



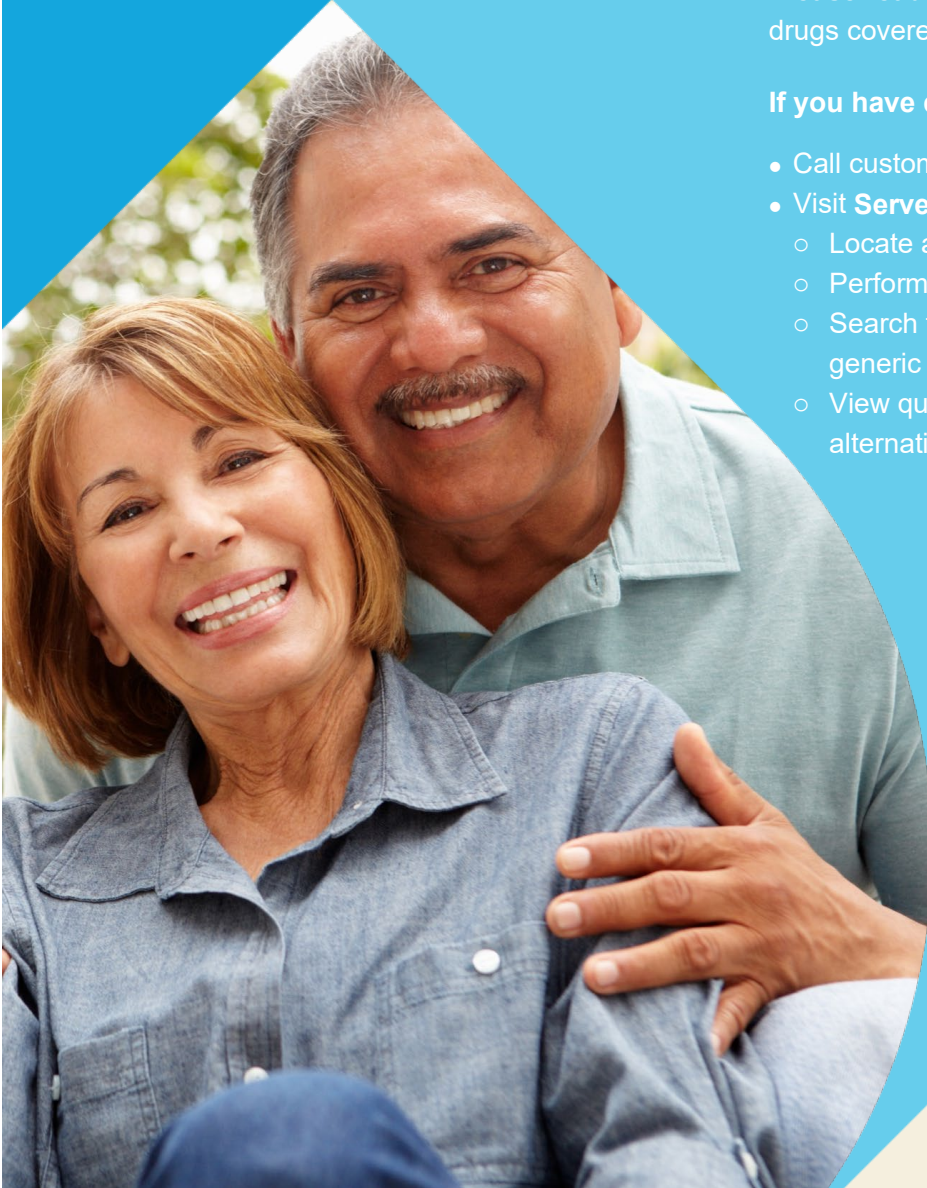
**Effective January 1, 2025**

## Your 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**
  - 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 about prescription alternatives



## Your Prescription Drug List (PDL)

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

### Please note

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

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

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

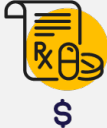


### HOW DO I USE MY PRESCRIPTION DRUG LIST?

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

## WHAT ARE TIERS?

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

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

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

### Please Note

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

## WHEN DOES THE PRESCRIPTION DRUG LIST CHANGE?

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

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

## PROGRAMS AND LIMITS

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

<p><b>PA</b></p>	<p><b>Prior Authorization</b> — Your doctor is required to provide additional information to determine coverage.</p>
<p><b>ST</b></p>	<p><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.</p>
<p><b>QL</b></p>	<p><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.</p>
<p><b>SP</b></p>	<p><b>Specialty Medication</b> — Medication is designated as a specialty pharmacy drug.</p>
<p><b>E</b></p>	<p><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.</p>

## 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](https://www.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 Rx 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](tel: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://www.ServeYouRx.com) or call customer service at **800-759-3203** for more current information.

