

# SERVE YOU

## Your 2022 Prescription Drug List

### Serve You Rx Standard Formulary

**Please read:**

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

**If you have questions:**



Call customer service at  
**800-759-3203.**



Visit **[serveyourx.com](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 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](https://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://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 LD</b>	3	PA
Claravis	1	
<b>Seysara</b>	3	ST
<b>Addiction/Substance Abuse</b>		
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>Zubsolv</b>	2	QL
<b>Anti-Infectives: Antibiotics</b>		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
<b>Azasite</b>	3	
Azithromycin	1	
Cefdinir	1	
Cefuroxime	1	
Cephalexin	1	
<b>Ciprodex</b>	3	ST
Ciprofloxacin/ Dexamethasone Otic	1	
Ciprofloxacin Tab	1	
Clarithromycin Tab	1	
Clindamycin Cap	1	
<b>Dificid</b>	3	
Doxycycline Hyclate	1	
Doxycycline Monohydrate	1	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/Polymyxin/HC Otic	1	
Nitrofurantoin Macrocrystals	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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>TOBI Podhaler</b>	3	QL, SP
<b>Xenleta</b>	3	
<b>Anti-Infectives: Antifungals</b>		
<b>Cresemba</b>	3	
Fluconazole	1	
<b>Kerydin</b>	3	PA
Nystatin Mouth/Throat	1	
Terbinafine Tab	1	QL
<b>Anti-Infectives: Antivirals</b>		
Acyclovir Tab	1	
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
Valacyclovir	1	QL
<b>Vemlidy</b>	3	SP
<b>Vosevi</b>	2	PA, QL, SP
<b>Xofluza</b>	3	QL
<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

**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
Jivi	3	SP
Koate	2	SP
Mulpleta	2	PA, SP
Neulasta	3	PA, SP
Neulasta Onpro	3	PA, SP
Nivestym	2	PA, SP
Novoeight	2	SP
Nplate	3	PA, SP
Nuwiq	2	SP
Recombinate	2	SP
Retacrit	2	PA, SP
Soliris	3	PA, SP
Ultomiris	3	PA, SP
Wilate	2	SP
Xyntha	2	SP
Xyntha Solofuse	2	SP
Zarxio	2	PA, SP
Ziextenzo	3	PA, SP

### Cancer

Alecensa	2	PA, SP
Alunbrig	2	PA, QL, SP
Anastrozole Tab	1	
Cabometyx	2	PA, SP
Calquence	3	PA, SP
Capecitabine	1	SP
Erivedge	3	PA, SP
Ibrance	3	PA, SP
Idhifa	3	PA, QL, 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
Orgovyx	3	PA, SP
Phesgo	2	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Retevmo	3	PA, SP
Revlimid	2	PA, 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 Gel	3	PA, SP
Trazimera	2	PA, SP
Ukoniq	3	PA, QL, SP
Velcade	2	PA, SP
Vitrakvi	3	PA, SP
Xtandi	3	PA, SP
Zejula	2	PA, SP
Zirabev	2	PA, SP

### Cardiovascular/Heart Disease: Anticoagulants

Brilinta	2	
Clopidogrel	1	
Eliquis	2	QL
Enoxaparin	1	
Pradaxa	2	QL
Prasugrel	1	
Warfarin	1	
Xarelto	2	QL

### Cardiovascular/Heart Disease: High Blood Pressure

Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Olmesartan/HCTZ	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	3	ST

