

SERVE YOU

Your 2020 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 **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 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 [serveyourx.com](https://www.serveyourx.com) or call customer service at **800-759-3203**.

What are tiers?

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

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

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

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

When does the Prescription Drug List change?

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

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

Programs and Limits

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

PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
ST	Step Therapy – Trial of lower cost medication(s) is required before a higher cost medication is covered, 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 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 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 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 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 service 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
Myorisan	1	PA
Seysara	3	
Addiction/Substance Abuse		
Bunavail	3	QL
Buprenorphine	1	QL
Buprenorphine/Naloxone	1	QL
Chantix	3	QL
Naltrexone Tab	1	
Narcan	2	
Suboxone	3	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	
Nuzyra	3	
Ofloxacin Otic Solution	1	
Otovel	3	

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
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
Vemlidy	3	SP
Vosevi	2	PA, QL, SP
Xofluza	3	QL
Blood Disorders		
Adynovate	3	SP
Afstyla	3	SP
Aranesp	2	PA, SP
Eloctate	3	SP
Jivi	3	SP
Kogenate FS	3	SP
Kovaltry	3	SP
Mulpleta	2	PA, SP
Neulasta	3	PA, SP
Neulasta Onpro	3	PA, SP
Nivestym	2	PA, SP
Novoeight	3	SP
Nuwiq	3	SP
Retacrit	2	PA, SP
Udenyca	3	PA, SP
Ultomiris	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	
Revlimid	2	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	
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	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Dilt-XR	1	
Diltiazem	1	

Drug Name	Drug Tier	Programs and Limits
Diltiazem ER	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	
Ramipril	1	
Spironolactone	1	
Tektuna	2	ST
Tektuna HCT	2	ST
Telmisartan	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	
Choline Fenofibrate	1	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibric Acid	1	
Gemfibrozil	1	
Livalo	3	ST
Lovastatin	1	

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

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Drug Name	Drug Tier	Programs and Limits
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	
Sotalol	1	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension		
Adempas	2	PA, QL, SP
Opsumit	2	PA, QL, SP
Orenitram	3	PA, 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 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
Risperidone	1	
Saphris	2	QL

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PA Prior Authorization
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Drug Name	Drug Tier	Programs and Limits
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	
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	1	
Venlafaxine ER	1	
Viibryd	3	QL
Central Nervous System: Migraine		
Aimovig	2	PA, QL
Butalbital-Acetaminophen-Caffeine	1	
Eletriptan	1	QL
Emgality	2	PA, QL

Drug Name	Drug Tier	Programs and Limits
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
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
Xyrem	3	PA, QL, SP
Central Nervous System: Parkinson's Disease		
Carbidopa-Levodopa	1	
Inbrija	3	PA, SP
Pramipexole	1	
Ropinirole	1	
Rytary	3	ST
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		

Drug Name	Drug Tier	Programs and Limits
Carbamazepine	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Epidiolex	3	PA, SP
Gabapentin	1	
Lamotrigine	1	
Levetiracetam	1	
Lyrica Cap	3	QL
Oxcarbazepine	1	
Sympazan	3	PA
Topiramate	1	
Vimpat	3	
Zonisamide	1	
Dermatology		
Aczone Gel 7.5%	2	
Betamethasone Cream	1	
Bryhali	3	
Clindamycin Lotion, Solution, Swab	1	
Clindamycin Phosphate Gel 1%	1	
Clindamycin Phosphate 1% Gel (Clindagel ABA)	3	ST
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clotrimazole/ Betamethasone Cream	1	
Diclofenac Gel 1%	1	QL
Enstilar	3	QL
Epiduo Forte	3	
Eucria	2	ST
Fluocinonide Cream	1	
Fluorouracil Cream 0.5%	2	
Fluorouracil Cream 5%	1	
Fluoroplex	3	
Hydrocortisone Cream 1%, 2.5%	1	
Hydrocortisone Ointment 1%, 2.5%	1	
Ketoconazole Cream, Shampoo	1	

