

# SERVE YOU

## Your 2021 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](https://serveyourx.com)**

- Locate a participating retail pharmacy by ZIP code
- Perform drug cost comparisons
- Search the drug database for generics, brand-names, generic equivalents and other drug information
- View quality and safety information about prescription alternatives

**Effective July 1, 2021**

## Your Prescription Drug List (PDL)

The Prescription Drug List, or formulary, is a listing of the most commonly prescribed medications sorted by therapeutic category. The PDL identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. It is intended to be used as a guide to help you and your doctor choose the best course of treatment for you. Drug designation by category is for reference only and not clinical comparison. The PDL is not intended to be a substitute for the clinical knowledge and judgement of the medical practitioner in their choice of drug therapy. In all cases, the prescriber is expected to select appropriate drug therapy for the individual patient and provide high-quality healthcare.

### Please note:

- Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule.
- This document is not intended to be a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.
- You may also log on to [serveyourx.com](https://www.serveyourx.com) or call customer service at **800-759-3203** for more information.

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

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




### How do I use my Prescription Drug List?

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

## What are tiers?

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

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

\$	DRUG TIER	INCLUDES	HELPFUL TIPS
	<b>Tier 1 Lowest Cost</b>	Lower-cost, commonly used generic drugs	Use Tier 1 drugs for the lowest out-of-pocket costs.
	<b>Tier 2 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 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, none, etc.). If your plan has a Tier 4, specialty drugs are included in this tier. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan documents or call customer service at **800-759-3203** for more information about your benefit plan.

## When does the Prescription Drug List change?

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

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

## Programs and Limits

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

<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 service at **800-759-3203**.

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

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

## Is it a generic or brand-name drug?

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

## What if my doctor writes a brand-name prescription?

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

## Should I talk to my doctor about OTC medications?

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

## How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit [serveyourx.com](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; and
- View any plan-specific content.



### More Information

If you have additional questions, please call customer service at **800-759-3203** or visit [serveyourx.com](https://serveyourx.com).

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Acne/Rosacea</b>		
<b>Absorica</b>	3	PA
<b>Absorica LD</b>	3	PA
Claravis	1	
<b>Minolira</b>	E	
<b>Oracea</b>	E	
<b>Seysara</b>	3	ST
<b>Solodyn</b>	E	
<b>Addiction/Substance Abuse</b>		
<b>Bunavail</b>	3	QL
Buprenorphine SL	1	QL
Buprenorphine/Naloxone	1	QL
<b>Chantix</b>	3	QL
Naltrexone Tab	1	
<b>Narcan</b>	2	
<b>Reset</b>	2	
<b>Reset-O</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>	E	SP
<b>Cayston</b>	E	SP
Cefdinir	1	
Cefuroxime	1	
Cephalexin	1	
<b>Ciprodex</b>	E	
Ciprofloxacin/ Dexamethasone Otic	1	
Ciprofloxacin Tab	1	
Clarithromycin Tab	1	
Clindamycin Cap	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Dificid</b>	3	
<b>Doryx</b>	E	
<b>Doryx MPC</b>	E	
Doxycycline Hyclate	1	
<b>Doxycycline Hyclate Tab 80mg (Dorxy ABA)</b>	E	
Doxycycline Monohydrate	1	
<b>Kitabis</b>	E	SP
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/Polymyxin/ HC Otic	1	
Nitrofurantoin Macrocrystals	1	
Nitrofurantoin Monohydrate Macrocrystals	1	
<b>Nuzyra</b>	3	PA
Ofloxacin Otic Solution	1	
<b>Otovel</b>	3	
Penicillin VK	1	
<b>Solosec</b>	3	
Sulfamethoxazole- Trimethoprim	1	
<b>Targadox</b>	E	
<b>TOBI Nebulizer</b>	E	SP
<b>TOBI Podhaler</b>	3	QL, SP
<b>Tobramycin Nebulization Solution 300mg/5mL (Kitabis ABA)</b>	E	SP
<b>Xenleta</b>	3	
<b>Anti-Infectives: Antifungals</b>		
<b>Cresemba</b>	3	
Fluconazole	1	
<b>Jublia</b>	E	
<b>Kerydin</b>	3	PA

**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
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Tolsura	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 (Harvoni ABA)</b>	E	SP
<b>Mavyret</b>	2	PA, QL, SP
<b>Sofosbuvir/Velpatasvir (Epclusa ABA)</b>	E	SP
<b>Tamiflu</b>	E	
Valacyclovir	1	QL
<b>Valtrex</b>	E	
<b>Vemlidy</b>	3	SP
<b>Vosevi</b>	2	PA, QL, SP
<b>Xofluza</b>	3	QL
<b>Zovirax</b>	E	
<b>Blood Disorders</b>		
<b>Advate</b>	2	SP
<b>Adynovate</b>	3	SP
<b>Afstyla</b>	3	SP
<b>Aranesp</b>	2	PA, SP
<b>Eloctate</b>	3	SP
<b>Epogen</b>	E	SP
<b>Esperoct</b>	E	SP
<b>Fulphila</b>	E	SP
<b>Granix</b>	E	SP
<b>Jivi</b>	3	SP
<b>Koate</b>	2	SP
<b>Mulpleta</b>	2	PA, SP
<b>Neulasta</b>	3	PA, SP
<b>Neulasta Onpro</b>	3	PA, SP
<b>Neupogen</b>	E	SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Nivestym</b>	2	PA, SP
<b>Novoeight</b>	2	SP
<b>Nplate</b>	3	PA, SP
<b>Nuwiq</b>	2	SP
<b>Recombinate</b>	2	SP
<b>Procrit</b>	E	SP
<b>Retacrit</b>	2	PA, SP
<b>Soliris</b>	3	PA, SP
<b>Udenyca</b>	E	SP
<b>Ultomiris</b>	3	PA, SP
<b>Wilate</b>	2	SP
<b>Xyntha</b>	2	SP
<b>Zarxio</b>	2	PA, SP
<b>Ziextenzo</b>	3	PA, SP
<b>Cancer</b>		
<b>Afinitor 2.5mg, 5mg, 7.5mg</b>	E	SP
<b>Alecensa</b>	2	PA, SP
<b>Alunbrig</b>	2	PA, QL, SP
Anastrozole Tab	1	
<b>Arimidex</b>	E	
<b>Belrapzo</b>	E	SP
<b>Cabometyx</b>	2	PA, SP
<b>Calquence</b>	3	PA, SP
Capecitabine	1	SP
<b>Darzalex Faspro</b>	E	SP
<b>Erleada</b>	E	SP
<b>Gleevec</b>	E	SP
<b>Herzuma</b>	E	SP
<b>Ibrance</b>	3	PA, SP
<b>Idhifa</b>	3	PA, QL, SP
<b>Kanjinti</b>	2	PA, SP
<b>Keytruda</b>	3	PA, SP
Letrozole	1	
<b>Lynparza</b>	2	PA, SP
<b>Mvasi</b>	2	PA, SP
<b>Nubeqa</b>	3	PA, SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ogivri	E	SP
Ontruzant	E	SP
Phesgo	2	PA, SP
Revlimid	2	PA, SP
Rozlytrek	3	PA, SP
Rubraca	2	PA, SP
Ruxience	2	PA, SP
Sprycel	2	PA, SP
Tabrecta	E	SP
Tagrisso	3	PA, SP
Tamoxifen Tab	1	
Targretin Cap	E	SP
Targretin Gel	3	PA, SP
Tazverik	E	SP
Trazimera	2	PA, SP
Treanda	E	SP
Truxima	E	SP
Velcade	2	PA, SP
Vitrakvi	3	PA, SP
Xtandi	3	PA, SP
Yonsa	E	SP
Zejula	2	PA, SP
Zirabev	2	PA, SP
Zytiga	E	SP