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Candesartan	1	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem ER	1	
Doxazosin	1	
<b>Edarbi</b>	3	ST
<b>Edarbyclor</b>	3	ST
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Irbesartan/HCTZ	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate ER	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Nifedipine ER Osmotic	1	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Ramipril	1	
Spironolactone	1	
<b>Tekturna</b>	2	ST
<b>Tekturna HCT</b>	2	ST
Telmisartan	1	
Telmisartan/HCTZ	1	
Torsemide	1	
Triamterene/HCTZ	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
<b>Antara</b>	3	
Atorvastatin	1	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibrate Micronized	1	
Fenofibric Acid	1	
Gemfibrozil	1	
<b>Livalo</b>	3	ST
Lovastatin	1	
<b>Nexletol</b>	2	PA, QL
<b>Nexlizet</b>	2	PA, QL
Omega-3 Acid	1	
Pravastatin	1	
<b>Repatha</b>	2	PA, QL
Rosuvastatin	1	
Simvastatin	1	
<b>Vascepa</b>	2	
<b>Cardiovascular/Heart Disease: Other</b>		
Amiodarone	1	
<b>BiDil</b>	3	
<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	
Ranolazine ER	1	
Sotalol	1	
<b>Verquvo</b>	3	PA, QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension</b>		
<b>Adempas</b>	2	PA, QL, SP
<b>Opsumit</b>	2	PA, QL, SP
<b>Orenitram</b>	3	PA, SP
Sildenafil Tab 20mg	1	PA, QL
<b>Central Nervous System: Alzheimer's/Dementia</b>		
Donepezil	1	
Memantine	1	
<b>Namzaric</b>	2	QL
<b>Central Nervous System: Antipsychotics</b>		
<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
Risperidone	1	
<b>Vraylar</b>	3	QL, ST
Ziprasidone	1	
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR</b>	3	ST
Amphetamine/ Dextroamphetamine	1	
Amphetamine/ Dextroamphetamine ER	1	
Atomoxetine	1	
Dexmethylphenidate	1	
Dexmethylphenidate ER	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Guanfacine ER	1	
<b>Jornay PM</b>	3	ST
Methylphenidate ER	1	
Methylphenidate LA	1	
Methylphenidate Tab	1	
Methylphenidate XR	1	
<b>Vyvanse</b>	2	
<b>Central Nervous System: Depression</b>		
Amitriptyline	1	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL 150mg, 300mg	1	QL
<b>Bupropion XL 450mg (Forfivo XL ABA)</b>	3	QL
Citalopram	1	
Desvenlafaxine ER	1	QL
Doxepin	1	
Duloxetine	1	QL
Escitalopram Tab	1	
Fluoxetine	1	
Fluvoxamine	1	
<b>Forfivo XL</b>	3	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Sertraline	1	
Trazodone	1	
<b>Trintellix</b>	3	QL, ST
Venlafaxine	1	
Venlafaxine ER	1	
<b>Viibryd</b>	3	QL
<b>Central Nervous System: Migraine</b>		
<b>Aimovig</b>	2	PA, QL
Butalbital/ Acetaminophen/ Caffeine	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Eletriptan	1	QL
<b>Emgality</b>	2	PA, QL
<b>Nurtec</b>	2	PA, QL
Rizatriptan	1	QL
Sumatriptan Tab	1	QL
<b>Ubrelvy</b>	2	PA, QL

### Central Nervous System: Multiple Sclerosis

<b>Ampyra</b>	3	PA, QL, SP
<b>Aubagio</b>	3	PA, QL, SP
<b>Avonex</b>	2	PA, QL, SP
<b>Bafiertam</b>	2	PA, QL, SP
<b>Betaseron</b>	2	PA, QL, SP
<b>Copaxone</b>	2	PA, QL, SP
<b>Gilenya</b>	3	PA, QL, SP
<b>Kesimpta</b>	2	PA, QL, SP
<b>Mavenclad</b>	3	PA, SP
<b>Mayzent</b>	3	PA, QL, SP
<b>Rebif</b>	3	PA, QL, SP
<b>Tecfidera</b>	3	PA, QL, SP
<b>Vumerity</b>	2	PA, QL, SP
<b>Zeposia</b>	3	PA, QL, SP

### Central Nervous System: Other

Alprazolam Tab	1	QL
Armodafinil	1	
<b>Austedo</b>	3	PA, QL, SP
Buspirone	1	
Diazepam Tab	1	
<b>Gralise</b>	3	PA, QL, ST
<b>Horizant</b>	3	PA, QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	
Modafinil	1	
<b>Sunosi</b>	2	PA, QL
<b>Tegsedi</b>	3	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Tiglutik</b>	3	PA, QL
<b>Wakix</b>	3	PA, QL, SP
<b>Xyrem</b>	3	PA, QL, SP