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

PA Prior Authorization
ST Step Therapy

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Drug Name	Drug Tier	Programs and Limits
Lidocaine/Prilocaine Cream	1	
Metronidazole Cream, Gel	1	
Mirvaso Gel	2	
Mometasone Cream	1	
Mupirocin Cream, Ointment	1	
Nystatin Cream	1	
Onexton	3	
Retin-A Micro 0.06%, 0.08%	2	PA
Sernivo	3	
Soolantra	2	
Taclonex	3	QL
Tolak	3	
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
Xepi	3	
Ximino	3	
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Aviva Connect Kit	2	
Accu-Chek Aviva Plus Kit	2	
Accu-Chek Compact Plus Kit	2	
Accu-Chek Compact Plus Test Strips	2	QL
Accu-Chek FastClix Lancet Device Kit	2	
Accu-Chek FastClix Lancets	2	
Accu-Chek Guide Kit	2	
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	

Drug Name	Drug Tier	Programs and Limits
Accu-Chek Softclix Lancet Device Kit	2	
Accu-Chek Softclix Lancets	2	
BD Autosshield Duo Pen Needle	2	
BD Ultra-Fine Insulin Syringes	2	
BD Ultra-Fine Pen Needle	2	
Contour Next Monitor	3	ST
Dexcom G4 / G5/ G6 Receiver, Transmitter, Sensor (including Platinum, Platinum Pediatric)	2	
FreeStyle Libre 14 Day Reader, Sensor	2	
FreeStyle Libre Reader, Sensor System	2	
Novofine Autocover Pen Needle	2	
Novofine Pen Needle	2	
Novofine Plus Pen Needle	2	
NovoTwist Pen Needle	2	
OneTouch Ultra 2 System Kit	2	
OneTouch Ultra Blue Test Strips	2	QL
OneTouch Ultra Mini System Kit	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
V-Go 20	2	
V-Go 30	2	
V-Go 40	2	

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Diabetes/Endocrine: Insulin		
Humalog Mix 50/50 Vials and KwikPen	2	
Humalog Mix 75/25 Vials and KwikPen	2	
Humalog U-100 Junior KwikPen	2	
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	2	
Levemir Vials	2	
Novolin 70/30 Vials and Flexpen	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	
Diabetes/Endocrine: Non-Insulin		
Bydureon	2	QL, ST
Bydureon Bcise	2	QL, ST
Byetta	2	QL, ST
Farxiga	3	ST

Drug Name	Drug Tier	Programs and Limits
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glucagon Emergency Kit		
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
Metformin	1	
Metformin ER	1	
Metformin ER Modified Release (generic Glumetza)	1	PA
Metformin ER Osmotic (generic Fortamet)	1	
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
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone Tab	1	
H.P. Acthar	2	PA, SP
Hydrocortisone Tab	1	
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	2	PA, SP
Methylprednisolone Tab	1	
Osphena	3	
Prednisone	1	
Prednisolone 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
TaperDex 6-Day	3	
TaperDex 7-Day	3	
TaperDex 12-Day	3	
Endocrine:		
Thyroid Hormone Replacement		
Armour Thyroid	3	ST
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Nature-Thyroid	3	ST
Synthroid	3	ST
Tirosint	3	
Eye Conditions: Allergies		
Lastacft	3	ST
Olopatadine Ophthalmic	1	
Pazeo	2	
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 Solution	1	
Tobramycin Ophthalmic	1	
Tobramycin/ Dexamethasone	1	
Eye Conditions: Glaucoma		
Alphagan P	2	
Azopt	2	
Betimol	3	
Brimonidine Ophthalmic	1	
Combigan	2	
Dorzolamide/Timolol	1	
Latanoprost	1	QL
Lumigan	2	QL
Rhopressa	2	
Rocklatan	2	
Simbrinza	2	

