

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**

- 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, 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 or call customer service at **800-759-3203** for more information.

At Serve You Rx, we are committed to helping you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the PDL.




How do I use my Prescription Drug List?

Bring this PDL with you when you see your doctor. You and your doctor should consult it when choosing a medication. It is organized by common medical conditions. Medications are then listed alphabetically and identified as generic or brand, and if special rules apply. If your medication is not listed in this document, please visit serve-you-rx.com or call customer service at **800-759-3203**.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or plan sponsor. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

\$	Drug Tier	Includes	Helpful Tips
	Tier 1 Lowest Cost	Lower-cost, commonly used generic drugs.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-range Cost	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	Mostly higher-cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Please note: Plans may have different tiers (4 or none, etc.). If your plan has a Tier 4, specialty drugs are included in this tier. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan documents or call customer service at **800-759-3203** for more information about your benefit plan.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier or be excluded from coverage on July 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
Acne/Rosacea		
Absorica	3	PA
Claravis	1	PA
Myorisan	1	PA
Oracea	3	
Solodyn	3	
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	
Dificid	3	
Doxycycline Hyclate	1	
Doxycycline Monohydrate	1	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/Polymyxin/ HC Otic	1	
Nitrofurantoin Macrocrystals	1	
Nitrofurantoin Monohydrate Macrocrystals	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
Ofloxacin Otic Solution	1	
Otovel	3	
Penicillin VK	1	
Solosec	3	
Sulfamethoxazole- Trimethoprim	1	
TOBI Podhaler	3	QL, SP
Anti-Infectives: Antifungals		
Cresemba	3	
Fluconazole	1	
Kerydin Solution	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Anti-Infectives: Antivirals		
Acyclovir Tab	1	
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Harvoni	2	PA, QL, SP
Mavyret	2	PA, QL, SP
Oseltamivir	1	QL
Tamiflu	3	QL
Valacyclovir	1	QL
Vosevi	2	PA, QL, SP
Blood Disorders		
Adynovate	3	SP
Afstyla	3	SP
Aranesp	2	PA, SP
Eloctate	3	SP
Granix	3	PA, SP
Jivi	3	SP
Kogenate FS	3	SP
Kovaltry	3	SP
Mulpleta	2	PA, SP
Neupogen	3	PA, SP
Nuwig	3	SP
Neulasta	3	PA, SP
Nivestym	2	PA, SP
Novoeight	3	SP
Procrit	2	PA, SP
Udenyca	3	PA, SP
Zarxio	2	PA, SP

Drug Name	Drug Tier	Programs and Limits
Cancer		
Anastrozole Tab	1	
Cabometyx	2	PA, SP
Capecitabine	1	SP
Ibrance	3	PA, SP
Idhifa	3	PA, QL, SP
Letrozole	1	
Mercaptopurine	1	SP
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Xtandi	3	PA, SP
Yonsa	3	PA, SP
Cardiovascular/Heart Disease: Anticoagulants		
Bevyxxa	3	QL
Brilinta	2	
Cilostazol	1	
Clopidogrel	1	
Eliquis	2	QL
Enoxaparin	1	
Pradaxa	2	QL
Savaysa	3	QL
Warfarin	1	
Xarelto	2	QL
Zontivity	3	
Cardiovascular/Heart Disease: High Blood Pressure		
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	
Bystolic	2	
Byvalson	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	

Drug Name	Drug Tier	Programs and Limits
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	
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	
Tekturna	2	ST
Tekturna 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	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibric Acid	1	

Bold type = Brand name drug
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PA Prior Authorization
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Drug Name	Drug Tier	Programs and Limits
Gemfibrozil	1	
Livalo	3	ST
Lovastatin	1	
Niacin ER Tab	1	
Omega-3 Acid	1	
Praluent	2	PA, QL, SP
Pravastatin	1	
Repatha	2	PA, QL, SP
Rosuvastatin	1	
Simvastatin	1	
Vascepa	2	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, QL
Digoxin	1	
Entresto	2	QL
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		
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		
Abilify Maintena	3	
Aripiprazole	1	QL
Aristada	3	
Haloperidol	1	
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL

