

SERVE YOU

Your 2020 Prescription Drug List

Serve You Rx
Select Formulary

Please read:

This document contains information about the drugs covered under your pharmacy benefit plan.

If you have questions:



Call customer service at
800-759-3203.



Visit **serveyourx.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, 2020

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 [serveyourx.com](https://www.serveyourx.com) or call Customer services at **800-759-3203** for more information.

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

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




How do I use my Prescription Drug List?

Bring this PDL with you when you see your doctor. You and your doctor should consult it when choosing a medication. It is organized by common medical conditions. Medications are then listed alphabetically and identified as generic or brand, and if special rules apply. If your medication is not listed in this document, please visit [serveyourx.com](https://www.serveyourx.com) or call Customer services at **800-759-3203**.

What are tiers?

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

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

\$	Drug Tier	Includes	Helpful Tips
	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 services at **800-759-3203** for more information about your benefit plan.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Programs and Limits

Some medications are noted with letters or symbols next to them. The letters and symbols refer to pharmacy benefit programs and are provided to help you check which medications may have a program or limit. Your benefit plan determines how these medications may be covered for you.

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 serveyourx.com or call Customer services at **800-759-3203**.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, rosuvastatin).

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit the drug cost comparison tool in the Member Portal at serveyourx.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 services at **800-759-3203** and have your prescriptions delivered right to your home or office.

Should I talk to my doctor about OTC medications?

An Over-the-Counter (OTC, no prescription required) medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered under your pharmacy benefit, they may cost less than your out-of-pocket expense for prescription medications.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit serveyourx.com or call customer service at **800-759-3203** for more current information.

When you register at serveyourx.com, you can use the website's helpful tools and features to:

- Perform drug cost comparisons
- Learn how to use mail service for home delivery of your medications
- View your medication history
- Locate in-plan, out-of-plan and 24-hour pharmacies near you
- Refill your prescriptions
- Search the drug database for generics, brand-names, generic equivalents and other drug information
- View quality and safety information about prescription alternatives
- View any plan-specific content



More Information

If you have additional questions, please call Customer services at **800-759-3203** or visit serveyourx.com.

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Drug Name	Drug Tier	Programs and Limits
Acne/Rosacea		
Absorica	3	PA
Claravis	1	PA
Minolira	E	
Myorisan	1	PA
Oracea	E	
Seysara	3	
Solodyn	E	
Addiction/Substance Abuse		
Bunavail	3	QL
Buprenorphine	1	QL
Buprenorphine/ Naloxone	1	QL
Chantix	3	QL
Naltrexone Tab	1	
Narcan	2	
Suboxone	E	
Zubsolv	2	QL
Anti-Infectives: Antibiotics		
Acticlate	E	
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	
Doryx	E	
Doryx MPC	E	
Doxycycline Hyclate	1	
Doxycycline Hyclate DR 80 mg	E	
Doxycycline Monohydrate	1	
Kitabis	E	SP
Levofloxacin Tab	1	
Metronidazole Tab	1	

Drug Name	Drug Tier	Programs and Limits
Minocycline Cap	1	
Neomycin/Polymyxin/ HC Otic	1	
Nitrofurantoin Macrocrystals	1	
Nitrofurantoin Monohydrate Macrocrystals	1	
Nuzyra	3	
Ofloxacin Otic Solution	1	
Otovel	3	
Penicillin VK	1	
Solosec	3	
Sulfamethoxazole- Trimethoprim	1	
Targadox	E	
TOBI Nebulizer	E	SP
TOBI Podhaler	E	SP
Tobramycin Nebulization Soln (Kitabis ABA)	E	SP
Tobramycin Nebulization Soln	1	SP
Anti-Infectives: Antifungals		
Cresemba	3	
Fluconazole	1	
Jublia Solution	E	
Kerydin Solution	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Tolsura	E	
Anti-Infectives: Antivirals		
Acyclovir Tab	1	
Baraclude	E	SP
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	E	
Valacyclovir	1	QL

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

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Valtrex	E	
Vemlidy	3	SP
Vosevi	2	PA, QL, SP
Xofluza	3	QL
Zovirax	E	
Blood Disorders		
Adynovate	3	SP
Afstyla	3	SP
Aranesp	2	PA, SP
Eloctate	3	SP
Epogen	E	SP
Fulphila	E	SP
Granix	E	SP
Jivi	3	SP
Kogenate FS	3	SP
Kovaltry	3	SP
Mulpleta	2	PA, SP
Neulasta	3	PA, SP
Neulasta Onpro	3	PA, SP
Neupogen	E	SP
Nivestym	2	PA, SP
Novoeight	3	SP
Nuwiq	3	SP
Procrit	E	SP
Retacrit	2	PA, SP
Udenyca	3	PA, SP
Ultomiris	3	PA, SP
Zarxio	2	PA, SP
Cancer		
Anastrozole Tab	1	
Arimidex	E	
Belrapzo	E	SP
Bendamustine	E	SP
Cabometyx	2	PA, SP
Capecitabine	1	SP
Gleevec	E	SP
Ibrance	3	PA, SP
Idhifa	3	PA, QL, SP
Letrozole	1	
Mercaptopurine	1	
Revlimid	2	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Targretin	E	SP
Xtandi	3	PA, SP