Bold type = Brand name drug
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Drug Name	Drug Tier	Programs and Limits
Timolol Ophthalmic	1	
Travatan Z	2	QL
Zioptan	3	QL
Eye Conditions: Other		
Invelty	3	
Ketorolac Ophthalmic	1	
Lotemax Gel, Ointment	3	
Lotemax SM	3	
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	
Gastrointestinal: Inflammatory Bowel Disease		
Apriso	2	
Dipentum	3	
Lialda	3	
Mesalamine	1	
Pentasa	3	
Proctofoam-HC	2	
Uceris Rectal	3	
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	
Transderm-Scop	3	
Varubi	3	QL

Drug Name	Drug Tier	Programs and Limits
Gastrointestinal: Other		
Clenpiq	3	
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G	1	
Linzess	2	QL, ST
Movantik	2	QL, ST
Omeclamox-Pak	2	
Prepopik	3	
Pylera	2	
Suprep Bowel Prep	3	
Symproic	2	QL, ST
Viberzi	3	PA, QL
Zenpep	2	
Gout		
Allopurinol	1	
Colchicine	3	ST
Colcrys	2	
Uloric	3	ST
HIV/AIDS		
Atripla	3	ST
Biktarvy	3	
Cimduo	2	
Descovy	3	
Dovato	2	
Genvoya	3	
Isentress	2	
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		
Follistim AQ	2	SP

Drug Name	Drug Tier	Programs and Limits
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
Leflunomide	1	
Methotrexate	1	
Orencia*	3	PA, SP
Otezla	2	PA, SP
Rasuvo	2	PA, QL
Renflexis	2	PA, SP
Skyrizi	2	PA, SP
Simponi	2	PA, SP
Stelara	2	PA, SP
Taltz*	3	PA, SP
Tremfya	2	PA, SP
Xeljanz	2	PA, SP
Xeljanz XR	2	PA, SP

* Tier 3 Preferred

Men's Health: Erectile Dysfunction		
Cialis	3	QL
Sildenafil 25 mg, 50 mg, 100 mg	1	QL
Stendra	3	QL
Tadalafil	1	QL

Men's Health: Prostate		
Alfuzosin ER	1	
Cialis 2.5 mg & 5 mg	3	QL
Dutasteride	1	
Finasteride 5 mg	1	
Tamsulosin	1	
Terazosin	1	

Men's Health: Testosterone Therapy		
Androderm	2	PA
Testosterone Cypionate IM Injection	1	PA
Testosterone Gel 1%, 1.62%, 2%	1	PA
Xyosted	3	PA

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Drug Name	Drug Tier	Programs and Limits
Miscellaneous		
Addyi	3	PA, QL
Arakoda	3	
Auryxia	3	
Benzonatate	1	
Botox (non-cosmetic)	2	PA, SP
Cerdelga	3	PA, SP
Chlorhexidine	1	
Depen	2	SP
Dupixent	2	PA, QL, SP
Emverm	2	
Epinephrine 0.15 mg, 0.3 mg Auto-Injector	1	
Epinephrine 0.15 mg, 0.3 mg Auto-Injector (Mylan manufacturer)	1	
Epinephrine 0.3 mg Injection Solution	1	
Epipen	3	ST
Epipen Jr	3	ST
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	
Orilissa	2	PA, QL
Phenazopyridine (Rx only)	1	
Promethazine	1	
Promethazine DM	1	
Promethazine/Codeine	1	QL
Pseudoephedrine/ Bromphen/DM	1	
Qbrexza	3	QL
Rayaldee	3	
Ruconest	3	PA, SP
Strensiq	3	PA, SP
Symjepi	3	
Takhzyro	3	PA, SP
Velphoro	3	

Drug Name	Drug Tier	Programs and Limits
Musculoskeletal: Osteoarthritis		
Durolane	2	PA, SP
Euflexxa	2	PA, SP
Gelsyn-3	2	PA, SP
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	
Lorzone	3	
Metaxalone	1	
Methocarbamol	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
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	