### Cardiovascular/Heart Disease: Anticoagulants

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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### Cardiovascular/Heart Disease: High Blood Pressure

<b>Altace</b>	E	
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Olmesartan/HCTZ	1	
Amlodipine/Valsartan	1	
<b>Atacand</b>	E	
Atenolol	1	
Atenolol/Chlorthalidone	1	
<b>Avapro</b>	E	
<b>Azor</b>	E	
Benazepril	1	
<b>Benicar</b>	E	
<b>Benicar HCT</b>	E	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
<b>Bystolic</b>	2	
Candesartan	1	
<b>Cardizem LA 180mg, 240mg, 300mg, 360mg, 420mg</b>	E	
Cartia XT	1	
Carvedilol	1	
<b>Catapres-TTS</b>	E	
Chlorthalidone	1	
Clonidine Tab	1	
<b>Conjupri</b>	E	
<b>Consensi</b>	E	
<b>Coreg</b>	E	
<b>Coreg CR</b>	E	
<b>Cozaar</b>	E	
Diltiazem ER	1	
<b>Diovan</b>	E	
<b>Diovan HCT</b>	E	
Doxazosin	1	
<b>Edarbi</b>	3	ST
<b>Edarbyclor</b>	3	ST
Enalapril	1	
<b>Exforge</b>	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<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 Sprinkle</b>	E	
<b>Katerzia</b>	E	
Labetalol	1	
<b>Lasix</b>	E	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
<b>Lotrel</b>	E	
Metoprolol Succinate ER	1	
Metoprolol Tartrate	1	
<b>Micardis</b>	E	
<b>Micardis HCT</b>	E	
Nadolol	1	
Nifedipine ER	1	
Nifedipine ER Osmotic	1	
<b>Norvasc</b>	E	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	1	
<b>Prinivil</b>	E	
Propranolol	1	
Propranolol ER	1	
Ramipril	1	
Spirolactone	1	
<b>Tekturna</b>	2	ST

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Tekturna HCT</b>	2	ST
Telmisartan	1	
Telmisartan/HCTZ	1	
<b>Tenormin</b>	E	
<b>Toprol XL</b>	E	
Torsemide	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>		
<b>Antara</b>	3	
Atorvastatin	1	
<b>Colestid</b>	E	
<b>Colestid Flavored</b>	E	
<b>Crestor</b>	E	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibrate Micronized	1	
Fenofibric Acid	1	
Gemfibrozil	1	
<b>Lescol XL</b>	E	
<b>Lipitor</b>	E	
<b>Livalo</b>	E	
Lovastatin	1	
<b>Lovaza</b>	E	
<b>Niaspan</b>	E	
<b>Nexletol</b>	2	PA, QL
<b>Nexlizet</b>	2	PA, QL
Omega-3 Acid	1	
<b>Praluent</b>	2	PA, QL
Pravastatin	1	
<b>Questran</b>	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Questran Light</b>	E	
<b>Repatha</b>	2	PA, QL
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	

### Cardiovascular/Heart Disease: Other

Amiodarone	1	
<b>Corlanor</b>	3	PA, QL
Digoxin	1	
<b>Entresto</b>	2	QL
Flecainide	1	
Isosorbide Mononitrate ER	1	
<b>Multaq</b>	3	
Nitroglycerin SL	1	
<b>Nitrostat</b>	E	
<b>Ranexa</b>	E	
Ranolazine ER	1	
Sotalol	1	
<b>Tikosyn</b>	E	

### Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension

<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 20mg	1	PA, QL
<b>Tracleer 62.5mg, 125mg</b>	E	SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Central Nervous System: Alzheimer's/Dementia</b>		
Donepezil	1	
Memantine	1	
<b>Namzaric</b>	2	QL

### Central Nervous System: Antipsychotics

<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	
Quetiapine ER	1	QL
<b>Rexulti</b>	3	QL
<b>Risperdal</b>	E	
Risperidone	1	
<b>Saphris</b>	E	
<b>Secuado</b>	E	
<b>Seroquel</b>	E	
<b>Seroquel XR</b>	E	
<b>Vraylar</b>	3	QL, ST
Ziprasidone	1	
<b>Zyprexa</b>	E	

### Central Nervous System: Attention Deficit Disorder

<b>Adderall</b>	E	
<b>Adderall XR</b>	E	
<b>Adhansia XR</b>	E	
Amphetamine/ Dextroamphetamine	1	

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

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Amphetamine/ Dextroamphetamine ER	1	
Atomoxetine	1	
<b>Concerta</b>	E	
Dexmethylphenidate	1	
Dexmethylphenidate ER	1	
<b>Evekeo</b>	E	
<b>Focalin</b>	E	
<b>Focalin XR</b>	E	
Guanfacine ER	1	
<b>Intuniv</b>	E	
<b>Jornay PM</b>	3	ST
Methylphenidate ER	1	
Methylphenidate ER (LA)	1	
Methylphenidate ER (XR)	1	
Methylphenidate Tab	1	
<b>Ritalin</b>	E	
<b>Ritalin LA</b>	E	
<b>Strattera</b>	E	
<b>Vyvanse</b>	2	

