

SERVE YOU

Your 2022 Prescription Drug List

Serve You Rx Select Formulary

Please read:

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

If you have questions:



Call customer service at
800-759-3203.



Visit **serveyourx.com**

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

Effective January 1, 2022

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 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 or call customer service at **800-759-3203**.

What are tiers?

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

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

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

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

When does the Prescription Drug List change?

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

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

Programs and Limits

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

PA	Prior Authorization — Your doctor is required to provide additional information to determine coverage.
ST	Step Therapy — Trial of lower cost medication(s) is required before a higher cost medication is covered, based on continually updated, evidenced-based research and widely accepted medical practices.
QL	Quantity Limits — Amount of medication covered per copayment or in a specific time period. For selected medications, may include conversion from twice-daily dosing to one-time-daily dosing.
SP	Specialty Medication — Medication is designated as a specialty pharmacy drug.
E	Excluded — May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered. Authorized Brand Alternatives (ABAs) are excluded.

To learn more about a Serve You Rx Clinical Pharmacy Program, or to find out if it applies to you, please visit serveyourx.com or call customer service at **800-759-3203**.

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

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

Is it a generic or brand-name drug?

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

What if my doctor writes a brand-name prescription?

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

Are you taking a specialty medication?

Specialty medications treat rare or complex conditions and are typically higher cost medications. Specialty drugs have the following characteristics:

- Treat complex and often costly medical conditions such as cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and pulmonary hypertension
- Are often injected or infused (IV) medicines, but may also be taken orally
- Require close monitoring of response to drug therapy
- May require individualized dosing, medical devices to administer the medicine, and/or special handling and delivery
- Require additional education for safe and cost-effective use

Please note, not all specialty medications are listed in the PDL.

Serve You DirectRxSM Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care. Call customer service at **800-759-3203** and have your prescriptions delivered right to your home or office.

Should I talk to my doctor about OTC medications?

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

How do I get updated information about my pharmacy benefit?

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

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

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



More Information

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

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Acne/Rosacea		
Absorica	E	
Absorica LD	3	PA
Claravis	1	
Minolira	E	
Oracea	E	
Seysara	3	ST
Solodyn	E	
Addiction/Substance Abuse		
Buprenorphine SL	1	QL
Buprenorphine/Naloxone	1	QL
Chantix	3	QL
LifEMS Naloxone	E	
Naltrexone Tab	1	
Narcan	2	
Reset	2	
Reset-O	2	
Suboxone	E	
Zubsolv	2	QL
Anti-Infectives: Antibiotics		
Acticlate	E	
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azasite	3	
Azithromycin	1	
Bethkis	E	SP
Cayston	E	SP
Cefdinir	1	
Cefuroxime	1	
Cephalexin	1	
Ciprodex	E	
Ciprofloxacin/ Dexamethasone Otic	1	
Ciprofloxacin Tab	1	
Clarithromycin Tab	1	
Cleocin Vaginal Gel	E	

