

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](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 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, based on continually updated, evidenced-based research and widely accepted medical practices.
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.
E	Excluded – May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered. Authorized Brand Alternatives (ABAs) are excluded.

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.

Table of Contents

Drug tiers and cost	3
Programs and limits	4
Drugs by category	8
Acne/Rosacea	8
Addiction/Substance Abuse	8
Anti-Infectives	
Antibiotics	8
Antifungals	8
Antivirals	8
Blood Disorders	8
Cancer	9
Cardiovascular/Heart Disease	
Anticoagulants	9
High Blood Pressure	9
High Cholesterol	9
Other	10
Pulmonary Arterial Hypertension	10
Central Nervous System	
Alzheimer's/Dementia	10
Antipsychotics	10
Attention Deficit Disorder	10
Depression	10
Migraine	11
Multiple Sclerosis	11
Other	11
Parkinson's Disease	11
Sedatives/Hypnotics	11
Seizure Disorders	11
Dermatology	11
Diabetes/Endocrine	
Blood Glucose Monitoring	12
Insulin	13
Non-Insulin	13
Endocrine	
Growth Hormone	13
Other	14
Thyroid Hormone Replacement	14

Eye Conditions

Allergies	14
Antibiotics	14
Glaucoma	14
Other	14

Gastrointestinal

Acid Suppression	14
Inflammatory Bowel Disease	15
Nausea/Vomiting	15
Other	15

Gout

.....	15
-------	----

HIV/AIDS

.....	15
-------	----

Infertility

.....	15
-------	----

Inflammatory Conditions

.....	15
-------	----

Men's Health

Erectile Dysfunction	16
Prostate	16
Testosterone Therapy	16

Miscellaneous

.....	16
-------	----

Musculoskeletal

Osteoporosis	16
Other	16
Pain Relief	17

Overactive Bladder

.....	17
-------	----

Respiratory

Asthma/COPD	17
Nasal Allergies	18
Oral Allergies	18

Transplant

.....	18
-------	----

Vitamins/Electrolytes

.....	18
-------	----

Weight Loss Management

.....	18
-------	----

Women's Health

Birth Control	18
Hormone Replacement	18
Vaginal Anti-Infectives	19

Index

.....	20
-------	----

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	
Ofloxacin Otic 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
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
Ledipasvir/Sofosbuvir (Harvoni ABA)	E	SP
Mavyret	2	PA, QL, SP
Oseltamivir	1	QL
Sofosbuvir/Velpatasvir (Epclusa ABA)	E	SP
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
Nuwiq	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
[Plain type = Generic drug]

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

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

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
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

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
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	

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
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	
Insulin Lispro (Humalog ABA)	E	
Insulin Lispro KwikPen (Humalog KwikPen ABA)	E	
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

Drug Name	Drug Tier	Programs and Limits
Toujeo Max SoloStar	2	
Toujeo SoloStar	2	
Tresiba Flexpen	2	
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

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
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

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
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	

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
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
Trelix	1	QL
Vivlodex	3	ST
Zorvolex	3	ST

Drug Name	Drug Tier	Programs and Limits
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
Albuterol (Proair HFA ABA)	E	
Albuterol (Proventil HFA ABA)	E	
Albuterol (Ventolin HFA ABA)	E	
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

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
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		
Cyanocobalamine 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	

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
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	

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Index

A

Abacavir-Lamivudine	15
Abilify Maintena	10
Absorica	8
Accu-Chek Aviva Connect Kit	12
Accu-Chek Aviva Plus Kit	12
Accu-Chek Aviva Plus Test Strips	12
Accu-Chek Compact Plus Kit	12
Accu-Chek Compact Plus Test Strips	12
Accu-Chek FastClix Lancet Device Kit	12
Accu-Chek FastClix Lancets	12
Accu-Chek Guide Kit	12
Accu-Chek Guide Test Strips	12
Accu-Chek Multiclix Lancet Device Kit	12
Accu-Chek Multiclix Lancets	12
Accu-Chek Nano SmartView Kit	12
Accu-Chek SmartViewTest Strips	12
Accu-Chek Softclix Lancet Device Kit	12
Accu-Chek Softclix Lancets	12
Accu-Chek Soft Touch Lancets	12
Acetaminophen/Caffeine/ Dihydrocodeine	17
Acetaminophen w/ Codeine	17
Acetaminophen w/ Codeine #2, #3, #4	17
Actemra	15
Acyclovir Tab.	8
Aczone Gel 7.5%	11
Adapalene Gel	11
Adderall XR Cap	10
Addyi	16
Adempas	10
Advair Diskus	17
Advair HFA	17
Adynovate	8
Afstyla	8
Aimovig	11
Akynzeo	15
Albuterol Nebulizer Solution	17
Albuterol (Proair HFA ABA)	17

