

# SERVE YOU

## Your 2020 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](http://serveyourx.com)**

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

Effective January 1, 2020

## Your Prescription Drug List (PDL)

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

### Please note:

- Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule.
- This document is not intended to be a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.
- You may also log on to [serveyourx.com](https://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 or none, etc.). If your plan has a Tier 4, specialty drugs are included in this tier. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan documents or call customer 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
- 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
Claravis	1	PA
Myorisan	1	PA
<b>Seysara</b>	3	
<b>Addiction/Substance Abuse</b>		
<b>Bunavail</b>	3	QL
Buprenorphine	1	QL
Buprenorphine/Naloxone	1	QL
<b>Chantix</b>	3	QL
Naltrexone Tab	1	
<b>Narcan</b>	2	
<b>Suboxone</b>	3	QL
<b>Zubsolv</b>	2	QL
<b>Anti-Infectives: Antibiotics</b>		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
<b>Azasite</b>	3	
Azithromycin	1	
<b>Bethkis</b>	2	SP
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
<b>Ciprodex Otic Suspension</b>	2	
Ciprofloxacin Tab	1	
Clarithromycin	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	
Nitrofurantoin Monohydrate Macrocrystals	1	
<b>Nuzyra</b>	3	
Ofloxacin Otic Solution	1	
<b>Otovel</b>	3	

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

**PA** Prior Authorization  
**ST** Step Therapy

**QL** Quantity Limits  
**SP** Specialty Program

Drug Name	Drug Tier	Programs and Limits
Penicillin VK	1	
<b>Solosec</b>	3	
Sulfamethoxazole-Trimethoprim	1	
<b>TOBI Podhaler</b>	3	QL, SP
<b>Anti-Infectives: Antifungals</b>		
<b>Cresemba</b>	3	
Fluconazole	1	
<b>Kerydin Solution</b>	3	PA
Nystatin Suspension	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
Oseltamivir	1	QL
<b>Sofosbuvir/Velpatasvir (Epclusa ABA)</b>	E	SP
<b>Tamiflu</b>	3	QL
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>Adynovate</b>	3	SP
<b>Afstyla</b>	3	SP
<b>Aranesp</b>	2	PA, SP
<b>Eloctate</b>	3	SP
<b>Jivi</b>	3	SP
<b>Kogenate FS</b>	3	SP
<b>Kovaltry</b>	3	SP
<b>Mulpleta</b>	2	PA, SP
<b>Neulasta</b>	3	PA, SP
<b>Neulasta Onpro</b>	3	PA, SP
<b>Nivestym</b>	2	PA, SP
<b>Novoeight</b>	3	SP
<b>Nuwiq</b>	3	SP
<b>Retacrit</b>	2	PA, SP
<b>Udenyca</b>	3	PA, SP
<b>Ultomiris</b>	3	PA, SP
<b>Zarxio</b>	2	PA, SP



Drug Name	Drug Tier	Programs and Limits
<b>Cancer</b>		
Anastrozole Tab	1	
<b>Cabometyx</b>	2	PA, SP
Capecitabine	1	SP
<b>Ibrance</b>	3	PA, SP
<b>Idhifa</b>	3	PA, QL, SP
Letrozole	1	
Mercaptopurine	1	
<b>Revlimid</b>	2	PA, SP
<b>Sprycel</b>	2	PA, SP
Tamoxifen Tab	1	
<b>Xtandi</b>	3	PA, SP
<b>Yonsa</b>	3	PA, SP
<b>Cardiovascular/Heart Disease: Anticoagulants</b>		
<b>Bevyxxa</b>	3	QL
<b>Brilinta</b>	2	
Clopidogrel	1	
<b>Eliquis</b>	2	QL
Enoxaparin	1	
<b>Pradaxa</b>	2	QL
<b>Savaysa</b>	3	QL
Warfarin	1	
<b>Xarelto</b>	2	QL
<b>Zontivity</b>	3	
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
<b>Bystolic</b>	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Dilt-XR	1	
Diltiazem	1	

Drug Name	Drug Tier	Programs and Limits
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	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Ramipril	1	
Spironolactone	1	
<b>Tektuna</b>	2	ST
<b>Tektuna HCT</b>	2	ST
Telmisartan	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Atorvastatin	1	
Choline Fenofibrate	1	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibric Acid	1	
Gemfibrozil	1	
<b>Livalo</b>	3	ST
Lovastatin	1	

**Bold type = Brand name drug**  
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Drug Name	Drug Tier	Programs and Limits
Omega-3 Acid	1	
<b>Praluent</b>	2	PA, QL, SP
Pravastatin	1	
<b>Repatha</b>	2	PA, QL, SP
Rosuvastatin	1	
Simvastatin	1	
<b>Vascepa</b>	2	
<b>Cardiovascular/Heart Disease: Other</b>		
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	
Sotalol	1	
<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 20 mg	1	PA, QL
<b>Tracleer 32 mg</b>	2	PA, QL, SP
<b>Tracleer 62.5 mg, 125 mg</b>	3	PA, QL, SP
<b>Central Nervous System: 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	
<b>Rexulti</b>	3	QL
Risperidone	1	
<b>Saphris</b>	2	QL