### Central Nervous System: Parkinson's Disease

Benzotropine	1	
Carbidopa/Levodopa	1	
<b>Inbrija</b>	3	PA, SP
<b>Kynmobi</b>	3	PA, QL, SP
<b>Neupro</b>	3	ST
<b>Nourianz</b>	3	
<b>Ongentys</b>	3	QL, ST
Pramipexole	1	
Ropinirole	1	
<b>Rytary</b>	3	ST

### Central Nervous System: Sedatives/Hypnotics

<b>Belsomra</b>	3	QL, ST
<b>Dayvigo</b>	3	QL, ST
Eszopiclone	1	QL
<b>Silenor</b>	3	QL
Temazepam	1	
Triazolam	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL

### Central Nervous System: Seizure Disorders

<b>Aptiom</b>	3	
<b>Briavact</b>	3	ST
Carbamazepine	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
<b>Epidiolex</b>	3	PA, SP
<b>Fycompa</b>	3	
Gabapentin	1	
Lamotrigine	1	
Lamotrigine ER	1	
Levetiracetam	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Nayzilam</b>	3	QL
Oxcarbazepine	1	
Pregabalin	1	QL
<b>Sympazan</b>	3	PA
Topiramate	1	
<b>Trokendi XR</b>	3	
<b>Valtoco</b>	3	QL
<b>Vimpat</b>	3	
<b>Xcopri</b>	3	ST
Zonisamide	1	
<b>Dermatology</b>		
<b>Aczone Gel 7.5%</b>	2	
Adapalene Gel	1	PA
<b>Amzeeq</b>	3	
Betamethasone Cream	1	
<b>Bryhali</b>	3	
Ciclopirox Solution	1	
Clindamycin Lotion, Solution, Swab	1	
Clindamycin 1% Gel	1	
<b>Clindamycin 1% Gel (Clindagel ABA)</b>	3	ST
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clotrimazole/Betamethasone Cream	1	
Clotrimazole Cream	1	
<b>Enstilar</b>	3	QL
<b>Epiduo Forte</b>	3	
<b>Eucrisa</b>	2	ST
<b>Finacea Gel</b>	3	ST
Fluocinonide Cream/Solution	1	
<b>Fluoroplex</b>	3	
<b>Fluorouracil Cream 0.5%</b>	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Fluorouracil Cream 5%	1	
Hydrocortisone Cream, Ointment	1	
Imiquimod Cream	1	
Ketoconazole Cream, Shampoo	1	
<b>Klisyri</b>	3	ST
Lidocaine/Prilocaine Cream	1	
Metronidazole Cream, Gel	1	
<b>Mirvaso Gel</b>	3	
Mometasone Cream	1	
Mupirocin Cream, Ointment	1	
Nystatin Cream	1	
<b>Onexton</b>	3	
Pimecrolimus Cream	1	
<b>Retin-A Micro 0.06%, 0.08%</b>	2	PA
<b>Rhofade</b>	3	PA
<b>Sernivo</b>	3	
<b>Soolantra</b>	3	
<b>Taclonex</b>	3	QL
Tacrolimus Ointment	1	
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
<b>Wynzora</b>	3	PA, QL
<b>Xepi</b>	3	
<b>Ximino</b>	3	
<b>Zilxi</b>	3	ST
<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>		
<b>Accu-Chek FastClix Lancet Kit</b>	2	
<b>Accu-Chek Softclix Lancet Device Kit</b>	2	
<b>BD Autosshield Duo Pen Needles</b>	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
BD Ultra-Fine Insulin Syringes	2	
BD Ultra-Fine Pen Needles	2	
Contour Monitor Kit w/ Device	2	
Contour Next EZ Kit w/ Device	2	
Contour Next Link 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	2	
FreeStyle Libre 14 Day Reader, Sensor	2	
GHT Blood Glucose Monitor	3	ST
Guardian Connect Transmitter	3	
Guardian Link 3 Transmitter	3	
Guardian Sensor (3)	3	
Novofine Autocover Pen Needle	2	
Novofine Pen Needle	2	
Novofine Plus Pen Needle	2	
Novotwist Pen Needle	2	
OneTouch Ultra Test Strips	2	
OneTouch Ultra 2 Kit w/ Device	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
OneTouch Ultra Mini Kit w/ Device	2	
OneTouch Verio Flex System	2	
OneTouch Verio IQ System	2	
OneTouch Verio Reflect	2	
OneTouch Verio Test Strips	2	
V-Go 20	2	
V-Go 30	2	
V-Go 40	2	
<b>Diabetes/Endocrine: Insulin</b>		
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	
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	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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	2	
Levemir U-100 Vials	2	
Lyumjev Vials and KwikPen	2	
Novolin 70/30 Vials and Flexpen	2	
Novolin N Vials and Flexpen	2	
Novolin R Vials and Flexpen	2	
Novolog Flexpen	2	
Novolog Mix 70/30 Vials and Flexpen	2	
Novolog Penfill	2	
Novolog Relion Mix 70/30 Vials and Flexpen	E	
Novolog Relion Vials and Flexpen	E	
Novolog U-100 Vials	2	
Soliqua	2	QL, ST
Toujeo Max SoloStar	2	
Toujeo SoloStar	2	
Tresiba	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Tresiba FlexTouch	2	
<b>Diabetes/Endocrine: Non-Insulin</b>		
Baqsimi	2	
Bydureon BCise	2	QL, ST
Byetta	2	QL, ST
Farxiga	2	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glucagon Emergency Kit (Fresenius manufacturer)	2	
Glyburide	1	
Glyxambi	2	ST
Gvoke HypoPen	2	
Gvoke PFS	2	
Invokana	3	ST
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	ST
Jentadueto	2	ST
Jentadueto XR	2	ST
Metformin	1	
Metformin ER	1	
Metformin ER Modified Release (generic <b>Glumetza</b> )	1	PA
Metformin ER Osmotic (generic <b>Fortamet</b> )	1	
Ozempic	2	QL, ST
Pioglitazone	1	
Rybelsus	2	QL, ST
SymlynPen	3	
Synjardy	2	ST
Synjardy XR	2	ST
Tradjenta	2	ST
Trijardy XR	2	ST
Trulicity	2	QL, ST