When you register at [ServeYouRx.com](https://www.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.

If you need more information...

Call customer service at 800-759-3203

Visit the member portal at  
**ServeYouRx.com** to...

- Compare drug prices
- Find your lowest prescription cost
- Locate your pharmacy and get driving directions
- Keep track of your health history
- Learn more about your drugs

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

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

**Not all medications and devices 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.**

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Acne/Rosacea</b>			Ciprofloxacin Tab	1	
<b>Absorica</b>	3	PA	Clarithromycin Tab	1	
<b>Absorica LD</b>	3	PA	Clindamycin Cap	1	
Accutane	1		<b>Dificid</b>	3	
Amnesteem	1		Doxycycline Hyclate	1	
Claravis	1		Doxycycline Monohydrate	1	
Isotretinoin	1		Levofloxacin Tab	1	
<b>Seysara</b>	3	ST	Metronidazole Tab	1	
Zenatane	1		Minocycline Cap	1	
<b>Addiction/Substance Abuse</b>			<b>Mondoxyn NL</b>	3	ST
<b>Brixadi</b>	3	SP	Neomycin/Polymyxin/HC Otic	1	
Buprenorphine SL	1	QL	Nitrofurantoin Macrocrystals	1	
Buprenorphine/Naloxone	1	QL	Nitrofurantoin Monohydrate Macrocrystals	1	
<b>Kloxxado</b>	2		<b>Nuzyra</b>	3	PA
Naloxone Nasal Spray	1		Ofloxacin Otic	1	
Naltrexone Tab	1		Penicillin VK	1	
<b>Opvee</b>	2		Sulfamethoxazole/Trimethoprim	1	
<b>Sublocade</b>	3	SP	Sulfatrim Pediatric	1	
Varenicline	1		<b>TOBI Podhaler</b>	3	QL, SP
<b>Vivitrol</b>	3	SP	<b>Anti-Infectives: Antifungals</b>		
<b>Zimhi</b>	3		Ciclodan	1	
<b>Zubsolv</b>	2	QL	Clotrimazole Cream	1	
<b>Anti-Infectives: Antibiotics</b>			<b>Cresemba</b>	3	
Amoxicillin	1		Fluconazole	1	
Amoxicillin/Clavulanate	1		<b>Jublia</b>	3	PA
<b>Avidoxy</b>	3	ST	Nyamyc	1	
Azithromycin	1		Nystatin Mouth/Throat	1	
Cefadroxil	1		Nystop	1	
Cefdinir	1		Terbinafine Tab	1	QL
Cefpodoxime	1		<b>Vivjoa</b>	3	PA, ST
Cefuroxime	1		<b>Anti-Infectives: Antivirals</b>		
Cephalexin	1		Acyclovir Tab	1	
Ciprofloxacin/Dexamethasone Otic	1				