**Bold type = Brand name drug**  
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Drug Name	Drug Tier	Programs and Limits
<b>Vraylar</b>	3	QL, ST
Ziprasidone	1	
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR Cap</b>	3	ST
Amphetamine-Dextroamphetamine	1	
Amphetamine-Dextroamphetamine ER	1	
Atomoxetine	1	
Dexmethylphenidate	1	
Dexmethylphenidate ER	1	
Guanfacine ER Tab	1	
Methylphenidate ER	1	
Methylphenidate Tab	1	
<b>Vyvanse</b>	2	
<b>Central Nervous System: Depression</b>		
Amitriptyline	1	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL	1	QL
Citalopram	1	
Desvenlafaxine	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	
Eletriptan	1	QL
<b>Emgality</b>	2	PA, QL

Drug Name	Drug Tier	Programs and Limits
Rizatriptan	1	QL
Sumatriptan Tab	1	QL
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	3	PA, QL, SP
<b>Aubagio</b>	3	PA, QL, SP
<b>Avonex</b>	2	PA, QL, SP
<b>Betaseron</b>	2	PA, QL, SP
<b>Copaxone</b>	2	PA, QL, SP
<b>Gilenya*</b>	3	PA, QL, SP
<b>Rebif</b>	3	PA, QL, SP
<b>Tecfidera</b>	2	PA, QL, SP
* Tier 3 Preferred		
<b>Central Nervous System: Other</b>		
Alprazolam Tab	1	QL
<b>Austedo</b>	3	PA, QL, SP
Buspirone	1	
Diazepam Tab	1	
<b>Gralise</b>	3	PA, QL, ST
<b>Horizant</b>	3	PA, QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	
Modafinil	1	PA, QL
<b>Tiglutik</b>	3	PA, QL, SP
<b>Xyrem</b>	3	PA, QL, SP
<b>Central Nervous System: Parkinson's Disease</b>		
Carbidopa-Levodopa	1	
<b>Inbrija</b>	3	PA, SP
Pramipexole	1	
Ropinirole	1	
<b>Rytary</b>	3	ST
<b>Central Nervous System: Sedatives/Hypnotics</b>		
Eszopiclone Tab	1	QL
<b>Silenor</b>	3	QL
Temazepam	1	
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
<b>Central Nervous System: Seizure Disorders</b>		

Drug Name	Drug Tier	Programs and Limits
Carbamazepine	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
<b>Epidiolex</b>	3	PA, SP
Gabapentin	1	
Lamotrigine	1	
Levetiracetam	1	
<b>Lyrica Cap</b>	3	QL
Oxcarbazepine	1	
<b>Sympazan</b>	3	PA
Topiramate	1	
<b>Vimpat</b>	3	
Zonisamide	1	
<b>Dermatology</b>		
<b>Aczone Gel 7.5%</b>	2	
Betamethasone Cream	1	
<b>Bryhali</b>	3	
Clindamycin Lotion, Solution, Swab	1	
Clindamycin Phosphate Gel 1%	1	
<b>Clindamycin Phosphate 1% Gel (Clindagel ABA)</b>	3	ST
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clotrimazole/ Betamethasone Cream	1	
Diclofenac Gel 1%	1	QL
<b>Enstilar</b>	3	QL
<b>Epiduo Forte</b>	3	
<b>Eucria</b>	2	ST
Fluocinonide Cream	1	
<b>Fluorouracil Cream 0.5%</b>	2	
Fluorouracil Cream 5%	1	
<b>Fluoroplex</b>	3	
Hydrocortisone Cream 1%, 2.5%	1	
Hydrocortisone Ointment 1%, 2.5%	1	
Ketoconazole Cream, Shampoo	1	

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[Plain type = Generic drug]

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Drug Name	Drug Tier	Programs and Limits
Lidocaine/Prilocaine Cream	1	
Metronidazole Cream, Gel	1	
<b>Mirvaso Gel</b>	2	
Mometasone Cream	1	
Mupirocin Cream, Ointment	1	
Nystatin Cream	1	
<b>Onexton</b>	3	
<b>Retin-A Micro 0.06%, 0.08%</b>	2	PA
<b>Sernivo</b>	3	
<b>Soolantra</b>	2	
<b>Taclonex</b>	3	QL
<b>Tolak</b>	3	
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
<b>Xepi</b>	3	
<b>Ximino</b>	3	
<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>		
<b>Accu-Chek Aviva Connect Kit</b>	2	
<b>Accu-Chek Aviva Plus Kit</b>	2	
<b>Accu-Chek Compact Plus Kit</b>	2	
<b>Accu-Chek Compact Plus Test Strips</b>	2	QL
<b>Accu-Chek FastClix Lancet Device Kit</b>	2	
<b>Accu-Chek FastClix Lancets</b>	2	
<b>Accu-Chek Guide Kit</b>	2	
<b>Accu-Chek Multiclix Lancet Device Kit</b>	2	
<b>Accu-Chek Multiclix Lancets</b>	2	
<b>Accu-Chek Nano SmartView Kit</b>	2	
<b>Accu-Chek SmartView Test Strips</b>	2	QL
<b>Accu-Chek Soft Touch Lancets</b>	2	