### Central Nervous System: Depression

Amitriptyline	1	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL 150mg, 300mg	1	QL
<b>Bupropion XL 450mg (Forfivo XL ABA)</b>	E	
<b>Celexa</b>	E	
Citalopram	1	
<b>Cymbalta</b>	E	
Desvenlafaxine ER	1	QL
Doxepin	1	
Duloxetine	1	QL
<b>Effexor XR</b>	E	
Escitalopram Tab	1	
Fluoxetine	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Fluvoxamine	1	
<b>Forfivo XL</b>	E	
<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	
<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	

### Central Nervous System: Migraine

<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>Imitrex Statdose</b>	E	
<b>Maxalt</b>	E	
<b>Maxalt-MLT</b>	E	
<b>Nurtec</b>	2	PA, QL
<b>Onzetra Xsail</b>	E	
<b>Relpax</b>	E	
Rizatriptan	1	QL
<b>Reyvow</b>	E	
Sumatriptan Tab	1	QL
<b>Tosymra</b>	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Treximet	E	
Ubrelvy	2	PA, QL
Zembrace Symtouch	E	
Zomig Tab	E	
Zomig ZMT	E	

### Central Nervous System: Multiple Sclerosis

Ampyra	3	PA, QL, SP
Aubagio	3	PA, QL, SP
Avonex	2	PA, QL, SP
Bafiertam	2	PA, QL, SP
Betaseron	2	PA, QL, SP
Copaxone	2	PA, QL, SP
Extavia	E	SP
Gilenya	3	PA, QL, SP
Kesimpta	2	PA, QL, SP
Mavenclad	3	PA, SP
Mayzent	3	PA, QL, SP
Plegridy	E	SP
Rebif	E	SP
Tecfidera	E	SP
Vumerity	2	PA, QL, SP
Zeposia	3	PA, QL, SP

### Central Nervous System: Other

Alprazolam Tab	1	QL
Armodafinil	1	
Ativan Tab	E	
Austedo	3	PA, QL, SP
Buspirone	1	
Diazepam Tab	1	
Gralise	3	PA, QL, ST
Horizant	3	PA, QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Modafinil	1	
Nuvigil	E	
Provigil	E	
Sunosi	2	PA, QL
Tegsedi	3	PA, SP
Tiglutik	3	PA, QL, SP
Valium	E	
Wakix	3	PA, QL, SP
Xanax	E	
Xanax ER	E	
Xyrem	3	PA, QL, SP

### Central Nervous System: Parkinson's Disease

Benzotropine	1	
Carbidopa-Levodopa	1	
Gocovri	E	
Inbrija	3	PA, SP
Kynmobi	3	PA, QL, SP
Nouriaz	3	
Ongentys	3	QL, ST
Osmolex ER	E	
Pramipexole	1	
Ropinirole	1	
Rytary	3	ST

### Central Nervous System: Sedatives/Hypnotics

Ambien	E	
Ambien CR	E	
Belsomra	3	QL, ST
Dayvigo	3	QL, ST
Eszopiclone	1	QL
Lunesta	E	
Restoril	E	
Silenor	3	QL
Temazepam	1	
Triazolam	1	QL
Zolpidem	1	QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Zolpidem ER	1	QL
<b>Central Nervous System: Seizure Disorders</b>		
<b>Briviact</b>	3	ST
Carbamazepine	1	
<b>Carbatrol</b>	E	
Clonazepam	1	QL
<b>Depakote</b>	E	
<b>Depakote ER</b>	E	
<b>Depakote Sprinkles</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
<b>Fycompa</b>	3	
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 Starter Kit</b>	E	
<b>Lamictal XR</b>	E	
Lamotrigine	1	
Lamotrigine ER	1	
Levetiracetam	1	
<b>Lyrica</b>	E	
<b>Nayzilam</b>	3	QL
<b>Neurontin</b>	E	
<b>Onfi</b>	E	
Oxcarbazepine	1	
<b>Oxtellar XR</b>	E	
Pregabalin	1	QL
<b>Qudexy XR</b>	E	
<b>Sabril</b>	E	SP
<b>Sympazan</b>	3	PA

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<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>	3	
<b>Valtoco</b>	3	QL
<b>Vimpat</b>	3	
<b>Xcopri</b>	3	ST
<b>Zonegran</b>	E	
Zonisamide	1	
<b>Dermatology</b>		
<b>Acanya</b>	E	
<b>Aczone Gel 5%</b>	E	
<b>Aczone Gel 7.5%</b>	2	
Adapalene Gel	1	PA
<b>Aklief</b>	E	
<b>Ala Scalp</b>	E	
<b>Amzeeq</b>	3	
<b>Apexicon E</b>	E	
<b>Arazlo</b>	E	
<b>Avita</b>	E	
<b>Benzaclin</b>	E	
<b>Benzaclin Pump</b>	E	
<b>Benzamycin</b>	E	
Betamethasone Cream	1	
<b>Bryhali</b>	3	
<b>Calcipotriene Foam 0.005% (Sorilux ABA)</b>	E	
<b>Capex Shampoo</b>	E	
Ciclopirox Solution	1	
<b>Clindagel</b>	E	
Clindamycin Lotion, Solution, Swab	1	
Clindamycin 1% Gel	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Clindamycin 1% Gel (Clindagel ABA)</b>	E	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
<b>Clobex</b>	E	
<b>Cloderm Cream</b>	E	
Clotrimazole/Betamethasone Cream	1	
Clotrimazole Cream	1	
<b>Cordran Tape</b>	E	
<b>Dapsone Gel 7.5% (Aczone ABA)</b>	E	
<b>Desonate Gel</b>	E	
<b>Differin Cream, Gel, Lotion</b>	E	
<b>Duobrii</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>Fabior</b>	E	
<b>Finacea Gel</b>	3	ST
Fluocinonide Cream, Solution	1	
<b>Fluoroplex</b>	3	
<b>Fluorouracil Cream 0.5%</b>	2	
Fluorouracil Cream 5%	1	
<b>Halobetasol Propionate Foam (Lexette ABA)</b>	E	
<b>Halog Cream, Ointment</b>	E	
Hydrocortisone Cream, Ointment	1	
<b>Imiquimod Cream 3.75% (Zyclara ABA)</b>	E	
Imiquimod Cream 5%	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Impoyz Cream</b>	E	
<b>Kenalog Spray</b>	E	
Ketoconazole Cream, Shampoo	1	
<b>Lexette</b>	E	
Lidocaine/Prilocaine Cream	1	
<b>Metrogel</b>	E	
Metronidazole Cream, Gel	1	
<b>Mirvaso Gel</b>	3	
Mometasone Cream	1	
Mupirocin Cream, Ointment	1	
<b>Natroba</b>	E	
<b>Noritrate</b>	E	
Nystatin Cream	1	
<b>Onexton</b>	3	
<b>Pandel Cream</b>	E	
Pimecrolimus Cream	1	
<b>Psorcon Cream</b>	E	
<b>Retin-A</b>	E	
<b>Retin-A Micro 0.06%, 0.08%</b>	2	PA
<b>Retin-A-Micro 0.04%, 0.1%</b>	E	
<b>Rhofade</b>	3	PA
<b>Sernivo</b>	3	
<b>Silvadene</b>	E	
<b>Soolantra</b>	3	
<b>Sorilux</b>	E	
<b>Taclonex Ointment</b>	E	
<b>Taclonex Suspension</b>	3	QL
Tacrolimus Ointment	1	
<b>Tazorac</b>	E	
<b>Topicort Spray</b>	E	
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Trianex	E	
Ultravate Lotion	E	
Vectical	E	
Veltin	E	
Verdeso Foam	E	
Xepi	3	
Ximino	3	
Ziana	E	
Zilxi	3	ST
Zovirax	E	
Zyclara	E	
Zyclara Pump	E	

