

# 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](http://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://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://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                                                                                          |
|------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
|   | <b>Tier 1<br/>Lowest Cost</b>    | Lower-cost, commonly used generic drugs.                            | Use Tier 1 drugs for the lowest out-of-pocket costs.                                                  |
|   | <b>Tier 2<br/>Mid-range Cost</b> | Many common brand-name drugs, called preferred brands.              | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.                         |
|  | <b>Tier 3<br/>Highest Cost</b>   | 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 January 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.

|           |                                                                                                                                                                                                               |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PA</b> | <b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.                                                                                                 |
| <b>ST</b> | <b>Step Therapy</b> – 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. |
| <b>QL</b> | <b>Quantity Limits</b> – 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.          |
| <b>SP</b> | <b>Specialty Medication</b> – Medication is designated as a specialty pharmacy drug.                                                                                                                          |
| <b>E</b>  | <b>Excluded</b> – 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](http://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](http://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 DirectRx<sup>SM</sup> 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](https://serveyourx.com) or call customer service at **800-759-3203** for more current information.

When you register at [serveyourx.com](https://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](https://serveyourx.com).

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| Drug Name                               | Drug Tier | Programs and Limits |
|-----------------------------------------|-----------|---------------------|
| <b>Acne/Rosacea</b>                     |           |                     |
| <b>Absorica</b>                         | 3         | PA                  |
| Claravis                                | 1         | PA                  |
| <b>Minolira</b>                         | E         |                     |
| Myorisan                                | 1         | PA                  |
| <b>Oracea</b>                           | E         |                     |
| <b>Seysara</b>                          | 3         |                     |
| <b>Solodyn</b>                          | E         |                     |
| <b>Addiction/Substance Abuse</b>        |           |                     |
| <b>Bunavail</b>                         | 3         | QL                  |
| Buprenorphine                           | 1         | QL                  |
| Buprenorphine/<br>Naloxone              | 1         | QL                  |
| <b>Chantix</b>                          | 3         | QL                  |
| Naltrexone Tab                          | 1         |                     |
| <b>Narcan</b>                           | 2         |                     |
| <b>Suboxone</b>                         | E         |                     |
| <b>Zubsolv</b>                          | 2         | QL                  |
| <b>Anti-Infectives: Antibiotics</b>     |           |                     |
| <b>Acticlate</b>                        | E         |                     |
| Amoxicillin                             | 1         |                     |
| Amoxicillin/Clavulanate                 | 1         |                     |
| <b>Azasite</b>                          | 3         |                     |
| Azithromycin                            | 1         |                     |
| <b>Bethkis</b>                          | 2         | SP                  |
| Cefdinir                                | 1         |                     |
| Cefuroxime Tab                          | 1         |                     |
| Cephalexin                              | 1         |                     |
| <b>Ciprodex Otic<br/>Suspension</b>     | 2         |                     |
| Ciprofloxacin Tab                       | 1         |                     |
| Clarithromycin                          | 1         |                     |
| Clindamycin Cap                         | 1         |                     |
| <b>Dificid</b>                          | 3         |                     |
| <b>Doryx</b>                            | E         |                     |
| <b>Doryx MPC</b>                        | E         |                     |
| Doxycycline Hyclate                     | 1         |                     |
| <b>Doxycycline Hyclate<br/>DR 80 mg</b> | E         |                     |
| Doxycycline Monohydrate                 | 1         |                     |
| <b>Kitabis</b>                          | E         | SP                  |
| Levofloxacin Tab                        | 1         |                     |
| Metronidazole Tab                       | 1         |                     |

