

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 July 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, 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; and
- 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
Absorica LD	3	PA
Claravis	1	
Minolira	E	
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	
Reset	2	
Reset-O	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	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Doryx MPC	E	
Doxycycline Hyclate	1	
Doxycycline Monohydrate	1	
Kitabis	E	SP
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	
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
Xenleta	3	
Anti-Infectives: Antifungals		
Cresemba	3	
Fluconazole	1	
Jublia	E	
Kerydin	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Tolsura	E	

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
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
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
Erleada	E	SP
Fulphila	E	SP
Granix	E	SP
Jivi	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
Ogivri	E	SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Procrit	E	SP
Retacrit	2	PA, SP
Treanda	E	SP
Truxima	E	SP
Udenyca	3	PA, SP
Ultomiris	3	PA, SP
Zarxio	2	PA, SP
Cancer		
Afinitor	E	SP
Anastrozole Tab	1	
Arimidex	E	
Belrapzo	E	SP
Bendamustine	E	SP
Cabometyx	2	PA, SP
Capecitabine	1	SP
Erleada	E	SP
Gleevec	E	SP
Ibrance	3	PA, SP
Idhifa	3	PA, QL, SP
Imatinib Mesylate	1	PA, SP
Imbruvica	3	PA, SP
Kanjinti	2	PA, SP
Letrozole	1	
Lynparza	2	PA, SP
Mvasi	2	PA, SP
Nubeqa	3	PA, SP
Ogivri	E	SP
Revlimid	2	PA, SP
Rubraca	2	PA, SP
Ruxience	2	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Targretin	E	SP
Temozolomide	1	PA, SP
Trazimera	2	PA, SP
Treanda	E	SP
Truxima	E	SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Xpovio	3	PA, SP
Xtandi	3	PA, SP
Yonsa	E	SP
Zejula	2	PA, SP
Zirabev	2	PA, SP
Zytiga	E	SP

Cardiovascular/Heart Disease: Anticoagulants

Aspirin/Omeprazole (Yosprala ABA)	E	
Bevyxxa	3	QL
Brilinta	2	
Clopidogrel	1	
Eliquis	2	QL
Enoxaparin	1	
Plavix	E	
Pradaxa	2	QL
Prasugrel	1	
Warfarin	1	
Xarelto	2	QL
Yosprala	E	

Cardiovascular/Heart Disease: High Blood Pressure

Altace	E	
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Olmesartan/HCTZ	1	
Amlodipine/Valsartan	1	
Atacand	E	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Avapro	E	
Azor	E	
Benazepril	1	
Benicar	E	
Benicar HCT	E	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Candesartan	1	
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 ER	1	
Diovan	E	
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	
Katerzia	E	
Labetalol	1	
Lasix	E	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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	
Prazosin	1	
Prinivil	E	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Telmisartan/HCTZ	1	
Tenormin	E	
Toprol XL	E	
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	
Colestid	E	
Crestor	E	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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
Pravachol	E	
Pravastatin	1	
Questran	E	
Questran Light	E	
Repatha	2	PA, QL
Rosuvastatin	1	
Simvastatin	1	
Tricor	E	
Vascepa	3	
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
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL	1	
Nitrostat	E	
Ranexa	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ranolazine ER	1	
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 62.5 mg, 125 mg	E	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	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Vraylar	3	QL, ST
Ziprasidone	1	
Zyprexa	E	