Drug Name	Drug Tier	Programs and Limits
<b>Accu-Chek Softclix Lancet Device Kit</b>	2	
<b>Accu-Chek Softclix Lancets</b>	2	
<b>BD Autosshield Duo Pen Needle</b>	2	
<b>BD Ultra-Fine Insulin Syringes</b>	2	
<b>BD Ultra-Fine Pen Needle</b>	2	
<b>Contour Next Monitor</b>	3	ST
<b>Dexcom G4 / G5/ G6 Receiver, Transmitter, Sensor (including Platinum, Platinum Pediatric)</b>	2	
<b>FreeStyle Libre 14 Day Reader, Sensor</b>	2	
<b>FreeStyle Libre Reader, Sensor System</b>	2	
<b>Novofine Autocover Pen Needle</b>	2	
<b>Novofine Pen Needle</b>	2	
<b>Novofine Plus Pen Needle</b>	2	
<b>NovoTwist Pen Needle</b>	2	
<b>OneTouch Ultra 2 System Kit</b>	2	
<b>OneTouch Ultra Blue Test Strips</b>	2	QL
<b>OneTouch Ultra Mini System Kit</b>	2	
<b>OneTouch Verio Flex System Kit</b>	2	
<b>OneTouch Verio IQ System Kit</b>	2	
<b>OneTouch Verio Sync System Kit</b>	2	
<b>OneTouch Verio System Kit</b>	2	
<b>OneTouch Verio Test Strips</b>	2	QL
<b>V-Go 20</b>	2	
<b>V-Go 30</b>	2	
<b>V-Go 40</b>	2	

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Drug Name	Drug Tier	Programs and Limits
<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 U-100 Vials and Cartridges	2	
Humalog KwikPen	2	
Humulin 70/30 Vials and KwikPen	2	
Humulin N Vials and KwikPen	2	
Humulin R U-500 Vials and KwikPen	2	
Humulin R Vials	2	
Insulin Lispro (Humalog ABA)	E	
Insulin Lispro KwikPen (Humalog KwikPen ABA)	E	
Lantus Solostar	2	
Lantus Vials	2	
Levemir FlexTouch	2	
Levemir Vials	2	
Novolin 70/30 Vials and Flexpen	2	
Novolin N Vials	2	
Novolin R Vials	2	
Novolog Flexpen	2	
Novolog Mix 70/30 Vials and Flexpen	2	
Novolog Penfill	2	
Novolog Vials	2	
Soliqua	2	QL, ST
Toujeo Max SoloStar	2	
Toujeo SoloStar	2	
Tresiba Flexpen	2	
<b>Diabetes/Endocrine: Non-Insulin</b>		
Bydureon	2	QL, ST
Bydureon Bcise	2	QL, ST
Byetta	2	QL, ST
Farxiga	3	ST

Drug Name	Drug Tier	Programs and Limits
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
<b>Glucagon Emergency Kit</b>		
Glyburide	1	
Glyxambi	2	ST
Invokamet	2	ST
Invokamet XR	2	ST
Invokana	2	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 Glumetza)	1	PA
Metformin ER Osmotic (generic Fortamet)	1	
Ozempic	2	QL, ST
Pioglitazone	1	
Synjardy	2	ST
Synjardy XR	2	ST
Tradjenta	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST
<b>Endocrine: Growth Hormone</b>		
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Omnitrope	2	PA, SP
<b>Endocrine: Other</b>		
Calcitriol Cap	1	
Dexamethasone Tab	1	
H.P. Acthar	2	PA, SP
Hydrocortisone Tab	1	
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	2	PA, SP
Methylprednisolone Tab	1	
Osphena	3	
Prednisone	1	
Prednisolone Solution	1	

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Drug Name	Drug Tier	Programs and Limits
<b>TaperDex 6-Day</b>	3	
<b>TaperDex 7-Day</b>	3	
<b>TaperDex 12-Day</b>	3	
<b>Endocrine:</b>		
<b>Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	ST
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
<b>Nature-Thyroid</b>	3	ST
<b>Synthroid</b>	3	ST
<b>Tirosint</b>	3	
<b>Eye Conditions: Allergies</b>		
<b>Lastacft</b>	3	ST
Olopatadine Ophthalmic	1	
<b>Pazeo</b>	2	
<b>Eye Conditions: Antibiotics</b>		
<b>Besivance</b>	3	
Erythromycin Ophthalmic	1	
Gentamicin Ophthalmic	1	
<b>Moxeza</b>	2	
Moxifloxacin Ophthalmic	1	
Neomycin/Polymyxin/ Dexamethasone Ophthalmic	1	
Ofloxacin Ophthalmic	1	
Polymyxin B/ Trimethoprim Solution	1	
Tobramycin Ophthalmic	1	
Tobramycin/ Dexamethasone	1	
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P</b>	2	
<b>Azopt</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>	2	
<b>Rocklatan</b>	2	
<b>Simbrinza</b>	2	

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Drug Name	Drug Tier	Programs and Limits
Timolol Ophthalmic	1	
<b>Travatan Z</b>	2	QL
<b>Zioptan</b>	3	QL
<b>Eye Conditions: Other</b>		
<b>Invelty</b>	3	
Ketorolac Ophthalmic	1	
<b>Lotemax Gel, Ointment</b>	3	
<b>Lotemax SM</b>	3	
Prednisolone Ophthalmic	1	
<b>Prolensa</b>	2	QL
<b>Restasis</b>	2	PA
<b>Restasis Multidose</b>	2	PA
<b>Xiidra</b>	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
<b>Dexilant</b>	2	QL
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
<b>Gastrointestinal: Inflammatory Bowel Disease</b>		
<b>Apriso</b>	2	
<b>Dipentum</b>	3	
<b>Lialda</b>	3	
Mesalamine	1	
<b>Pentasa</b>	3	
<b>Proctofoam-HC</b>	2	
<b>Uceris Rectal</b>	3	
<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab 4 mg, 8 mg	1	
Ondansetron Tab 24 mg	1	QL
Prochlorperazine	1	
<b>Transderm-Scop</b>	3	
<b>Varubi</b>	3	QL