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Drug Name	Drug Tier	Programs and Limits
Olanzapine	1	
Quetiapine	1	
Rexulti	3	QL
Risperidone	1	
Saphris	2	QL
Vraylar	3	QL, ST
Ziprasidone	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR Cap	3	ST
Amphetamine-Dextroamphetamine	1	
Amphetamine-Dextroamphetamine ER	1	
Atomoxetine	1	
Cotempla XR-ODT	3	ST
Dexmethylphenidate	1	
Dexmethylphenidate ER	1	
Guanfacine ER Tab	1	
Methylphenidate ER	1	
Methylphenidate Tab	1	
Vyvanse	2	
Central Nervous System: Depression		
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	
Forfivo XL	3	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Sertraline	1	
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine Tab	1	
Venlafaxine ER	1	
Viibryd	3	QL

Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Migraine		
Aimovig	2	PA, QL
Butalbital-Acetaminophen-Caffeine Cap, Tab	1	
Eletriptan	1	QL
Emgality	2	PA, QL
Migranal	3	QL
Rizatriptan	1	QL
Sumatriptan Tab	1	QL
Central Nervous System: Multiple Sclerosis		
Ampyra	3	PA, QL, SP
Aubagio	3	PA, QL, SP
Avonex	2	PA, QL, SP
Betaseron	2	PA, QL, SP
Copaxone	2	PA, QL, SP
Gilenya*	3	PA, QL, SP
Rebif	3	PA, QL, SP
Tecfidera	2	PA, QL, SP
* Tier 3 Preferred		
Central Nervous System: Other		
Alprazolam Tab	1	QL
Austedo	3	PA, QL, SP
Bupirone	1	
Diazepam Tab	1	
Gralise	3	PA, QL, ST
Horizant	3	PA, QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	
Modafinil	1	PA, QL
Central Nervous System: Parkinson's Disease		
Benzotropine	1	
Carbidopa-Levodopa	1	
Pramipexole	1	
Ropinirole	1	
Rytary	3	ST
Zelapar	3	

Drug Name	Drug Tier	Programs and Limits
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	
Gabapentin	1	
Lamotrigine	1	
Levetiracetam	1	
Lyrica Cap	2	QL
Oxcarbazepine	1	
Phenytoin Extended	1	
Topiramate	1	
Vimpat	3	
Zonisamide	1	
Dermatology		
Aczone Gel 7.5%	2	
Adapalene Gel	1	PA
Betamethasone Cream	1	
Clindamycin Lotion, Solution	1	
Clindamycin Phosphate Gel 1%	1	
Clindamycin Phosphate 1% Gel (Oceanside manufacturer)	3	ST
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex	3	
Clotrimazole/Betamethasone Cream	1	
Diclofenac Gel 1%	1	QL
Enstilar	3	QL

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
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Drug Name	Drug Tier	Programs and Limits
Epiduo & Epiduo Forte	3	
Eucrisa	2	ST
Fluocinonide Cream	1	
Fluoroplex	3	
Hydrocortisone Cream 1%, 2.5%	1	
Hydrocortisone Ointment 1%, 2.5%	1	
Ketoconazole Cream, Shampoo	1	
Lidocaine/Prilocaine Cream	1	
Metrogel	3	
Metronidazole Gel	1	
Mirvaso Gel	2	
Mometasone Cream	1	
Mupirocin Ointment	1	
Nystatin Cream	1	
Onexton	3	
Oxsoralen-UL	2	
Permethrin Cream	1	
Retin-A Micro 0.08%	2	PA
Sernivo	3	
Soolantra	2	
Taclonex	3	QL
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
Vectical	3	
Ximino	3	
Zovirax	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 Lancet Device Kit	2	

Drug Name	Drug Tier	Programs and Limits
Accu-Chek FastClix Lancets	2	
Accu-Chek Guide Kit	2	
Accu-Chek Guide Test Strips	2	QL
Accu-Chek Multiclix Lancet Device Kit	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Nano SmartView Kit	2	
Accu-Chek SmartView Test Strips	2	QL
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclix Lancet Device Kit	2	
Accu-Chek Softclix Lancets	2	
Bayer Contour Monitor Kit	3	ST
Bayer Contour Next Monitor	3	ST
Dexcom G4 / G5/ G6 Receiver, Transmitter, Sensor (including Platinum, Platinum Pediatric)	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 Kit	2	
OneTouch Ultra Blue Test Strips	2	QL
OneTouch Verio Flex System Kit	2	
OneTouch Verio IQ System Kit	2	