Central Nervous System: Attention Deficit Disorder

Adderall	E	
Adderall XR	E	
Adhansia XR	E	
Amphetamine-Dextroamphetamine	1	
Amphetamine-Dextroamphetamine ER	1	
Atomoxetine	1	
Concerta	E	
Dexmethylphenidate	1	
Evekeo	E	
Focalin	E	
Focalin XR	E	
Dexmethylphenidate ER	1	
Guanfacine ER Tab	1	
Intuniv	E	
Jornay PM	3	ST
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 150 mg, 300 mg	1	QL
Bupropion XL 450 mg	2	QL
Celexa	E	
Citalopram	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Cymbalta	E	
Desvenlafaxine ER	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	
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	
Imitrex Statdose	E	
Maxalt	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Maxalt-MLT	E	
Onzetra Xsail	E	
Relpax	E	
Rizatriptan	1	QL
Sumatriptan Tab	1	QL
Tosymra	E	
Treximet	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
Glatiramer	1	PA, QL, SP
Mavenclad⁺	3	PA, SP
Mayzent⁺	3	PA, QL, SP
Plegridy	E	SP
Rebif	3	PA, QL, SP
Rebif Titrtm	3	PA, QL, SP
Tecfidera	2	PA, QL, SP

+ Tier 3 Preferred

Central Nervous System: Other

Alprazolam Tab	1	QL
Armodafinil	1	
Ativan	E	
Austedo	3	PA, QL, SP
Bupirone	1	
Diazepam Tab	1	
Gralise	3	PA, QL, ST
Horizant	3	PA, QL
Hydroxyzine HCL	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Hydroxyzine Pamoate	1	
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	
Modafinil	1	
Sunosi	2	PA, QL
Tegsedi	3	PA, SP
Tiglutik	3	PA, QL, SP
Valium	E	
Wakix	3	PA, QL, SP
Xanax	E	
Xanax ER	E	
Xyrem	3	PA, QL, SP