### Diabetes/Endocrine Blood: Glucose Monitoring

Accu-Chek FastClix Lancet Kit	2	
Accu-Chek Guide Kit W/Device	E	
Accu-Chek Guide Test Strips	E	
Accu-Chek Softclix Lancet Device Kit	2	
BD Autosshield Duo Pen Needles	2	
BD Ultra-Fine Insulin Syringes	2	
BD Ultra-Fine Pen Needles	2	
BD Veo Ultra-Fine Insulin Syringes	2	
Contour Control Solution	2	
Contour Monitor Device	2	
Contour Monitor Kit w/ Device	2	
Contour Next Control Solution	2	
Contour Next EZ Kit w/ Device	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Contour Next Monitor Kit w/ Device	2	
Contour Next One Kit	2	
Contour Next Test Strips	2	
Contour Test Strips	2	
Dexcom G4 / G5 / G6 Receiver, Transmitter, Sensor (including Platinum, Platinum Pediatric)	2	
FreeStyle Libre 2 Reader, Sensor	E	
Novofine Autocover Pen Needle	2	
Novofine Pen Needle	2	
Novofine Plus Pen Needle	2	
Novotwist Pen Needle	2	
V-Go 20	2	
V-Go 30	2	
V-Go 40	2	

### Diabetes/Endocrine: Insulin

Admelog	E	
Admelog Solostar	E	
Apidra	E	
Apidra Solostar	E	
Basaglar KwikPen	E	
Fiasp	E	
Fiasp FlexTouch	E	
Fiasp Penfill	E	
Humalog Mix 50/50 Vials and KwikPen	2	
Humalog Mix 75/25 Vials and KwikPen	2	
Humalog U-100 Junior KwikPen	2	
Humalog Vials and KwikPen	2	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Humulin 70/30 Vials and KwikPen	2	
Humulin N Vials and KwikPen	2	
Humulin R U-500 Vials and KwikPen	2	
Humulin R Vials	2	
Insulin Aspart (Novolog ABA)	E	
Insulin Aspart Flexpen (Novolog FlexPen ABA)	E	
Insulin Aspart Mix 70/30 (Novolog Mix 70/30 ABA)	E	
Insulin Aspart Mix 70/30 FlexPen (Novolog Mix 70/30 FlexPen ABA)	E	
Insulin Aspart Penfill (Novolog Penfill ABA)	E	
Insulin Lispro (Humalog ABA)	E	
Insulin Lispro Junior KwikPen (Humalog Junior KwikPen ABA)	E	
Insulin Lispro KwikPen (Humalog KwikPen ABA)	E	
Insulin Lispro Mix 75/25 KwikPen (Humalog Mix 75/25 KwikPen ABA)	E	
Lantus Solostar	2	
Lantus U-100 Vials	2	
Levemir U-100 FlexTouch	E	
Levemir U-100 Vials	E	
Lyumjev Vials and KwikPen	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Novolin 70/30 FlexPen and FlexPen Relion	E	
Novolin 70/30 Relion	E	
Novolin 70/30 Vials	E	
Novolin N Flexpen and Flexpen Relion	E	
Novolin N Relion	E	
Novolin N Vials	E	
Novolin R Flexpen and Flexpen Relion	E	
Novolin R Relion	E	
Novolin R Vials	E	
Novolog Flexpen	E	
Novolog Mix 70/30 Vials and Flexpen	E	
Novolog Penfill	E	
Novolog U-100 Vials	E	
Semglee	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	
Baqsimi	2	
Bydureon BCise	2	QL, ST
Byetta	2	QL, ST
Farxiga	2	ST
Fortamet	E	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glucagon Emergency Kit	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Glucagon Emergency Kit</b> (Fresenius manufacturer)	2	
<b>Glucagon Emergency Kit</b> (Lilly manufacturer)	3	
<b>Glumetza</b>	E	
Glyburide	1	
<b>Glyxambi</b>	2	ST
<b>Gvoke HypoPen</b>	2	
<b>Gvoke PFS</b>	2	
<b>Invokamet</b>	E	
<b>Invokamet XR</b>	E	
<b>Invokana</b>	E	
<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 <b>Glumetza</b> )	E	
Metformin ER Osmotic (generic <b>Fortamet</b> )	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>Rybelsus</b>	2	QL, ST
<b>Segluromet</b>	E	
<b>Steglatro</b>	E	
<b>Steglujan</b>	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>SymlinPen</b>	3	
<b>Synjardy</b>	2	ST
<b>Synjardy XR</b>	2	ST
<b>Tradjenta</b>	2	ST
<b>Trijardy XR</b>	2	ST
<b>Trulicity</b>	2	QL, ST
<b>Victoza</b>	2	QL, ST
<b>Xigduo XR</b>	2	ST
<b>Endocrine: Growth Hormone</b>		
<b>Genotropin</b>	E	SP
<b>Humatrope</b>	E	SP
<b>Norditropin FlexPro</b>	2	PA, SP
<b>Nutropin AQ NuSpin</b>	2	PA, SP
<b>Omnitrope</b>	E	SP
<b>Saizen</b>	E	SP
<b>Zomacton</b>	E	SP
<b>Endocrine: Other</b>		
<b>Acthar</b>	2	PA, SP
<b>Alkindi Sprinkle</b>	E	
<b>Bynfezia Pen</b>	E	SP
Cabergoline	1	
Calcitriol Cap	1	
<b>Cortef</b>	E	
Dexamethasone Tab	1	
<b>Fensolvi</b>	3	PA, QL, SP
<b>Hemady</b>	E	
Hydrocortisone Tab	1	
<b>Isturisa</b>	E	SP
<b>Kenalog-40</b>	E	
<b>Lupron Depot</b> 7.5mg, 22.5mg, 30mg, 45mg	2	PA, SP
Methylprednisolone Tab	1	
<b>Mycapssa</b>	E	SP
<b>Ortikos</b>	E	
<b>Osphena</b>	3	
Prednisone	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Prednisolone Sodium Phosphate Solution	1	
<b>Rayos</b>	E	
<b>Signifor</b>	E	SP
<b>Somatuline Depot</b>	3	PA, SP
<b>Supprelin LA</b>	2	PA, QL, SP
<b>TaperDex 6-Day</b>	3	
<b>TaperDex 7-Day</b>	3	
<b>TaperDex 12-Day</b>	3	
<b>Triptodur</b>	3	PA, QL, SP