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Drug Name	Drug Tier	Programs and Limits
Yonsa	3	PA, SP
Cardiovascular/Heart Disease:		
Anticoagulants		
Bevyxxa	3	QL
Brilinta	2	
Clopidogrel	1	
Eliquis	2	QL
Enoxaparin	1	
Plavix	E	
Pradaxa	2	QL
Savaysa	3	QL
Warfarin	1	
Xarelto	2	QL
Zontivity	3	
Cardiovascular/Heart Disease:		
High Blood Pressure		
Altace	E	
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Valsartan	1	
Atacand	E	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Avapro	E	
Azor	E	
Benazepril	1	
Benazepril/HCTZ	1	
Benicar	E	
Benicar HCT	E	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Cardizem LA	E	
Cartia XT	1	
Carvedilol	1	
Catapres-TTS	E	
Chlorthalidone	1	
Clonidine Tab	1	
Coreg	E	
Coreg CR	E	
Cozaar	E	
Dilt-XR	1	
Diltiazem	1	
Diltiazem ER	1	
Diovan	E	

Drug Name	Drug Tier	Programs and Limits
Diovan HCT	E	
Doxazosin	1	
Dyazide	E	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Exforge	E	
Exforge HCT	E	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Hyzaar	E	
Inderal LA	E	
Inderal XL	E	
Innopran XL	E	
Irbesartan	1	
Irbesartan/HCTZ	1	
Kaspargo	E	
Labetalol	1	
Lasix	E	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Lotrel	E	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Micardis	E	
Micardis HCT	E	
Nadolol	1	
Nifedipine ER	1	
Norvasc	E	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prinivil	E	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Ramipril	1	
Spironolactone	1	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Tenormin	E	
Toprol XL	E	

Drug Name	Drug Tier	Programs and Limits
Torsemide Tab	1	
Triamterene/HCTZ	1	
Tribenzor	E	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Zestril	E	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	
Choline Fenofibrate	1	
Colestid	E	
Crestor	E	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibric Acid	1	
Gemfibrozil	1	
Lescol XL	E	
Lipitor	E	
Livalo	3	ST
Lovastatin	1	
Lovaza	E	
Niaspan	E	
Omega-3 Acid	1	
Praluent	2	PA, QL, SP
Pravachol	E	
Pravastatin	1	
Questran	E	
Questran Light	E	
Repatha	2	PA, QL, SP
Rosuvastatin	1	
Simvastatin	1	
Tricor	E	
Vascepa	2	
Vytorin	E	
Welchol	E	
Zetia	E	
Zocor	E	
Zypitamag	E	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, QL
Digoxin	1	
Entresto	2	QL

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E Excluded
PA Prior Authorization

ST Step Therapy
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Drug Name	Drug Tier	Programs and Limits
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL	1	
Nitrostat	E	
Ranexa	E	
Sotalol	1	
Tikosyn	E	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension		
Adcirca	E	SP
Adempas	2	PA, QL, SP
Letairis	E	SP
Opsumit	2	PA, QL, SP
Orenitram	3	PA, SP
Remodulin	E	SP
Sildenafil Tab 20 mg	1	PA, QL
Tracleer 32 mg	2	PA, QL, SP
Tracleer 62.5 mg, 125 mg	3	PA, QL, SP
Central Nervous System: Alzheimer's/Dementia		
Donepezil	1	
Memantine	1	
Namzaric	2	QL
Central Nervous System: Antipsychotics		
Abilify	E	
Abilify Maintena	3	
Aripiprazole	1	QL
Aristada	3	
Aristada Initio	3	
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL
Olanzapine	1	
Perseris	3	
Quetiapine	1	
Rexulti	3	QL
Risperdal	E	
Risperidone	1	
Saphris	2	QL
Seroquel	E	
Seroquel XR	E	
Vraylar	3	QL, ST
Ziprasidone	1	
Zyprexa	E	

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Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Attention Deficit Disorder		
Adderall	E	
Adderall XR	E	
Amphetamine- Dextroamphetamine	1	
Amphetamine-Dextro- amphetamine ER	1	
Atomoxetine	1	
Concerta	E	
Dexmethylphenidate	1	
Evekeo	E	
Focalin	E	
Focalin XR	E	
Dexmethylphenidate ER	1	
Guanfacine ER Tab	1	
Intuniv	E	
Methylphenidate ER	1	
Methylphenidate Tab	1	
Ritalin	E	
Ritalin LA	E	
Strattera	E	
Vyvanse	2	
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL	1	QL
Celexa	E	
Citalopram	1	
Cymbalta	E	
Desvenlafaxine	1	QL
Doxepin	1	
Duloxetine	1	QL
Effexor XR	E	
Escitalopram Tab	1	
Fluoxetine	1	
Fluvoxamine	1	
Forfivo XL	3	QL
Lexapro	E	
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Paxil CR	E	
Paxil Tab	E	
Pristiq	E	

Drug Name	Drug Tier	Programs and Limits
Prozac	E	
Sertraline	1	
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine	1	
Venlafaxine ER	1	
Viibryd	3	QL
Wellbutrin SR	E	
Wellbutrin XL	E	
Zoloft	E	
Central Nervous System: Migraine		
Aimovig	2	PA, QL
Ajovy	E	
Butalbital-Acetaminophen-Caffeine	1	
Eletriptan	1	QL
Emgality	2	PA, QL
Imitrex	E	
Maxalt	E	
Maxalt-MLT	E	
Onzetra Xsail	E	
Relpax	E	
Rizatriptan	1	QL
Sumatriptan Tab	1	QL
Treximet 85-500 mg	E	
Zembrace Symtouch	E	
Zomig	E	
Zomig ZMT	E	
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
Extavia	E	SP
Gilenya+	3	PA, QL, SP
Plegridy	E	SP
Rebif	3	PA, QL, SP
Rebif Titrtn	3	PA, QL, SP
Tecfidera	2	PA, QL, SP
+ Tier 3 Preferred		