| Drug Name                                                 | Drug Tier | Programs and Limits |
|-----------------------------------------------------------|-----------|---------------------|
| Minocycline Cap                                           | 1         |                     |
| Neomycin/Polymyxin/<br>HC Otic                            | 1         |                     |
| Nitrofurantoin<br>Macrocrystals                           | 1         |                     |
| Nitrofurantoin<br>Monohydrate<br>Macrocrystals            | 1         |                     |
| <b>Nuzyra</b>                                             | 3         |                     |
| Ofloxacin Otic Solution                                   | 1         |                     |
| <b>Otovel</b>                                             | 3         |                     |
| Penicillin VK                                             | 1         |                     |
| <b>Solosec</b>                                            | 3         |                     |
| Sulfamethoxazole-<br>Trimethoprim                         | 1         |                     |
| <b>Targadox</b>                                           | E         |                     |
| <b>TOBI Nebulizer</b>                                     | E         | SP                  |
| <b>TOBI Podhaler</b>                                      | E         | SP                  |
| <b>Tobramycin<br/>Nebulization Soln<br/>(Kitabis ABA)</b> | E         | SP                  |
| Tobramycin Nebulization<br>Soln                           | 1         | SP                  |
| <b>Anti-Infectives: Antifungals</b>                       |           |                     |
| <b>Cresemba</b>                                           | 3         |                     |
| Fluconazole                                               | 1         |                     |
| <b>Jublia Solution</b>                                    | E         |                     |
| <b>Kerydin Solution</b>                                   | 3         | PA                  |
| Nystatin Suspension                                       | 1         |                     |
| Terbinafine Tab                                           | 1         | QL                  |
| <b>Tolsura</b>                                            | E         |                     |
| <b>Anti-Infectives: Antivirals</b>                        |           |                     |
| Acyclovir Tab                                             | 1         |                     |
| <b>Baraclude</b>                                          | E         | SP                  |
| Entecavir                                                 | 1         | QL, SP              |
| <b>Epclusa</b>                                            | 2         | PA, QL, SP          |
| <b>Harvoni</b>                                            | 2         | PA, QL, SP          |
| <b>Ledipasvir/Sofosbuvir<br/>(Harvoni ABA)</b>            | E         | SP                  |
| <b>Mavyret</b>                                            | 2         | PA, QL, SP          |
| Oseltamivir                                               | 1         | QL                  |
| <b>Sofosbuvir/Velpatasvir<br/>(Epclusa ABA)</b>           | E         | SP                  |
| <b>Tamiflu</b>                                            | 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         |                     |
| <b>Blood Disorders</b> |           |                     |
| 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              |
| <b>Cancer</b>          |           |                     |
| 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              |

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

**E** Excluded  
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| Drug Name                            | Drug Tier | Programs and Limits |
|--------------------------------------|-----------|---------------------|
| Yonsa                                | 3         | PA, SP              |
| <b>Cardiovascular/Heart Disease:</b> |           |                     |
| <b>Anticoagulants</b>                |           |                     |
| 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         |                     |
| <b>Cardiovascular/Heart Disease:</b> |           |                     |
| <b>High Blood Pressure</b>           |           |                     |
| 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 |
|----------------------|-----------|---------------------|
| <b>Diovan HCT</b>    | E         |                     |
| Doxazosin            | 1         |                     |
| <b>Dyazide</b>       | E         |                     |
| <b>Edarbi</b>        | 3         | ST                  |
| <b>Edarbyclor</b>    | 3         | ST                  |
| Enalapril            | 1         |                     |
| <b>Exforge</b>       | E         |                     |
| <b>Exforge HCT</b>   | E         |                     |
| Furosemide           | 1         |                     |
| Guanfacine           | 1         |                     |
| Hydralazine          | 1         |                     |
| Hydrochlorothiazide  | 1         |                     |
| <b>Hyzaar</b>        | E         |                     |
| <b>Inderal LA</b>    | E         |                     |
| <b>Inderal XL</b>    | E         |                     |
| <b>Innopran XL</b>   | E         |                     |
| Irbesartan           | 1         |                     |
| Irbesartan/HCTZ      | 1         |                     |
| <b>Kaspargo</b>      | E         |                     |
| Labetalol            | 1         |                     |
| <b>Lasix</b>         | E         |                     |
| Lisinopril           | 1         |                     |
| Lisinopril/HCTZ      | 1         |                     |
| Losartan             | 1         |                     |
| Losartan/HCTZ        | 1         |                     |
| <b>Lotrel</b>        | E         |                     |
| Metoprolol Succinate | 1         |                     |
| Metoprolol Tartrate  | 1         |                     |
| <b>Micardis</b>      | E         |                     |
| <b>Micardis HCT</b>  | E         |                     |
| Nadolol              | 1         |                     |
| Nifedipine ER        | 1         |                     |
| <b>Norvasc</b>       | E         |                     |
| Olmesartan           | 1         |                     |
| Olmesartan/HCTZ      | 1         |                     |
| <b>Prinivil</b>      | E         |                     |
| Prazosin             | 1         |                     |
| Propranolol          | 1         |                     |
| Propranolol ER       | 1         |                     |
| Ramipril             | 1         |                     |
| Spironolactone       | 1         |                     |
| <b>Tekturna</b>      | 2         | ST                  |
| <b>Tekturna HCT</b>  | 2         | ST                  |
| Telmisartan          | 1         |                     |
| <b>Tenormin</b>      | E         |                     |
| <b>Toprol XL</b>     | E         |                     |