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Victoza</b>	2	QL, ST
<b>Xigduo XR</b>	2	ST
<b>Endocrine: Growth Hormone</b>		
<b>Norditropin FlexPro</b>	2	PA, SP
<b>Nutropin AQ NuSpin</b>	2	PA, SP
<b>Endocrine: Other</b>		
<b>Acthar</b>	2	PA, SP
Cabergoline	1	
Calcitriol Cap	1	
Dexamethasone Tab	1	
<b>Fensolvi</b>	3	PA, QL, SP
Hydrocortisone Tab	1	
<b>Lupron Depot 7.5mg, 22.5mg, 30mg, 45mg</b>	2	PA, SP
Methylprednisolone Tab	1	
<b>Osphena</b>	3	
Prednisone	1	
Prednisolone Sodium Phosphate Solution	1	
<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
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	ST
Euthyrox	1	
Levothyroxine Tab	1	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
NP Thyroid	1	
<b>Synthroid</b>	3	ST
<b>Tirosint</b>	3	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Eye Conditions: Antibiotics</b>		
<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	
Tobramycin/ Dexamethasone Ophthalmic	1	
<b>Zylet</b>	3	
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P</b>	2	
<b>Betimol</b>	3	
Brimonidine Ophthalmic	1	
<b>Combigan</b>	2	
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>Zioptan</b>	3	QL
<b>Eye Conditions: Other</b>		
<b>Eysuvis</b>	3	PA, QL
<b>Flarex</b>	3	
<b>Inveltys</b>	3	
Ketorolac Ophthalmic	1	
<b>Lotemax Gel, Ointment</b>	3	
<b>Lotemax SM</b>	3	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Neomycin/Polymyxin/ Dexamethasone Ophthalmic	1	
Olopatadine Ophthalmic	1	
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