Drug Name	Drug Tier	Programs and Limits
<b>Gastrointestinal: Other</b>		
<b>Clenpiq</b>	3	
<b>Creon</b>	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G	1	
<b>Linzess</b>	2	QL, ST
<b>Movantik</b>	2	QL, ST
<b>Omeclamox-Pak</b>	2	
<b>Prepopik</b>	3	
<b>Pylera</b>	2	
<b>Suprep Bowel Prep</b>	3	
<b>Symproic</b>	2	QL, ST
<b>Viberzi</b>	3	PA, QL
<b>Zenpep</b>	2	
<b>Gout</b>		
Allopurinol	1	
<b>Colchicine</b>	3	ST
<b>Colcrys</b>	2	
<b>Uloric</b>	3	ST
<b>HIV/AIDS</b>		
<b>Atripla</b>	3	ST
<b>Biktarvy</b>	3	
<b>Cimduo</b>	2	
<b>Descovy</b>	3	
<b>Dovato</b>	2	
<b>Genvoya</b>	3	
<b>Isentress</b>	2	
<b>Juluca</b>	2	
<b>Odefsey</b>	3	
<b>Prezcobix</b>	2	
<b>Prezista</b>	2	
Ritonavir	1	
<b>Stribild</b>	3	
<b>Symfi</b>	2	
<b>Symfi Lo</b>	2	
Tenofovir Disoproxil Fumarate	1	
<b>Tivicay</b>	2	
<b>Triumeq</b>	2	
<b>Truvada</b>	2	
<b>Infertility</b>		
<b>Follistim AQ</b>	2	SP

Drug Name	Drug Tier	Programs and Limits
<b>Inflammatory Conditions</b>		
<b>Actemra*</b>	3	PA, SP
<b>Cimzia</b>	2	PA, SP
<b>Cosentyx</b>	3	PA, SP
<b>Enbrel</b>	3	PA, SP
<b>Humira</b>	2	PA, SP
Hydroxychloroquine	1	
<b>Inflectra</b>	2	PA, SP
Leflunomide	1	
Methotrexate	1	
<b>Orencia*</b>	3	PA, SP
<b>Otezla</b>	2	PA, SP
<b>Rasuvo</b>	2	PA, QL
<b>Renflexis</b>	2	PA, SP
<b>Skyrizi</b>	2	PA, SP
<b>Simponi</b>	2	PA, SP
<b>Stelara</b>	2	PA, SP
<b>Taltz*</b>	3	PA, SP
<b>Tremfya</b>	2	PA, SP
<b>Xeljanz</b>	2	PA, SP
<b>Xeljanz XR</b>	2	PA, SP

\* Tier 3 Preferred

<b>Men's Health: Erectile Dysfunction</b>		
<b>Cialis</b>	3	QL
Sildenafil 25 mg, 50 mg, 100 mg	1	QL
<b>Stendra</b>	3	QL
Tadalafil	1	QL

<b>Men's Health: Prostate</b>		
Alfuzosin ER	1	
<b>Cialis 2.5 mg &amp; 5 mg</b>	3	QL
Dutasteride	1	
Finasteride 5 mg	1	
Tamsulosin	1	
Terazosin	1	

<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	PA
Testosterone Cypionate IM Injection	1	PA
Testosterone Gel 1%, 1.62%, 2%	1	PA
<b>Xyosted</b>	3	PA

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Drug Name	Drug Tier	Programs and Limits
<b>Miscellaneous</b>		
<b>Addyi</b>	3	PA, QL
<b>Arakoda</b>	3	
<b>Auryxia</b>	3	
Benzonatate	1	
<b>Botox</b> (non-cosmetic)	2	PA, SP
<b>Cerdelga</b>	3	PA, SP
Chlorhexidine	1	
<b>Depen</b>	2	SP
<b>Dupixent</b>	2	PA, QL, SP
<b>Emverm</b>	2	
Epinephrine 0.15 mg, 0.3 mg Auto-Injector	1	
Epinephrine 0.15 mg, 0.3 mg Auto-Injector (Mylan manufacturer)	1	
Epinephrine 0.3 mg Injection Solution	1	
<b>Epipen</b>	3	ST
<b>Epipen Jr</b>	3	ST
<b>Firazyr</b>	3	PA, SP
<b>Haegarda</b>	3	PA, SP
<b>Hemangeol</b>	3	
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	QL
Lidocaine Viscous	1	
<b>Makena</b>	2	PA, SP
<b>Nityr</b>	3	PA, SP
<b>Nocdurna</b>	3	
<b>Orilissa</b>	2	PA, QL
Phenazopyridine (Rx only)	1	
Promethazine	1	
Promethazine DM	1	
Promethazine/Codeine	1	QL
Pseudoephedrine/ Bromphen/DM	1	
<b>Qbrexza</b>	3	QL
<b>Rayaldee</b>	3	
<b>Ruconest</b>	3	PA, SP
<b>Strensiq</b>	3	PA, SP
<b>Symjepi</b>	3	
<b>Takhzyro</b>	3	PA, SP
<b>Velphoro</b>	3	