| Drug Name                                             | Drug Tier | Programs and Limits |
|-------------------------------------------------------|-----------|---------------------|
| Torsemide Tab                                         | 1         |                     |
| Triamterene/HCTZ                                      | 1         |                     |
| <b>Tribenzor</b>                                      | E         |                     |
| Valsartan                                             | 1         |                     |
| Valsartan/HCTZ                                        | 1         |                     |
| Verapamil ER                                          | 1         |                     |
| <b>Zestril</b>                                        | E         |                     |
| <b>Cardiovascular/Heart Disease: High Cholesterol</b> |           |                     |
| Atorvastatin                                          | 1         |                     |
| Choline Fenofibrate                                   | 1         |                     |
| <b>Colestid</b>                                       | E         |                     |
| <b>Crestor</b>                                        | E         |                     |
| Ezetimibe                                             | 1         |                     |
| Ezetimibe/Simvastatin                                 | 1         |                     |
| Fenofibrate                                           | 1         |                     |
| Fenofibric Acid                                       | 1         |                     |
| Gemfibrozil                                           | 1         |                     |
| <b>Lescol XL</b>                                      | E         |                     |
| <b>Lipitor</b>                                        | E         |                     |
| <b>Livalo</b>                                         | 3         | ST                  |
| Lovastatin                                            | 1         |                     |
| <b>Lovaza</b>                                         | E         |                     |
| <b>Niaspan</b>                                        | E         |                     |
| Omega-3 Acid                                          | 1         |                     |
| <b>Praluent</b>                                       | 2         | PA, QL, SP          |
| <b>Pravachol</b>                                      | E         |                     |
| Pravastatin                                           | 1         |                     |
| <b>Questran</b>                                       | E         |                     |
| <b>Questran Light</b>                                 | E         |                     |
| <b>Repatha</b>                                        | 2         | PA, QL, SP          |
| Rosuvastatin                                          | 1         |                     |
| Simvastatin                                           | 1         |                     |
| <b>Tricor</b>                                         | E         |                     |
| <b>Vascepa</b>                                        | 2         |                     |
| <b>Vytorin</b>                                        | E         |                     |
| <b>Welchol</b>                                        | E         |                     |
| <b>Zetia</b>                                          | E         |                     |
| <b>Zocor</b>                                          | E         |                     |
| <b>Zypitamag</b>                                      | E         |                     |
| <b>Cardiovascular/Heart Disease: Other</b>            |           |                     |
| Amiodarone                                            | 1         |                     |
| <b>Corlanor</b>                                       | 3         | PA, QL              |
| Digoxin                                               | 1         |                     |
| <b>Entresto</b>                                       | 2         | 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 |
|--------------------------------------------------------------------------|-----------|---------------------|
| Flecainide                                                               | 1         |                     |
| Isosorbide Mononitrate ER                                                | 1         |                     |
| <b>Multaq</b>                                                            | 3         |                     |
| Nitroglycerin SL                                                         | 1         |                     |
| <b>Nitrostat</b>                                                         | E         |                     |
| <b>Ranexa</b>                                                            | E         |                     |
| Sotalol                                                                  | 1         |                     |
| <b>Tikosyn</b>                                                           | E         |                     |
| <b>Cardiovascular/Heart Disease:<br/>Pulmonary Arterial Hypertension</b> |           |                     |
| <b>Adcirca</b>                                                           | E         | SP                  |
| <b>Adempas</b>                                                           | 2         | PA, QL, SP          |
| <b>Letairis</b>                                                          | E         | SP                  |
| <b>Opsumit</b>                                                           | 2         | PA, QL, SP          |
| <b>Orenitram</b>                                                         | 3         | PA, SP              |
| <b>Remodulin</b>                                                         | E         | SP                  |
| Sildenafil Tab 20 mg                                                     | 1         | PA, QL              |
| <b>Tracleer 32 mg</b>                                                    | 2         | PA, QL, SP          |
| <b>Tracleer 62.5 mg, 125 mg</b>                                          | 3         | PA, QL, SP          |
| <b>Central Nervous System:<br/>Alzheimer's/Dementia</b>                  |           |                     |
| Donepezil                                                                | 1         |                     |
| Memantine                                                                | 1         |                     |
| <b>Namzaric</b>                                                          | 2         | QL                  |
| <b>Central Nervous System:<br/>Antipsychotics</b>                        |           |                     |
| <b>Abilify</b>                                                           | E         |                     |
| <b>Abilify Maintena</b>                                                  | 3         |                     |
| Aripiprazole                                                             | 1         | QL                  |
| <b>Aristada</b>                                                          | 3         |                     |
| <b>Aristada Initio</b>                                                   | 3         |                     |
| <b>Invega Sustenna</b>                                                   | 3         |                     |
| <b>Invega Trinza</b>                                                     | 3         |                     |
| <b>Latuda</b>                                                            | 3         | QL                  |
| Olanzapine                                                               | 1         |                     |
| <b>Perseris</b>                                                          | 3         |                     |
| Quetiapine                                                               | 1         |                     |
| <b>Rexulti</b>                                                           | 3         | QL                  |
| <b>Risperdal</b>                                                         | E         |                     |
| Risperidone                                                              | 1         |                     |
| <b>Saphris</b>                                                           | 2         | QL                  |
| <b>Seroquel</b>                                                          | E         |                     |
| <b>Seroquel XR</b>                                                       | E         |                     |
| <b>Vraylar</b>                                                           | 3         | QL, ST              |
| Ziprasidone                                                              | 1         |                     |
| <b>Zyprexa</b>                                                           | E         |                     |