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ST Step Therapy
QL Quantity Limits
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Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Other		
Alprazolam Tab	1	QL
Ativan	E	
Austedo	3	PA, QL, SP
Buspirone	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
Tiglutik	3	PA, QL, SP
Valium	E	
Xanax	E	
Xanax ER	E	
Xyrem	3	PA, QL, SP
Central Nervous System: Parkinson's Disease		
Carbidopa-Levodopa	1	
Gocovri	E	
Inbrija	3	PA, SP
Osmolex ER	E	
Pramipexole	1	
Ropinirole	1	
Rytary	3	ST
Central Nervous System: Sedatives/Hypnotics		
Ambien	E	
Ambien CR	E	
Eszopiclone Tab	1	QL
Lunesta	E	
Restoril	E	
Silenor	3	QL
Temazepam	1	
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Carbamazepine	1	
Carbatrol	E	
Clonazepam	1	QL

Drug Name	Drug Tier	Programs and Limits
Depakote	E	
Dilantin Capsule	E	
Dilantin Infatabs	E	
Dilantin Suspension	E	
Divalproex DR	1	
Divalproex ER	1	
Epidiolex	3	PA, SP
Gabapentin	1	
Keppra	E	
Keppra XR	E	
Klonopin	E	
Lamictal	E	
Lamictal ODT	E	
Lamictal ODT Kit	E	
Lamictal XR	E	
Lamictal XR Kit	E	
Lamotrigine	1	
Levetiracetam	1	
Lyrica	E	
Neurontin	E	
Onfi	E	
Oxcarbazepine	1	
Oxtellar XR	E	
Qudexy XR	E	
Sabril	E	SP
Sympazan	3	PA
Tegretol	E	
Tegretol-XR	E	
Topamax	E	
Topamax Sprinkle	E	
Topiramate	1	
Trileptal	E	
Trokendi XR	E	
Vimpat	3	
Zonegran	E	
Zonisamide	1	
Dermatology		
Acanya Gel	E	
Aczone Gel 5%	E	
Aczone Gel 7.5%	2	
Adapalene Lotion (Differin ABA)	E	
Aktipak	E	
Ala Scalp Lotion	E	
Apexicon E Cream	E	

Drug Name	Drug Tier	Programs and Limits
Benzaclin	E	
Benzaclin Pump	E	
Benzamycin	E	
Betamethasone Cream	1	
Bryhali	3	
Capex Shampoo	E	
Clindagel	E	
Clindamycin Lotion, Solution, Swab	1	
Clindamycin Phosphate 1% Gel	1	
Clindamycin Phosphate 1% Gel (Clindagel ABA)	E	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex	E	
Cloderm Cream	E	
Clotrimazole/ Betamethasone Cream	1	
Cordran Tape	E	
Desonate Gel	E	
Diclofenac Gel 1%	1	QL
Differin Cream, Gel	E	
Duac	E	
Elidel	E	
Enstilar	3	QL
Epiduo	E	
Epiduo Forte	3	
Eucrisa	2	ST
Finacea	E	
Flector	E	
Fluocinonide Cream	1	
Fluoroplex	3	
Fluorouracil Cream 0.5%	2	
Fluorouracil Cream 5%	1	
Halobetasol Propionate Foam (Lexette ABA)	E	
Halog	E	
Hydrocortisone Cream 1%, 2.5%	1	

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

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Hydrocortisone Ointment 1%, 2.5%	1	
Imiquimod Cream 3.75% (Zyclara ABA)	E	
Impoz Cream	E	
Kenalog Spray	E	
Ketoconazole Cream, Shampoo	1	
Lexette	E	
Lidocaine/Prilocaine Cream	1	
Metrogel Cream, Gel	E	
Metronidazole Cream, Gel	E	
Micort-HC	E	
Mirvaso Gel	2	
Mometasone Cream	1	
Mupirocin Cream, Ointment	1	
Natroba	E	
Noritate	E	
Nystatin Cream	1	
Onexton	3	
Pandel Cream	E	
Psorcon Cream	E	
Retin-A Cream, Gel	E	
Retin-A-Micro 0.04%, 0.1%	E	
Retin-A Micro 0.06%, 0.08%	2	PA
Sernivo	3	
Silvadene	E	
Soolantra	2	
Sorilux	E	
Taclonex Ointment	E	
Taclonex Suspension	3	QL
Tazorac Cream 0.1%	E	
Tolak	3	
Topicort Spray	E	
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
Trianex Ointment	E	
Ultravate Lotion	E	
Vectical	E	
Verdeso Foam	E	