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

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

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Jublia	E	
Kerydin	3	PA
Nystatin Mouth/Throat	1	
Terbinafine Tab	1	QL
Tolsura	E	
Anti-Infectives: Antivirals		
Acyclovir Tab	1	
Baraclude	E	SP
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Harvoni	2	PA, QL, SP
Ledipasvir/Sofosbuvir (Harvoni ABA)	E	SP
Mavyret	2	PA, QL, SP
Sofosbuvir/Velpatasvir (Epclusa ABA)	E	SP
Tamiflu	E	
Valacyclovir	1	QL
Valtrex	E	
Vemlidy	3	SP
Vosevi	2	PA, QL, SP
Xofluza	3	QL
Zovirax	E	
Blood Disorders		
Advate	2	SP
Adynovate	3	SP
Afstyla	3	SP
Aranesp	2	PA, SP
Eloctate	3	SP
Epogen	E	SP
Esperoct	E	SP
Fulphila	E	SP
Granix	E	SP
Jivi	3	SP
Koate	2	SP
Mulpleta	2	PA, SP
Neulasta	3	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Neulasta Onpro	3	PA, SP
Neupogen	E	SP
Nivestym	2	PA, SP
Novoeight	2	SP
Nplate	3	PA, SP
Nuwiq	2	SP
Nyvepria	E	SP
Recombinate	2	SP
Procrit	E	SP
Retacrit	2	PA, SP
Sevenfact	E	SP
Soliris	3	PA, SP
Udenyca	E	SP
Ultomiris	3	PA, SP
Wilate	2	SP
Xyntha	2	SP
Xyntha Solofuse	2	SP
Zarxio	2	PA, SP
Ziextenzo	3	PA, SP
Cancer		
Afinitor	E	SP
Alecensa	2	PA, SP
Alunbrig	2	PA, QL, SP
Anastrozole Tab	1	
Arimidex	E	
Belrapzo	E	SP
Cabometyx	2	PA, SP
Calquence	3	PA, SP
Capecitabine	1	SP
Darzalex Faspro	E	SP
Erivedge	3	PA, SP
Erleada	E	SP
Gavreto	E	SP
Gleevec	E	SP
Herzuma	E	SP
Ibrance	3	PA, SP
Idhifa	3	PA, QL, SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Inqovi	E	SP
Kanjinti	2	PA, SP
Keytruda	3	PA, SP
Kisqali	3	PA, SP
Letrozole	1	
Lynparza	2	PA, SP
Mvasi	2	PA, SP
Nubeqa	3	PA, SP
Odomzo	3	PA, SP
Ogivri	E	SP
Ontruzant	E	SP
Orgovyx	3	PA, SP
Phesgo	2	PA, SP
Retevmo	3	PA, SP
Revlimid	2	PA, SP
Riabni	E	SP
Rozlytrek	3	PA, SP
Rubraca	2	PA, SP
Ruxience	2	PA, SP
Sprycel	2	PA, SP
Tabrecta	3	PA, SP
Tagrisso	3	PA, SP
Tamoxifen Tab	1	
Targretin Cap	E	SP
Targretin Gel	3	PA, SP
Tazverik	E	SP
Tepmetko	E	SP
Trazimera	2	PA, SP
Treanda	E	SP
Truxima	E	SP
Ukoniq	3	PA, QL, SP
Velcade	2	PA, SP
Vitrakvi	3	PA, SP
Xtandi	3	PA, SP
Yonsa	E	SP
Zejula	2	PA, SP
Zirabev	2	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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	
Cardiovascular/Heart Disease: High Blood Pressure		
Altace	E	
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Olmesartan/HCTZ	1	
Amlodipine/Valsartan	1	
Atacand	E	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Avapro	E	
Azor	E	
Benazepril	1	
Benicar	E	
Benicar HCT	E	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	E	
Candesartan	1	
Cardizem LA 180mg, 240mg, 300mg, 360mg, 420mg	E	
Cartia XT	1	
Carvedilol	1	
Catapres-TTS	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Chlorthalidone	1	
Clonidine Tab	1	
Conjupri	E	
Consensi	E	
Coreg	E	
Coreg CR	E	
Cozaar	E	
Diltiazem ER	1	
Diovan	E	
Diovan HCT	E	
Doxazosin	1	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Exforge	E	
Exforge HCT	E	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Hyzaar	E	
Inderal LA	E	
Inderal XL	E	
Innopran XL	E	
Irbesartan	1	
Irbesartan/HCTZ	1	
Kaspargo Sprinkle	E	
Katerzia	E	
Labetalol	1	
Lasix	E	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Lotrel	E	
Metoprolol Succinate ER	1	
Metoprolol Tartrate	1	
Micardis	E	
Micardis HCT	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Nadolol	1	
Nifedipine ER	1	
Nifedipine ER Osmotic	1	
Norvasc	E	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	1	
Prinivil	E	
Propranolol	1	
Propranolol ER	1	
Ramipril	1	
Spironolactone	1	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Telmisartan/HCTZ	1	
Tenormin	E	
Toprol XL	E	
Torsemide	1	
Triamterene/HCTZ	1	
Tribenzor	E	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Zestril	E	
Cardiovascular/Heart Disease: High Cholesterol		
Antara	3	
Atorvastatin	1	
Colestid	E	
Colestid Flavored	E	
Crestor	E	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibrate Micronized	1	
Fenofibric Acid	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Gemfibrozil	1	
Lescol XL	E	
Lipitor	E	
Livalo	E	
Lovastatin	1	
Lovaza	E	
Niaspan	E	
Nexletol	2	PA, QL
Nexlizet	2	PA, QL
Omega-3 Acid	1	
Praluent	E	
Pravastatin	1	
Questran	E	
Questran Light	E	
Repatha	2	PA, QL
Rosuvastatin	1	
Simvastatin	1	
Tricor	E	
Vascepa	2	
Vytorin	E	
Welchol	E	
Zetia	E	
Zocor	E	
Zypitamag	E	

Cardiovascular/Heart Disease: Other

Amiodarone	1	
BiDil	3	
Corlanor	3	PA, QL
Digoxin	1	
Entresto	2	QL
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL	1	
Nitrostat	E	
Ranexa	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ranolazine ER	1	
Sotalol	1	
Tikosyn	E	
Verquvo	3	PA, QL

Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension

Adcirca	E	SP
Adempas	2	PA, QL, SP
Letairis	E	SP
Opsumit	2	PA, QL, SP
Orenitram	3	PA, SP
Remodulin	E	SP
Sildenafil Tab 20mg	1	PA, QL
Tracleer 62.5mg, 125mg	E	SP

Central Nervous System: Alzheimer's/Dementia

Donepezil	1	
Memantine	1	
Namzaric	2	QL

Central Nervous System: Antipsychotics

Abilify	E	
Abilify Maintena	3	
Aripiprazole	1	QL
Aristada	3	
Aristada Initio	3	
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL
Olanzapine	1	
Perseris	3	
Quetiapine	1	
Quetiapine ER	1	QL
Rexulti	3	QL
Risperdal	E	
Risperidone	1	
Saphris	E	

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

Central Nervous System: Attention Deficit Disorder

Adderall	E	
Adderall XR	E	
Adhansia XR	E	
Amphetamine/ Dextroamphetamine	1	
Amphetamine/ Dextroamphetamine ER	1	
Atomoxetine	1	
Concerta	E	
Dexmethylphenidate	1	
Dexmethylphenidate ER	1	
Evekeo	E	
Focalin	E	
Focalin XR	E	
Guanfacine ER	1	
Intuniv	E	
Jornay PM	3	ST
Methylphenidate ER	1	
Methylphenidate LA	1	
Methylphenidate Tab	1	
Methylphenidate XR	1	
Ritalin	E	
Ritalin LA	E	
Strattera	E	
Vyvanse	2	