Albuterol (Proventil HFA ABA)	17
Albuterol (Ventolin HFA ABA)	17
Alendronate Tab 5 mg, 10 mg, 40 mg	16
Alendronate Tab 35 mg, 70 mg	16
Alfuzosin ER	16
Allopurinol	15
Alphagan P	14
Alprazolam Tab	11
Amiodarone	10
Amitriptyline	10
Amlodipine	9
Amlodipine/Benazepril	9
Amlodipine/Olmesartan	9
Amlodipine/Valsartan	9
Amoxicillin	8
Amoxicillin/Clavulanate	8
Amphetamine-Dextroamphetamine	10
Amphetamine-Dextro- amphetamine ER	10
Ampyra	11
Anastrozole Tab	9
Androderm	16
Androgel 1.62%	16
Anoro Ellipta	17
Apri	18
Apriso	15
Aranesp	8
Aripiprazole	10
Aristada	10
Armour Thyroid	14
Arnuity Ellipta	17
Astepro	18
Atenolol	9
Atenolol/Chlorthalidone	9
Atomoxetine	10
Atorvastatin	9
Atripla	15
Atrovent HFA	17
Aubagio	11
Auryxia	16
Austedo	11
Aviane	18

Avonex	11
Azasite	8
Azathioprine Tab	18
Azelastine Spray	18
Azithromycin	8
Azopt	14

B

Baclofen Tab	16
Bayer Contour Monitor Kit	12
Bayer Contour Next Monitor	12
Belbuca	17
Benazepril	9
Benazepril/HCTZ	9
Benzonatate	16
Benzotropine	11
Besivance	14
Betamethasone Cream	11
Betaseron	11
Bethkis	8
Betimol	14
Bevyxxa	9
Binosto	16
Bisoprolol	9
Bisoprolol/HCTZ	9
Blisovi Fe	18
Botox (non-cosmetic)	16
Breo Ellipta	17
Brilinta	9
Brimonidine Ophthalmic	14
Budesonide Inhalation Suspension	17
Bumetanide	9
Bunavail	8
Buprenorphine	8
Buprenorphine/Naloxone	8
Bupropion	10
Bupropion SR	10
Bupropion XL	10
Buspiron	11
Butalbital-Acetaminophen- Caffeine Cap, Tab	11
Bydureon	13

Bydureon Bcise	13
Byetta	13
Bystolic	9
Byvalson	9

C

Cabometyx	9
Calcitriol Cap.	14
Capecitabine.	9
Carbamazepine	11
Carbidopa-Levodopa	11
Carisoprodol	16
Cartia XT	9
Carvedilol	9
Cefdinir.	8
Cefuroxime Tab	8
Celecoxib	17
Cephalexin.	8
Cerdelga	16
Cetirizine	18
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.	8
Clarithromycin.	8
Clenpiq	15
Climara Pro	18
Clindamycin/Benzoyl Peroxide Gel 1-5%	11

Clindamycin Cap.	8
Clindamycin Lotion, Solution	11
Clindamycin Phosphate 1% Gel (Oceanside manufacturer)	11
Clindamycin Phosphate Gel 1%	11
Clindesse	19
Clobetasol Cream, Ointment, Solution	11
Clobex	11
Clonazepam	11
Clonidine Tab	9
Clopidogrel.	9
Clotrimazole/Betamethasone Cream.	11
Colchicine	15
Colcrys.	15
Combigan	14
Combivent Respimat	17
Complera	15
Contrave	18
Copaxone	11
Corlanor	10
Cosentyx.	15
Cosopt PF	14
Cotempla XR-ODT	10
Creon	15
Cresemba	8
Cryselle-28.	18
Cyanocobalamine Injection	18
Cyclobenzaprine Tab	16

D

Depen	16
Descovy	15
Desloratadine	18
Desvenlafaxine	10
Dexamethasone Soln, Tab	14
Dexcom G4 / G5/ G6 Receiver, Transmitter, Sensor (including Platinum, Platinum Pediatric)	12
Dexilant	14
Dexmethylphenidate	10
Dexmethylphenidate ER	10
Diazepam Tab	11