### Endocrine: Thyroid Hormone Replacement

<b>Armour Thyroid</b>	3	ST
<b>Cytomel</b>	E	
Euthyrox	1	
Levothyroxine	1	
<b>Levothyroxine Cap (Tirosint ABA)</b>	E	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
NP Thyroid	1	
<b>Synthroid</b>	E	
<b>Thyquidity</b>	E	
<b>Tirosint</b>	E	

### Eye Conditions: Antibiotics

<b>Besivance</b>	3	
Ciprofloxacin Ophthalmic	1	
Erythromycin Ophthalmic	1	
<b>Moxeza</b>	2	
<b>Moxifloxacin Intraocular Solution</b>	3	
Moxifloxacin Ophthalmic	1	
Ofloxacin Ophthalmic	1	
Polymyxin B/Trimethoprim Ophthalmic	1	
<b>Tobradex</b>	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Tobramycin/ Dexamethasone Ophthalmic	1	
<b>Vigamox</b>	E	

### Eye Conditions: Glaucoma

<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>	3	
<b>Rocklatan</b>	3	QL
<b>Simbrinza</b>	2	
Timolol Ophthalmic	1	
<b>Timoptic</b>	E	
<b>Timoptic Ocudose</b>	E	
<b>Timoptic-XE</b>	E	
<b>Vyzulta</b>	E	
<b>Xalatan</b>	E	
<b>Zioptan</b>	E	

### Eye Conditions: Other

<b>Bepreve</b>	E	
<b>Bromsite</b>	E	
<b>Cequa</b>	E	
<b>Flarex</b>	3	
<b>Ilevro</b>	E	
<b>Inveltys</b>	3	
Ketorolac Ophthalmic	1	
<b>Lastacraft</b>	E	
<b>Latisse</b>	E	
<b>Lotemax Gel, Ointment</b>	3	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Lotemax Suspension</b>	E	
<b>Lotemax SM</b>	3	
Neomycin/Polymyxin/ Dexamethasone Ophthalmic	1	
<b>Nevanac</b>	E	
Olopatadine Ophthalmic	1	
<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>Tobradex ST</b>	3	
<b>Xiidra</b>	2	PA
<b>Zerviate</b>	E	
<b>Gastrointestinal: Acid Suppression</b>		
<b>Aciphex</b>	E	
<b>Carafate Tab</b>	E	
<b>Dexilant</b>	2	QL
<b>Duexis</b>	E	
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Misoprostol	1	
<b>Nexium Cap</b>	E	
Omeprazole (Rx only)	1	QL
Omeprazole/Sodium Bicarbonate	E	
Pantoprazole	1	QL
<b>Prevacid</b>	E	
<b>Prevacid SoluTab</b>	E	
<b>Protonix Tab</b>	E	
Rabeprazole	1	QL
<b>Rabeprazole Sprinkle (Aciphex Sprinkle ABA)</b>	E	
Sucralfate Tab	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Vimovo</b>	E	
<b>Zegerid</b>	E	
<b>Gastrointestinal: Inflammatory Bowel Disease</b>		
<b>Apriso</b>	2	
<b>Asacol HD</b>	E	
<b>Canasa</b>	E	
<b>Delzicol</b>	E	
<b>Dipentum</b>	E	
Hydrocortisone (Perianal)	1	
<b>Lialda</b>	E	
Mesalamine DR	1	
<b>Pentasa</b>	3	
<b>Proctofoam-HC</b>	2	
Sulfasalazine	1	
<b>Uceris Rectal</b>	3	
<b>Uceris Tab</b>	E	
<b>Gastrointestinal: Nausea/Vomiting</b>		
<b>Gimoti</b>	E	
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab 4mg, 8mg	1	
Prochlorperazine	1	
<b>Sancuso</b>	E	
Scopolamine	1	
<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	
Glycopyrrolate Tab 1mg, 2mg	1	