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E Excluded
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ST Step Therapy
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Drug Name	Drug Tier	Programs and Limits
Veltin	E	
Xepi	3	
Ximino	3	
Ziana	E	
Zovirax	E	
Zyclara	E	
Zyclara Pump	E	
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Aviva Connect Kit	E	
Accu-Chek Aviva Kit	E	
Accu-Chek Aviva Plus Kit	E	
Accu-Chek Compact Plus Control	E	
Accu-Chek Compact Plus Kit	E	
Accu-Chek Compact Plus Test Strips	E	
Accu-Chek FastClix Lancet Device Kit	2	
Accu-Chek FastClix Lancets	2	
Accu-Chek Guide Control	E	
Accu-Chek Guide Kit	E	
Accu-Chek Multiclix Lancet Device Kit	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Nano SmartView Kit	E	
Accu-Chek SmartView Control	E	
Accu-Chek Smartview Test Strips	E	
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclix Lancets	2	
Accu-Chek Softclix Lancet Device Kit	2	
BD Autosshield Duo Pen Needle	2	
BD Ultra-Fine Insulin Syringes	2	

Drug Name	Drug Tier	Programs and Limits
BD Ultra-Fine Pen Needle	2	
Dexcom G4 / G5 / G6 Receiver, Transmitter, Sensor (including Platinum, Platinum Pediatric)	2	
FreeStyle Libre 14 Day Reader, Sensor	E	
FreeStyle Libre Reader, Sensor System	E	
Novofine Autocover Pen Needle	2	
Novofine Pen Needle	2	
Novofine Plus Pen Needle	2	
Novotwist Pen Needle	2	
OneTouch Verio Flex System Kit	2	
OneTouch Verio IQ System Kit	2	
OneTouch Verio Sync System Kit	2	
OneTouch Verio System Kit	2	
OneTouch Verio Test Strips	2	QL
OneTouch Ultra 2 System Kit	2	
OneTouch Ultra Blue Test Strips	2	QL
OneTouch Ultra Mini System Kit	2	
V-Go 20	2	
V-Go 30	2	
V-Go 40	2	
Diabetes/Endocrine: Insulin		
Admelog	E	
Apidra	E	
Basaglar	E	
Fiasp	E	
Humalog Mix 50/50 Vials and KwikPen	2	
Humalog Mix 75/25 Vials and KwikPen	2	
Humalog U-100 Junior KwikPen	2	

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Drug Name	Drug Tier	Programs and Limits
Humalog U-100 Vials and Cartridges	2	
Humalog 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	E	
Levemir Vials	E	
Novolin 70/30 FlexPen	E	
Novolin 70/30 FlexPen Relion	E	
Novolin 70/30 Relion	E	
Novolin 70/30 Vials	E	
Novolin N Relion	E	
Novolin N Vials	E	
Novolin R Relion	E	
Novolin R Vials	E	
Novolog Flexpen	E	
Novolog Mix 70/30 Vials and Flexpen	E	
Novolog Penfill	E	
Novolog U-100 Vials	E	
Soliqua	2	QL, ST
Toujeo Max SoloStar	2	
Toujeo SoloStar	2	
Tresiba	E	
Tresiba FlexTouch	E	
Diabetes/Endocrine: Non-Insulin		
Adlyxin	E	
Alogliptin (Nesina ABA)	E	
Alogliptin/Metformin (Kazano ABA)	E	
Alogliptin/Pioglitazone (Oseni ABA)	E	
Bydureon	2	QL, ST

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Drug Name	Drug Tier	Programs and Limits
Bydureon Bcise	2	QL, ST
Byetta	2	QL, ST
Farxiga	E	
Fortamet	E	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glucagon Emergency Kit	2	
Glucophage	E	
Glucophage XR	E	
Glumetza	E	
Glyburide	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
Jentadueto	2	ST
Jentadueto XR	2	ST
Kazano	E	
Kombiglyze XR	E	
Metformin	1	
Metformin ER	1	
Metformin ER Modified Release (generic Glumetza)	E	
Metformin ER Osmotic (generic Fortamet)	E	
Nesina	E	
Onglyza	E	
Oseni	E	
Ozempic	2	QL, ST
Pioglitazone	1	
Qtern	E	
Segluromet	E	
Steglatro	E	
Steglujan	E	
Synjardy	2	ST
Synjardy XR	2	ST
Tradjenta	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST

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Drug Name	Drug Tier	Programs and Limits
Xigduo XR	E	
Endocrine: Growth Hormone		
Genotropin	E	SP
Humatrope	E	SP
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Omnitrope	2	PA, SP
Saizen	E	SP
Zomacton	E	SP
Endocrine: Other		
Calcitriol Cap	1	
Cortef	E	
Dexamethasone Tab	1	
H.P. Acthar	2	PA, SP
Hydrocortisone Tab	1	
Kenalog-40	E	
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	
Rayos	E	
TaperDex 12-Day	3	
TaperDex 6-Day	3	
TaperDex 7-Day	3	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	ST
Cytomel	E	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Nature-Thyroid	3	ST
Synthroid	E	
Tirosint	E	
Eye Conditions: Allergies		
Lastacft	3	ST
Olopatadine Ophthalmic	1	
Pataday	E	
Patanol	E	
Pazeo	E	

Drug Name	Drug Tier	Programs and Limits
Eye Conditions: Antibiotics		
Besivance	3	
Erythromycin Ophthalmic	1	
Gentamicin Ophthalmic	1	
Moxeza	2	
Moxifloxacin Ophthalmic	1	
Neomycin/Polymyxin/ Dexamethasone Ophthalmic	1	
Ofloxacin Ophthalmic	1	
Polymyxin B/ Trimethoprim Soln	1	
Tobradex	E	
Tobramycin Ophthalmic	1	
Tobramycin/ Dexamethasone	1	
Vigamox	E	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	
Alphagan P 0.15%	E	
Azopt	2	
Betimol	3	
Brimonidine Ophthalmic	1	
Combigan	2	
Cosopt	E	
Cosopt PF	E	
Dorzolamide/Timolol	1	
Latanoprost	1	QL
Lumigan	2	QL
Rhopressa	2	
Rocklatan	2	
Timoptic	E	
Timoptic-XE	E	
Simbrinza	2	
Timolol Ophthalmic	1	
Timoptic Ocudose	E	
Travatan Z	2	QL
Vyzulta	E	
Xalatan	E	
Zioptan	E	
Eye Conditions: Other		
Bromsite	E	
Ilevro	E	
Inveltys	3	