Central Nervous System: Depression

Amitriptyline	1	
Bupropion	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Bupropion SR	1	QL
Bupropion XL 150mg, 300mg	1	QL
Bupropion XL 450mg (Forfivo XL ABA)	E	
Celexa	E	
Citalopram	1	
Cymbalta	E	
Desvenlafaxine ER	1	QL
Doxepin	1	
Duloxetine	1	QL
Effexor XR	E	
Escitalopram Tab	1	
Fluoxetine	1	
Fluvoxamine	1	
Forfivo XL	E	
Lexapro	E	
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Paxil CR	E	
Paxil Tab	E	
Pristiq	E	
Prozac	E	
Sertraline	1	
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine	1	
Venlafaxine ER	1	
Viibryd	3	QL
Wellbutrin SR	E	
Wellbutrin XL	E	
Zoloft	E	

Central Nervous System: Migraine

Aimovig	2	PA, QL
Ajovy	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Butalbital/Acetaminophen /Caffeine	1	
Eletriptan	1	QL
Emgality	2	PA, QL
Imitrex	E	
Imitrex Statdose	E	
Maxalt	E	
Maxalt-MLT	E	
Nurtec	2	PA, QL
Onzetra Xsail	E	
Relpax	E	
Rizatriptan	1	QL
Reyvow	E	
Sumatriptan Tab	1	QL
Tosymra	E	
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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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	
Modafinil	1	
Nuvigil	E	
Provigil	E	
Sunosi	2	PA, QL
Tegsedi	3	PA, SP
Tiglutik	3	PA, QL
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
Neupro	3	ST
Nourianz	3	
Ongentys	3	QL, ST
Osmolex ER	E	

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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
Zolpidem ER	1	QL

Central Nervous System: Seizure Disorders

Aptiom	3	
Briavict	3	ST
Carbamazepine	1	
Carbatrol	E	
Clonazepam	1	QL
Depakote	E	
Depakote ER	E	
Depakote Sprinkles	E	
Dilantin Capsule	E	
Dilantin Infatabs	E	
Dilantin Suspension	E	
Divalproex DR	1	
Divalproex ER	1	
Epidiolex	3	PA, SP
Fycompa	3	
Gabapentin	1	
Keppra	E	
Keppra XR	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Klonopin	E	
Lamictal	E	
Lamictal ODT	E	
Lamictal Starter Kit	E	
Lamictal XR	E	
Lamotrigine	1	
Lamotrigine ER	1	
Levetiracetam	1	
Lyrica	E	
Lyrica CR	E	
Nayzilam	3	QL
Neurontin	E	
Onfi	E	
Oxcarbazepine	1	
Oxtellar XR	E	
Pregabalin	1	QL
Qudexy XR	E	
Sabril	E	SP
Sympazan	3	PA
Tegretol	E	
Tegretol-XR	E	
Topamax	E	
Topamax Sprinkle	E	
Topiramate	1	
Trileptal	E	
Trokendi XR	3	
Valtoco	3	QL
Vimpat	3	
Xcopri	3	ST
Zonegran	E	
Zonisamide	1	

Dermatology

Acanya	E	
Aczone Gel 5%	E	
Aczone Gel 7.5%	2	
Adapalene Gel	1	PA

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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
Aklief	E	
Ala Scalp	E	
Amzeeq	3	
Apexicon E	E	
Arazlo	E	
Avita	E	
Benzaclin	E	
Benzaclin Pump	E	
Benzamycin	E	
Betamethasone Cream	1	
Bryhali	3	
Calcipotriene Foam 0.005% (Sorilux ABA)	E	
Capex Shampoo	E	
Ciclopirox Solution	1	
Clindagel	E	
Clindamycin Lotion, Solution, Swab	1	
Clindamycin 1% Gel	1	
Clindamycin 1% Gel (Clindagel ABA)	E	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex	E	
Cloderm Cream	E	
Clotrimazole/ Betamethasone Cream	1	
Clotrimazole Cream	1	
Cordran Tape	E	
Dapsone Gel 7.5% (Aczone ABA)	E	
Desonate Gel	E	
Differin Cream, Gel, Lotion	E	
Duobrii	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Elidel	E	
Enstilar	3	QL
Epiduo	E	
Epiduo Forte	3	
Eucrisa	2	ST
Fabior	E	
Finacea Gel	3	ST
Fluocinonide Cream, Solution	1	
Fluoroplex	3	
Fluorouracil Cream 0.5%	2	
Fluorouracil Cream 5%	1	
Halobetasol Propionate Foam (Lexette ABA)	E	
Halog Cream, Ointment	E	
Hydrocortisone Cream, Ointment	1	
Imiquimod Cream 3.75% (Zyclara ABA)	E	
Imiquimod Cream	1	
Impeklo	E	
Impoyz Cream	E	
Kenalog Spray	E	
Ketoconazole Cream, Shampoo	1	
Klisyri	3	ST
Lexette	E	
Lidocaine/Prilocaine Cream	1	
Metrogel	E	
Metronidazole Cream, Gel	1	
Mirvaso Gel	3	
Mometasone Cream	1	
Mupirocin Cream, Ointment	1	
Natroba	E	
Noritate	E	

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

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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	
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	
FreeStyle Libre 14 Reader, Sensor	E	

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
GHT Blood Glucose Monitor	E	
Novofine Autocover Pen Needle	2	
Novofine Pen Needle	2	
Novofine Plus Pen Needle	2	
Novotwist Pen Needle	2	
OneTouch Ultra Test Strips	E	
OneTouch Ultra 2 Kit w/ Device	E	
OneTouch Ultra Mini Kit w/ Device	E	
OneTouch Verio Flex System	E	
OneTouch Verio IQ System	E	
OneTouch Verio Kit w/ Device	E	
OneTouch Verio Reflect	E	
OneTouch Verio Sync System	E	
OneTouch Verio Test Strips	E	
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	