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
OneTouch Verio Sync System Kit	2	
OneTouch Verio System Kit	2	
OneTouch Verio Test Strips	2	QL
V-Go 20	2	
V-Go 30	2	
V-Go 40	2	
Diabetes/Endocrine: Insulin		
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 Max SoloStar	2	
Toujeo SoloStar	2	
Tresiba Flexpen	2	

Drug Name	Drug Tier	Programs and Limits
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	
Glipizide XL	1	
Glucagon Emergency Kit	2	
Glyburide	1	
Glyburide-Metformin	1	
Glyxambi	2	ST
Invokamet	2	ST
Invokamet XR	2	ST
Invokana	2	ST
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	ST
Jentaduetto	2	ST
Jentaduetto XR	2	ST
Metformin	1	
Metformin ER	1	
Metformin ER Modified Release (generic Glumetza)	1	PA
Metformin ER Osmotic (generic Fortamet)	1	
Onglyza	3	ST
Ozempic	2	QL, 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

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone Soln, 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	
Osphena	3	
Prednisone	1	
Prednisolone Solution	1	
Veltassa	3	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	ST
Levo-T	1	
Levothyroxine	1	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
Nature-Thyroid	3	ST
Synthroid	3	ST
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	

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
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
Rhopressa	2	
Simbrinza	2	
Timolol Ophthalmic	1	
Timoptic Ocudose	3	
Travatan Z	2	QL
Zioptan	3	QL
Eye Conditions: Other		
Ketorolac Ophthalmic	1	
Prednisolone Ophthalmic	1	
Prolensa	2	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	

Drug Name	Drug Tier	Programs and Limits
Gastrointestinal: Inflammatory Bowel Disease		
Apriso	2	
Dipentum	3	
Mesalamine	1	
Pentasa	3	
Proctofoam-HC	2	
Sulfasalazine Tab	1	
Uceris	3	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	QL
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab 4 mg, 8 mg	1	
Ondansetron Tab 24 mg	1	QL
Prochlorperazine	1	
Varubi	3	QL
Gastrointestinal: Other		
Clenpiq	3	
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G	1	
Linzess	2	QL, ST
Movantik	2	QL, ST
Moviprep	3	
Omeclamox-Pak	2	
Prepopik	3	
Pylera	2	
Suprep Bowel Prep	3	
Symproic	2	QL, ST
Viberzi	3	PA, QL
Xifaxan	3	PA
Zenpep	2	
Gout		
Allopurinol	1	
Colchicine	3	ST
Colcrys	2	
Uloric	2	ST
Zurampic	3	ST

Drug Name	Drug Tier	Programs and Limits
HIV/AIDS		
Abacavir-Lamivudine	1	
Atripla	3	ST
Cimduo	2	
Complera	2	
Descovy	3	
Genvoya	3	
Intelence	2	
Isentress	2	
Juluca	2	
Norvir	3	
Odefsey	3	
Prezcobix	2	
Prezista	2	
Reyataz	3	
Stribild	3	
Symfi	2	
Symfi Lo	2	
Tenofovir Disoproxil Fumarate	1	
Tivicay	2	
Triumeq	2	
Truvada	2	
Infertility		
Cetrotide	2	SP
Gonal-f	2	SP
Gonal-f RFF	2	SP
Ovidrel	3	SP
Inflammatory Conditions		
Actemra*	3	PA, SP
Cimzia	2	PA, SP
Cosentyx*	3	PA, SP
Enbrel	3	PA, SP
Humira	2	PA, SP
Hydroxychloroquine	1	
Inflectra	2	PA, SP
Methotrexate	1	
Otezla	2	PA, SP
Rasuvo	2	PA, QL
Remicade	3	PA, SP
Renflexis	2	PA, SP
Simponi	2	PA, SP