### Gastrointestinal: Acid Suppression

<b>Dexilant</b>	2	QL
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Misoprostol	1	
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Sucralfate Tab	1	

### Gastrointestinal: Inflammatory Bowel Disease

<b>Apriso</b>	2	
<b>Cortifoam</b>	3	
<b>Dipentum</b>	3	
Hydrocortisone (Perianal)	1	
<b>Lialda</b>	3	ST
Mesalamine DR	3	
Mesalamine ER 0.375gm	3	
<b>Pentasa</b>	3	
<b>Proctofoam-HC</b>	2	
Sulfasalazine	1	
<b>Uceris Rectal</b>	3	

### Gastrointestinal: Nausea/Vomiting

Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ondansetron Tab 4mg, 8mg	1	
Prochlorperazine	1	
Scopolamine	1	
<b>Varubi</b>	3	QL

### Gastrointestinal: Other

<b>Clenpiq</b>	3	
<b>Creon</b>	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Glycopyrrolate Tab 1mg, 2mg	1	
<b>Glycopyrrolate Tab 1.5mg</b>	3	
Hyoscyamine Sulfate SL	1	
Lactulose	1	
<b>Linzess</b>	2	QL, ST
<b>Motegrity</b>	3	QL, ST
<b>Movantik</b>	2	QL, ST
<b>Omeclamox-Pak</b>	2	
PEG 3350-KCl-Na Bicarb-NaCl	1	
<b>Pylera</b>	2	
<b>Suprep Bowel Prep</b>	3	
<b>Sutab</b>	3	
<b>Symproic</b>	2	QL, ST
<b>Talicia</b>	3	
<b>Trulance</b>	3	QL, ST
<b>Viberzi</b>	3	PA, QL
<b>Zelnorm</b>	3	PA, QL
<b>Zenpep</b>	2	