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

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Levemir U-100 FlexTouch	E	
Levemir U-100 Vials	E	
Lyumjev Vials and KwikPen	2	
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 and Flexpen Relion	E	
Novolog Mix 70/30 Flexpen and Flexpen Relion	E	
Novolog Mix 70/30 Relion	E	
Novolog Mix 70/30 Vials	E	
Novolog Penfill	E	
Novolog Relion	E	
Novolog U-100 Vials	E	
Semglee	E	
Soliqua	2	QL, ST
Toujeo Max SoloStar	2	
Toujeo SoloStar	2	
Tresiba	E	
Tresiba FlexTouch	E	
Diabetes/Endocrine: Non-Insulin		
Adlyxin	E	
Alogliptin (Nesina ABA)	E	
Alogliptin/Metformin (Kazano ABA)	E	
Alogliptin/Pioglitazone (Oseni ABA)	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Baqsimi	2	
Bydureon BCise	2	QL, ST
Byetta	2	QL, ST
Farxiga	2	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glucagon Emergency Kit	1	
Glucagon Emergency Kit (Fresenius manufacturer)	2	
Glumetza	E	
Glyburide	1	
Glyxambi	2	ST
Gvoke HypoPen	2	
Gvoke PFS	2	
Invokamet	E	
Invokamet XR	E	
Invokana	E	
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	ST
Jentaduetto	2	ST
Jentaduetto XR	2	ST
Kazano	E	
Kombiglyze XR	E	
Metformin	1	
Metformin ER	1	
Metformin ER Modified Release (generic Glumetza)	E	
Metformin ER Osmotic (generic Fortamet)	E	
Nesina	E	
Onglyza	E	
Oseni	E	
Ozempic	2	QL, ST

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Pioglitazone	1	
Qtern	E	
Rybelsus	2	QL, ST
Segluromet	E	
Steglatro	E	
Steglujan	E	
SymlinPen	3	
Synjardy	2	ST
Synjardy XR	2	ST
Tradjenta	2	ST
Trijardy XR	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST
Xigduo XR	2	ST

Endocrine: Growth Hormone

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

Endocrine: Other

Acthar	2	PA, SP
Alkindi Sprinkle	E	
Cabergoline	1	
Calcitriol Cap	1	
Cortef	E	
Dexamethasone Tab	1	
Fensolvi	3	PA, QL, SP
Hemady	E	
Hydrocortisone Tab	1	
Isturisa	E	SP
Kenalog-40	E	
Lupron Depot 7.5mg, 22.5mg, 30mg, 45mg	2	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Methylprednisolone Tab	1	
Mycapssa	E	SP
Ortikos	E	
Osphena	3	
Prednisone	1	
Prednisolone Sodium Phosphate Solution	1	
Rayos	E	
Signifor	E	SP
Somatuline Depot	3	PA, SP
Supprelin LA	2	PA, QL, SP
TaperDex 6-Day	3	
TaperDex 7-Day	3	
TaperDex 12-Day	3	
Triptodur	3	PA, QL, SP

Endocrine: Thyroid Hormone Replacement

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

Eye Conditions: Antibiotics

Besivance	3	
Ciprofloxacin Ophthalmic	1	
Erythromycin Ophthalmic	1	
Moxeza	2	
Moxifloxacin Intraocular Solution	3	
Moxifloxacin Ophthalmic	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
Ofloxacin Ophthalmic	1	
Polymyxin B/ Trimethoprim Ophthalmic	1	
Tobradex	E	
Tobramycin/ Dexamethasone Ophthalmic	1	
Vigamox	E	
Zylet	3	

Eye Conditions: Glaucoma

Alphagan P 0.1%	2	
Alphagan P 0.15%	E	
Azopt	E	
Betimol	3	
Brimonidine Ophthalmic	1	
Combigan	2	
Cosopt	E	
Cosopt PF	E	
Dorzolamide/Timolol	1	
Latanoprost	1	QL
Lumigan	2	QL
Rhopressa	3	
Rocklatan	3	QL
Simbrinza	2	
Timolol Ophthalmic	1	
Timoptic	E	
Timoptic Ocudose	E	
Timoptic-XE	E	
Travatan Z	E	
Vyzulta	E	
Xalatan	E	
Zioptan	E	

Eye Conditions: Other

Bepreve	E	
Bromsite	E	
Cequa	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Eysuvis	3	PA, QL
Flarex	3	
Ilevro	E	
Inveltys	3	
Ketorolac Ophthalmic	1	
Lastacaft	E	
Latisse	E	
Lotemax Gel, Ointment	3	
Lotemax Suspension	E	
Lotemax SM	3	
Neomycin/Polymyxin/ Dexamethasone Ophthalmic	1	
Nevanac	E	
Olopatadine Ophthalmic	1	
Pred Forte	E	
Prednisolone Ophthalmic	1	
Prolensa	2	QL
Restasis	2	PA
Restasis Multidose	2	PA
Tobradex ST	3	
Xiidra	2	PA
Zerviate	E	

Gastrointestinal: Acid Suppression

Aciphex	E	
Carafate Tab	E	
Dexilant	2	QL
Duexis	E	
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Misoprostol	1	
Nexium Cap	E	
Omeprazole (Rx only)	1	QL
Omeprazole/Sodium Bicarbonate	E	
Pantoprazole	1	QL

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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
Prevacid	E	
Prevacid SoluTab	E	
Protonix Tab	E	
Rabeprazole	1	QL
Rabeprazole Sprinkle (Aciphex Sprinkle ABA)	E	
Sucralfate Tab	1	
Vimovo	E	
Zegerid	E	