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

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

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| Drug Name                                          | Drug Tier | Programs and Limits |
|----------------------------------------------------|-----------|---------------------|
| <b>Central Nervous System: Other</b>               |           |                     |
| Alprazolam Tab                                     | 1         | QL                  |
| <b>Ativan</b>                                      | E         |                     |
| <b>Austedo</b>                                     | 3         | PA, QL, SP          |
| Buspirone                                          | 1         |                     |
| Diazepam Tab                                       | 1         |                     |
| <b>Gralise</b>                                     | 3         | PA, QL, ST          |
| <b>Horizant</b>                                    | 3         | PA, QL              |
| Hydroxyzine HCL                                    | 1         |                     |
| Hydroxyzine Pamoate                                | 1         |                     |
| Lithium                                            | 1         |                     |
| Lithium ER                                         | 1         |                     |
| Lorazepam Tab                                      | 1         |                     |
| Modafinil                                          | 1         | PA, QL              |
| <b>Tiglutik</b>                                    | 3         | PA, QL, SP          |
| <b>Valium</b>                                      | E         |                     |
| <b>Xanax</b>                                       | E         |                     |
| <b>Xanax ER</b>                                    | E         |                     |
| <b>Xyrem</b>                                       | 3         | PA, QL, SP          |
| <b>Central Nervous System: Parkinson's Disease</b> |           |                     |
| Carbidopa-Levodopa                                 | 1         |                     |
| <b>Gocovri</b>                                     | E         |                     |
| <b>Inbrija</b>                                     | 3         | PA, SP              |
| <b>Osmolex ER</b>                                  | E         |                     |
| Pramipexole                                        | 1         |                     |
| Ropinirole                                         | 1         |                     |
| <b>Rytary</b>                                      | 3         | ST                  |
| <b>Central Nervous System: Sedatives/Hypnotics</b> |           |                     |
| <b>Ambien</b>                                      | E         |                     |
| <b>Ambien CR</b>                                   | E         |                     |
| Eszopiclone Tab                                    | 1         | QL                  |
| <b>Lunesta</b>                                     | E         |                     |
| <b>Restoril</b>                                    | E         |                     |
| <b>Silenor</b>                                     | 3         | QL                  |
| Temazepam                                          | 1         |                     |
| Triazolam Tab                                      | 1         | QL                  |
| Zolpidem                                           | 1         | QL                  |
| Zolpidem ER                                        | 1         | QL                  |
| <b>Central Nervous System: Seizure Disorders</b>   |           |                     |
| Carbamazepine                                      | 1         |                     |
| <b>Carbatrol</b>                                   | E         |                     |
| Clonazepam                                         | 1         | QL                  |