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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Epclusa</b>	2	PA, QL, SP	<b>Procrit</b>	2	PA, SP
<b>Harvoni</b>	2	PA, QL, SP	<b>Promacta</b>	3	PA, SP
<b>Ledipasvir/Sofosbuvir (Harvoni ABA)</b>	E	SP	<b>Rebinyn</b>	3	SP
<b>Mavyret</b>	2	PA, QL, SP	<b>Recombinate</b>	2	SP
Oseltamivir Phosphate Cap	1	QL	<b>Retacrit</b>	2	PA, SP
<b>Paxlovid</b>	2	QL	<b>Soliris</b>	3	PA, SP
<b>Sofosbuvir/Velpatasvir (Epclusa ABA)</b>	E	SP	<b>Tavalisse</b>	3	PA, SP
Valacyclovir	1	QL	Tranexamic Acid Tab	1	
<b>Vosevi</b>	2	PA, QL, SP	<b>Udenyca</b>	3	PA, SP
<b>Xofluza</b>	3	QL	<b>Udenyca On-Body</b>	3	PA, QL, SP
<b>Blood Disorders</b>			<b>Ultomiris</b>	3	PA, SP
<b>Advate</b>	2	SP	<b>Wilate</b>	2	SP
<b>Adynovate</b>	3	SP	<b>Xyntha</b>	2	SP
<b>Afstyla</b>	3	SP	<b>Xyntha Solofuse</b>	2	SP
<b>Alprolix</b>	3	SP	<b>Zarxio</b>	2	PA, SP
<b>Altuviiio</b>	3	SP	<b>Cancer</b>		
<b>Aranesp</b>	2	PA, SP	Abiraterone	1	PA, SP
<b>Doptelet</b>	3	PA, SP	<b>Alecensa</b>	2	PA, SP
<b>Eloctate</b>	3	SP	<b>Alunbrig</b>	2	PA, QL, SP
<b>Empaveli</b>	3	PA, SP	Anastrozole Tab	1	
<b>Esperoct</b>	3	SP	<b>Augtyro</b>	3	PA, QL, SP
<b>Fabhalta</b>	3	PA, QL, SP	<b>Cabometyx</b>	2	PA, SP
<b>Idelvion</b>	3	SP	<b>Calquence</b>	3	PA, SP
<b>Jivi</b>	3	SP	Capecitabine	1	SP
<b>Koate</b>	2	SP	<b>Cotellic</b>	3	PA, SP
<b>Kogenate FS</b>	2	SP	<b>Erivedge</b>	3	PA, SP
<b>Kovaltry</b>	2	SP	<b>Erleada</b>	3	PA, SP
<b>Neulasta</b>	3	PA, SP	<b>Gavreto</b>	3	PA, SP
<b>Neulasta Onpro</b>	3	PA, SP	<b>Ibrance</b>	3	PA, SP
<b>Nivestym</b>	2	PA, SP	<b>Iclusig</b>	3	PA, QL, SP
<b>Novoeight</b>	2	SP	<b>Idhifa</b>	3	PA, QL, SP
<b>Nuwiq</b>	2	SP	Imatinib Mesylate	1	PA, SP
			<b>Imbruvica</b>	3	PA, QL, SP
			<b>Kanjinti</b>	2	PA, SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Kisqali</b>	3	PA, SP	<b>Zelboraf</b>	3	PA, SP
<b>Koselugo</b>	3	PA, SP	<b>Zirabev</b>	2	PA, SP
Letrozole	1		<b>Cardiovascular/Heart Disease: Anticoagulants</b>		
<b>Lumakras</b>	3	PA, SP	<b>Brilinta</b>	2	
<b>Lynparza</b>	2	PA, SP	Clopidogrel	1	
<b>Mekinist</b>	3	PA, SP	<b>Eliquis</b>	2	QL
<b>Mvasi</b>	2	PA, SP	Enoxaparin	1	
<b>Nubeqa</b>	3	PA, SP	Jantoven	1	
<b>Odomzo</b>	3	PA, SP	Prasugrel	1	
<b>Orgovyx</b>	3	PA, SP	Warfarin	1	
<b>Panretin</b>	3		<b>Xarelto</b>	2	QL
<b>Phesgo</b>	2	PA, SP	<b>Cardiovascular/Heart Disease: High Blood Pressure</b>		
<b>Piqray</b>	3	PA, SP	Amlodipine	1	
<b>Pomalyst</b>	3	PA, SP	Amlodipine/Benazepril	1	
<b>Retevmo</b>	3	PA, QL, SP	Amlodipine/Olmesartan	1	
<b>Revlimid</b>	2	PA, SP	Amlodipine/Valsartan	1	
<b>Rozlytrek</b>	3	PA, SP	Atenolol	1	
<b>Ruxience</b>	2	PA, SP	Atenolol/Chlorthalidone	1	
<b>Rydapt</b>	3	PA, SP	Benazepril	1	
<b>Scemblix</b>	3	PA, QL, SP	Bisoprolol	1	
<b>Sprycel</b>	3	PA, SP	Bisoprolol/HCTZ	1	
<b>Stivarga</b>	2	PA, SP	Bumetanide	1	
<b>Tabrecta</b>	3	PA, SP	Candesartan	1	
<b>Tafinlar</b>	3	PA, SP	Cartia XT	1	
<b>Tagrisso</b>	3	PA, SP	Carvedilol	1	
Tamoxifen Tab	1		Chlorthalidone	1	
<b>Tasigna</b>	3	PA, SP	Clonidine Tab	1	
Temozolomide	1	PA, SP	Diltiazem ER	1	
<b>Trazimera</b>	2	PA, SP	Doxazosin	1	
<b>Truqap</b>	3	PA, QL, SP	<b>Edarbi</b>	3	ST
<b>Verzenio</b>	3	PA, SP	<b>Edarbyclor</b>	3	ST
<b>Vitakvi</b>	3	PA, SP	Enalapril	1	
<b>Xtandi</b>	3	PA, SP			
<b>Zejula</b>	2	PA, SP			