Central Nervous System: Parkinson's Disease

Benzotropine	1	
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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Central Nervous System: Seizure Disorders		
Carbamazepine	1	
Carbatrol	E	
Clonazepam	1	QL
Depakote	E	
Depakote ER	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 Kit	E	
Lamictal ODT	E	
Lamictal XR	E	
Lamotrigine	1	
Lamotrigine ER	1	
Levetiracetam	1	
Lyrica	E	
Neurontin	E	
Onfi	E	
Oxcarbazepine	1	
Oxtellar XR	E	
Pregabalin	1	QL
Qudexy XR	E	
Sabril	E	SP
Sympazan	3	PA
Tegretol	E	
Tegretol-XR	E	
Topamax	E	
Topamax Sprinkle	E	
Topiramate	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
Trileptal	E	
Trokendi XR	E	
Vimpat	3	
Zonegran	E	
Zonisamide	1	
Dermatology		
Acanya Gel	E	
Aczone Gel 5%	E	
Aczone Gel 7.5%	2	
Ala Scalp Lotion	E	
Apexicon E Cream	E	
Benzaclin	E	
Benzaclin Pump	E	
Benzamycin	E	
Betamethasone Cream	1	
Bryhali	3	
Calcipotriene Foam 0.005% (Sorilux ABA)	E	
Capex Shampoo	E	
Ciclopirox Solution	1	
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 Cream	1	
Clotrimazole/Betamethasone Cream	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Cordran Tape	E	
Desonate Gel	E	
Diclofenac Gel 1%	1	QL
Differin Cream, Gel, Lotion	E	
Duobrii	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, Ointment	1	
Imiquimod Cream	1	
Imiquimod Cream 3.75% (Zyclara ABA)	E	
Impoyz Cream	E	
Kenalog Spray	E	
Ketoconazole Cream, Shampoo	1	
Lexette	E	
Lidocaine/Prilocaine Cream	1	
Metrogel	E	
Metronidazole Cream, Gel	1	
Micort-HC	E	
Mirvaso Gel	2	
Mometasone Cream	1	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Mupirocin Cream, Ointment	1	
Natroba	E	
Noritate	E	
Nystatin Cream	1	
Onexton	3	
Pandel Cream	E	
Permethrin Cream	1	
Psorcon Cream	E	
Retin-A	E	
Retin-A Micro 0.06%, 0.08%	2	PA
Retin-A-Micro 0.04%, 0.1%	E	
Sernivo	3	
Silvadene	E	
Soolantra	2	
Sorilux	E	
Taclonex Ointment	E	
Taclonex Suspension	3	QL
Tacrolimus Ointment	1	
Tazorac Cream 0.1%	E	
Topicort Spray	E	
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
Ultravate Lotion	E	
Vectical	E	
Veltin	E	
Verdeso Foam	E	
Xepi	3	
Ximino	3	
Ziana	E	
Zovirax	E	
Zyclara	E	
Zyclara Pump	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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 Guide Control	E	
Accu-Chek Guide Kit	E	
Accu-Chek Multiclix Lancet Device Kit	2	
Accu-Chek Nano SmartView Kit	E	
Accu-Chek SmartView Control	E	
Accu-Chek Smartview Test Strips	E	
Accu-Chek Softclix Lancet Device Kit	2	
BD Autosshield Duo Pen Needle	2	
BD Ultra-Fine Insulin Syringes	2	
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	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
FreeStyle Libre Reader, Sensor System	E	
Lancets	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	
Diabetes/Endocrine: Insulin		
Admelog	E	
Apidra	E	
Basaglar	E	
Fiasp	E	
Humalog	2	
Humalog KwikPen	2	
Humalog Mix 50/50 Vials and KwikPen	2	
Humalog Mix 75/25 Vials and KwikPen	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Humalog U-100 Junior 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 Aspart (Novolog ABA)	E	
Insulin Aspart Flexpen (Novolog FlexPen ABA)	E	
Insulin Aspart Mix 70/30 (Novolog Mix 70/30 ABA)	E	
Insulin Aspart Mix 70/30 FlexPen (Novolog Mix 70/30 FlexPen ABA)	E	
Insulin Aspart Penfill (Novolog Penfill ABA)	E	
Insulin Lispro (Humalog ABA)	E	
Insulin Lispro Junior KwikPen (Humalog Junior KwikPen ABA)	E	
Insulin Lispro KwikPen (Humalog KwikPen ABA)	E	
Insulin Lispro Mix 75/35 KwikPen (Humalog Mix 75/25 KwikPen ABA)	E	
Lantus Solostar	2	
Lantus Vials	2	
Levemir FlexTouch	E	
Levemir Vials	E	
Novolin 70/30 FlexPen	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Novolin 70/30 FlexPen Relion	E	
Novolin 70/30 Relion	E	
Novolin 70/30 Vials	E	
Novolin N Flexpen and Flexpen Relion	E	
Novolin N Relion	E	
Novolin N Vials	E	
Novolin R Flexpen and Flexpen Relion	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	
Baqsimi	2	
Bydureon	2	QL, ST
Bydureon Bcise	2	QL, ST
Byetta	2	QL, ST
Farxiga	2	ST
Fortamet	E	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Glucagon Emergency Kit (Fresenius manufacturer)	2	
Glucagon Emergency Kit (Lilly manufacturer)	2	
Glucophage	E	
Glucophage XR	E	
Glumetza	E	
Glyburide	1	
Glyxambi	2	ST
Gvoke PFS	2	
Invokamet	E	
Invokamet XR	E	
Invokana	E	
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	
Rybelsus	2	QL, ST
Segluromet	E	
Steglatro	E	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Steglujan	E	
SymlynPen 60	3	
Synjardy	2	ST
Synjardy XR	2	ST
Tradjenta	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST
Xigduo XR	2	ST

Endocrine: Growth Hormone

Genotropin	E	SP
Humatrope	E	SP
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Omnitrope	E	SP
Saizen	E	SP
Zomacton	E	SP

Endocrine: Other

Cabergoline	1	
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 6-Day	3	
TaperDex 7-Day	3	
TaperDex 12-Day	3	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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Endocrine: Thyroid Hormone Replacement

Armour Thyroid	3	ST
Cytomel	E	
Euthyrox	1	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Nature-Thyroid	3	ST
NP Thyroid 60 mg	1	
Synthroid	E	
Tirosint	E	