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 5 mg, 10 mg, 40 mg	1	
Alendronate Tab 35 mg, 70 mg	1	QL
<b>Binosto</b>	3	QL
<b>Forteo</b>	2	PA, SP
Ibandronate	1	QL
Raloxifene	1	
<b>Tymlos</b>	2	PA, SP
<b>Musculoskeletal: Other</b>		
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 Tab	1	
<b>Embeda</b>	2	PA, QL
Etodolac	1	
Fentanyl Patch	1	PA, QL
Hydrocodone/APAP	1	QL
Hydromorphone Tab	1	QL
<b>Hysingla ER</b>	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
Lidocaine Ointment	1	
Lidocaine Patch 5%	1	

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Drug Name	Drug Tier	Programs and Limits
Meloxicam	1	
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
<b>Naprelan</b>	3	
Naproxen (Rx only)	1	
<b>Nucynta</b>	3	QL
Oxycodone Tab	1	QL
Oxycodone w/ Acetaminophen	1	QL
<b>Oxycontin</b>	2	PA, QL
<b>Roxybond</b>	3	QL
Tramadol	1	QL
Trezip	1	QL
<b>Overactive Bladder</b>		
<b>Myrbetriq</b>	2	
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine ER	1	
<b>Toviaz</b>	3	
<b>Vesicare</b>	3	ST
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus</b>	2	QL
<b>Advair HFA</b>	2	QL
Albuterol Nebulizer Solution	1	QL
<b>Albuterol (Proair HFA ABA)</b>	E	
<b>Albuterol (Proventil HFA ABA)</b>	E	
<b>Albuterol (Ventolin HFA ABA)</b>	E	
<b>Anoro Ellipta</b>	2	QL
<b>Arnuity Ellipta</b>	2	QL
<b>Atrovent HFA</b>	3	QL
<b>Breo Ellipta</b>	2	QL
Budesonide Inhalation Suspension	1	QL
<b>Combivent Respimat</b>	2	QL
<b>Flovent Diskus</b>	2	QL
<b>Flovent HFA</b>	2	QL
<b>Incruse Ellipta</b>	2	QL
Ipratropium/Albuterol	1	QL
<b>Lonhala Magnair</b>	3	QL
Montelukast	1	
<b>Proair HFA</b>	2	QL
<b>Proair RespiClick</b>	2	QL

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Drug Name	Drug Tier	Programs and Limits
<b>Proventil HFA</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>Symbicort</b>	2	QL
<b>Trelegy Ellipta</b>	2	QL
<b>Ventolin HFA</b>	2	QL
<b>Xolair</b>	2	PA, SP
<b>Respiratory: Nasal Allergies</b>		
<b>Astepro</b>	3	QL
Azelastine Spray	1	QL
<b>Dymista Spray</b>	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Mometasone	1	QL
<b>Omnaris</b>	3	QL
<b>QNasl</b>	3	QL
<b>Zetonna</b>	3	QL
<b>Respiratory: Oral Allergies</b>		
Desloratadine	1	
Levocetirizine	1	
<b>Transplant</b>		
Azathioprine Tab	1	
Cyclosporine Modified Cap	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Tacrolimus Cap	1	
<b>Vitamins/Electrolytes</b>		
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con M20	1	
<b>Lokelma</b>	3	
Multivitamin/Fluoride Chewable Tab	1	
Potassium Chloride ER	1	
Potassium Citrate ER	1	
Sodium Fluoride Chewable Tab	1	

Drug Name	Drug Tier	Programs and Limits
<b>Veltassa</b>	3	
Vitamin D (ergocalciferol) (Rx only)	1	
<b>Weight Loss Management</b>		
<b>Contrave</b>	2	PA
Phentermine	1	PA
<b>Saxenda</b>	3	PA
<b>Women's Health: Birth Control</b>		
Apri	1	
Aviane	1	
Blisovi Fe	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	
Enskyce	1	
Estarlyla	1	
Gianvi	1	
Isibloom	1	
Junel	1	
Junel Fe	1	
Kariva	1	
Larissia	1	
Lessina	1	
Levonorgestrel/Ethinyl Estradiol	1	
<b>Lo Loestrin Fe</b>	3	
Loryna	1	
Low-Ogestrel	1	
Medroxyprogesterone Acetate Injection	1	QL
<b>Mirena</b>	3	
Mono-Linyah	1	
<b>Natazia</b>	2	
Nikki	1	
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Norgestimate/Ethinyl Estradiol	1	
Nortrel	1	
<b>Nuvaring</b>	2	
Sprintec 28	1	
Syeda	1	
<b>Taytulla</b>	3	
Tri Femynor	1	