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Furoscix</b>	3	
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	
Minoxidil	1	
Nadolol	1	
Nebivolol	1	
Nifedipine ER	1	
Nifedipine ER Osmotic	1	
<b>Norliqva</b>	3	PA, QL
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Ramipril	1	
Spironolactone	1	
<b>Tekturna</b>	2	ST
Telmisartan	1	
Torsemide	1	
Triamterene/HCTZ	1	
Valsartan Tab	1	
Valsartan/HCTZ	1	
Verapamil ER	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
<b>Atorvaliq</b>	3	PA, QL
Atorvastatin	1	
Ezetimibe	1	
Fenofibrate	1	
Fenofibrate Micronized	1	
Gemfibrozil	1	
Icosapent Ethyl	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>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	
<b>Soanz</b>	3	
Sotalol	1	
<b>Verquvo</b>	3	PA, QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension</b>			<b>Vraylar</b>	3	QL
<b>Adempas</b>	2	PA, QL, SP	Ziprasidone	1	
<b>Opsumit</b>	2	PA, QL, SP	<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Orenitram</b>	3	PA, QL, SP	Amphetamine/ Dextroamphetamine	1	
Sildenafil Tab 20mg	1	PA, QL	Amphetamine/ Dextroamphetamine ER	1	
<b>Tadliq</b>	3	PA, QL, SP	Amphetamine/ Dextroamphetamine 3- Bead ER	1	
Treprostinil	1	PA, QL, SP	Atomoxetine	1	
<b>Tyvaso</b>	3	PA, QL, SP	<b>Azstarys</b>	2	ST
<b>Tyvaso DPI</b>	3	PA, QL, SP	Dexmethylphenidate	1	
<b>Central Nervous System: Alzheimer's/Dementia</b>			Dexmethylphenidate ER	1	
Donepezil	1		Guanfacine ER	1	
Memantine	1		<b>Jornay PM</b>	3	ST
<b>Namzaric</b>	2	QL	Lisdexamfetamine	1	
<b>Central Nervous System: Antipsychotics</b>			Methylphenidate CD	1	
<b>Abilify Asimtufii</b>	3		Methylphenidate ER	1	
<b>Abilify Maintena</b>	3		Methylphenidate LA	1	
Aripiprazole	1	QL	Methylphenidate OSM	1	
<b>Aristada</b>	3		Methylphenidate Tab	1	
<b>Aristada Initio</b>	3		Methylphenidate XR	1	
<b>Invega Hafyera</b>	3	ST	<b>Mydayis</b>	3	ST
<b>Invega Sustenna</b>	3		<b>Vyvanse</b>	3	
<b>Invega Trinza</b>	3		<b>Central Nervous System: Depression</b>		
Lurasidone	1	QL	Amitriptyline	1	
<b>Lybalvi</b>	3	QL, ST	Bupropion	1	
Olanzapine	1		Bupropion SR	1	QL
<b>Perseris</b>	3		Bupropion XL	1	QL
Quetiapine	1		Citalopram Tab	1	
Quetiapine ER	1	QL	Desvenlafaxine ER	1	QL
<b>Rexulti</b>	3	QL	Doxepin	1	
Risperidone	1		Duloxetine	1	QL
<b>Rykindo</b>	3	QL			
<b>Uzedy</b>	3	QL			