Eye Conditions: Allergies

Olopatadine Ophthalmic	1	
Pataday 0.2%	E	
Patanol 0.1%	E	
Pazeo	E	

Eye Conditions: Antibiotics

Besivance	3	
Ciprofloxacin Ophthalmic	1	
Erythromycin Ophthalmic	1	
Gentamicin Ophthalmic	1	
Moxeza	2	
Moxifloxacin Ophthalmic	1	
Neomycin/Polymyxin/ Dexamethasone Ophthalmic	1	
Ofloxacin Ophthalmic	1	
Polymyxin B/ Trimethoprim Ophthalmic	1	
Tobradex	E	
Tobramycin/ Dexamethasone Ophthalmic	1	
Vigamox	E	

Eye Conditions: Glaucoma

Alphagan P 0.1%	2	
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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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	
Simbrinza	2	
Timolol Ophthalmic	1	
Timoptic	E	
Timoptic Ocudose	E	
Timoptic-XE	E	
Travatan Z	3	QL
Vyzulta	E	
Xalatan	E	
Zioptan	E	
Eye Conditions: Other		
Bromsite	E	
Ilevro	E	
Inveltys	3	
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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Gastrointestinal: Acid Suppression		
Aciphex	E	
Carafate Tab	E	
Dexilant	2	QL
Duexis	E	
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine Tab 20 mg, 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Misoprostol	1	
Nexium Cap	E	
Omeprazole (Rx only)	1	QL
Omeprazole/Sodium Bicarbonate	E	
Pantoprazole	1	QL
Prevacid	E	
Prevacid SoluTab	E	
Protonix	E	
Rabeprazole	1	QL
Rabeprazole Sprinkle (Aciphex Sprinkle ABA)	E	
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	
Mesalamine	1	
Pentasa	3	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Proctofoam-HC	2	
Sulfasalazine	1	
Uceris Rectal	3	
Uceris Tab	E	
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab 4 mg, 8 mg	1	
Prochlorperazine	1	
Sancuso	E	
Scopolamine	1	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	E	
Clenpiq	3	
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G Solution	1	
Glycopyrrolate Tab 1 mg, 2 mg	1	
Glycopyrrolate Tab 1.5 mg	3	
Golytely	E	
Lactulose	1	
Linzess	2	QL, ST
Motegrity	3	QL, ST
Motofen	E	
Movantik	E	
Moviprep	E	
Nulytely	E	
Omeclamox-Pak	2	
Pancreaze	E	
PEG 3350	1	
Pertzye	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Plenvu	3	
Prepopik	3	
Pylera	2	
Relistor	E	
Suprep Bowel Prep	3	
Symproic	2	QL, ST
Trulance	E	
Viberzi	3	PA, QL
Viokace	E	
Zelnorm	3	PA, QL
Zenpep	2	
Gout		
Allopurinol	1	
Colchicine Capsule	E	
Colchicine Tab (Mylan manufacturer)	1	
Colchicine Tab (Par manufacturer)	E	
Colchicine Tab (Prasco manufacturer)	E	
Colcrys	2	
Mitigare	E	
HIV/AIDS		
Atripla	E	
Biktarvy	3	
Cimduo	2	
Descovy	3	
Dovato	2	
Genvoya	3	
Juluca	2	
Odefsey	3	
Prezcobix	2	
Symfi	2	
Symfi Lo	2	
Temixys	E	
Tivicay	2	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Triumeq	2	
Truvada	2	
Infertility		
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
Renflexis	2	PA, SP
Rinvoq	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
+ Tier 3 Preferred		
Men's Health: Erectile Dysfunction		
Cialis	E	
Levitra	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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	
Auryxia	3	
Auvi-Q	E	
Benzonatate	1	
Botox (non-cosmetic)	2	PA, SP
Brisdelle	E	
Cerdelga	3	PA, SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Chlorhexidine	1	
Clarinox	E	
Clarinox-D	E	
Cutaquig	E	SP
Depen	2	SP
Dupixent	2	PA, QL, SP
Emverm	2	
Epinephrine Auto-Injector	1	
Epipen	3	ST
Epipen Jr	E	
Fasenra	2	PA, SP
Firazyr	3	PA, SP
Firdapse	E	SP
Haegarda	3	PA, SP
Hemangeol	3	
Lidocaine Viscous	1	
Makena	2	PA, SP
Nityr	3	PA, SP
Nocdurna	3	
Noctiva	E	
Nucala	2	PA, QL, SP
Nuvigil	E	
Orilissa	2	PA, QL
Panzyga	E	SP
Phenazopyridine (Rx only)	1	
Promethazine	1	
Promethazine DM	1	
Promethazine/Codeine	1	QL
Propecia	E	
Provigil	E	
Pseudoephedrine/ Brompheniramine/DM	1	
Pulmozyme	2	PA, SP
Qbrexza	3	QL
Royaldee	3	
Renagel	E	
Ruconest	3	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Sandostatin	E	SP
Sensipar	E	
Strensiq	2	PA, SP
Symjepi	3	
Takhzyro	3	PA, SP
Velphoro	3	
Vyleesi	3	PA, QL
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
Sodium Hyaluronate	E	SP
Supartz FX	E	SP
Synvisc	E	SP
Synvisc-One	E	SP
Trivisc	E	SP
Visco-3	E	SP
Musculoskeletal: Osteoporosis		
Alendronate Tab	1	QL
Binosto	3	QL
Forteo	2	PA, SP
Ibandronate	1	QL
Prolia	2	PA, QL, SP
Raloxifene	1	
Tymlos	2	PA, SP
Musculoskeletal: Other		
Amrix	E	
Baclofen Tab	1	
Carisoprodol	1	