Drug Name	Drug Tier	Programs and Limits
Tri-Linyah	1	
Tri-Lo-Marzia	1	
Tri-Lo-Sprintec	1	
Tri-Sprintec	1	
Vienna	1	
Xulane	1	
<b>Women's Health: Hormone Replacement</b>		
<b>Climara Pro</b>	2	
<b>Divigel</b>	3	
<b>Duavee</b>	2	
<b>Elestrin Gel</b>	3	
<b>Endometrin</b>	2	
Estradiol Cream, Patch, Tab	1	
<b>Imvexxy</b>	3	
<b>Intrarosa</b>	3	
Medroxyprogesterone Acetate Tab	1	
<b>Minivelle</b>	3	
<b>Premarin Tab</b>	2	
<b>Premarin Vaginal Cream</b>	2	
<b>Premphase</b>	2	
<b>Prempro</b>	2	
Progesterone Cap	1	
Yuvaferm	1	
<b>Women's Health: Vaginal Anti-Infectives</b>		
<b>Clindesse</b>	3	
<b>Gynazole-1 Vaginal Cream</b>	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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Amlodipine/Valsartan . . . . .	9
Amoxicillin . . . . .	8
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Amphetamine-Dextro-amphetamine ER . . . . .	10
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Anastrozole Tab . . . . .	9
Androderm . . . . .	15
Anoro Ellipta . . . . .	17
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Apriso . . . . .	14
Arakoda . . . . .	16
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Aristada . . . . .	10
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Arnuity Ellipta . . . . .	17
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Atomoxetine . . . . .	10
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Buprenorphine . . . . .	8
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Eszopiclone Tab . . . . .	11	Genvoya . . . . .	15	Hydroxyzine Pamoate . . . . .	11
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Farxiga . . . . .	13	Glyxambi . . . . .	13	Imvexxy . . . . .	18
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Firazyr . . . . .	16	<b>H</b>		Insulin Lispro KwikPen (Humalog KwikPen ABA). . . . .	13
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Flovent Diskus. . . . .	17	Harvoni. . . . .	8	Invega Sustenna . . . . .	10
Flovent HFA . . . . .	17	Hemangeol . . . . .	16	Invega Trinza . . . . .	10
Fluconazole . . . . .	8	Horizant . . . . .	11	Inveltys . . . . .	14
Fluocinonide Cream. . . . .	11	H.P. Acthar . . . . .	13	Invokamet . . . . .	13
Fluoroplex . . . . .	11	Humalog KwikPen . . . . .	13	Invokamet XR . . . . .	13
Fluorouracil cream 0.5% . . . . .	11	Humalog Mix 50/50 Vials and KwikPen. . . . .	13	Invokana . . . . .	13
Fluorouracil cream 5% . . . . .	11	Humalog Mix 75/25 Vials and KwikPen. . . . .	13	Ipratropium/Albuterol . . . . .	17
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Fluticasone Spray . . . . .	17	Humalog U-100 Vials and Cartridges . . . . .	13	Irbesartan . . . . .	9
Fluvoxamine . . . . .	10	Humira . . . . .	15	Irbesartan/HCTZ . . . . .	9
Folic Acid 1 mg (Rx only) . . . . .	17	Humulin 70/30 Vials and KwikPen . . . . .	13	Isentress . . . . .	15
Follistim AQ . . . . .	15	Humulin N Vials and KwikPen . . . . .	13	Isibloom . . . . .	18
Forfivo XL . . . . .	10	Humulin R U-500 Vials and KwikPen . . . . .	13	Isosorbide Mononitrate ER . . . . .	10
Forteo . . . . .	16	Humulin R Vials . . . . .	13		
FreeStyle Libre 14 Day Reader, Sensor . . . . .	12	Hydralazine . . . . .	9	<b>J</b>	
FreeStyle Libre Reader, Sensor System. . . . .	12	Hydrochlorothiazide. . . . .	9	Janumet . . . . .	13
Furosemide . . . . .	9	Hydrocodone/APAP . . . . .	16	Janumet XR . . . . .	13
<b>G</b>		Hydrocodone Polistirex/ Chlorpheniramine ER Suspension. . . . .	16	Januvia . . . . .	13
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Gabapentin . . . . .	11	Hydrocortisone Cream 1%, 2.5% . . . . .	11	Jardiance. . . . .	13
		Hydrocortisone Ointment 1%, 2.5%. . . . .	11	Jentadueto . . . . .	13

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Jivi . . . . .	8
Juluca . . . . .	15
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Kerydin Solution . . . . .	8
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Ketorolac Ophthalmic . . . . .	14
Ketorolac Tab . . . . .	16
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Ledipasvir/Sofosbuvir (Harvoni ABA) . . . . .	8
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Letrozole . . . . .	9
Levemir FlexTouch . . . . .	13
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Levonorgestrel/Ethinyl Estradiol . . . . .	18
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Lialda . . . . .	14
Lidocaine Ointment . . . . .	16
Lidocaine Patch 5% . . . . .	16
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Liothyronine . . . . .	14
Lisinopril . . . . .	9
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Lithium . . . . .	11
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Livalo . . . . .	9
Lokelma . . . . .	17
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Lonhala Magnair . . . . .	17
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Loryna . . . . .	18
Lorzone . . . . .	16
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Losartan/HCTZ . . . . .	9
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Lotemax SM . . . . .	14
Lovastatin . . . . .	9
Low-Ogestrel . . . . .	18
Lumigan . . . . .	14
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg . . . . .	13
Lyrica Cap . . . . .	11