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Glycopyrrolate Tab 1.5mg</b>	3	
<b>Golytely</b>	E	
Hyoscyamine Sulfate SL	1	
Lactulose	1	
<b>Linzess</b>	2	QL, ST
<b>Lubiprostone (Amitiza ABA)</b>	E	
<b>Motegrity</b>	3	QL, ST
<b>Motofen</b>	E	
<b>Movantik</b>	E	
<b>Moviprep</b>	E	
<b>Nulytely w/ Flavor Packs</b>	E	
<b>Omeclamox-Pak</b>	2	
<b>OsmoPrep</b>	E	
<b>Pancreaze</b>	E	
PEG 3350-KCl-Na Bicarb-NaCl	1	
<b>Pertzye</b>	E	
<b>Plenvu</b>	E	
<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>Zelnorm</b>	3	PA, QL
<b>Zenpep</b>	2	
<b>Gout</b>		
Allopurinol	1	
<b>Colchicine Capsule (Mitigare ABA)</b>	E	
Colchicine Tab	1	
<b>Colcrys</b>	E	
Febuxostat	1	
<b>Gloperba</b>	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Mitigare</b>	E	
<b>HIV/AIDS</b>		
<b>Atripla</b>	E	
<b>Biktarvy</b>	3	
<b>Cimduo</b>	2	
<b>Descovy</b>	E	
<b>Dovato</b>	2	
<b>Genvoya</b>	3	
<b>Juluca</b>	2	
<b>Odefsey</b>	3	
<b>Prezcobix</b>	2	
<b>Rukobia</b>	2	
<b>Symfi</b>	2	
<b>Symfi Lo</b>	2	
<b>Temixys</b>	E	
<b>Tivicay</b>	2	
<b>Triumeq</b>	2	
<b>Truvada</b>	E	
<b>Infertility</b>		
<b>Cetrotide</b>	E	SP
Clomiphene Citrate	1	
<b>Follistim AQ</b>	2	PA, SP
Ganirelix	1	SP
<b>Gonal-f</b>	E	SP
<b>Gonal-f RFF</b>	E	SP
<b>Inflammatory Conditions</b>		
<b>Actemra<sup>+</sup></b>	3	PA, SP
<b>Avsola</b>	2	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	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Methotrexate	1	
<b>Olumiant</b>	E	SP
<b>Orencia</b> <sup>+</sup>	3	PA, SP
<b>Otezla</b>	2	PA, SP
<b>Plaquenil</b>	E	
<b>Rasuvo</b>	2	PA, QL
<b>Remicade</b>	E	SP
<b>Renflexis</b>	E	SP
<b>Rinvoq</b>	2	PA, SP
<b>Simponi</b>	2	PA, SP
<b>Skyrizi</b>	2	PA, SP
<b>Stelara</b>	2	PA, QL, SP
<b>Taltz</b> <sup>+</sup>	3	PA, SP
<b>Tremfya</b>	2	PA, SP
<b>Xeljanz</b>	2	PA, SP
<b>Xeljanz XR</b>	2	PA, SP

+ Tier 3 Preferred

### Men's Health: Erectile Dysfunction

<b>Cialis</b>	E	
<b>Levitra</b>	E	
Sildenafil 25mg, 50mg, 100mg	1	QL
<b>Staxyn</b>	E	
<b>Stendra</b>	E	
Tadalafil	1	QL
<b>Viagra</b>	E	

### Men's Health: Prostate

Alfuzosin ER	1	
<b>Avodart</b>	E	
<b>Cialis 2.5mg, 5mg</b>	E	
Dutasteride	1	
Finasteride 5mg	1	
<b>Flomax</b>	E	
Tamsulosin	1	
Terazosin	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	PA
<b>Androgel</b>	E	
<b>Aveed</b>	E	
<b>Depo-Testosterone</b>	E	
<b>Fortesta</b>	E	
<b>Jatenzo</b>	E	
<b>Natesto</b>	E	
<b>Testim</b>	E	
<b>Testopel</b>	E	
Testosterone Cypionate IM Injection	1	PA
Testosterone Gel 1%, 1.62%, 2%	1	PA
<b>Vogelxo</b>	E	
<b>Xyosted</b>	3	PA

### Miscellaneous

<b>Addyi</b>	3	PA, QL
<b>Arakoda</b>	3	
<b>Asceniv</b>	E	SP
<b>Auryxia</b>	3	
<b>Auvi-Q 0.15mg, 0.3mg</b>	E	
Benzonatate	1	
<b>Beovu</b>	E	SP
<b>Botox (non-cosmetic)</b>	2	PA, SP
<b>Brisdelle</b>	E	
<b>Cerdelga</b>	3	PA, SP
Chlorhexidine	1	
<b>Clarinx</b>	E	
<b>Clarinx-D</b>	E	
<b>Cutaquig</b>	E	SP
<b>Depen Titratabs</b>	2	SP
<b>Dojolvi</b>	E	
<b>Dupilxent</b>	2	PA, QL, SP
<b>Elmiron</b>	E	
<b>Emverm</b>	2	
<b>Endari</b>	3	PA

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Epinephrine Auto-Injector	1	
<b>Epipen</b>	3	ST
<b>Epipen Jr</b>	E	
<b>Exondys 51</b>	E	SP
<b>Fasenra</b>	2	PA, SP
<b>Firazyr</b>	3	PA, QL, SP
<b>Firdapse</b>	E	SP
<b>Gammagard</b>	3	PA, SP
<b>Haegarda</b>	3	PA, SP
<b>Hemangeol</b>	3	
<b>Ingrezza</b>	3	PA, QL, SP
<b>Kuvan</b>	E	SP
Lidocaine Viscous	1	
<b>Makena</b>	2	PA, SP
<b>Nityr</b>	3	PA, SP
<b>Nocdurna</b>	3	
<b>Nucala</b>	2	PA, QL, SP
<b>Orfadin</b>	3	PA, SP
<b>Oriahnn</b>	2	PA, QL
<b>Orilissa</b>	2	PA, QL
<b>Oxbryta</b>	E	SP
<b>Palforzia</b>	E	SP
<b>Panzyga</b>	E	SP
Phenazopyridine (Rx only)	1	
Promethazine	1	
Promethazine DM	1	
Promethazine/Codeine	1	QL
<b>Propecia</b>	E	
Pseudoephedrine/ Brompheniramine/DM	1	
<b>Pulmozyme</b>	2	PA, SP
<b>Qbrexza</b>	3	QL
<b>Rayaldee</b>	3	
<b>Renagel</b>	E	
<b>Ruconest</b>	3	PA, SP
<b>Sandostatin</b>	E	SP
<b>Sensipar</b>	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Strengiq</b>	2	PA, SP
<b>Symjepi</b>	3	
<b>Takhzyro</b>	3	PA, SP
<b>Trikafta</b>	3	PA, QL, SP
<b>Velphoro</b>	3	
<b>Vyleesi</b>	3	PA, QL
<b>Vyondys 53</b>	E	SP
<b>Xembify</b>	3	PA, SP
<b>Xgeva</b>	2	PA, SP
<b>Xhance</b>	E	
<b>Zolgensma</b>	3	SP

### Musculoskeletal: Osteoarthritis

<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>Triluron</b>	E	SP
<b>TriVisc</b>	E	SP
<b>Visco-3</b>	E	SP