Gastrointestinal: Inflammatory Bowel Disease

Apriso	2	
Asacol HD	E	
Canasa	E	
Cortifoam	3	
Delzicol	E	
Dipentum	E	
Hydrocortisone (Perianal)	1	
Lialda	E	
Mesalamine DR	1	
Mesalamine ER 0.375gm	1	
Pentasa	3	
Proctofoam-HC	2	
Sulfasalazine	1	
Uceris Rectal	3	
Uceris Tab	E	

Gastrointestinal: Nausea/Vomiting

Gimoti	E	
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab 4mg, 8mg	1	
Prochlorperazine	1	
Sancuso	E	
Scopolamine	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Varubi	3	QL

Gastrointestinal: Other

Amitiza	E	
Clenpiq	3	
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Glycopyrrolate Tab 1mg, 2mg	1	
Glycopyrrolate Tab 1.5mg	3	
Golytely	E	
Hyoscyamine Sulfate SL	1	
Lactulose	1	
Linzess	2	QL, ST
Lubiprostone (Amitiza ABA)	E	
Motegrity	3	QL, ST
Motofen	E	
Movantik	E	
Moviprep	E	
Nulytely Lemon-Lime	E	
Omeclamox-Pak	2	
OsmoPrep	E	
Pancreaze	E	
PEG 3350-KCl-Na Bicarb-NaCl	1	
Pertzye	E	
Plenvu	E	
Pylera	2	
Relistor	E	
Reltone	E	
Suprep Bowel Prep	3	
Sutab	3	
Symproic	2	QL, ST
Talicia	3	
Trulance	E	
Viberzi	3	PA, QL

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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
Viokace	E	
Zelnorm	3	PA, QL
Zenpep	2	
Gout		
Allopurinol	1	
Colchicine Capsule (Mitigare ABA)	E	
Colchicine Tab	1	
Colcrys	E	
Febuxostat	1	
Gloperba	E	
Mitigare	E	
HIV/AIDS		
Atripla	E	
Biktarvy	3	
Cabenuva	E	
Cimduo	2	
Descovy	E	
Dovato	2	
Genvoya	3	
Juluca	2	
Odefsey	3	
Prezcobix	2	
Rukobia	2	
Symfi	2	
Symfi Lo	2	
Temixys	E	
Tivicay	2	
Triumeq	2	
Truvada	E	
Vocabria	E	
Infertility		
Cetrotide	E	SP
Clomiphene Citrate	1	
Follistim AQ	2	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ganirelix (Organon manufacturer)	1	SP
Gonal-f	E	SP
Gonal-f RFF	E	SP
Inflammatory Conditions		
Actemra⁺	3	PA, SP
Avsola	2	PA, SP
Cimzia	2	PA, SP
Cosentyx	E	SP
Enbrel	3	PA, SP
Humira	2	PA, SP
Hydroxychloroquine	1	
Inflectra	2	PA, SP
Leflunomide	1	
Methotrexate	1	
Olumiant	E	SP
Orencia⁺	3	PA, SP
Otezla	2	PA, SP
Otrexup	E	
Plaquenil	E	
Rasuvo	2	PA, QL
RediTrex	E	
Remicade	E	SP
Renflexis	E	SP
Rinvoq	2	PA, SP
Simponi	2	PA, SP
Skyrizi	2	PA, SP
Stelara	2	PA, QL, SP
Taltz⁺	3	PA, SP
Tremfya	2	PA, SP
Trexall	3	
Xeljanz	2	PA, SP
Xeljanz XR	2	PA, SP
+ Tier 3 Preferred		
Men's Health: Erectile Dysfunction		
Cialis	E	

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Sildenafil 25mg, 50mg, 100mg	1	QL
Stendra	E	
Tadalafil	1	QL
Viagra	E	
Men's Health: Prostate		
Alfuzosin ER	1	
Avodart	E	
Cialis 2.5mg, 5mg	E	
Dutasteride	1	
Finasteride 5mg	1	
Flomax	E	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA
Androgel	E	
Aveed	E	
Depo-Testosterone	E	
Fortesta	E	
Jatenzo	E	
Natesto	E	
Testim	E	
Testopel	E	
Testosterone Cypionate IM Injection	1	PA
Testosterone Gel 1%, 1.62%, 2%	1	PA
Vogelxo	E	
Xyosted	3	PA
Miscellaneous		
Addyi	3	PA, QL
Arakoda	3	
Asceniv	E	SP
Auryxia	3	
Auvi-Q 0.15mg, 0.3mg	E	
Benzonatate	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Beovu	E	SP
Botox (non-cosmetic)	2	PA, SP
Brisdelle	E	
Bronchitol	E	
Cerdelga	3	PA, SP
Chlorhexidine Mouth/Throat	1	
Clarinox	E	
Clarinox-D	E	
Cuprimine	E	SP
Cutaquig	E	SP
Depen Titratabs	2	SP
Dojolvi	E	
Dupixent	2	PA, QL, SP
Elmiron	E	
Emverm	2	
Endari	3	PA
Epinephrine Auto-Injector	1	
Epipen	3	ST
Epipen Jr	E	
Exondys 51	E	SP
Fasenra	2	PA, SP
Firazyr	E	SP
Firdapse	E	SP
Gammagard	3	PA, SP
Haegarda	3	PA, SP
Hemangeol	3	
Ingrezza	3	PA, QL, SP
Kuvan	E	SP
Lidocaine Viscous	1	
Lupkynis	E	SP
Makena	2	PA, SP
Nityr	3	PA, SP
Nocdurna	3	
Nucala	2	PA, QL, SP
Ofev	3	PA, SP
Orfadin	3	PA, SP