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Drug Name	Drug Tier	Programs and Limits
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
Tramadol	1	QL
Trezip	1	QL
Overactive Bladder		
Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine ER	1	
Toviaz	3	
Vesicare	3	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
Lonhala Magnair	3	QL
Montelukast	1	
Proair HFA	2	QL
Proair RespiClick	2	QL

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Drug Name	Drug Tier	Programs and Limits
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 Respimat	2	QL
Symbicort	2	QL
Trelegy Ellipta	2	QL
Ventolin HFA	2	QL
Xolair	2	PA, SP
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Mometasone	1	QL
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		
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con M20	1	
Lokelma	3	
Multivitamin/Fluoride Chewable Tab	1	
Potassium Chloride ER	1	
Potassium Citrate ER	1	
Sodium Fluoride Chewable Tab	1	

Drug Name	Drug Tier	Programs and Limits
Veltassa	3	
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	
Drospirenone/Ethinyl Estradiol	1	
Enskyce	1	
Estarylla	1	
Gianvi	1	
Isibloom	1	
Junel	1	
Junel Fe	1	
Kariva	1	
Larissia	1	
Lessina	1	
Levonorgestrel/Ethinyl Estradiol	1	
Lo Loestrin Fe	3	
Loryna	1	
Low-Ogestrel	1	
Medroxyprogesterone Acetate Injection	1	QL
Mirena	3	
Mono-Linyah	1	
Natazia	2	
Nikki	1	
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Norgestimate/Ethinyl Estradiol	1	
Nortrel	1	
Nuvaring	2	
Sprintec 28	1	
Syeda	1	
Taytulla	3	
Tri Femynor	1	

Drug Name	Drug Tier	Programs and Limits
Tri-Linyah	1	
Tri-Lo-Marzia	1	
Tri-Lo-Sprintec	1	
Tri-Sprintec	1	
Vienna	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	
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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Accu-Chek Guide Kit	12
Accu-Chek Multiclix Lancet Device Kit	12
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Lorzone	16
Losartan	9
Losartan/HCTZ	9
Lotemax Gel, Ointment	14
Lotemax SM	14
Lovastatin	9
Low-Ogestrel	18
Lumigan	14
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	13
Lyrica Cap	11

M

Makena	16
Mavyret	8
Meclizine	14
Medroxyprogesterone Acetate Injection	18
Medroxyprogesterone Acetate Tab	18
Meloxicam	17
Memantine	10
Mercaptopurine	9
Mesalamine	14
Metaxalone	16
Metformin	13
Metformin ER	13
Metformin ER Modified Release (generic Glumetza)	13
Metformin ER Osmotic (generic Fortamet)	13
Methimazole	14

Methocarbamol	16
Methotrexate	15
Methylphenidate ER	10
Methylphenidate Tab	10
Methylprednisolone Tab	13
Metoclopramide	14
Metoprolol Succinate	9
Metoprolol Tartrate	9
Metronidazole Cream, Gel	12
Metronidazole Tab	8
Metronidazole Vaginal Gel	18
Minivelle	18
Minocycline Cap	8
Mirena	18
Mirtazapine	10
Mirvaso Gel	12
Modafinil	11
Mometasone	17
Mometasone Cream	12
Mono-Linyah	18
Montelukast	17
Morphine Sulfate ER	17
Movantik	15
Moxeza	14
Moxifloxacin Ophthalmic	14
Mulpleta	8
Multaq	10
Multivitamin/Fluoride Chewable Tab	17
Mupirocin Cream, Ointment	12
Mycophenolate Mofetil	17
Mycophenolate Sodium	17
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/Dexamethasone Ophthalmic	14
Neomycin/Polymyxin/HC Otic	8
Neulasta	8
Neulasta Onpro	8
Nifedipine ER	9
Nikki	18
Nitrofurantoin Macrocrystals	8
Nitrofurantoin Monohydrate Macrocrystals	8
Nitroglycerin SL	10
Nityr	16
Nivestym	8
Nocurna	16
Norditropin	13
Norethindrone	18
Norethindrone/Ethinyl Estradiol	18
Norgestimate/Ethinyl Estradiol	18
Nortrel	18
Nortriptyline	10
Novoeight	8
Novofine Autocover Pen Needle	12
Novofine Pen Needle	12
Novofine Plus Pen Needle	12
Novolin 70/30 Vials and Flexpen	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
Nuzyra	8
Nystatin Cream	12
Nystatin Suspension	8