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

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

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Escitalopram Tab	1		Dalfampridine ER	1	PA, QL, SP
Fluoxetine	1		Dimethyl Fumarate	1	PA, QL, SP
Fluvoxamine	1		Glatiramer Acetate	1	PA, QL, SP
Mirtazapine	1		Glatopa	1	PA, QL, SP
Nortriptyline	1		<b>Kesimpta</b>	2	PA, QL, SP
Paroxetine Tab	1		<b>Mavenclad</b>	3	PA, SP
Sertraline Tab	1		<b>Mayzent</b>	3	PA, QL, SP
<b>Spravato</b>	3	PA, SP	<b>Rebif</b>	3	PA, QL, SP
Trazodone	1		<b>Vumerity</b>	2	PA, QL, SP
<b>Trintellix</b>	3	QL, ST	<b>Zeposia</b>	3	PA, QL, SP
Venlafaxine	1		<b>Central Nervous System: Other</b>		
Venlafaxine ER	1		Alprazolam Tab	1	QL
Vilazodone	1	QL	Armodafinil	1	
<b>Central Nervous System: Migraine</b>			<b>Austedo</b>	3	PA, QL, SP
<b>Aimovig</b>	2	PA, QL	<b>Austedo XR</b>	3	PA, QL, SP
<b>Ajovy</b>	2	PA, QL	Buspirone	1	
Bac	1		Diazepam Tab	1	
Butalbital/Acetaminophen/ Caffeine	1		<b>Gralise</b>	3	QL, ST
Eletriptan	1	QL	<b>Horizant</b>	3	PA, QL
<b>Emgality 100mg/mL</b>	2	PA, QL	Hydroxyzine HCL	1	
<b>Emgality 120mg/mL</b>	3	PA, QL	Hydroxyzine Pamoate	1	
Naratriptan	1	QL	Lithium	1	
<b>Nurtec</b>	2	PA, QL	Lithium ER	1	
<b>Qulipta</b>	2	PA, QL	Lorazepam Tab	1	
Rizatriptan	1	QL	<b>Lumryz</b>	3	PA, QL, SP
Sumatriptan Tab	1	QL	Modafinil	1	
<b>Ubrelvy</b>	2	PA, QL	<b>Radicava ORS</b>	2	PA, QL, SP
<b>Zavzpret</b>	3	PA, QL	<b>Sodium Oxybate [Xyrem ABA (Amneal manufacturer)]</b>	E	SP
<b>Central Nervous System: Multiple Sclerosis</b>			<b>Sodium Oxybate (Hikma manufacturer)</b>	3	PA, QL, SP
<b>Avonex</b>	2	PA, QL, SP	<b>Sunosi</b>	2	PA, QL
<b>Bafiertam</b>	2	PA, QL, SP	<b>Teglutik</b>	2	PA, QL
<b>Betaseron</b>	2	PA, QL, SP	<b>Wakix</b>	3	PA, QL, SP
<b>Copaxone 40mg/mL</b>	2	PA, QL, SP			

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<b>Xyrem</b>	E	SP	<b>Motpoly XR</b>	3	ST
<b>Xywav</b>	3	PA, QL, SP	<b>Nayzilam</b>	3	QL
<b>Central Nervous System: Parkinson's Disease</b>			Oxcarbazepine	1	
Benzotropine	1		Pregabalin	1	QL
Carbidopa/Levodopa	1		Primidone	1	
<b>Inbrija</b>	3	PA, SP	Roweepra	1	
<b>Neupro</b>	3		Subvenite	1	
<b>Ongentys</b>	3	QL, ST	<b>Sympazan</b>	3	PA
Pramipexole	1		<b>Topamax</b>	3	ST
Ropinirole	1		<b>Topamax Sprinkle</b>	3	ST
<b>Rytary</b>	3	ST	Topiramate	1	
<b>Central Nervous System: Sedatives/Hypnotics</b>			<b>Valtoco</b>	3	QL
<b>Belsomra</b>	3	QL, ST	<b>Xcopri</b>	3	ST
<b>Dayvigo</b>	3	QL, ST	<b>Zonegran</b>	3	ST
Eszopiclone	1	QL	Zonisamide	1	
Temazepam	1		<b>Dermatology</b>		
Triazolam	1	QL	Acyclovir Ointment	1	
Zolpidem Tab	1	QL	Adapalene/Benzoyl Peroxide Gel	1	
Zolpidem ER	1	QL	<b>Aklief</b>	3	PA
<b>Central Nervous System: Seizure Disorders</b>			Ala-Cort	1	
<b>Aptiom</b>	3		<b>Amzeeq</b>	3	
<b>Briviact</b>	3	ST	Azelaic Acid Gel	1	
Clonazepam	1	QL	Betamethasone Cream, Ointment	1	
Divalproex DR	1		Ciclopirox Solution	1	
Divalproex ER	1		Clindacin ETZ Swab	1	
<b>Epidiolex</b>	3	PA, SP	Clindacin-P	1	
<b>Fycompa</b>	3		Clindamycin Gel, Lotion, Solution, Swab	1	
Gabapentin	1		Clindamycin/Benzoyl Peroxide Gel	1	
Lacosamide	1		Clobetasol Cream, Ointment, Solution	1	
Lamotrigine	1				
Lamotrigine ER	1				
Levetiracetam	1				