Diclofenac Gel 1%	11
Diclofenac Tab	17
Dicyclomine	15
Dificid	8
Digoxin	10
Diltiazem.	9
Diltiazem ER Cap	9
Dipentum	15
Diphenoxylate/Atropine.	15
Divalproex DR	11
Divalproex ER	11
Divigel	18
Donepezil	10
Dorzolamide/Timolol	14
Doxazosin	9
Doxepin	10
Doxycycline Hyclate.	8
Doxycycline Monohydrate	8
Drospirenone/Ethinyl Estradiol	18
Duavee.	18
Duloxetine	10
Dupixent	16
Dymista Spray	18

E

Edarbi	9
Edarbyclor	9
Elestrin Gel.	18
Eletriptan	11
Eliquis	9
Eloctate	8
Embeda	17
Emgality	11
Emverm	16
Enalapril	9
Enbrel	15
Endometrin	18
Enoxaparin.	9
Enskyce	18
Enstilar	11
Entecavir.	8
Entresto	10

Epclusa	8	Furosemide	9	Humulin R Vials	13
Epiduo & Epiduo Forte	12			Hydralazine	9
Epinephrine 0.3 mg Auto-Injector.	16	G		Hydrochlorothiazide	9
Epinephrine 0.15 mg, 0.3 mg Auto-Injector (Impax manufacturer)	16			Hydrocodone/APAP	17
Epinephrine 0.15 mg, 0.3 mg Auto-Injector (Mylan manufacturer)	16	Gabapentin	11	Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	16
Epipen	16	Gavilyte-G	15	Hydrocortisone Cream 1%, 2.5%	12
Epipen Jr	16	Gemfibrozil	10	Hydrocortisone Ointment 1%, 2.5%.	12
Erythromycin Ophthalmic	14	Gentamicin Ophthalmic	14	Hydrocortisone Tab	14
Escitalopram Tab	10	Genvoya	15	Hydromorphone Tab.	17
Esomeprazole Magnesium (Rx only)	14	Gianvi	18	Hydroxychloroquine	15
Estradiol Cream, Patch, Tab	18	Gilenya	11	Hydroxyzine HCL	11
Eszopiclone Tab	11	Glimepiride.	13	Hydroxyzine Pamoate	11
Etodolac	17	Glipizide	13	Hysingla ER	17
Eucrisa	12	Glipizide ER	13		
Euflexxa	16	Glipizide XL	13	I	
Ezetimibe	9	Glucagon Emergency Kit	13		
Ezetimibe/Simvastatin.	9	Glyburide.	13	Ibandronate	16
		Glyburide-Metformin	13	Ibrance.	9
F		Glyxambi	13	Ibuprofen Tab 400, 600, 800 mg (Rx only).	17
		Gonal-f	15	Idhifa	9
Famotidine Tab 20 mg and 40 mg (Rx only).	14	Gonal-f RFF	15	Imvexxy	19
Farxiga	13	Gralise	11	Incruse Ellipta	17
Fenofibrate.	9	Granix	8	Indomethacin Cap.	17
Fenofibric Acid.	9	Guanfacine.	9	Inflectra	15
Fentanyl Patch.	17	Guanfacine ER Tab.	10	Insulin Lispro (Humalog ABA)	13
Finasteride 5 mg.	16	Gynazole-1 Vaginal Cream	19	Insulin Lispro KwikPen (Humalog KwikPen ABA)	13
Firazyr	16			Intelence	15
Flecainide	10	H		Intrarosa	19
Flector Patch.	17			Invega Sustenna.	10
Flovent Diskus	17	Haegarda.	16	Invega Trinza	10
Flovent HFA	17	Haloperidol.	10	Invokamet	13
Fluconazole	8	Harvoni.	8	Invokamet XR	13
Fluocinonide Cream	12	Horizant	11	Invokana	13
Fluoroplex	12	H.P. Acthar	14	Ipratropium/Albuterol	17
Fluoxetine	10	Humalog Mix 50/50 Vials and KwikPen	13	Ipratropium Bromide Inhalation.	17
Fluticasone Spray	18	Humalog Mix 75/25 Vials and KwikPen	13	Ipratropium Spray	18
Fluvoxamine	10	Humalog U-100 and U-200 KwikPen	13	Irbesartan	9
Folic Acid 1 mg (Rx only)	18	Humalog U-100 Junior KwikPen.	13	Irbesartan/HCTZ	9
Forfivo XL	10	Humalog U-100 Vials and Cartridges	13	Isentress	15
Forteo	16	Humira	15	Isosorbide Mononitrate ER	10
		Humulin 70/30 Vials and KwikPen	13		
		Humulin N Vials and KwikPen	13		
		Humulin R U-500 Vials and KwikPen	13		