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Drug Name	Drug Tier	Programs and Limits
Ketorolac Ophthalmic	1	
Latisse	E	
Lotemax Gel, Ointment	3	
Lotemax Suspension	E	
Lotemax SM	3	
Nevanac	E	
Pred Forte	E	
Prednisolone Ophthalmic	1	
Prolensa	2	QL
Restasis	2	PA
Restasis Multidose	2	PA
Xiidra	2	PA
Gastrointestinal: Acid Suppression		
Aciphex	E	
Carafate Tab	E	
Dexilant	2	QL
Duexis	E	
Esomeprazole Magnesium (Rx only)	E	
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Nexium Cap	E	
Omeppi	E	
Omeprazole (Rx only)	1	QL
Omeprazole/Sodium Bicarbonate	E	
Pantoprazole	1	QL
Prevacid	E	
Protonix	E	
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Vimovo	E	
Zegerid	E	
Gastrointestinal: Inflammatory Bowel Disease		
Apriso	2	
Asacol HD	E	
Canasa	E	
Delzicol	E	
Dipentum	E	
Lialda	E	

Drug Name	Drug Tier	Programs and Limits
Mesalamine	1	
Pentasa	3	
Proctofoam-HC	2	
Uceris Rectal	3	
Uceris Tab	E	
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab 4 mg, 8 mg	1	
Ondansetron Tab 24 mg	1	QL
Prochlorperazine	1	
Sancuso	E	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	E	
Clenpiq	3	
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G Solution	1	
Golytely	E	
Linzess	2	QL, ST
Motofen	E	
Movantik	E	
Moviprep	E	
Nulytely	E	
Omeclamox-Pak	2	
Pancreaze	E	
Pertzye	E	
Prepopik	3	
Pylera	2	
Relistor	E	
Suprep Bowel Prep	3	
Symproic	2	QL, ST
Trulance	E	
Viberzi	3	PA, QL
Viokace	E	
Zenpep	2	
Gout		
Allopurinol	1	
Colchicine	E	
Colcrys	2	

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Drug Name	Drug Tier	Programs and Limits
Mitigare	E	
Uloric	3	ST
HIV/AIDS		
Atripla	E	
Biktarvy	3	
Cimduo	2	
Descovy	3	
Dovato	2	
Genvoya	3	
Juluca	2	
Odefsey	3	
Prezcobix	2	
Prezista	2	
Ritonavir	1	
Stribild	3	
Symfi	2	
Symfi Lo	2	
Tenofovir Disoproxil Fumarate	1	
Tivicay	2	
Triumeq	2	
Truvada	2	
Infertility		
Bravelle	E	SP
Cetrotide	E	SP
Follistim AQ	2	SP
Ganirelix	1	SP
Gonal-f	E	SP
Gonal-f RFF	E	SP
Inflammatory Conditions		
Actemra*	3	PA, SP
Cimzia	2	PA, SP
Cosentyx	E	SP
Enbrel	3	PA, SP
Humira	2	PA, SP
Hydroxychloroquine	1	
Inflectra	2	PA, SP
Leflunomide	1	
Methotrexate	1	
Olumiant	E	SP
Orencia*	3	PA, SP
Otezla	2	PA, SP
Rasuvo	2	PA, QL
Remicade	E	SP

Drug Name	Drug Tier	Programs and Limits
Renflexis	2	PA, SP
Simponi	2	PA, SP
Skyrizi	2	PA, SP
Stelara	2	PA, SP
Taltz*	3	PA, SP
Tremfya	2	PA, SP
Xeljanz	2	PA, SP
Xeljanz XR	2	PA, SP
Men's Health: Erectile Dysfunction		
Cialis	E	
Levitra	E	
Sildenafil 25 mg, 50 mg, 100 mg	1	QL
Staxyn	E	
Stendra	E	
Tadalafil	1	QL
Viagra	E	
Men's Health: Prostate		
Alfuzosin ER	1	
Avodart	E	
Cialis 2.5 mg & 5 mg	E	
Dutasteride	1	
Finasteride 5 mg	1	
Flomax	E	
Rapaflo	3	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA
Androgel	E	
Depo-Testosterone	E	
Fortesta	E	
Testim	E	
Testosterone Cypionate IM Injection	1	PA
Testosterone Gel 1%, 1.62%, 2%	1	PA
Vogelxo	E	
Xyosted	3	PA
Miscellaneous		
Addyi	3	PA, QL
Arakoda	3	