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Clotrimazole/ Betamethasone Cream	1		Triderm	1	
Desonide Cream	1		<b>Twynéo</b>	3	PA
<b>Enstilar</b>	3	QL	<b>Vtama</b>	3	PA
<b>Epiduo Forte</b>	3		<b>Winlevi</b>	3	PA
<b>Eucrisa</b>	2	QL, ST	<b>Wynzora</b>	3	PA, QL
<b>Finacea Foam</b>	3	ST	<b>Xaciato</b>	3	
Fluocinonide Cream, Solution	1		<b>Ycanth</b>	3	
Fluorouracil Cream	1		<b>Zilxi</b>	3	ST
Hydrocortisone Cream, Ointment	1		<b>Zoryve</b>	3	
<b>Hyftor</b>	3	PA	<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>		
Imiquimod Cream	1		<b>Accu-Chek FastClix Lancet Kit</b>	2	
Ketoconazole Cream, Shampoo	1		<b>Accu-Chek Softclix Lancet Device Kit</b>	2	
Klayesta	1		<b>BD Ultra-Fine Insulin Syringes</b>	2	
<b>Klisyri</b>	3	ST	<b>BD Ultra-Fine Pen Needles</b>	2	
Lidocaine Ointment	1		<b>CeQur Simplicity 2U</b>	2	
Lidocaine/Prilocaine Cream	1		<b>CeQur Simplicity Inserter</b>	2	
Metronidazole Cream, Gel	1		<b>Contour Next EZ Kit w/ Device</b>	2	
<b>Mirvaso</b>	2		<b>Contour Next Gen Monitor</b>	2	
Mometasone Cream, Ointment	1		<b>Contour Next Monitor Kit w/Device</b>	2	
Mupirocin Ointment	1		<b>Contour Next One Kit</b>	2	
Nystatin Cream, Ointment	1		<b>Contour Next Gen Test Strips</b>	2	
<b>Onexton</b>	3		<b>Contour Test Strips</b>	2	
<b>Opzelura</b>	2	QL, ST	<b>Dexcom G6 Receiver, Sensor, Transmitter</b>	2	
<b>Retin-A Micro 0.06%, 0.08%</b>	3	PA	<b>Dexcom G7 Receiver, Sensor</b>	2	
<b>Santyl</b>	3		<b>Enlite Glucose Sensor</b>	3	
<b>Soolantra</b>	3		<b>Eversense E3 Sensor/Holder</b>	3	
<b>Taclonex</b>	3	QL	<b>Eversense E3 Smart Transmitter</b>	3	
Tacrolimus Ointment	1				
Tretinoin Cream	1	PA			
Triamcinolone Cream, Ointment	1				
Triamcinolone in Absorbase	1				

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<b>Eversense Sensor/Holder</b>	3		<b>Diabetes/Endocrine: Insulin</b>		
<b>Eversense Smart Transmitter</b>	3		<b>Admelog</b>	1	
<b>FreeStyle Libre 2 Reader, Sensor</b>	2		<b>Admelog SoloStar</b>	1	
<b>FreeStyle Libre 3 Plus Sensor</b>	2		<b>Apidra SoloStar</b>	1	
<b>FreeStyle Libre 3 Reader, Sensor</b>	2		<b>Apidra Vials</b>	1	
<b>FreeStyle Libre 14 Day Reader, Sensor</b>	2		<b>Basaglar KwikPen</b>	1	
<b>Guardian 4 Glucose Sensor, Transmitter</b>	3		<b>Basaglar Tempo Pen</b>	3	ST
<b>Guardian Connect Transmitter</b>	3		<b>Fiasp</b>	1	
<b>Guardian Link 3 Transmitter</b>	3		<b>Fiasp FlexTouch</b>	1	
<b>Guardian Sensor 3</b>	3		<b>Fiasp Penfill</b>	1	
<b>Novofine Pen Needles</b>	2		<b>Humalog Mix 50/50 Vials and KwikPen</b>	1	
<b>Novofine Plus Pen Needles</b>	2		<b>Humalog Mix 75/25 Vials and KwikPen</b>	1	
<b>Omnipod 5 G6 Intro (Gen 5)</b>	2	PA, QL	<b>Humalog Tempo Pen</b>	3	ST
<b>Omnipod 5 G6 Pods (Gen 5)</b>	2	PA, QL	<b>Humalog U-100 Junior KwikPen</b>	1	
<b>Omnipod Classic Pods (Gen 3)</b>	2	PA, QL	<b>Humalog Vials and KwikPen</b>	1	
<b>Omnipod Dash Intro (Gen 4)</b>	2	PA, QL	<b>Humulin 70/30 Vials and KwikPen</b>	1	
<b>Omnipod Dash Pods (Gen 4)</b>	2	PA, QL	<b>Humulin N Vials and KwikPen</b>	1	
<b>OneTouch Ultra Strips</b>	2		<b>Humulin R U-500 Vials and KwikPen</b>	1	
<b>OneTouch Ultra 2 Kit w/ Device</b>	2		<b>Humulin R Vials</b>	1	
<b>OneTouch Verio Flex System Device</b>	3		<b>Insulin Aspart (Novolog ABA)</b>	E	
<b>OneTouch Verio Flex System Kit</b>	2		<b>Insulin Aspart Flexpen (Novolog FlexPen ABA)</b>	E	
<b>OneTouch Verio Reflect Kit w/Device</b>	2		<b>Insulin Aspart Penfill (Novolog Penfill ABA)</b>	E	
<b>OneTouch Verio Test Strips</b>	2		<b>Insulin Aspart Protamine &amp; Insulin Aspart (Novolog Mix 70/30 ABA)</b>	E	
<b>V-Go 20</b>	2	PA, QL	<b>Insulin Aspart Protamine &amp; Insulin Aspart FlexPen (Novolog Mix 70/30 FlexPen ABA)</b>	E	
<b>V-Go 30</b>	2	PA, QL			
<b>V-Go 40</b>	2	PA, QL			