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SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Simponi Aria	2	PA, SP
Stelara	2	PA, SP
Tremfya	2	PA, SP
Xeljanz*	3	PA, SP
Xeljanz XR*	3	PA, SP

* Tier 3 Preferred

Men's Health: Erectile Dysfunction

Cialis	3	QL
Levitra	3	QL
Sildenafil 25 mg, 50 mg, 100 mg	1	QL
Stendra	3	QL

Men's Health: Prostate

Alfuzosin ER	1	
Cialis 2.5 mg & 5 mg	3	QL
Finasteride 5 mg	1	
Rapaflo	3	
Tamsulosin	1	
Terazosin	1	

Men's Health: Testosterone Therapy

Androderm	2	PA
Androgel 1.62%	3	PA
Testosterone Cypionate IM Injection	1	PA

Miscellaneous

Addyi	3	PA, QL
Auryxia	3	
Benzonatate	1	
Botox (non-cosmetic)	2	PA, SP
Cerdelga	3	PA, SP
Cetylev	3	
Chlorhexidine	1	
Depen	2	SP
Dupixent	2	PA, QL, SP
Emverm	2	
Epinephrine 0.15 mg, 0.3 mg Auto-Injector (Impax manufacturer)	1	
Epinephrine 0.15 mg, 0.3 mg Auto-Injector (Mylan manufacturer)	1	

Drug Name	Drug Tier	Programs and Limits
Epinephrine 0.3 mg Auto-Injector	1	
Epipen	2	ST
Epipen Jr	3	ST
Euflexxa	2	PA, SP
Firazyr	3	PA, SP
Haegarda	3	PA, SP
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	QL
Lidocaine Viscous	1	
Makena	2	PA, SP
Nityr	3	PA, SP
Nocdurna	3	
Orilissa	2	PA, QL
Phenazopyridine (Rx only)	1	
Promethazine	1	
Promethazine DM	1	
Promethazine/Codeine	1	QL
Pseudoephedrine/ Bromphen/DM	1	
Qbrexza	3	QL
Royaldee	3	
Ruconest	3	PA, SP
Strensiq	3	PA, SP
Synvisc	2	PA, SP
Synvisc One	2	PA, SP
Takhzyro	3	PA, SP
Velphoro	3	

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
Raloxifene	1	
Tymlos	2	PA, SP

Musculoskeletal: Other

Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab	1	

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Lorzone	3	
Metaxalone	1	
Methocarbamol	1	
Orphenadrine Citrate ER	1	
Tizanidine Tab	1	
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Acetaminophen w/ Codeine #2, #3, #4	1	QL
Acetaminophen/ Caffeine/ Dihydrocodeine	1	QL
Belbuca	2	PA, QL
Celecoxib	1	QL
Diclofenac Tab	1	
Embeda	2	PA, QL
Etodolac	1	
Fentanyl Patch	1	PA, QL
Flector Patch	3	QL
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 Ointment	1	
Lidocaine Patch 5%	1	
Meloxicam	1	
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naprelan	3	
Naproxen (Rx only)	1	
Nucynta	3	QL
Oxycodone Tab	1	QL
Oxycodone w/ Acetaminophen	1	QL
Oxycontin	2	PA, QL
Roxybond	3	QL
Sulindac	1	
Tramadol	1	QL
Tramadol w/ Acetaminophen	1	QL
Trezix	1	QL

Drug Name	Drug Tier	Programs and Limits
Vivlodex	3	ST
Zorvolex	3	ST
Overactive Bladder		
Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine ER	1	
Toviaz	3	
Vesicare	2	ST
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Albuterol Nebulizer Solution	1	QL
Anoro Ellipta	2	QL
Arnuity Ellipta	2	QL
Atrovent HFA	3	QL
Breo Ellipta	2	QL
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	QL
Flovent Diskus	2	QL
Flovent HFA	2	QL
Incruse Ellipta	2	QL
Ipratropium/Albuterol	1	QL
Ipratropium Bromide Inhalation	1	QL
Lonhala Magnair	3	QL
Montelukast	1	
Proair HFA	2	QL
Proair RespiClick	2	QL
Proventil HFA	3	QL, ST
Pulmicort Flexhaler	2	QL
Qvar Redihaler	2	QL
Serevent Diskus	2	QL
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Stiolto	2	QL
Symbicort	2	QL
Trelegy Ellipta	2	QL
Ventolin HFA	2	QL
Xolair	2	PA, SP