O

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	9
Omeprazole (Rx only)	14
Omnaris	17
Omnitrope	13
Ondansetron ODT	14
Ondansetron Tab 4 mg, 8 mg	14
Ondansetron Tab 24 mg	14
OneTouch Ultra 2 System Kit	12
OneTouch Ultra Blue Test Strips	12
OneTouch Ultra Mini System Kit	12
OneTouch Verio Flex System Kit	12
OneTouch Verio IQ System Kit	12
OneTouch Verio Sync System Kit	12
OneTouch Verio System Kit	12
OneTouch Verio Test Strips	12
Onexton	12
Opsumit	10
Orencia	15
Orenitram	10
Orilissa	16
Oseltamivir	8
Osphena	13
Otezla	15
Otovel	8
Oxcarbazepine	11
Oxybutynin	17
Oxybutynin ER	17
Oxycodone Tab	17
Oxycodone w/ Acetaminophen	17
Oxycontin	17
Ozempic	13
Pantoprazole	14

Paroxetine Tab	10
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P

Pazeo	14
Penicillin VK	8
Pentasa	14
Perseris	10
Phenazopyridine (Rx only)	16
Phentermine	18
Pioglitazone	13
Polymyxin B/Trimethoprim Solution	14
Potassium Chloride ER	17
Potassium Citrate ER	17
Pradaxa	9
Praluent	9
Pramipexole	11
Pravastatin	10
Prazosin	9
Prednisolone Ophthalmic	14
Prednisolone Solution	13
Prednisone	13
Premarin Tab	18
Premarin Vaginal Cream	18
Premphase	18
Prempro	18
Prepopik	15
Prezcobix	15
Prezista	15
Proair HFA	17
Proair RespiClick	17
Prochlorperazine	14
Proctofoam-HC	14
Progesterone Cap	18
Prolensa	14
Promethazine	16
Promethazine/Codeine	16
Promethazine DM	16
Propranolol	9
Propranolol ER	9
Proventil HFA	17
Pseudoephedrine/Bromphen/DM	16

Pulmicort Flexhaler	17
Pylera	15

Q

Qbrexza	16
QNasl.	17
Quetiapine	10
Qvar Redihaler.	17

R

Rabeprazole	14
Raloxifene	16
Ramipril	9
Ranitidine Tab, Cap, Syrup (Rx only)	14
Rasuvo	15
Rayaldee	16
Rebif	11
Renflexis	15
Repatha	10
Restasis	14
Restasis Multidose	14
Retacrit.	8
Retin-A Micro 0.06%, 0.08%.	12
Revlimid	9
Rexulti	10
Rhopressa	14
Risperidone	10
Ritonavir	15
Rizatriptan	10
Rocklatan	14
Ropinirole	11
Rosuvastatin.	10
Roxybond	17
Ruconest.	16
Rytary	11