### Gout

Allopurinol	1	
Colchicine Tab	1	
Febuxostat	1	

### HIV/AIDS

<b>Biktarvy</b>	3	
<b>Cimduo</b>	2	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Descovy	3	
Dovato	2	
Genvoya	3	
Juluca	2	
Odefsey	3	
Prezcobix	2	
Rukobia	2	
Symfi	2	
Symfi Lo	2	
Tivicay	2	
Triumeq	2	
Truvada	3	
<b>Infertility</b>		
Clomiphene Citrate	1	
Follistim AQ	2	PA, SP
Ganirelix (Organon manufacturer)	1	SP
<b>Inflammatory Conditions</b>		
Actemra <sup>+</sup>	3	PA, SP
Avsola	2	PA, SP
Cimzia	2	PA, SP
Cosentyx	3	PA, SP
Enbrel	3	PA, SP
Humira	2	PA, SP
Hydroxychloroquine	1	
Inflectra	2	PA, SP
Leflunomide	1	
Methotrexate	1	
Orencia <sup>+</sup>	3	PA, SP
Otezla	2	PA, SP
Rasuvo	2	PA, QL
RediTrex	3	PA, QL
Rinvoq	2	PA, SP
Simponi	2	PA, SP
Skyrizi	2	PA, QL, SP
Stelara	2	PA, QL, SP
Taltz <sup>+</sup>	3	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Tremfya	2	PA, SP
Trexall	3	
Xeljanz	2	PA, SP
Xeljanz XR	2	PA, SP
+Tier 3 Preferred		
<b>Men's Health: Erectile Dysfunction</b>		
Sildenafil 25mg, 50mg, 100mg	1	QL
Stendra	3	QL
Tadalafil	1	QL
<b>Men's Health: Prostate</b>		
Alfuzosin ER	1	
Dutasteride	1	
Finasteride 5mg	1	
Tamsulosin	1	
Terazosin	1	
<b>Men's Health: Testosterone Therapy</b>		
Androderm	2	PA
Testosterone Cypionate IM Injection	1	PA
Testosterone Gel 1%, 1.62%, 2%	1	PA
Xyosted	3	PA
<b>Miscellaneous</b>		
Addyi	3	PA, QL
Arakoda	3	
Auryxia	3	
Benzonatate	1	
Botox (non-cosmetic)	2	PA, SP
Bronchitol	3	PA, QL
Cerdelga	3	PA, SP
Chlorhexidine Mouth/Throat	1	
Depen Titratabs	2	SP
Dupixent	2	PA, QL, SP
Emverm	2	
Endari	3	PA
Epinephrine Auto-Injector	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Epipen</b>	3	ST
<b>Epipen Jr</b>	3	ST
<b>Fasenra</b>	2	PA, SP
<b>Gammagard</b>	3	PA, SP
<b>Haegarda</b>	3	PA, SP
<b>Hemangeol</b>	3	
<b>Ingrezza</b>	3	PA, QL, SP
Lidocaine Viscous	1	
<b>Lupkynis</b>	3	PA, QL, SP
<b>Makena</b>	2	PA, SP
<b>Nityr</b>	3	PA, SP
<b>Nocdurna</b>	3	
<b>Nucala</b>	2	PA, QL, SP
<b>Ofev</b>	3	PA, SP
<b>Orfadin</b>	3	PA, SP
<b>Oriahnn</b>	2	PA, QL
<b>Orilissa</b>	2	PA, QL
<b>Orladeyo</b>	3	PA, QL, SP
Phenazopyridine (Rx only)	1	
Promethazine	1	
Promethazine DM	1	
Pseudoephedrine/Brompheniramine/DM	1	
<b>Pulmozyme</b>	2	PA, SP
<b>Qbrexza</b>	3	QL
<b>Royaldee</b>	3	PA
<b>Ruconest</b>	3	PA, SP
<b>Strensiq</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>Xembify</b>	3	PA, SP
<b>Xgeva</b>	2	PA, SP
<b>Xhance</b>	3	QL, ST
<b>Zolgensma</b>	3	SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Musculoskeletal: Osteoarthritis</b>		
<b>Durolane</b>	2	PA, SP
<b>Euflexxa</b>	2	PA, SP
<b>Gelsyn-3</b>	2	PA, SP
<b>Musculoskeletal: Osteoporosis</b>		
Alendronate Tab	1	QL
<b>Binosto</b>	3	QL
<b>Forteo</b>	3	PA, SP
Ibandronate	1	QL
<b>Prolia</b>	2	PA, QL, SP
<b>Teriparatide (Recombinant)</b>	2	PA, QL, SP
<b>Tymlos</b>	2	PA, SP
<b>Musculoskeletal: Other</b>		
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab	1	
<b>Lorzone</b>	3	
Metaxalone	1	
Methocarbamol	1	
Tizanidine Tab	1	
<b>Musculoskeletal: Pain Relief</b>		
Acetaminophen w/ Codeine	1	QL
Acetaminophen w/ Codeine #2, #3, #4	1	QL
Acetaminophen/Caffeine/Dihydrocodeine	1	QL
<b>Belbuca</b>	2	PA, QL
Celecoxib	1	QL
Diclofenac Gel 1%	1	QL
Diclofenac Tab	1	
Etodolac	1	
Fentanyl Patch	1	PA, QL
Hydrocodone/Acetaminophen	1	QL
Hydromorphone Tab	1	QL
<b>Hysingla ER</b>	2	PA, QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ibuprofen Tab (Rx only)	1	
<b>Indomethacin Cap 20mg</b>	3	
Indomethacin Cap 25mg, 50mg	1	
Ketorolac Tab	1	QL
Lidocaine Patch	1	
Meloxicam	1	
Morphine Sulfate (Concentrate) Solution	1	QL
<b>Morphine Sulfate (Bulk)</b>	3	
Morphine Sulfate ER	1	PA, QL
