
Tramadol w/ Acetaminophen . . . . .	17	Verapamil . . . . .	9	Zohydro ER . . . . .	17
Travatan Z . . . . .	14	Verapamil ER . . . . .	9	Zolpidem . . . . .	11
Trazodone . . . . .	10	Vesicare . . . . .	17	Zolpidem ER . . . . .	11
Tremfya . . . . .	15	V-Go 20 . . . . .	12	Zonisamide . . . . .	11
Tresiba . . . . .	13	V-Go 30 . . . . .	13	Zovirax Cream . . . . .	12
Tretinoin Cream . . . . .	12	V-Go 40 . . . . .	13	Zovirax Ointment . . . . .	12
Triamcinolone Cream, Ointment . . . . .	12	Viberzi . . . . .	15	Zubsolv . . . . .	8
Triamterene/HCTZ . . . . .	9	Victoza . . . . .	13	Zurampic . . . . .	15
Triazolam Tab . . . . .	11	Vienva . . . . .	18	Zyclara . . . . .	12
Tri-Estarylla . . . . .	18	Viibryd . . . . .	10	Zypitamag . . . . .	9
Tri-Linyah . . . . .	18	Vimpat . . . . .	11	Zytiga . . . . .	8
Tri-Lo-Marzia . . . . .	18	Viorele . . . . .	18		

### *"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.

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