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Mavyret . . . . .	8
Meclizine . . . . .	14
Medroxyprogesterone Acetate Injection . . . . .	18
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Metaxalone . . . . .	16
Metformin . . . . .	13
Metformin ER . . . . .	13
Metformin ER Modified Release (generic Glumetza) . . . . .	13
Metformin ER Osmotic (generic Fortamet) . . . . .	13
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Methocarbamol . . . . .	16
Methotrexate . . . . .	15
Methylphenidate ER . . . . .	10
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Methylprednisolone Tab . . . . .	13
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Mirena . . . . .	18
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Mirvaso Gel . . . . .	12
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Naltrexone Tab . . . . .	8
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Naprelan . . . . .	17
Naproxen (Rx only) . . . . .	17

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Natazia . . . . .	18
Nature-Thyroid. . . . .	14
Neomycin/Polymyxin/Dexamethasone Ophthalmic . . . . .	14
Neomycin/Polymyxin/HC Otic . . . . .	8
Neulasta . . . . .	8
Neulasta Onpro . . . . .	8
Nifedipine ER . . . . .	9
Nikki . . . . .	18
Nitrofurantoin Macrocrystals . . . . .	8
Nitrofurantoin Monohydrate Macrocrystals . . . . .	8
Nitroglycerin SL . . . . .	10
Nityr . . . . .	16
Nivestym. . . . .	8
Nocurna . . . . .	16
Norditropin. . . . .	13
Norethindrone. . . . .	18
Norethindrone/Ethinyl Estradiol . . . . .	18
Norgestimate/Ethinyl Estradiol . . . . .	18
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Novofine Autocover Pen Needle . . . . .	12
Novofine Pen Needle . . . . .	12
Novofine Plus Pen Needle. . . . .	12
Novolin 70/30 Vials and Flexpen . . . . .	13
Novolin N Vials. . . . .	13
Novolin R Vials. . . . .	13
Novolog Flexpen. . . . .	13
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Novolog Vials . . . . .	13
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Nucynta . . . . .	17
Nutropin AQ . . . . .	13
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Ofloxacin Otic Solution . . . . .	8
Olanzapine. . . . .	10
Olmesartan . . . . .	9
Olmesartan/HCTZ . . . . .	9
Olopatadine Ophthalmic . . . . .	14
Omeclamox-Pak . . . . .	15
Omega-3 Acid . . . . .	9
Omeprazole (Rx only) . . . . .	14
Omnaris . . . . .	17
Omnitrope . . . . .	13
Ondansetron ODT . . . . .	14
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OneTouch Verio Flex System Kit . . . . .	12
OneTouch Verio IQ System Kit. . . . .	12
OneTouch Verio Sync System Kit . . . . .	12
OneTouch Verio System Kit . . . . .	12
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Orencia. . . . .	15
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Orilissa . . . . .	16
Oseltamivir. . . . .	8
Osphena . . . . .	13
Otezla . . . . .	15
Otovel . . . . .	8
Oxcarbazepine. . . . .	11
Oxybutynin . . . . .	17
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Pentasa . . . . .	14
Perseris . . . . .	10
Phenazopyridine (Rx only). . . . .	16
Phentermine. . . . .	18
Pioglitazone . . . . .	13
Polymyxin B/Trimethoprim Solution . . . . .	14
Potassium Chloride ER . . . . .	17
Potassium Citrate ER . . . . .	17
Pradaxa . . . . .	9
Praluent . . . . .	9
Pramipexole . . . . .	11
Pravastatin. . . . .	10
Prazosin . . . . .	9
Prednisolone Ophthalmic. . . . .	14
Prednisolone Solution. . . . .	13
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Prochlorperazine . . . . .	14
Proctofoam-HC . . . . .	14
Progesterone Cap . . . . .	18
Prolensa . . . . .	14
Promethazine . . . . .	16
Promethazine/Codeine . . . . .	16
Promethazine DM . . . . .	16
Propranolol . . . . .	9
Propranolol ER. . . . .	9
Proventil HFA . . . . .	17
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QNasl. . . . .	17
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Rebif . . . . .	11
Renflexis . . . . .	15
Repatha . . . . .	10
Restasis . . . . .	14
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Retin-A Micro 0.06%, 0.08%. . . . .	12
Revlimid . . . . .	9
Rexulti . . . . .	10
Rhopressa . . . . .	14
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Ritonavir . . . . .	15
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Saphris. . . . .	10
Savaysa . . . . .	9
Saxenda . . . . .	18
Serevent Diskus . . . . .	17

Sernivo. . . . .	12
Sertraline. . . . .	10
Seysara. . . . .	8
Sildenafil 25 mg, 50 mg, 100 mg . . . . .	15
Sildenafil Tab 20 mg . . . . .	10
Silenor . . . . .	11
Simbrinza . . . . .	14
Simponi . . . . .	15
Simvastatin . . . . .	10
Skyrizi . . . . .	15
Sodium Fluoride Chewable Tab . . . . .	17
Sofosbuvir/Velpatasvir (Epclusa ABA) . . . . .	8
Soliqua . . . . .	13
Solosec. . . . .	8
Soolantra. . . . .	12
Sotalol . . . . .	10
Spiriva Handihaler . . . . .	17
Spiriva Respimat. . . . .	17
Spirolactone . . . . .	9
Sprintec 28. . . . .	18
Sprycel. . . . .	9
Stelara . . . . .	15
Stendra. . . . .	15
Stiolto Respimat . . . . .	17
Strensiq . . . . .	16
Stribild . . . . .	15
Suboxone . . . . .	8
Sucralfate Tab . . . . .	14
Sulfamethoxazole-Trimethoprim . . . . .	8
Sumatriptan Tab . . . . .	10
Suprep Bowel Prep . . . . .	15
Syeda. . . . .	18
Symbicort . . . . .	17
Symfi . . . . .	15
Symfi Lo . . . . .	15
Symjepi . . . . .	16
Sympazan . . . . .	11
Symproic. . . . .	15
Synjardy . . . . .	13
Synjardy XR . . . . .	13
Synthroid. . . . .	14