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

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

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

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|-----------------------------------------------------|-----------|---------------------|
| <b>Veltin</b>                                       | E         |                     |
| <b>Xepi</b>                                         | 3         |                     |
| <b>Ximino</b>                                       | 3         |                     |
| <b>Ziana</b>                                        | E         |                     |
| <b>Zovirax</b>                                      | E         |                     |
| <b>Zyclara</b>                                      | E         |                     |
| <b>Zyclara Pump</b>                                 | E         |                     |
| <b>Diabetes/Endocrine Blood: Glucose Monitoring</b> |           |                     |
| <b>Accu-Chek Aviva Connect Kit</b>                  | E         |                     |
| <b>Accu-Chek Aviva Kit</b>                          | E         |                     |
| <b>Accu-Chek Aviva Plus Kit</b>                     | E         |                     |
| <b>Accu-Chek Compact Plus Control</b>               | E         |                     |
| <b>Accu-Chek Compact Plus Kit</b>                   | E         |                     |
| <b>Accu-Chek Compact Plus Test Strips</b>           | E         |                     |
| <b>Accu-Chek FastClix Lancet Device Kit</b>         | 2         |                     |
| <b>Accu-Chek FastClix Lancets</b>                   | 2         |                     |
| <b>Accu-Chek Guide Control</b>                      | E         |                     |
| <b>Accu-Chek Guide Kit</b>                          | E         |                     |
| <b>Accu-Chek Multiclix Lancet Device Kit</b>        | 2         |                     |
| <b>Accu-Chek Multiclix Lancets</b>                  | 2         |                     |
| <b>Accu-Chek Nano SmartView Kit</b>                 | E         |                     |
| <b>Accu-Chek SmartView Control</b>                  | E         |                     |
| <b>Accu-Chek Smartview Test Strips</b>              | E         |                     |
| <b>Accu-Chek Soft Touch Lancets</b>                 | 2         |                     |
| <b>Accu-Chek Softclix Lancets</b>                   | 2         |                     |
| <b>Accu-Chek Softclix Lancet Device Kit</b>         | 2         |                     |
| <b>BD Autosshield Duo Pen Needle</b>                | 2         |                     |
| <b>BD Ultra-Fine Insulin Syringes</b>               | 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         |                     |
| <b>Diabetes/Endocrine: Insulin</b>                                                         |           |                     |
| 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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|----------------------------------------------|-----------|---------------------|
| 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         |                     |
| <b>Diabetes/Endocrine: Non-Insulin</b>       |           |                     |
| Adlyxin                                      | E         |                     |
| Alogliptin (Nesina ABA)                      | E         |                     |
| Alogliptin/Metformin (Kazano ABA)            | E         |                     |
| Alogliptin/Pioglitazone (Oseni ABA)          | E         |                     |
| Bydureon                                     | 2         | QL, ST              |