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<b>Insulin Degludec (Tresiba ABA)</b>	E		<b>Toujeo Max SoloStar</b>	1	
<b>Insulin Degludec FlexTouch (Tresiba FlexTouch ABA)</b>	E		<b>Toujeo SoloStar</b>	1	
<b>Insulin Glargine 100 unit/mL (Lantus ABA)</b>	E		<b>Tresiba</b>	1	
<b>Insulin Glargine SoloStar 100 unit/mL (Lantus SoloStar ABA)</b>	E		<b>Tresiba FlexTouch</b>	1	
<b>Insulin Glargine 300 unit/mL (Toujeo SoloStar and Max SoloStar ABA)</b>	E		<b>Diabetes/Endocrine: Non-Insulin</b>		
<b>Insulin Lispro</b>	1		<b>Baqsimi</b>	2	
<b>Insulin Lispro Junior KwikPen</b>	1		<b>Bydureon BCise</b>	2	PA, QL
<b>Insulin Lispro Protamine &amp; Insulin Lispro</b>	1		<b>Byetta</b>	2	PA, QL
<b>Lantus Solostar</b>	1		<b>Dapagliflozin (Farxiga ABA)</b>	E	
<b>Lantus U-100 Vials</b>	1		<b>Dapagliflozin/Metformin (Xigduo XR ABA)</b>	E	
<b>Lyumjev Vials and KwikPen</b>	1		<b>Farxiga</b>	2	
<b>Novolin 70/30 FlexPen Relion</b>	1		Glimepiride	1	
<b>Novolin 70/30 Vials and FlexPen</b>	1		Glipizide	1	
<b>Novolin N FlexPen Relion</b>	1		Glipizide ER	1	
<b>Novolin N Vials and FlexPen</b>	1		Glipizide XL	1	
<b>Novolin R FlexPen Relion</b>	1		<b>Glucagon Emergency Kit (Fresenius manufacturer)</b>	2	
<b>Novolin R Vials and FlexPen</b>	1		Glyburide	1	
<b>Novolog FlexPen</b>	1		<b>Glyxambi</b>	2	
<b>Novolog Mix 70/30 Vials and FlexPen</b>	1		<b>Janumet</b>	2	ST
<b>Novolog Penfill</b>	1		<b>Janumet XR</b>	2	ST
<b>Novolog Relion Mix 70/30 Vials and FlexPen</b>	E		<b>Januvia</b>	2	ST
<b>Novolog Relion Vials and FlexPen</b>	E		<b>Jardiance</b>	2	
<b>Novolog U-100 Vials</b>	1		<b>Jentadueto</b>	2	ST
<b>Rezvoglar KwikPen</b>	1		<b>Jentadueto XR</b>	2	ST
<b>Soliqua</b>	2	QL	Metformin	1	
			Metformin ER	1	
			Metformin ER Modified Release (generic <b>Glumetza</b> )	1	PA
			Metformin ER Osmotic (generic <b>Fortamet</b> )	1	
			<b>Mounjaro</b>	2	PA, QL
			<b>Ozempic</b>	2	PA, QL
			Pioglitazone	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Rybelsus</b>	2	PA, QL
<b>SymlinPen</b>	3	
<b>Synjardy</b>	2	
<b>Synjardy XR</b>	2	
<b>Tradjenta</b>	2	ST
<b>Trijardy XR</b>	2	
<b>Trulicity</b>	2	PA, QL
<b>Victoza</b>	3	PA, QL
<b>Xigduo XR</b>	2	
<b>Zegalogue</b>	2	
<b>Endocrine: Growth Hormone</b>		
<b>Ngenla</b>	3	PA, SP
<b>Norditropin FlexPro</b>	2	PA, SP
<b>Nutropin AQ NuSpin</b>	3	PA, SP
<b>Omnitrope</b>	2	PA, SP
<b>Skytrofa</b>	3	PA, SP
<b>Endocrine: Other</b>		
<b>Acthar</b>	2	PA, SP
Cabergoline	1	
Calcitriol Cap	1	
<b>Cortrophin</b>	2	PA, SP
Dexamethasone Tab	1	
Fludrocortisone Acetate Tab	1	
Hydrocortisone Tab	1	
<b>Lupron Depot 7.5mg, 22.5mg, 30mg, 45mg</b>	2	PA, SP
<b>Lupron Depot-Ped</b>	3	PA, SP
Methylprednisolone Tab	1	
<b>Osphena</b>	3	
Prednisone	1	
Prednisolone	1	
Prednisolone Sodium Phosphate Solution	1	
<b>Somatuline Depot</b>	3	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Supprelin LA</b>	2	PA, QL, SP
<b>Triptodur</b>	3	PA, QL, SP
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	ST
<b>Ermeza</b>	3	ST
Euthyrox	1	
Levo-T	1	
Levothyroxine Tab	1	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
<b>Niva Thyroid</b>	3	ST
NP Thyroid	1	
<b>Synthroid</b>	3	ST
<b>Tirosint</b>	3	ST
<b>Tirosint-Sol</b>	3	ST
Unithroid	1	
<b>Eye Conditions: Antibiotics</b>		
<b>Azasite</b>	3	
<b>Besivance</b>	3	
Ciprofloxacin Ophthalmic	1	
Erythromycin Ophthalmic	1	
Moxifloxacin Ophthalmic	1	
Ofloxacin Ophthalmic	1	
Polymyxin B/Trimethoprim Ophthalmic	1	
<b>Tobradex ST</b>	3	
Tobramycin Ophthalmic	1	
Tobramycin/Dexamethasone Ophthalmic	1	
<b>Zylet</b>	3	
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P 0.15%</b>	2	
<b>Betimol</b>	3	