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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
Oriahnn	2	PA, QL
Orilissa	2	PA, QL
Orladeyo	3	PA, QL, SP
Oxbryta	E	SP
Palforzia	E	SP
Panzyla	E	SP
Penicillamine Cap	E	SP
Phenazopyridine (Rx only)	1	
Promethazine	1	
Promethazine DM	1	
Propecia	E	
Pseudoephedrine/ Brompheniramine/DM	1	
Pulmozyme	2	PA, SP
Qbrexza	3	QL
Rayaldee	3	PA
Renagel	E	
Ruconest	3	PA, SP
Sandostatin	E	SP
Sensipar	E	
Strensiq	2	PA, SP
Symjepi	3	
Takhzyro	3	PA, SP
Trikafta	3	PA, QL, SP
Velphoro	3	
Viltepso	E	SP
Vyleesi	3	PA, QL
Vyondys 53	E	SP
Xembify	3	PA, SP
Xgeva	2	PA, SP
Xhance	E	
Zolgensma	3	SP
Musculoskeletal: Osteoarthritis		
Durolane	2	PA, SP
Euflexxa	2	PA, SP
Gelsyn-3	2	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Gel-One	E	SP
Genvisc 850	E	SP
Hyalgan	E	SP
Hymovis	E	SP
Monovisc	E	SP
Orthovisc	E	SP
Supartz FX	E	SP
Synvisc	E	SP
Synvisc-One	E	SP
Trilonon	E	SP
TriVisc	E	SP
Visco-3	E	SP
Musculoskeletal: Osteoporosis		
Alendronate Tab	1	QL
Binosto	3	QL
Forteo	E	SP
Ibandronate	1	QL
Prolia	2	PA, QL, SP
Teriparatide (Recombinant)	2	PA, QL, SP
Tymlos	2	PA, SP
Musculoskeletal: Other		
Amrix	E	
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab	1	
Lorzone	3	
Metaxalone	1	
Methocarbamol	1	
Ozobax	E	
Skelaxin	E	
Soma	E	
Tizanidine Tab	1	
Vanadom	E	
Zanaflex	E	

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Acetaminophen w/ Codeine #2, #3, #4	1	QL
Acetaminophen/Caffeine/Dihydrocodeine	1	QL
Apadaz	E	
Arthrotec	E	
Belbuca	2	PA, QL
Benzhydrocodone/Acetaminophen	E	QL
Butrans	E	
Cambia	E	
Celebrex	E	
Celecoxib	1	QL
Conzip	E	
Diclofenac Cap 35mg (Zorvolex ABA)	E	
Diclofenac Gel 1%	1	QL
Diclofenac Patch 1.3% (Flector ABA)	E	
Diclofenac Tab	1	
Dilaudid	E	
Duragesic	E	
Etodolac	1	
Fentanyl Citrate Buccal Tablet (Fentora ABA)	E	
Fentanyl Patch	1	PA, QL
Fentora	E	
Fiorcet	E	
Fioricet/Codeine	E	
Flector	E	
Hydrocodone/Acetaminophen	1	QL
Hydromorphone Tab	1	QL
Hysingla ER	2	PA, QL
Ibuprofen Tab (Rx only)	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Indomethacin Cap 20mg	3	
Indomethacin Cap 25mg, 50mg	1	
Ketorolac Tab	1	QL
Ketorolac Tromethamine Nasal Spray (Sprix ABA)	E	
Lazanda	E	
Licart	E	
Lidocaine Patch	1	
Lidoderm	E	
Meloxicam	1	
Mobic	E	
Morphine Sulfate (Concentrate) Solution	1	QL
Morphine Sulfate (Bulk)	3	
Morphine Sulfate ER	1	PA, QL
Morphine Sulfate Solution	1	QL
MS Contin	E	
Nabumetone	1	
Nalfon	E	
Naprelan	3	
Naproxen (Rx only)	1	
Norgesic Forte	E	
Nucynta	E	
Nucynta ER	E	
Orphengesic Forte (Norgesic Forte ABA)	E	
Oxycodone w/ Acetaminophen Tab 2.5/325mg, 5/325mg, 7.5/325mg, 10/325mg	1	QL
Oxycodone w/ Acetaminophen Tab 2.5/300mg, 5/300mg, 10/300mg	3	QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Oxycodone ER (Oxycontin ABA)	E	
Oxycodone Tab	1	QL
Oxycontin	2	PA, QL
Pennsaid	E	
Percocet	E	
Qdolo	E	
Qmiiz ODT	E	
Relafen	E	
Relafen DS	E	
Roxicodone	E	
Sprix	E	
Subsys	E	
Tramadol	1	QL
Tramadol ER (Conzip ABA)	E	
Trezix	3	QL
Ultracet	E	
Ultram	E	
Xtampza ER	2	PA, QL
Zipsor	E	
Zorvolex	E	
ZTlido	E	
Overactive Bladder		
Gemtesa	E	
Myrbetriq Tab	2	
Oxybutynin	1	
Oxybutynin ER	1	
Solifenacin	1	
Tolterodine ER	1	
Toviaz	3	
Vesicare	E	
Vesicare LS	E	
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
AirDuo Digihaler	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
AirDuo RespiClick	E	
Albuterol HFA	1	QL
Albuterol HFA (Ventolin HFA ABA)	E	
Albuterol Inhalation Solution	1	QL
Alvesco	E	
Anoro Ellipta	2	QL
ArmonAir Digihaler	E	
Arnuity Ellipta	2	QL
Asmanex	E	
Asmanex HFA	E	
Atrovent HFA	3	QL
Bevespi Aerosphere	E	
Breo Ellipta	2	QL
Breztri Aerosphere	2	QL
Budesonide Inhalation Suspension	1	QL
Budesonide/Formoterol (Symbicort ABA)	E	
Combivent Respimat	2	QL
Duaklir Pressair	E	
Dulera	E	
Flovent Diskus	2	QL
Flovent HFA	2	QL
Fluticasone/Salmeterol	1	QL
Incruse Ellipta	E	
Ipratropium/Albuterol	1	QL
Levalbuterol HFA (Xopenex HFA ABA)	E	
Lonhala Magnair	3	QL
Montelukast	1	
Perforomist	3	QL
ProAir Digihaler	E	
ProAir HFA	E	
ProAir RespiClick	E	
Proventil HFA	E	
Pulmicort Flexhaler	2	QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Pulmicort Suspension	E	
Qvar RediHaler	E	
Serevent Diskus	2	QL
Singulair	E	
Spiriva HandiHaler	2	QL
Spiriva Respimat	2	QL
Stiolto Respimat	2	QL
Striverdi Respimat	2	QL
Symbicort	2	QL
Trelegy Ellipta	2	QL
Tudorza Pressair	E	
Ventolin HFA	E	
Wixela Inhub	1	QL
Xolair	2	PA, SP
Xopenex HFA	E	
Yupelri	3	QL