**ST** Step Therapy  
**QL** Quantity Limits  
**SP** Specialty Program



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

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**E** Excluded  
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**ST** Step Therapy  
**QL** Quantity Limits  
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| Drug Name                                               | Drug Tier | Programs and Limits |
|---------------------------------------------------------|-----------|---------------------|
| <b>Xigduo XR</b>                                        | E         |                     |
| <b>Endocrine: Growth Hormone</b>                        |           |                     |
| <b>Genotropin</b>                                       | E         | SP                  |
| <b>Humatrope</b>                                        | E         | SP                  |
| <b>Norditropin</b>                                      | 2         | PA, SP              |
| <b>Nutropin AQ</b>                                      | 2         | PA, SP              |
| <b>Omnitrope</b>                                        | 2         | PA, SP              |
| <b>Saizen</b>                                           | E         | SP                  |
| <b>Zomacton</b>                                         | E         | SP                  |
| <b>Endocrine: Other</b>                                 |           |                     |
| Calcitriol Cap                                          | 1         |                     |
| <b>Cortef</b>                                           | E         |                     |
| Dexamethasone Tab                                       | 1         |                     |
| <b>H.P. Acthar</b>                                      | 2         | PA, SP              |
| Hydrocortisone Tab                                      | 1         |                     |
| <b>Kenalog-40</b>                                       | E         |                     |
| <b>Lupron Depot</b><br>7.5 mg, 22.5 mg,<br>30 mg, 45 mg | 2         | PA, SP              |
| Methylprednisolone Tab                                  | 1         |                     |
| <b>Osphena</b>                                          | 3         |                     |
| Prednisone                                              | 1         |                     |
| Prednisolone Solution                                   | 1         |                     |
| <b>Rayos</b>                                            | E         |                     |
| <b>TaperDex 12-Day</b>                                  | 3         |                     |
| <b>TaperDex 6-Day</b>                                   | 3         |                     |
| <b>TaperDex 7-Day</b>                                   | 3         |                     |
| <b>Endocrine: Thyroid Hormone Replacement</b>           |           |                     |
| <b>Armour Thyroid</b>                                   | 3         | ST                  |
| <b>Cytomel</b>                                          | E         |                     |
| Levothyroxine                                           | 1         |                     |
| Liothyronine                                            | 1         |                     |
| Methimazole                                             | 1         |                     |
| <b>Nature-Thyroid</b>                                   | 3         | ST                  |
| <b>Synthroid</b>                                        | E         |                     |
| <b>Tirosint</b>                                         | E         |                     |
| <b>Eye Conditions: Allergies</b>                        |           |                     |
| <b>Lastacft</b>                                         | 3         | ST                  |
| Olopatadine Ophthalmic                                  | 1         |                     |
| <b>Pataday</b>                                          | E         |                     |
| <b>Patanol</b>                                          | E         |                     |
| <b>Pazeo</b>                                            | E         |                     |