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Mometasone	1	QL
Omnaris	3	QL
QNasl	3	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Desloratadine	1	
Levocetirizine	1	
Transplant		
Azathioprine Tab	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Prograf Cap	3	
Tacrolimus Cap	1	
Vitamins/Electrolytes		
Cyanocobalamin Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con M20	1	
Potassium Chloride ER	1	
Potassium Citrate ER	1	
Vitamin D (ergocalciferol) (Rx only)	1	
Weight Loss Management		
Contrave	2	PA
Phentermine	1	PA
Saxenda	3	PA
Women's Health: Birth Control		
Apri	1	
Aviane	1	
Blisovi Fe	1	
Cryselle-28	1	

Drug Name	Drug Tier	Programs and Limits
Drospirenone/Ethinyl Estradiol	1	
Enskyce	1	
Gianvi	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	
Mirena	3	
Mono-Linyah	1	
Mononessa	1	
Natazia	2	
Nikki	1	
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Norgestimate/Ethinyl Estradiol	1	
Nortrel	1	
Nuvaring	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	
Vienna	1	
Viorele	1	
Xulane	1	
Women's Health: Hormone Replacement		
Climara Pro	2	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Endometrin	2	
Estradiol Cream, Patch, Tab	1	

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Imvexxy	3	
Intrarosa	3	
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		
Clindesse	3	
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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SP Specialty Program

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Accu-Chek FastClix Lancets	12
Accu-Chek Guide Kit	12
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Accu-Chek Multiclix Lancet Device Kit	12
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Adapalene Gel	11
Adderall XR Cap	10
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Advair Diskus	17
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Lantus Vials	13	Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	14	Modafinil	11
Lastacraft	14	Lyrica Cap	11	Mometasone.	18
Latanoprost	14	M			
Latuda	10	Makena	16	Mometasone Cream	12
Letairis	10	Mavyret	8	Mono-Linyah.	18
Letrozole	9	Meclizine.	15	Mononessa	18
Levemir FlexTouch.	13	Medroxyprogesterone Acetate Injection	18	Montelukast	17
Levemir Vials.	13	Medroxyprogesterone Acetate Tab.	19	Morphine Sulfate ER.	17
Levetiracetam	11	Meloxicam	17	Movantik	15
Levitra	16	Memantine.	10	Moviprep.	15
Levocetirizine	18	Mercaptopurine	9	Moxeza.	14
Levofloxacin Tab.	8	Mesalamine	15	Moxifloxacin Ophthalmic	14
Levonorgestrel/Ethinyl Estradiol	18	Metaxalone	17	Mulpleta	8
Levo-T	14	Metformin	13	Multaq	10
Levothyroxine	14	Metformin ER	13	Mupirocin Ointment	12
Levoxyl	14	Metformin ER Modified Release (generic Glumetza)	13	Mycophenolate Mofetil	18
Lidocaine Ointment	17	Metformin ER Osmotic (generic Fortamet)	13	Mycophenolate Sodium.	18
Lidocaine Patch 5%	17	Methimazole.	14	Myorisan	8
Lidocaine/Prilocaine Cream.	12	Methocarbamol	17	Myrbetriq	17
Lidocaine Viscous	16	Methotrexate	15	N	
		Methylphenidate ER.	10	Nabumetone.	17
				Nadolol.	9
				Naltrexone Tab.	8
				Namzaric.	10
				Naprelan	17