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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	QL
Butrans	E	
Cambia	E	
Celebrex	E	
Celecoxib	1	QL
Conzip	E	
Diclofenac Tab	1	
Dilaudid	E	
Duragesic	E	
Etodolac	1	
Fentanyl Citrate Buccal Tablet (Fentora ABA)	E	
Fentanyl Patch	1	PA, QL
Fentora	E	
Fiorcet	E	
Fioricet/Codeine	E	
Hydrocodone/APAP	1	QL

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Hydromorphone Tab	1	QL
Hysingla ER	2	PA, QL
Ibuprofen Tab 400 mg, 600 mg, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Kadian	E	
Ketorolac Nasal Spray (Sprix ABA)	E	
Ketorolac Tab	1	QL
Lazanda	E	
Lidocaine Ointment	1	
Lidocaine Patch 5%	1	
Lidoderm	E	
Meloxicam	1	
Mobic	E	
Morphine Sulfate ER	1	PA, QL
MS Contin	E	
Nabumetone	1	
Nalfon	E	
Naprelan	3	
Naproxen (Rx only)	1	
Norco	E	
Norgesic Forte	E	
Nucynta	E	
Nucynta ER	E	
Orphengesic Forte (Norgesic Forte ABA)	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	
Qmiiz ODT	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Roxicodone	E	
Sprix	E	
Subsys	E	
Tramadol	1	QL
Tramadol ER (Conzip ABA)	E	
Trezix	3	QL
Tylenol w/ Codeine #3, #4	E	
Ultracet	E	
Ultram	E	
Voltaren Gel 1%	E	
Xtampza ER	2	
Zipsor	E	
Zohydro ER	E	
Zorvolex	E	
Ztlido	E	

Overactive Bladder

Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	1	
Solifenacin	1	
Tolterodine ER	1	
Toviaz	3	
Vesicare	E	

Respiratory: Asthma/COPD

Advair Diskus	2	QL
Advair HFA	2	QL
AirDuo	E	
Albuterol HFA (Perrigo manufacturer)	1	QL
Albuterol HFA (ProAir HFA ABA)	1	QL
Albuterol HFA (Proventil HFA ABA)	1	QL
Albuterol HFA (Ventolin HFA ABA)	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Albuterol Nebulizer Solution	1	QL
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
Budesonide/Formoterol (Symbicort ABA)	E	
Combivent Respimat	2	QL
Dulera	E	
Flovent Diskus	2	QL
Flovent HFA	2	QL
Fluticasone/Salmeterol	1	QL
Incruse Ellipta	2	QL
Ipratropium/Albuterol	1	QL
Levalbuterol HFA (Xopenex HFA ABA)	E	
Lonhala Magnair	3	QL
Montelukast	1	
Perforomist	3	QL
Proair HFA	2	QL
Proair RespiClick	2	QL
Proventil HFA	3	QL
Pulmicort Flexhaler	2	QL
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