Morphine Sulfate Solution	1	QL
Nabumetone	1	
<b>Naprelan</b>	3	
Naproxen (Rx only)	1	
<b>Nucynta</b>	3	QL
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
Oxycodone Tab	1	QL
<b>Oxycontin</b>	2	PA, QL
Tramadol	1	QL
<b>Trezix</b>	3	QL
<b>Xtampza ER</b>	2	PA, QL
<b>Overactive Bladder</b>		
<b>Myrbetriq</b>	2	
Oxybutynin	1	
Oxybutynin ER	1	
Solifenacin	1	
Tolterodine ER	1	
<b>Toviaz</b>	3	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus</b>	2	QL
<b>Advair HFA</b>	2	QL
Albuterol HFA	1	QL
<b>Albuterol HFA (Ventolin HFA ABA)</b>	E	
Albuterol Inhalation Solution	1	QL
<b>Alvesco</b>	3	QL, ST
<b>Anoro Ellipta</b>	2	QL
<b>Arnuity Ellipta</b>	2	QL
<b>Atrovent HFA</b>	3	QL
<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>Flovent Diskus</b>	2	QL
<b>Flovent HFA</b>	2	QL
Fluticasone/Salmeterol	1	QL
Ipratropium/Albuterol	1	QL
<b>Lonhala Magnair</b>	3	QL
Montelukast	1	
<b>Perforomist</b>	3	QL
<b>ProAir HFA</b>	3	QL, ST
<b>ProAir RespiClick</b>	3	QL, ST
<b>Pulmicort Flexhaler</b>	2	QL
<b>Qvar Redihaler</b>	2	QL
<b>Serevent Diskus</b>	2	QL
<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>Ventolin HFA</b>	3	QL, ST
Wixela Inhub	1	QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Xolair</b>	2	PA, SP
<b>Yupelri</b>	3	QL
<b>Respiratory: Nasal Allergies</b>		
Azelastine Nasal Spray	1	QL
Azelastine/Fluticasone Nasal Spray	1	QL
<b>Dymista</b>	2	QL
Fluticasone Nasal Spray	1	
Ipratropium Nasal Spray	1	
Mometasone Nasal Spray	1	QL
<b>Omnaris</b>	3	QL
<b>QNasi</b>	3	QL
<b>Zetonna</b>	3	QL
<b>Respiratory: Oral Allergies</b>		
Cetirizine Solution	1	
Cyproheptadine Tab	1	
Levocetirizine Tab	1	
<b>Transplant</b>		
Azathioprine Tab	1	
Cyclosporine Modified Cap	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Tacrolimus Cap	1	
<b>Vitamins/Electrolytes</b>		
Cyanocobalamin Injection 1000mcg/mL	1	
Folic Acid 1mg (Rx only)	1	
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	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Vitamin D (ergocalciferol) (Rx only)	1	
<b>Weight Loss Management</b>		
Phentermine	1	PA
<b>Qsymia</b>	3	PA
<b>Saxenda</b>	3	PA
<b>Women's Health: Birth Control</b>		
Apri	1	
Aurovela Fe 1/20	1	
Aviane	1	
Blisovi 24 Fe	1	
Blisovi Fe	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	
Eluryng	1	
Enskyce	1	
Estarilla	1	
Estradiol/Norethindrone Acetate	1	
Etonogestrel/Ethinyl Estradiol	1	
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>	3	
Loryna	1	
Medroxyprogesterone Acetate Injection	1	QL
<b>Mirena</b>	3	

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

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
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 Triphasic	1	
Nortrel	1	
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	
Vienva	1	
Xulane	1	

### Women's Health: Hormone Replacement

<b>Bijuva</b>	3	
<b>Climara Pro</b>	2	
<b>Divigel</b>	3	
Dotti	1	
<b>Duavee</b>	2	
<b>Elestrin Gel</b>	3	
<b>Endometrin</b>	2	
Estradiol Patch, Tab, Vaginal Cream	1	
<b>EstroGel</b>	3	
<b>Evamist</b>	3	
<b>Imvexxy</b>	3	
Medroxyprogesterone Acetate Tab	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Premarin Tab</b>	2	
<b>Premarin Vaginal Cream</b>	2	
<b>Premphase</b>	2	
<b>Prempro</b>	2	
<b>Women's Health: Vaginal Anti-Infectives</b>		
<b>Clindesse</b>	3	
<b>Gynazole-1 Vaginal Cream</b>	3	
Metronidazole Vaginal Gel	1	
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*“My Medications” worksheet*

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

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

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