Drug Name	Drug Tier	Programs and Limits
Auryxia	3	
Auvi-Q	E	
Benzonatate	1	
Botox (non-cosmetic)	2	PA, SP
Brisdelle	E	
Cerdelga	3	PA, SP
Chlorhexidine	1	
Clarinex Tab, Syrup	E	
Clarinex-D	E	
Depen	2	SP
Dupixent	2	PA, QL, SP
Emverm	2	
Epinephrine 0.15 mg, 0.3 mg Injection Solution	1	
Epinephrine 0.15 mg, 0.3 mg Injection Solution (Mylan manufacturer)	1	
Epinephrine 0.3 mg Injection Solution	1	
Epipen	3	ST
Epipen Jr	E	
Firazyr	3	PA, SP
Haegarda	3	PA, SP
Hemangeol	3	
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	QL
Lidocaine Viscous	1	
Makena	2	PA, SP
Nityr	3	PA, SP
Nocdurna	3	
Noctiva	E	
Nuvigil	E	
Orilissa	2	PA, QL
Panzyga	E	SP
Phenazopyridine (Rx only)	1	
Plaquenil	E	
Promethazine	1	
Promethazine DM	1	
Promethazine/Codeine	1	QL
Propecia	E	

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Drug Name	Drug Tier	Programs and Limits
Provigil	E	
Pseudoephedrine/ Bromphen/DM	1	
Renagel	E	
Qbrexza	3	QL
Royaldee	3	
Ruconest	3	PA, SP
Sandostatin	E	SP
Sensipar	E	
Strensiq	3	PA, SP
Symjepi	3	
Takhzyro	3	PA, SP
Velphoro	3	
Xhance	E	
Musculoskeletal: Osteoarthritis		
Durolane	2	PA, SP
Euflexxa	2	PA, SP
Gelsyn-3	2	PA, SP
Gel-One	E	SP
Genvisc 850	E	SP
Hyalgan	E	SP
Hymovis	E	SP
Monovisc	E	SP
Orthovisc	E	SP
Supartz FX	E	SP
Synvisc	E	SP
Synvisc-One	E	SP
Trivisc	E	SP
Visco-3	E	SP
Musculoskeletal: Osteoporosis		
Alendronate Tab 5 mg, 10 mg, 40 mg	1	
Alendronate Tab 35 mg, 75 mg	1	QL
Binosto	3	QL
Forteo	2	PA, SP
Ibandronate	1	QL
Raloxifene	1	
Tymlos	2	PA, SP
Musculoskeletal: Other		
Amrix	E	
Baclofen Tab	1	
Carisoprodol	1	

Drug Name	Drug Tier	Programs and Limits
Cyclobenzaprine Tab	1	
Lorzone	3	
Metaxalone	1	
Methocarbamol	1	
Skelaxin	E	
Soma	E	
Tizanidine Tab	1	
Zanaflex	E	
Musculoskeletal: Pain Relief		
Abstral	E	
Acetaminophen w/ Codeine	1	QL
Acetaminophen w/ Codeine #2, #3, #4	1	QL
Acetaminophen/ Caffeine/ Dihydrocodeine	1	QL
Apadaz	E	
Arthrotec	E	
Arymo ER	E	
Belbuca	2	PA, QL
Benzhydrocodone/ APAP	E	
Butrans	E	
Cambia	E	
Celebrex	E	
Celecoxib	1	QL
Conzip	E	
Diclofenac Tab	1	
Dilaudid	E	
Duragesic	E	
Embeda	2	PA, QL
Etodolac	1	
Exalgo	E	
Fentanyl Patch	1	PA, QL
Fentora	E	
Fentanyl Citrate Buccal Tablet (Fentora ABA)	E	
Fioricet	E	
Fiorcet/Codeine	E	
Hydrocodone/APAP	1	QL
Hydromorphone Tab	1	QL
Hysingla ER	2	PA, QL

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Drug Name	Drug Tier	Programs and Limits
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Kadian	E	
Ketorolac Tab	1	QL
Lazanda	E	
Lidocaine Ointment	1	
Lidocaine Patch 5%	1	
Lidoderm	E	
MS Contin	E	
Meloxicam	1	
Mobic	E	
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Nalfon	E	
Naprelan	3	
Naproxen (Rx only)	1	
Norco	E	
Nucynta	E	
Nucynta ER	E	
Oxycodone w/ Acetaminophen	1	QL
Oxycodone ER (Oxycontin ABA)	E	
Oxycodone Powder	E	
Oxycodone Tab	1	QL
Oxycontin	2	PA, QL
Pennsaid	E	
Percocet	E	
Roxicodone	E	
Roxybond	3	QL
Sprix	E	
Subsys	E	
Tramadol	1	QL
Tramadol ER (Conzip ABA)	E	
Tylenol w/ Codeine #3, #4	E	
Ultracet	E	
Ultram	E	
Voltaren Gel 1%	E	
Xtampza ER	E	
Zohydro ER	E	
Zorvolex	E	
Ztlido	E	

Drug Name	Drug Tier	Programs and Limits
Overactive Bladder		
Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine ER	1	
Toviaz	3	
Vesicare	E	
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
AirDuo	E	
Albuterol Nebulizer Solution	1	QL
Albuterol (Proair HFA ABA)	E	
Albuterol (Proventil HFA ABA)	E	
Albuterol (Ventolin HFA ABA)	E	
Alvesco	E	
Anoro Ellipta	2	QL
Arnuity Ellipta	2	QL
Asmanex	E	
Asmanex HFA	E	
Atrovent HFA	3	QL
Bevespi Aerosphere	E	
Breo Ellipta	2	QL
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	QL
Dulera	E	
Flovent Diskus	2	QL
Flovent HFA	2	QL
Incruse Ellipta	2	QL
Ipratropium/Albuterol	1	QL
Levalbuterol Inhaler (Xopenex HFA ABA)	E	
Lonhala Magnair	3	QL
Montelukast	1	
Proair HFA	2	QL
Proair RespiClick	2	QL
Proventil HFA	E	
Pulmicort Flexhaler	2	QL