J

Janumet	13
Janumet XR	13
Januvia	13
Jardiance	13
Jentadueto	13
Jentadueto XR	13
Jivi	8
Juluca	15
Junel	18
Junel Fe	18

K

Kerydin Solution	8
Ketoconazole Cream, Shampoo	12
Ketorolac Ophthalmic	14
Ketorolac Tab	17
Klor-Con M20	18
Kogenate FS	8
Kovaltry	8

L

Labetalol	9
Lamotrigine	11
Lansoprazole (Rx only)	14
Lantus Solostar	13
Lantus Vials	13
Lastacaft	14
Latanoprost	14
Latuda	10
Ledipasvir/Sofosbuvir (Harvoni ABA)	8
Letairis	10
Letrozole	9
Levemir FlexTouch	13
Levemir Vials	13
Levetiracetam	11
Levitra	16
Levocetirizine	18
Levofloxacin Tab	8
Levonorgestrel/Ethinyl Estradiol	18
Levo-T	14

Levothyroxine	14
Levoxyl	14
Lidocaine Ointment	17
Lidocaine Patch 5%	17
Lidocaine/Prilocaine Cream	12
Lidocaine Viscous	16
Linzess	15
Liothyronine	14
Lisinopril	9
Lisinopril/HCTZ	9
Lithium	11
Lithium ER	11
Livalo	10
Lo Loestrin Fe	18
Lonhala Magnair	17
Lorazepam Tab	11
Loryna	18
Lorzone	17
Losartan	9
Losartan/HCTZ	9
Lovastatin	10
Low-Ogestrel	18
Lumigan	14
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	14
Lyrica Cap	11

M

Makena	16
Mavyret	8
Meclizine	15
Medroxyprogesterone Acetate Injection	18
Medroxyprogesterone Acetate Tab	19
Meloxicam	17
Memantine	10
Mercaptopurine	9
Mesalamine	15
Metaxalone	17
Metformin	13
Metformin ER	13
Metformin ER Modified Release (generic Glumetza)	13

Metformin ER Osmotic (generic Fortamet)	13
Methimazole	14
Methocarbamol	17
Methotrexate	15
Methylphenidate ER	10
Methylphenidate Tab	10
Methylprednisolone Tab	14
Metoclopramide	15
Metoprolol Succinate	9
Metoprolol Tartrate	9
Metrogel	12
Metronidazole Gel	12
Metronidazole Tab	8
Metronidazole Vaginal Gel	19
Microgestin	18
Microgestin Fe	18
Migranal	11
Minivelle	19
Minocycline Cap	8
Mirena	18
Mirtazapine	10
Mirvaso Gel	12
Modafinil	11
Mometasone	18
Mometasone Cream	12
Mono-Linyah	18
Mononessa	18
Montelukast	17
Morphine Sulfate ER	17
Movantik	15
Moviprep	15
Moxeza	14
Moxifloxacin Ophthalmic	14
Mulpleta	8
Multaq	10
Mupirocin Ointment	12
Mycophenolate Mofetil	18
Mycophenolate Sodium	18
Myorisan	8
Myrbetriq	17

N

Nabumetone	17
Nadolol	9
Naltrexone Tab.	8
Namzaric	10
Naprelan	17
Naproxen (Rx only)	17
Narcan	8
Natazia	18
Nature-Thyroid	14
Neomycin/Polymyxin/Dexa Ophthalmic	14
Neomycin/Polymyxin/HC Otic	8
Neulasta	8
Neupogen	8
Niacin ER Tab	10
Nifedipine ER	9
Nikki	18
Nitrofurantoin Macrocrystals	8
Nitrofurantoin Monohydrate Macrocrystals	8
Nitroglycerin SL	10
Nityr	16
Nivestym	8
Nocdurna	16
Norditropin	13
Norethindrone	18
Norethindrone/Ethinyl Estradiol	18
Norgestimate/Ethinyl Estradiol	18
Nortrel	18
Nortriptyline	10
Norvir	15
Novoeight	8
Novofine Autocover Pen Needle	12
Novofine Pen Needle	12
Novofine Plus Pen Needle	12
Novolin 70/30 Vials	13
Novolin N Vials	13
Novolin R Vials	13
Novolog Flexpen	13
Novolog Mix 70/30 Vials and Flexpen	13

Novolog Penfill	13
Novolog Vials	13
NovoTwist Pen Needle	12
Nucynta	17
Nutropin AQ	13
Nuvaring	18
Nuwiq	8
Nystatin Cream	12
Nystatin Suspension	8