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

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

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

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

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

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

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

| Drug Name                                                   | Drug Tier | Programs and Limits |
|-------------------------------------------------------------|-----------|---------------------|
| Cyclobenzaprine Tab                                         | 1         |                     |
| <b>Lorzone</b>                                              | 3         |                     |
| Metaxalone                                                  | 1         |                     |
| Methocarbamol                                               | 1         |                     |
| <b>Skelaxin</b>                                             | E         |                     |
| <b>Soma</b>                                                 | E         |                     |
| Tizanidine Tab                                              | 1         |                     |
| <b>Zanaflex</b>                                             | E         |                     |
| <b>Musculoskeletal: Pain Relief</b>                         |           |                     |
| <b>Abstral</b>                                              | E         |                     |
| Acetaminophen<br>w/ Codeine                                 | 1         | QL                  |
| Acetaminophen<br>w/ Codeine #2, #3, #4                      | 1         | QL                  |
| Acetaminophen/<br>Caffeine/<br>Dihydrocodeine               | 1         | QL                  |
| <b>Apadaz</b>                                               | E         |                     |
| <b>Arthrotec</b>                                            | E         |                     |
| <b>Arymo ER</b>                                             | E         |                     |
| <b>Belbuca</b>                                              | 2         | PA, QL              |
| <b>Benzhydrocodone/<br/>APAP</b>                            | E         |                     |
| <b>Butrans</b>                                              | E         |                     |
| <b>Cambia</b>                                               | E         |                     |
| <b>Celebrex</b>                                             | E         |                     |
| Celecoxib                                                   | 1         | QL                  |
| <b>Conzip</b>                                               | E         |                     |
| Diclofenac Tab                                              | 1         |                     |
| <b>Dilaudid</b>                                             | E         |                     |
| <b>Duragesic</b>                                            | E         |                     |
| <b>Embeda</b>                                               | 2         | PA, QL              |
| Etodolac                                                    | 1         |                     |
| <b>Exalgo</b>                                               | E         |                     |
| Fentanyl Patch                                              | 1         | PA, QL              |
| <b>Fentora</b>                                              | E         |                     |
| <b>Fentanyl Citrate<br/>Buccal Tablet<br/>(Fentora ABA)</b> | E         |                     |
| <b>Fioricet</b>                                             | E         |                     |
| <b>Fiorcet/Codeine</b>                                      | E         |                     |
| Hydrocodone/APAP                                            | 1         | QL                  |
| Hydromorphone Tab                                           | 1         | QL                  |
| <b>Hysingla ER</b>                                          | 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         |                     |
| <b>Kadian</b>                            | E         |                     |
| Ketorolac Tab                            | 1         | QL                  |
| <b>Lazanda</b>                           | E         |                     |
| Lidocaine Ointment                       | 1         |                     |
| Lidocaine Patch 5%                       | 1         |                     |
| <b>Lidoderm</b>                          | E         |                     |
| <b>MS Contin</b>                         | E         |                     |
| Meloxicam                                | 1         |                     |
| <b>Mobic</b>                             | E         |                     |
| Morphine Sulfate ER                      | 1         | PA, QL              |
| Nabumetone                               | 1         |                     |
| <b>Nalfon</b>                            | E         |                     |
| <b>Naprelan</b>                          | 3         |                     |
| Naproxen (Rx only)                       | 1         |                     |
| <b>Norco</b>                             | E         |                     |
| <b>Nucynta</b>                           | E         |                     |
| <b>Nucynta ER</b>                        | E         |                     |
| Oxycodone w/ Acetaminophen               | 1         | QL                  |
| <b>Oxycodone ER (Oxycontin ABA)</b>      | E         |                     |
| <b>Oxycodone Powder</b>                  | E         |                     |
| Oxycodone Tab                            | 1         | QL                  |
| <b>Oxycontin</b>                         | 2         | PA, QL              |
| <b>Pennsaid</b>                          | E         |                     |
| <b>Percocet</b>                          | E         |                     |
| <b>Roxicodone</b>                        | E         |                     |
| <b>Roxybond</b>                          | 3         | QL                  |
| <b>Sprix</b>                             | E         |                     |
| <b>Subsys</b>                            | E         |                     |
| Tramadol                                 | 1         | QL                  |
| <b>Tramadol ER (Conzip ABA)</b>          | E         |                     |
| <b>Tylenol w/ Codeine #3, #4</b>         | E         |                     |
| <b>Ultracet</b>                          | E         |                     |
| <b>Ultram</b>                            | E         |                     |
| <b>Voltaren Gel 1%</b>                   | E         |                     |
| <b>Xtampza ER</b>                        | E         |                     |
| <b>Zohydro ER</b>                        | E         |                     |
| <b>Zorvolex</b>                          | E         |                     |
| <b>Ztlido</b>                            | E         |                     |

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

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

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

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

| Drug Name                                      | Drug Tier | Programs and Limits |
|------------------------------------------------|-----------|---------------------|
| <b>Premarin Vaginal Cream</b>                  | 2         |                     |
| <b>Premphase</b>                               | 2         |                     |
| <b>Prempro</b>                                 | 2         |                     |
| Progesterone Cap                               | 1         |                     |
| <b>Prometrium</b>                              | E         |                     |
| <b>Vagifem</b>                                 | E         |                     |
| <b>Vivelle-Dot</b>                             | E         |                     |
| Yuvaferm                                       | 1         |                     |
| <b>Women's Health: Vaginal Anti-Infectives</b> |           |                     |
| <b>Clindesse</b>                               | 3         |                     |
| <b>Gynazole-1 Vaginal Cream</b>                | 3         |                     |
| Metronidazole Vaginal Gel                      | 1         |                     |
| Terconazole Vaginal Cream                      | 1         |                     |

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| 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 |
|                               |           |                          |                  |             |
|                               |           |                          |                  |             |
|                               |           |                          |                  |             |
|                               |           |                          |                  |             |
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