**T**

Taclonex . . . . .	12
Tacrolimus Cap . . . . .	17
Tadalafil . . . . .	15
Takhzyro . . . . .	16
Taltz . . . . .	15
Tamiflu . . . . .	8
Tamoxifen Tab . . . . .	9
Tamsulosin. . . . .	15
TaperDex 6-Day . . . . .	14
TaperDex 7-Day . . . . .	14
TaperDex 12-Day . . . . .	14
Taytulla . . . . .	18
Tecfidera . . . . .	11
Tekturna . . . . .	9
Tekturna HCT . . . . .	9
Telmisartan . . . . .	9
Temazepam . . . . .	11
Tenofovir Disoproxil Fumarate . . . . .	15
Terazosin. . . . .	15
Terbinafine Tab . . . . .	8
Terconazole Vaginal Cream . . . . .	18
Testosterone Cypionate IM Injection . . . . .	15
Testosterone Gel 1%, 1.62%, 2% . . . . .	15
Tiglutik . . . . .	11
Timolol Ophthalmic . . . . .	14
Tirosint . . . . .	14
Tivicay . . . . .	15
Tizanidine Tab . . . . .	16
TOBI Podhaler . . . . .	8
Tobramycin/Dexamethasone . . . . .	14
Tobramycin Ophthalmic. . . . .	14
Tolak . . . . .	12
Tolterodine ER . . . . .	17
Topiramate. . . . .	11
Torse mide Tab . . . . .	9
Toujeo Max SoloStar. . . . .	13
Toujeo SoloStar . . . . .	13
Toviaz . . . . .	17
Tracleer 32 mg. . . . .	10
Tracleer 62.5 mg, 125 mg . . . . .	10



Tradjenta . . . . .	13	Ventolin HFA . . . . .	17	Zetonna . . . . .	17
Tramadol . . . . .	17	Verapamil ER . . . . .	9	Zioptan . . . . .	14
Transderm-Scop . . . . .	14	Vesicare . . . . .	17	Ziprasidone . . . . .	10
Travatan Z . . . . .	14	V-Go 20 . . . . .	12	Zolpidem . . . . .	11
Trazodone . . . . .	10	V-Go 30 . . . . .	12	Zolpidem ER . . . . .	11
Trelegy Ellipta . . . . .	17	V-Go 40 . . . . .	12	Zonisamide . . . . .	11
Tremfya . . . . .	15	Viberzi . . . . .	15	Zontivity . . . . .	9
Tresiba Flexpen . . . . .	13	Victoza . . . . .	13	Zubsolv . . . . .	8
Tretinoin Cream . . . . .	12	Vienva . . . . .	18		
Trezix . . . . .	17	Viibryd . . . . .	10		
Triamcinolone Cream, Ointment . . . . .	12	Vimpat . . . . .	11		
Triamterene/HCTZ . . . . .	9	Vitamin D (ergocalciferol) (Rx only) . . . . .	18		
Triazolam Tab . . . . .	11	Vosevi . . . . .	8		
Tri Femynor . . . . .	18	Vraylar . . . . .	10		
Tri-Linyah . . . . .	18	Vyvanse . . . . .	10		
Tri-Lo-Marzia . . . . .	18				
Tri-Lo-Sprintec . . . . .	18	<b>W</b>			
Trintellix . . . . .	10	Warfarin . . . . .	9		
Tri-Sprintec . . . . .	18				
Triumeq . . . . .	15	<b>X</b>			
Trulicity . . . . .	13	Xarelto . . . . .	9		
Truvada . . . . .	15	Xeljanz . . . . .	15		
Tymlos . . . . .	16	Xeljanz XR . . . . .	15		
		Xepi . . . . .	12		
<b>U</b>		Xiidra . . . . .	14		
Uceris Rectal . . . . .	14	Ximino . . . . .	12		
Udenyca . . . . .	8	Xofluza . . . . .	8		
Uloric . . . . .	15	Xolair . . . . .	17		
Ultomiris . . . . .	8	Xtandi . . . . .	9		
		Xulane . . . . .	18		
<b>V</b>		Xyosted . . . . .	15		
Valacyclovir . . . . .	8	Xyrem . . . . .	11		
Valsartan . . . . .	9				
Valsartan/HCTZ . . . . .	9	<b>Y</b>			
Varubi . . . . .	14	Yonsa . . . . .	9		
Vascepa . . . . .	10	Yuvafem . . . . .	18		
Velphoro . . . . .	16				
Veltassa . . . . .	18	<b>Z</b>			
Vemlidy . . . . .	8	Zarxio . . . . .	8		
Venlafaxine . . . . .	10	Zenpep . . . . .	15		
Venlafaxine ER . . . . .	10				

### *"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>