Respiratory: Nasal Allergies

Azelastine Nasal Spray	1	QL
Azelastine/Fluticasone Nasal Spray	1	QL
Dymista Spray	2	QL
Fluticasone Nasal Spray	1	
Ipratropium Nasal Spray	1	
Mometasone Nasal Spray	1	QL
Nasonex	E	
Omnaris	3	QL
QNasl	3	QL
Zetonna	3	QL

Respiratory: Oral Allergies

Cetirizine Solution	1	
Cyproheptadine Tab	1	
Levocetirizine	1	

Transplant

Azathioprine Tab	1	
Cyclosporine Modified Cap	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Tacrolimus Cap	1	

Vitamins/Electrolytes

Carnitor	E	
Carnitor SF	E	
Cyanocobalamin Injection 1000mcg/mL	1	
Folic Acid 1mg (Rx only)	1	
K-Tab	E	
Klor-Con m20	1	
Lokelma	3	
Nascobal	3	
Potassium Chloride Crys ER	1	
Potassium Chloride ER	1	
Potassium Citrate ER	1	
Sodium Fluoride Chewable Tab	1	
Veltassa	3	
Vitamin D (ergocalciferol) (Rx only)	1	

Weight Loss Management

Adipex-P	E	
Contrave	E	
Imcivree	E	SP
Phentermine	1	PA
Qsymia	3	PA
Saxenda	3	PA

Women's Health: Birth Control

Apri	1	
Aurovela Fe 1/20	1	
Aviane	1	
Beyaz	E	
Blisovi 24 Fe	1	
Blisovi Fe	1	
Cryselle-28	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Drospirenone/Ethinyl Estradiol	1	
Eluryng	1	
Enskyce	1	
Estarylla	1	
Estradiol/Norethindrone Acetate	1	
Etonogestrel/Ethinyl Estradiol	1	
Generess Fe	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	
Lo Loestrin Fe	E	
Loestrin	E	
Loestrin Fe	E	
Loryna	1	
Medroxyprogesterone Acetate Injection	1	QL
Minastrin 24 Fe	E	
Mirena	3	
Mono-Linyah	1	
Natazia	2	
Nikki	1	
Norethindrone	1	
Norethindrone Acetate	1	
Norethindrone Acetate/Ethinyl Estradiol	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Norethindrone Acetate/Ethinyl Estradiol/Fe	1	
Norgestimate/Ethinyl Estradiol Triphasic	1	
Nortrel	1	
Phexxi	E	
Safyral	E	
Seasonique	E	
Slynd	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	
Twirla	E	
Vienva	1	
Xulane	1	
Yasmin 28	E	
Yaz	E	