### Musculoskeletal: Osteoporosis

<b>Alendronate Tab</b>	1	QL
<b>Binosto</b>	3	QL
<b>Forteo</b>	E	SP
<b>Ibandronate</b>	1	QL
<b>Prolia</b>	2	PA, QL, SP
<b>Teriparatide (Recombinant)</b>	2	PA, QL, SP
<b>Tymlos</b>	2	PA, SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Musculoskeletal: Other</b>		
<b>Amrix</b>	E	
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab	1	
<b>Lorzone</b>	3	
Metaxalone	1	
Methocarbamol	1	
<b>Ozobax</b>	E	
<b>Skelaxin</b>	E	
<b>Soma</b>	E	
Tizanidine Tab	1	
<b>Vanadom</b>	E	
<b>Zanaflex</b>	E	
<b>Musculoskeletal: Pain Relief</b>		
Acetaminophen w/ Codeine	1	QL
Acetaminophen w/ Codeine #2, #3, #4	1	QL
Acetaminophen/Caffeine/Dihydrocodeine	1	QL
<b>Apadaz</b>	E	
<b>Arthrotec</b>	E	
<b>Belbuca</b>	2	PA, QL
<b>Benzhydrocodone/Acetaminophen</b>	E	QL
<b>Butrans</b>	E	
<b>Cambia</b>	E	
<b>Celebrex</b>	E	
Celecoxib	1	QL
<b>Conzip</b>	E	
<b>Diclofenac Cap 35mg (Zorvolex ABA)</b>	E	
Diclofenac Gel 1%	1	QL
<b>Diclofenac Patch 1.3% (Flector ABA)</b>	E	
Diclofenac Tab	1	
<b>Dilaudid</b>	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Duragesic</b>	E	
Etodolac	1	
<b>Fentanyl Citrate Buccal Tablet (Fentora ABA)</b>	E	
Fentanyl Patch	1	PA, QL
<b>Fentora</b>	E	
<b>Fiorcet</b>	E	
<b>Fioricet/Codeine</b>	E	
<b>Flector</b>	E	
Hydrocodone/Acetaminophen	1	QL
Hydromorphone Tab	1	QL
<b>Hysingla ER</b>	2	PA, QL
Ibuprofen Tab (Rx only)	1	
<b>Indomethacin Cap 20mg</b>	3	
Indomethacin Cap 25mg, 50mg	1	
Ketorolac Tab	1	QL
<b>Ketorolac Tromethamine Nasal Spray (Sprix ABA)</b>	E	
<b>Lazanda</b>	E	
<b>Licart</b>	E	
Lidocaine Patch	1	
<b>Lidoderm</b>	E	
Meloxicam	1	
<b>Mobic</b>	E	
Morphine Sulfate ER	1	PA, QL
Morphine Sulfate Solution	1	QL
<b>MS Contin</b>	E	
Nabumetone	1	
<b>Nalfon</b>	E	
<b>Naprelan</b>	3	
Naproxen (Rx only)	1	
<b>Norgesic Forte</b>	E	
<b>Nucynta</b>	E	
<b>Nucynta ER</b>	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Orphengesic Forte (Norgesic Forte ABA)</b>	E	
Oxycodone w/ Acetaminophen Tab 2.5/325mg, 5/325mg, 7.5/325mg, 10/325mg	1	QL
<b>Oxycodone w/ Acetaminophen Tab 2.5/300mg, 5/300mg, 10/300mg</b>	3	QL
<b>Oxycodone ER (Oxycontin ABA)</b>	E	
Oxycodone Tab	1	QL
<b>Oxycontin</b>	2	PA, QL
<b>Pennsaid</b>	E	
<b>Percocet</b>	E	
<b>Qdolo</b>	E	
<b>Qmiiz ODT</b>	E	
<b>Relafen</b>	E	
<b>Relafen DS</b>	E	
<b>Roxicodone</b>	E	
<b>Sprix</b>	E	
<b>Subsys</b>	E	
Tramadol	1	QL
<b>Trezix</b>	3	QL
<b>Ultracet</b>	E	
<b>Ultram</b>	E	
<b>Voltaren Gel 1%</b>	E	
<b>Xtampza ER</b>	2	PA, QL
<b>Zipsor</b>	E	
<b>Zohydro ER</b>	E	
<b>Zorvolex</b>	E	
<b>ZTlido</b>	E	
<b>Overactive Bladder</b>		
<b>Myrbetriq</b>	2	
Oxybutynin	1	
Oxybutynin ER	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Solifenacin	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 Digihaler</b>	E	
<b>AirDuo RespiClick</b>	E	
Albuterol HFA	1	QL
<b>Albuterol HFA (Ventolin HFA ABA)</b>	E	
Albuterol Inhalation Solution	1	QL
<b>Alvesco</b>	E	
<b>Anoro Ellipta</b>	2	QL
<b>ArmonAir Digihaler</b>	E	
<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
<b>Breztri Aerosphere</b>	2	QL
Budesonide Inhalation Suspension	1	QL
<b>Budesonide/Formoterol (Symbicort ABA)</b>	E	
<b>Combivent Respimat</b>	2	QL
<b>Duaklir Pressair</b>	E	
<b>Dulera</b>	E	
<b>Flovent Diskus</b>	2	QL
<b>Flovent HFA</b>	2	QL
Fluticasone/Salmeterol	1	QL
<b>Incruse Ellipta</b>	E	
Ipratropium/Albuterol	1	QL
<b>Levalbuterol HFA (Xopenex HFA ABA)</b>	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Lonhala Magnair</b>	3	QL
Montelukast	1	
<b>Perforomist</b>	3	QL
<b>ProAir Digihaler</b>	E	
<b>ProAir HFA</b>	2	QL
<b>ProAir RespiClick</b>	2	QL
<b>Proventil HFA</b>	E	
<b>Pulmicort Flexhaler</b>	2	QL
<b>Pulmicort Suspension</b>	E	
<b>Qvar RediHaler</b>	E	
<b>Seebri Neohaler</b>	E	
<b>Serevent Diskus</b>	2	QL
<b>Singular</b>	E	
<b>Spiriva HandiHaler</b>	2	QL
<b>Spiriva Respimat</b>	2	QL
<b>Stiolto Respimat</b>	2	QL
<b>Striverdi 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
Wixela Inhub	1	QL
<b>Xolair</b>	2	PA, SP
<b>Xopenex HFA</b>	E	
<b>Yupelri</b>	3	QL
<b>Respiratory: Nasal Allergies</b>		
Azelastine Nasal Spray	1	QL
Azelastine/Fluticasone Nasal Spray	1	QL
<b>Dymista Spray</b>	2	QL
Fluticasone Nasal Spray	1	
Ipratropium Nasal Spray	1	
Mometasone Nasal Spray	1	QL
<b>Nasonex</b>	E	
<b>Omnaris</b>	3	QL