Naproxen (Rx only)	17	Nystatin Cream	12	Oxsoralen-UL	12
Narcan	8	Nystatin Suspension.	8	Oxybutynin	17
Natazia	18			Oxybutynin ER	17
Nature-Thyroid.	14	O		Oxycodone Tab	17
Neomycin/Polymyxin/Dexa Ophthalmic	14	Ocella	18	Oxycodone w/ Acetaminophen	17
Neomycin/Polymyxin/HC Otic	8	Odefsey	15	Oxycontin	17
Neulasta	8	Ofloxacin Ophthalmic	14	Ozempic	13
Neupogen	8	Ofloxacin Otic Solution	8		
Niacin ER Tab	10	Olanzapine.	10	P	
Nifedipine ER	9	Olmesartan	9	Pantoprazole.	14
Nikki	18	Olmesartan/HCTZ	9	Paroxetine Tab.	10
Nitrofurantoin Macrocrystals	8	Olopatadine Ophthalmic	14	Pazeo	14
Nitrofurantoin Monohydrate Macrocrystals	8	Omeclamox-Pak	15	Penicillin VK	8
Nitroglycerin SL	10	Omega-3 Acid	10	Pentasa	15
Nityr	16	Omeprazole (Rx only)	14	Pentoxifylline ER.	10
Nivestym	8	Omnaris	18	Permethrin Cream.	12
Nocdurna	16	Omnitrope	13	Phenazopyridine (Rx only).	16
Norditropin.	13	Ondansetron ODT	15	Phentermine.	18
Norethindrone.	18	Ondansetron Tab 4 mg, 8 mg	15	Phenytoin Extended	11
Norethindrone/Ethinyl Estradiol	18	Ondansetron Tab 24 mg.	15	Pioglitazone	13
Norgestimate/Ethinyl Estradiol	18	OneTouch Ultra 2 System Kit	12	Polymyxin B/Trimethoprim Solution	14
Nortrel	18	OneTouch Ultra Blue Test Strips.	12	Portia-28	18
Nortriptyline	10	OneTouch UltraMini System Kit	12	Potassium Chloride ER	18
Norvir	15	OneTouch Verio Flex System Kit	12	Potassium Citrate ER	18
Novoeight	8	OneTouch Verio IQ System Kit.	12	Pradaxa	9
Novofine Autocover Pen Needle	12	OneTouch Verio Sync System Kit	13	Praluent	10
Novofine Pen Needle	12	OneTouch Verio System Kit	13	Pramipexole	11
Novofine Plus Pen Needle.	12	OneTouch Verio Test Strips	13	Pravastatin.	10
Novolin 70/30 Vials	13	Onexton	12	Prazosin	9
Novolin N Vials.	13	Onglyza	13	Prednisolone Ophthalmic	14
Novolin R Vials.	13	Opsumit	10	Prednisolone Solution	14
Novolog Flexpen.	13	Oracea	8	Prednisone.	14
Novolog Mix 70/30 Vials and Flexpen.	13	Orenitram	10	Premarin Tab.	19
Novolog Penfill.	13	Orilissa	16	Premarin Vaginal Cream.	19
Novolog Vials	13	Orphenadrine Citrate ER	17	Premphase.	19
NovoTwist Pen Needle	12	Oseltamivir.	8	Prempro	19
Nucynta	17	Osphena	14	Prepopik	15
Nutropin AQ	13	Otezla	15	Prezcobix	15
Nuvaring	18	Otovel	8	Prezista	15
Nuwiq	8	Ovidrel	15	Proair HFA	17
		Oxcarbazepine.	11	Proair RespiClick.	17