Women's Health: Hormone Replacement

Bijuva	3	
Climara	E	
Climara Pro	2	
Delestrogen	E	
Divigel	3	
Dotti	1	
Duavee	2	
Elestrin Gel	3	
Endometrin	2	
Estrace	E	
Estradiol Patch, Tab, Vaginal Cream	1	
EstroGel	3	
Evamist	3	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Imvexxy	3	
Medroxyprogesterone Acetate Tab	1	
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Prometrium	E	
Vagifem	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Vivelle-Dot	E	
Women's Health: Vaginal Anti-Infectives		
Clindesse	3	
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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Novofine Pen Needle	18	Olopatadine Ophthalmic	21	Oxycodone Tab.....	27
Novofine Plus Pen Needle.....	18	Olumiant.....	23	Oxycodone w/ Acetaminophen Tab	
Novolin 70/30 FlexPen and FlexPen		Omeclamox-Pak.....	22	2.5/300mg, 5/300mg, 10/300mg	27
Relion.....	19	Omega-3 Acid	12	Oxycodone w/ Acetaminophen Tab	
Novolin 70/30 Relion	19	Omeprazole (Rx only)	21	2.5/325mg, 5/325mg, 7.5/325mg,	
Novolin 70/30 Vials.....	19	Omeprazole/Sodium Bicarbonate ...	21	10/325mg.....	26
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Novolin N Relion	19	Ondansetron 4mg, 8mg.....	22	Ozobax.....	25
Novolin N Vials.....	19	Ondansetron ODT.....	22		
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Novolin R Relion.....	19	OneTouch Ultra Test Strips.....	18	Pancreaze	22
Novolin R Vials	19	OneTouch Verio Flex System	18	Pandel Cream	17
Novolog Flexpen and Flexpen		OneTouch Verio IQ System	18	Pantoprazole	21
Relion.....	19	OneTouch Verio Kit w/ Device	18	Panzyga.....	25
Novolog Mix 70/30 Flexpen and		OneTouch Verio Reflect.....	18	Paroxetine Tab.....	13
Flexpen Relion	19	OneTouch Verio Sync System	18	Paxil CR	13
Novolog Mix 70/30 Relion	19	OneTouch Verio Test Strips	18	Paxil Tab.....	13
Novolog Mix 70/30 Vials	19	Onexton	17	PEG 3350-KCl-Na Bicarb-NaCl.....	22
Novolog Penfill.....	19	Onfi	15	Penicillamine Cap	25
Novolog U-100 Vials.....	19	Ongentys.....	14	Penicillin VK	8
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NP Thyroid	20	Ontruzant.....	10	Pentasa	22
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Nubeqa.....	10	Opsumit	12	Perforomist.....	27
Nucala	25	Oracea.....	8	Perseris	12
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Nuversa.....	8	Orilissa	25	Pimecrolimus Cream.....	17
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Nuzyra	8	ABA).....	26	Plavix.....	10
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Nystatin Mouth/Throat.....	9	Ortikos	20	Plenvu	22
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		Osmolex ER	14	Ophthalmic.....	21
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Sildenafil Tab 20mg	12
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Simponi.....	23
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Solifenacin.....	27	Taclonex Suspension.....	17	Tizanidine Tab.....	26
Soliqua	19	Tacrolimus Cap	28	TOBI Nebulizer	8
Soliris.....	9	Tacrolimus Ointment	17	TOBI Podhaler.....	8
Solodyn	8	Tadalafil	24	Tobradex.....	21
Solosec	8	Tagrisso	10	Tobradex ST	21
Soma	25	Takhzyro	25	Tobramycin/Dexamethasone	
Somatuline Depot	20	Talicia	22	Ophthalmic.....	21
Soolantra.....	17	Taltz	23	Tobramycin Nebulization Solution	
Sorilux	17	Tamiflu	9	300mg/5mL (Kitabis ABA)	8
Sotalol	12	Tamoxifen Tab	10	Tolsura	9
Spiriva HandiHaler	28	Tamsulosin.....	24	Tolterodine ER	27
Spiriva Respimat	28	TaperDex 12-Day	20	Topamax	15
Spironolactone.....	11	TaperDex 6-Day	20	Topamax Sprinkle	15
Sprintec 28	29	TaperDex 7-Day	20	Topicort Spray	17
Sprix	27	Targadox	8	Topiramate	15
Sprycel.....	10	Targretin Cap	10	Toprol XL.....	11
Steglatro.....	20	Targretin Gel.....	10	Torse mide.....	11
Steglujan	20	Tazarotene Foam	17	Tosymra	14
Stelara	23	Tazorac.....	17	Toujeo Max SoloStar.....	19
Stendra.....	24	Tazverik.....	10	Toujeo SoloStar	19
Stiolto Respimat.....	28	Tecfidera	14	Toviaz.....	27
Strattera.....	13	Tegretol.....	15	Tracleer 62.5mg, 125mg.....	12
Strensiq	25	Tegretol-XR	15	Tradjenta	20
Striverdi Respimat.....	28	Tegsedi.....	14	Tramadol	27
Suboxone	8	Tekturna.....	11	Tramadol ER (Conzip ABA).....	27
Subsys	27	Tekturna HCT	11	Travatan Z.....	21
Sucrafate Tab	22	Telmisartan	11	Trazimera.....	10
Sulfamethoxazole-Trimethoprim	8	Telmisartan/HCTZ	11	Trazodone.....	13
Sulfasalazine.....	22	Temazepam	15	Treanda.....	10
Sumatriptan Tab	14	Temixys	23	Trelegy Ellipta	28
Sunosi.....	14	Tenormin	11	Tremfya	23
Supartz FX	25	Tepmetko.....	10	Tresiba	19
Supprelin LA	20	Terazosin.....	24	Tresiba FlexTouch	19
Suprep Bowel Prep.....	22	Terbinafine Tab.....	9	Tretinoin Cream.....	17
Sutab.....	22	Terconazole Vaginal Cream	30	Trexall	23
Syeda.....	29	Teriparatide (Recombinant).....	25	Treximet	14
Symbicort.....	28	Testim	24	Trezix	27
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Symfi Lo.....	23	Testosterone Cypionate IM		Triamcinolone Cream, Ointment.....	17
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SymlinPen	20	Testosterone Gel 1%, 1.62%, 2%	24	Trianex	17
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Symproic	22	Tiglutik	14	Tribenzor	11
Synjardy	20	Tikosyn.....	12	Tricor	12
Synjardy XR	20	Timolol Ophthalmic	21	Tri-Estarylla.....	29
Synthroid.....	20	Timoptic	21	Trijardy XR	20
Synvisc.....	25	Timoptic OcuDose	21	Trikafta	25
Synvisc-One.....	25			Trileptal.....	15

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 Ventolin HFA28
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 Viokace23
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Zolpidem	15	Zonegran	15	Zyclara	17
Zolpidem ER	15	Zonisamide.....	15	Zyclara Pump	17
Zomacton	20	Zorvolex	27	Zylet	21
Zomig	14	Zovirax	9	Zypitamag	12
Zomig Tab.....	14	ZTlido	27	Zyprexa	13
Zomig ZMT	14	Zubsolv.....	8	Zytiga	10

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

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

“My Medications” worksheet

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

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

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

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