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

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Symbicort	2	QL
Trelegy Ellipta	2	QL
Tudorza Pressair	E	
Utibron Neohaler	E	
Ventolin HFA	2	QL
Wixela Inhub	1	QL
Xolair	2	PA, SP
Xopenex HFA	E	
Yupelri	E	

Respiratory: Nasal Allergies

Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Mometasone Spray	1	QL
Nasonex	E	
Omnaris	3	QL
QNasi	3	QL
Zetonna	3	QL

Respiratory: Oral Allergies

Cetirizine Solution	1	
Cyproheptadine Tab	1	
Desloratadine	1	
Levocetirizine	1	

Transplant

Azathioprine Tab	1	
Cyclosporine Modified Cap	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Prograf	3	
Sirolimus	1	
Tacrolimus Cap	1	

Vitamins/Electrolytes

Azesco	E	
Carnitor	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Cyanocobalamine Injection	1	
Folic Acid 0.8 mg, 1 mg (Rx only)	1	
K-Tab	E	
Lokelma	3	
Multivitamin/Fluoride Chewable Tab	1	
Nascobal	3	
Potassium Chloride ER	1	
Potassium Citrate ER	1	
Pregenna	E	
Prenate	E	
Prenate DHA	E	
Prenate Elite	E	
Prenate Enhance	E	
Prenate Essential	E	
Prenate Mini	E	
Prenate Pixie	E	
Prenate Restore	E	
Sodium Fluoride Chewable Tab	1	
Trinaz	E	
Veltassa	3	
Vitamin D (ergocalciferol) (Rx only)	1	
Zalvit	E	

Weight Loss Management

Adipex-P	E	
Contrave	2	PA
Phentermine	1	PA
Saxenda	3	PA

Women's Health: Birth Control

Annovera	E	
Apri	1	
Aviane	1	
Beyaz	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Blisovi Fe	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	
Enskyce	1	
Errin	1	
Estarylla	1	
Femynor	1	
Generess Fe	E	
Gianvi	1	
Isibloom	1	
Junel	1	
Junel Fe	1	
Kariva	1	
Kurvelo	1	
Larin Fe 1/20	1	
Larissia	1	
Lessina	1	
Levonorgestrel/Ethinyl Estradiol	1	
Levonorgestrel/Ethinyl Estradiol and Ethinyl Estradiol	1	
Lo Loestrin Fe	E	
Loestrin	E	
Loestrin Fe	E	
Low-Ogestrel	1	
Medroxyprogesterone Acetate Injection	1	QL
Minastrin 24 Fe	E	
Mirena	3	
Mono-Linyah	1	
Natazia	2	
Nikki	1	
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Norgestimate/Ethinyl Estradiol	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Nortrel	1	
Nuvaring	3	
Ortho Micronor	E	
Ortho Tri-Cyclen Lo	E	
Ortho-Novum	E	
Safyral	E	
Seasonique	E	
Slynd	E	
Sprintec 28	1	
Syeda	1	
Taytulla	3	
Tri Femynor	1	
Tri-Linyah	1	
Tri-Lo-Marzia	1	
Tri-Lo-Sprintec	1	
Tri-Sprintec	1	
Viorele	1	
Xulane	1	
Yasmin 28	E	
Yaz	E	
Women's Health: Hormone Replacement		
Bijuva	3	
Climara	E	
Climara Pro	2	
Delestrogen	E	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Endometrin	2	
Estrace	E	
Estradiol Cream, Patch, Tab	1	
Evamist	3	
Imvexxy	3	
Intrarosa	3	
Medroxyprogesterone Acetate Tab	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap	1	
Prometrium	E	
Vagifem	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Vivelle-Dot	E	
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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“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>

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