O

Ocella	18
Odefsey	15
Ofloxacin Ophthalmic	14
Ofloxacin Otic Solution	8
Olanzapine	10
Olmesartan	9
Olmesartan/HCTZ	9
Olopatadine Ophthalmic	14
Omeclamox-Pak	15
Omega-3 Acid	10
Omeprazole (Rx only)	14
Omnaris	18
Omnitrope	13
Ondansetron ODT	15
Ondansetron Tab 4 mg, 8 mg	15
Ondansetron Tab 24 mg	15
OneTouch Ultra 2 System Kit	12
OneTouch Ultra Blue Test Strips	12
OneTouch UltraMini System Kit	12
OneTouch Verio Flex System Kit	12
OneTouch Verio IQ System Kit	12
OneTouch Verio Sync System Kit	13
OneTouch Verio System Kit	13
OneTouch Verio Test Strips	13
Onexton	12
Onglyza	13
Opsumit	10
Oracea	8
Orenitram	10
Orilissa	16

Orphenadrine Citrate ER	17
Oseltamivir	8
Osphena	14
Otezla	15
Otovel	8
Ovidrel	15
Oxcarbazepine	11
Oxsoralen-UL	12
Oxybutynin	17
Oxybutynin ER	17
Oxycodone Tab	17
Oxycodone w/ Acetaminophen	17
Oxycontin	17
Ozempic	13

P

Pantoprazole	14
Paroxetine Tab	10
Pazeo	14
Penicillin VK	8
Pentasa	15
Pentoxifylline ER	10
Permethrin Cream	12
Phenazopyridine (Rx only)	16
Phentermine	18
Phenytoin Extended	11
Pioglitazone	13
Polymyxin B/Trimethoprim Solution	14
Portia-28	18
Potassium Chloride ER	18
Potassium Citrate ER	18
Pradaxa	9
Praluent	10
Pramipexole	11
Pravastatin	10
Prazosin	9
Prednisolone Ophthalmic	14
Prednisolone Solution	14
Prednisone	14
Premarin Tab	19
Premarin Vaginal Cream	19

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

Tirosint	14
Tivicay	15
Tizanidine Tab	17
TOBI Podhaler	8
Tobramycin/Dexamethasone	14
Tobramycin Ophthalmic	14
Tolterodine ER	17
Topiramate	11
Torsemide Tab	9
Toujeo Max SoloStar	13
Toujeo SoloStar	13
Toviaz	17
Tracleer	10
Tradjenta	13
Tramadol	17
Tramadol w/ Acetaminophen	17
Travatan Z	14
Trazodone	10
Trelegy Ellipta	17
Tremfya	16
Tresiba Flexpen	13
Tretinoin Cream	12
Trezix	17
Triamcinolone Cream, Ointment	12
Triamterene/HCTZ	9
Triazolam Tab	11
Tri-Estarylla	18
Tri-Linyah	18
Tri-Lo-Marzia	18
Trintellix	10
Tri-Previfem	18
Tri-Sprintec	18
Triumeq	15
Trulicity	13
Truvada	15
Tymlos	16

U

Uceris	15
Udenyca	8
Uloric	15

V

Valacyclovir	8
Valsartan	9
Valsartan/HCTZ	9
Varubi	15
Vascepa	10
Vectical	12
Velphoro	16
Veltassa	14
Venlafaxine ER	10
Venlafaxine Tab	10
Ventolin HFA	17
Verapamil	9
Verapamil ER	9
Vesicare	17
V-Go 20	13
V-Go 30	13
V-Go 40	13
Viberzi	15
Victoza	13
Vienna	18
Viibryd	10
Vimpat	11
Viorele	18
Vitamin D (ergocalciferol) (Rx only)	18
Vivlodex	17
Vosevi	8
Vraylar	10
Vyvanse	10

W

Warfarin	9
--------------------	---

X

Xarelto	9
Xeljanz	16
Xeljanz XR	16
Xifaxan	15
Xiidra	14
Ximino	12
Xolair	17

Xtandi	9
Xulane	18

Y

Yonsa	9
Yuvaferm	19

Z

Zarxio	8
Zelapar	11
Zenpep	15
Zetonna	18
Zioptan	14
Ziprasidone	10
Zolpidem	11
Zolpidem ER	11
Zonisamide	11
Zontivity	9
Zorvolex	17
Zovirax	12
Zubsolv	8
Zurampic	15
Zyclara	12

"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>