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>QNasi</b>	3	QL
<b>Zetonna</b>	3	QL
<b>Respiratory: Oral Allergies</b>		
Cetirizine Solution	1	
Cyproheptadine Tab	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	
<b>Carnitor SF</b>	E	
Cyanocobalamin Injection 1000mcg/mL	1	
<b>Feonyx</b>	E	
Folic Acid 1mg (Rx only)	1	
<b>Foltrexyl</b>	E	
<b>K-Tab</b>	E	
Klor-Con m20	1	
<b>Lokelma</b>	3	
<b>Nascobal</b>	3	
Potassium Chloride Crys ER	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>	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Phentermine	1	PA
<b>Qsymia</b>	3	PA
<b>Saxenda</b>	3	PA
<b>Women's Health: Birth Control</b>		
<b>Anovera</b>	E	
Apri	1	
Aurovela Fe 1/20	1	
Aviane	1	
<b>Beyaz</b>	E	
Blisovi 24 Fe	1	
Blisovi Fe	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	
Eluryng	1	
Enskyce	1	
Estarylla	1	
Etonogestrel/Ethinyl Estradiol	1	
<b>Generess Fe</b>	E	
Isibloom	1	
Junel	1	
Junel Fe	1	
Kurvelo	1	
Larin Fe 1/20	1	
Larissia	1	
Lessina	1	
Levonorgestrel/Ethinyl Estradiol	1	
Levonorgestrel/Ethinyl Estradiol and Ethinyl Estradiol	1	
<b>Lo Loestrin Fe</b>	E	
<b>Loestrin</b>	E	
<b>Loestrin Fe</b>	E	
Loryna	1	
Medroxyprogesterone Acetate Injection	1	QL

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Minastrin 24 Fe</b>	E	
<b>Mirena</b>	3	
Mono-Linyah	1	
<b>Natazia</b>	2	
Nikki	1	
Norethindrone	1	
Norethindrone Acetate	1	
Norethindrone Acetate/Ethinyl Estradiol	1	
Norethindrone Acetate/Ethinyl Estradiol/Fe	1	
Norgestimate/Ethinyl Estradiol	1	
Nortrel	1	
<b>Ortho Micronor</b>	E	
<b>Phexxi</b>	E	
<b>Safyral</b>	E	
<b>Seasonique</b>	E	
<b>Slynd</b>	E	
Sprintec 28	1	
Syeda	1	
Tri Femynor	1	
Tri-Estarylla	1	
Tri-Lo-Marzia	1	
Tri-Lo-Mili	1	
Tri-Lo-Sprintec	1	
Tri-Sprintec	1	
<b>Twirla</b>	E	
Vienva	1	
Xulane	1	
<b>Yasmin 28</b>	E	
<b>Yaz</b>	E	
<b>Women's Health: Hormone Replacement</b>		
<b>Bijuva</b>	3	
<b>Climara</b>	E	
<b>Climara Pro</b>	2	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Delestrogen</b>	E	
<b>Divigel</b>	3	
Dotti	1	
<b>Duavee</b>	2	
<b>Elestrin Gel</b>	3	
<b>Endometrin</b>	2	
<b>Estrace</b>	E	
Estradiol Patch, Tab, Vaginal Cream	1	
<b>EstroGel</b>	3	
<b>Evamist</b>	3	
<b>Imvexxy</b>	3	
Medroxyprogesterone Acetate Tab	1	
<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 Micronized	1	
<b>Prometrium</b>	E	
<b>Vagifem</b>	E	
<b>Vivelle-Dot</b>	E	
<b>Women's Health: Vaginal Anti-Infectives</b>		
<b>Clindesse</b>	3	
<b>Gynazole-1 Vaginal Cream</b>	3	
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Nurtec .....	13	Oxbryta .....	24	Pramipexole.....	14
Nutropin AQ NuSpin .....	19	Oxcarbazepine .....	15	Prasugrel.....	10
Nuvigil .....	14	Oxtellar XR .....	15	Pravastatin.....	11
Nuwiq.....	9	Oxybutynin.....	26	Prazosin .....	11
Nuzyra .....	8	Oxybutynin ER.....	26	Pred Forte .....	21
Nystatin Cream .....	16	Oxycodone ER (Oxycontin ABA).....	26	Prednisolone Ophthalmic .....	21
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Omeprazole/Sodium Bicarbonate .....	21	Paxil Tab.....	13	ProAir RespiClick.....	27
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Synjardy XR .....	19	Timoptic .....	20	Tri-Lo-Mili .....	28
Synthroid.....	20	Timoptic Ocudose .....	20	Tri-Lo-Sprintec .....	28
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Synvisc-One.....	24	Tirosint.....	20	Trintellix.....	13
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Taclonex Ointment.....	16	Tizanidine Tab .....	25	Tri-Sprintec .....	28
Taclonex Suspension .....	16	TOBI Nebulizer .....	8	Triumeq .....	22
Tacrolimus Cap.....	27	TOBI Podhaler .....	8	TriVisc .....	24
Tacrolimus Ointment .....	16	Tobradex.....	20	Trokendi XR .....	15
Tadalafil.....	23	Tobradex ST .....	21	Trulance .....	22
Tagrisso .....	10	Tobramcyin/Dexamethasone		Trulicity.....	19
Takhzyro.....	24	Ophthalmic.....	20	Truvada.....	22
Taltz+ .....	23	Tobramycin Nebulization Solution		Truxima.....	10
Tamiflu .....	9	300mg/5mL (Kitabis ABA).....	8	Tudorza Pressair .....	27
Tamoxifen Tab .....	10	Tolsura .....	9	Twirla .....	28
Tamsulosin .....	23	Tolterodine ER .....	26	Tymlos .....	24
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Terbinafine Tab .....	9	Tretinoin Cream .....	16	Vascepa.....	12
Terconazole Vaginal Cream .....	29	Treximet.....	14	Vectical .....	17
Teriparatide (Recombinant).....	24	Trezix.....	26	Velcade .....	10
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Testopel .....	23	Triamcinolone Cream, Ointment .....	16	Veltassa .....	27
Testosterone Cypionate IM		Triamterene/HCTZ .....	11	Veltin .....	17
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Testosterone Gel 1%, 1.62%, 2% .....	23	Triazolam .....	14	Venlafaxine .....	13
		Tribenzor.....	11		
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