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Drug Name	Drug Tier	Programs and Limits
Pulmicort Suspension	E	
Qvar	E	
Seebri Neohaler	E	
Serevent Diskus	2	QL
Singulair	E	
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Stiolto Respimat	2	QL
Symbicort	2	QL
Trelegly Ellipta	2	QL
Tudorza Pressair	E	
Utibron Neohaler	E	
Ventolin HFA	2	QL
Xolair	2	PA, SP
Xopenex HFA	E	
Yupelri	E	
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Mometasone	1	QL
Nasonex	E	
Omnaris	3	QL
QNasl	3	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Desloratadine	1	
Levocetirizine	1	
Transplant		
Azathioprine Tab	1	
Cyclosporine Modified Cap	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Tacrolimus Cap	1	
Vitamins/Electrolytes		
Carnitor	E	
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
K-Tab	E	

Drug Name	Drug Tier	Programs and Limits
Klor-Con	1	
Lokelma	3	
Multivitamin/Fluoride Chewable Tab	1	
Potassium Chloride ER	1	
Potassium Citrate ER	1	
Sodium Fluoride Chewable Tab	1	
Veltassa	3	
Vitamin D (ergocalciferol) (Rx only)	1	
Weight Loss Management		
Adipex-P	E	
Contrave	2	PA
Phentermine	1	PA
Saxenda	3	PA
Women's Health: Birth Control		
Apri	1	
Aviane	1	
Beyaz	E	
Blisovi Fe	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	
Enskyce	1	
Estarylla	1	
Generess Fe	E	
Gianvi	1	
Isibloom	1	
Junel	1	
Junel Fe	1	
Kariva	1	
Larissia	1	
Lessina	1	
Levonorgestrel/Ethinyl Estradiol	1	
Lo Loestrin Fe	E	
Loestrin	E	
Loestrin Fe	E	
Loryna	1	
Low-Ogestrel	1	
Medroxyprogesterone Acetate Injection	1	QL
Minastrin 24 Fe	E	
Mirena	3	

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Drug Name	Drug Tier	Programs and Limits
Mono-Linyah	1	
Natazia	2	
Nikki	1	
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Norgestimate/Ethinyl Estradiol	1	
Nortrel	1	
Nuvaring	2	
Ortho Micronor	E	
Ortho-Novum	E	
Ortho-Tri-Cyclen	E	
Ortho Tri-Cyclen Lo	E	
Safyral	E	
Seasonique	E	
Sprintec 28	1	
Syeda	1	
Taytulla	3	
Tri Femynor	1	
Tri-Lo-Sprintec	1	
Tri-Linyah	1	
Tri-Lo-Marzia	1	
Tri-Sprintec	1	
Xulane	1	
Yasmin 28	E	
Yaz	E	
Women's Health: Hormone Replacement		
Climara	E	
Climara Pro	2	
Delestrogen	E	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Endometrin	2	
Estrace	E	
Estradiol Cream, Patch, Tab	1	
Imvexxy	3	
Intrarosa	3	
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	
Premarin Tab	2	

Drug Name	Drug Tier	Programs and Limits
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap	1	
Prometrium	E	
Vagifem	E	
Vivelle-Dot	E	
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]

E Excluded
PA Prior Authorization

ST Step Therapy
QL Quantity Limits
SP Specialty Program

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Accu-Chek Compact Plus Control	14	Albuterol (Proair HFA ABA)	21	Arnuity Ellipta	21
Accu-Chek Compact Plus Kit	14	Albuterol (Proventil HFA ABA)	21	Arthrotec	20
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Roxicodone	21
Roxybond	21
Ruconest	20
Rytary	12
S	
Sabril	13
Safyral	23
Saizen	16
Sancuso	18
Sandostatin	20
Saphris	11
Savaysa	9
Saxenda	22
Seasonique	23
Seebri Neohaler	22
Segluromet	16
Sensipar	20
Serevent Diskus	22
Sernivo	14
Seroquel	11