S

Saphris.	10
Savaysa	9
Saxenda	18
Serevent Diskus	17

Sernivo.	12
Sertraline.	10
Seysara.	8
Sildenafil 25 mg, 50 mg, 100 mg	15
Sildenafil Tab 20 mg	10
Silenor	11
Simbrinza	14
Simponi	15
Simvastatin	10
Skyrizi	15
Sodium Fluoride Chewable Tab	17
Sofosbuvir/Velpatasvir (Epclusa ABA)	8
Soliqua.	13
Solosec.	8
Soolantra.	12
Sotalol	10
Spiriva Handihaler	17
Spiriva Respimat.	17
Spirolactone	9
Sprintec 28.	18
Sprycel.	9
Stelara	15
Stendra.	15
Stiolto Respimat	17
Strensiq	16
Stribild	15
Suboxone	8
Sucralfate Tab	14
Sulfamethoxazole-Trimethoprim	8
Sumatriptan Tab	10
Suprep Bowel Prep	15
Syeda.	18
Symbicort	17
Symfi	15
Symfi Lo	15
Symjepi	16
Sympazan	11
Symproic.	15
Synjardy	13
Synjardy XR	13
Synthroid.	14

T

Taclonex	12
Tacrolimus Cap	17
Tadalafil	15
Takhzyro	16
Taltz	15
Tamiflu	8
Tamoxifen Tab	9
Tamsulosin.	15
TaperDex 6-Day	14
TaperDex 7-Day	14
TaperDex 12-Day	14
Taytulla.	18
Tecfidera	11
Tekturna	9
Tekturna HCT	9
Telmisartan	9
Temazepam	11
Tenofovir Disoproxil Fumarate	15
Terazosin.	15
Terbinafine Tab	8
Terconazole Vaginal Cream	18
Testosterone Cypionate IM Injection	15
Testosterone Gel 1%, 1.62%, 2%	15
Tiglutik	11
Timolol Ophthalmic	14
Tirosint	14
Tivicay	15
Tizanidine Tab	16
TOBI Podhaler	8
Tobramycin/Dexamethasone	14
Tobramycin Ophthalmic.	14
Tolak	12
Tolterodine ER	17
Topiramate.	11
Torse mide Tab	9
Toujeo Max SoloStar.	13
Toujeo SoloStar	13
Toviaz	17
Tracleer 32 mg.	10
Tracleer 62.5 mg, 125 mg	10

Tradjenta	13	Ventolin HFA	17	Zetonna	17
Tramadol	17	Verapamil ER	9	Zioptan	14
Transderm-Scop	14	Vesicare	17	Ziprasidone	10
Travatan Z	14	V-Go 20	12	Zolpidem	11
Trazodone	10	V-Go 30	12	Zolpidem ER	11
Trelegy Ellipta	17	V-Go 40	12	Zonisamide	11
Tremfya	15	Viberzi	15	Zontivity	9
Tresiba Flexpen	13	Victoza	13	Zubsolv	8
Tretinoin Cream	12	Vienva	18		
Trezix	17	Viibryd	10		
Triamcinolone Cream, Ointment	12	Vimpat	11		
Triamterene/HCTZ	9	Vitamin D (ergocalciferol) (Rx only)	18		
Triazolam Tab	11	Vosevi	8		
Tri Femynor	18	Vraylar	10		
Tri-Linyah	18	Vyvanse	10		
Tri-Lo-Marzia	18				
Tri-Lo-Sprintec	18	W			
Trintellix	10	Warfarin	9		
Tri-Sprintec	18				
Triumeq	15	X			
Trulicity	13	Xarelto	9		
Truvada	15	Xeljanz	15		
Tymlos	16	Xeljanz XR	15		
		Xepi	12		
U		Xiidra	14		
Uceris Rectal	14	Ximino	12		
Udenyca	8	Xofluza	8		
Uloric	15	Xolair	17		
Ultomiris	8	Xtandi	9		
		Xulane	18		
V		Xyosted	15		
Valacyclovir	8	Xyrem	11		
Valsartan	9				
Valsartan/HCTZ	9	Y			
Varubi	14	Yonsa	9		
Vascepa	10	Yuvafem	18		
Velphoro	16				
Veltassa	18	Z			
Vemlidy	8	Zarxio	8		
Venlafaxine	10	Zenpep	15		
Venlafaxine ER	10				

"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>