Prochlorperazine	15	Reyataz	15	Sulfasalazine Tab	15
Procrit	8	Rhopressa	14	Sulindac	17
Proctofoam-HC	15	Risperidone	10	Sumatriptan Tab	11
Progesterone Cap	19	Rizatriptan	11	Suprep Bowel Prep	15
Prograf Cap	18	Ropinirole	11	Symbicort	17
Prolensa	14	Rosuvastatin	10	Symfi	15
Promethazine	16	Roxybond	17	Symfi Lo	15
Promethazine/Codeine	16	Ruconest.	16	Symproic.	15
Promethazine DM	16	Rytary	11	Synjardy	13
Propranolol	9			Synjardy XR	13
Propranolol ER.	9	S		Synthroid.	14
Proventil HFA	17	Saphris	10	Synvisc.	16
Pseudoephedrine/Bromphen/DM	16	Savaysa	9	Synvisc One	16
Pulmicort Flexhaler	17	Saxenda	18		
Pylera	15	Serevent Diskus	17	T	
Q		Sernivo	12	Taclonex	12
Qbrexza	16	Sertraline.	10	Tacrolimus Cap	18
QNasl.	18	Sildenafil 25 mg, 50 mg, 100 mg	16	Takhzyro	16
Quetiapine	10	Sildenafil Tab 20 mg	10	Tamiflu	8
Quinapril	9	Silenor	11	Tamoxifen Tab	9
Qvar Redihaler.	17	Simbrinza	14	Tamsulosin.	16
R		Simponi	15	Tecfidera	11
Rabeprazole	14	Simponi Aria	16	Tekturna	9
Raloxifene	16	Simvastatin	10	Tekturna HCT	9
Ramipril	9	Soliqua	13	Telmisartan	9
Ranexa	10	Solodyn	8	Temazepam	11
Ranitidine Tab, Cap, Syrup (Rx only).	14	Solosec.	8	Tenofovir Disoproxil Fumarate	15
Rapaflo	16	Soolantra.	12	Terazosin.	16
Rasuvo	15	Sotalol	10	Terbinafine Tab	8
Rayaldee	16	Spiriva Handihaler	17	Terconazole Vaginal Cream	19
Rebif	11	Spiriva Respimat.	17	Testosterone Cypionate IM Injection	16
Remicade	15	Spirolactone	9	Timolol Ophthalmic	14
Renflexis	15	Sprintec 28.	18	Timoptic Ocudose	14
Repatha	10	Sprycel	9	Tirosint.	14
Restasis	14	Stelara	16	Tivicay	15
Restasis Multidose	14	Stendra.	16	Tizanidine Tab	17
Retin-A Micro 0.08%	12	Stiolto	17	TOBI Podhaler	8
Revlimid	9	Strensiq	16	Tobramycin/Dexamethasone	14
Rexulti	10	Stribild	15	Tobramycin Ophthalmic	14
		Suboxone	8	Tolterodine ER	17
		Sucralfate Tab	14	Topiramate.	11
		Sulfamethoxazole-Trimethoprim	8	Torseamide Tab	9

Toujeo Max SoloStar	13	Veltassa	14	Zarxio	8
Toujeo SoloStar	13	Venlafaxine ER	10	Zelapar	11
Toviaz	17	Venlafaxine Tab	10	Zenpep	15
Tracleer	10	Ventolin HFA	17	Zetonna	18
Tradjenta	13	Verapamil	9	Zioptan	14
Tramadol	17	Verapamil ER	9	Ziprasidone	10
Tramadol w/ Acetaminophen	17	Vesicare	17	Zolpidem	11
Travatan Z	14	V-Go 20	13	Zolpidem ER	11
Trazodone	10	V-Go 30	13	Zonisamide	11
Trelegy Ellipta	17	V-Go 40	13	Zontivity	9
Tremfya	16	Viberzi	15	Zorvolex	17
Tresiba Flexpen	13	Victoza	13	Zovirax	12
Tretinoin Cream	12	Vienva	18	Zubsolv	8
Trezix	17	Viibryd	10	Zurampic	15
Triamcinolone Cream, Ointment	12	Vimpat	11	Zyclara	12
Triamterene/HCTZ	9	Viorele	18		
Triazolam Tab	11	Vitamin D (ergocalciferol) (Rx only)	18		
Tri-Estarylla	18	Vivlodex	17		
Tri-Linyah	18	Vosevi	8		
Tri-Lo-Marzia	18	Vraylar	10		
Trintellix	10	Vyvanse	10		
Tri-Previfem	18				
Tri-Sprintec	18	W			
Triumeq	15	Warfarin	9		
Trulicity	13				
Truvada	15	X			
Tymlos	16	Xarelto	9		
U		Xeljanz	16		
Uceris	15	Xeljanz XR	16		
Udenyca	8	Xifaxan	15		
Uloric	15	Xiidra	14		
V		Ximino	12		
Valacyclovir	8	Xolair	17		
Valsartan	9	Xtandi	9		
Valsartan/HCTZ	9	Xulane	18		
Varubi	15	Y			
Vascepa	10	Yonsa	9		
Vectical	12	Yuvaferm	19		
Velphoro	16	Z			

"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>