Seroquel XR	11	Symfi	18	Timoptic Ocudose	17
Sertraline.	12	Symfi Lo	18	Timoptic-XE	17
Seysara	8	Symjepi	20	Tirosint	16
Sildenafil 25 mg, 50 mg, 100 mg	19	Sympazan	13	Tivicay	18
Sildenafil Tab 20 mg	11	Symproic	18	Tizanidine Tab	20
Silenor	12	Synjardy	16	TOBI Nebulizer	8
Silvadene.	14	Synjardy XR	16	TOBI Podhaler	8
Simbrinza	17	Synthroid.	16	Tobradex	17
Simponi	19	Synvisc.	20	Tobramycin/Dexamethasone	17
Simvastatin	10	Synvisc-One	20	Tobramycin Nebulization Soln	8
Singulair	22			Tobramycin Nebulization Soln (Kitabis ABA)	8
Skelaxin	20	T		Tobramycin Ophthalmic	17
Skyrizi	19	Taclonex Ointment	14	Tolak	14
Sodium Fluoride Chewable Tab	22	Taclonex Suspension	14	Tolsura	8
Sofosbuvir/Velpatasvir (Epclusa ABA)	8	Tacrolimus Cap	22	Tolterodine ER	21
Soliqua	15	Tadalafil	19	Topamax	13
Solodyn	8	Takhzyro	20	Topamax Sprinkle	13
Solosec	8	Taltz	19	Topicort Spray	14
Soma	20	Tamiflu	8	Topiramate.	13
Soolantra.	14	Tamoxifen Tab	9	Toprol XL	10
Sorilux	14	Tamsulosin.	19	Torsehide Tab	10
Sotalol	11	TaperDex 6-Day	16	Toujeo Max SoloStar.	15
Spiriva Handihaler	22	TaperDex 7-Day	16	Toujeo SoloStar	15
Spiriva Respimat.	22	TaperDex 12-Day	16	Toviaz	21
Spironolactone	10	Targadox	8	Tracleer 32 mg	11
Sprintec 28.	23	Targretin	9	Tracleer 62.5 mg, 125 mg	11
Sprix	21	Taytulla.	23	Tradjenta	16
Sprycel	9	Tazorac Cream 0.1%	14	Tramadol	21
Staxyn	19	Tecfidera	12	Tramadol ER (Conzip ABA)	21
Steglatro	16	Tegretol	13	Travatan Z	17
Steglujan	16	Tegretol-XR.	13	Trazodone	12
Stelara	19	Tekturna	10	Trelegy Ellipta	22
Stendra	19	Tekturna HCT	10	Tremfya	19
Stiolto Respimat	22	Telmisartan	10	Tresiba	15
Strattera	11	Temazepam	12	Tresiba FlexTouch	15
Strengiq	20	Tenofovir Disoproxil Fumarate	18	Tretinoin Cream	14
Stribild	18	Tenormin.	10	Treximet 85-500 mg	12
Suboxone	8	Terazosin.	19	Triamcinolone Cream, Ointment	14
Subsys	21	Terbinafine Tab.	8	Triamterene/HCTZ	10
Sucalfate Tab	17	Terconazole Vaginal Cream	23	Trianex Ointment	14
Sulfamethoxazole-Trimethoprim	8	Testim	19	Triazolam Tab	12
Sumatriptan Tab	12	Testosterone Cypionate IM Injection	19	Tribenzor	10
Supartz FX	20	Testosterone Gel 1%, 1.62%, 2%	19	Tricor	10
Suprep Bowel Prep	18	Tiglutik	12	Tri Femynor	23
Syeda.	23	Tikosyn.	11	Trileptal.	13
Symbicort	22	Timolol Ophthalmic	17	Tri-Linyah.	23
		Timoptic	17		

Tri-Lo-Marzia	23
Tri-Lo-Sprintec	23
Trintellix	12
Tri-Sprintec.	23
Triumeq	18
Trivisc	20
Trokendi XR	13
Trulance	18
Trulicity.	16
Truvada.	18
Tudorza Pressair.	22
Tylenol w/ Codeine #3, #4	21
Tymlos	20

U

Uceris Rectal.	18
Uceris Tab	18
Udenyca	9
Uloric	18
Ultomiris	9
Ultracet	21
Ultram	21
Ultravate Lotion	14
Utibron Neohaler	22

V

Vagifem	23
Valacyclovir	8
Valium	12
Valsartan.	10
Valsartan/HCTZ	10
Valtrex	9
Varubi	18
Vascepa	10
Vectical.	14
Velphoro	20
Veltassa	22
Veltin	14
Vemlidy	9
Venlafaxine	12
Venlafaxine ER.	12
Ventolin HFA.	22
Verapamil ER.	10
Verdeso Foam	14
Vesicare	21
V-Go 20.	15
V-Go 30.	15

V-Go 40.	15
Viagra	19
Viberzi	18
Victoza	16
Vigamox	17
Viibryd	12
Vimovo.	17
Vimpat	13
Viokace.	18
Visco-3.	20
Vitamin D (ergocalciferol) (Rx only)	22
Vivelle-Dot	23
Vogelxo	19
Voltaren Gel 1%	21
Vosevi	9
Vraylar	11
Vytorin	10
Vyvanse	11
Vyzulta	17

W

Warfarin	9
Welchol	10
Wellbutrin SR	12
Wellbutrin XL.	12

X

Xalatan	17
Xanax	12
Xanax ER.	12
Xarelto	9
Xeljanz	19
Xeljanz XR	19
Xepi	14
Xhance.	20
Xigduo XR	16
Xiidra.	17
Ximino	14
Xofluza	9
Xolair.	22
Xopenex HFA	22
Xtampza ER	21
Xtandi	9
Xulane	23
Xyosted	19
Xyrem	12

Y

Yasmin 28	23
Yaz	23
Yonsa.	9
Yupelri	22
Yuvaferm	23

Z

Zanaflex	20
Zarxio	9
Zegeid	17
Zembrace Symtouch	12
Zenpep	18
Zestril.	10
Zetia	10
Zetonna	22
Ziana	14
Zioptan	17
Ziprasidone	11
Zocor	10
Zohydro ER.	21
Zoloft	12
Zolpidem.	12
Zolpidem ER	12
Zomacton	16
Zomig	12
Zomig ZMT	12
Zonegran.	13
Zonisamide	13
Zontivity	9
Zorvolex	21
Zovirax	9
Zovirax	14
Ztlido	21
Zubsolv	8
Zyclara	14
Zyclara Pump	14
Zypitamag	10
Zyprexa	11

"My Medications" worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

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