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Brimonidine Ophthalmic	1	
Brimonidine/Timolol Ophthalmic	1	
Dorzolamide/Timolol Ophthalmic	1	
Dorzolamide/Timolol Ophthalmic PF	1	
Latanoprost Ophthalmic	1	QL
<b>Lumigan</b>	2	QL
<b>Rhopressa</b>	3	
<b>Rocklatan</b>	3	QL
<b>Simbrinza</b>	2	
Timolol Maleate Ophthalmic (Once-Daily)	1	
Timolol Maleate Ocular	1	
Timolol Maleate Ophthalmic	1	
Timolol Maleate Ophthalmic PF	1	
<b>Zioptan</b>	3	QL
<b>Eye Conditions: Other</b>		
<b>Cequa</b>	3	PA
Cyclosporine Ophthalmic	1	PA
<b>Eysuvis</b>	3	PA, QL
<b>Flarex</b>	3	
<b>Inveltys</b>	3	
Ketorolac Ophthalmic	1	
<b>Lotemax SM</b>	3	
<b>Miebo</b>	2	PA, QL
Neomycin/Polymyxin/Dexamethasone Ophthalmic Ointment, Suspension	1	
Prednisolone Ophthalmic	1	
<b>Restasis</b>	2	PA
<b>Restasis Multidose</b>	2	PA
<b>Tyrvaya</b>	3	PA, QL
<b>Verkazia</b>	3	PA, QL

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Xiidra</b>	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
Dexlansoprazole	1	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	
<b>Gastrointestinal: Inflammatory Bowel Disease</b>		
<b>Apriso</b>	2	
Budesonide Cap, Tab	1	
<b>Cortifoam</b>	3	
<b>Dipentum</b>	3	
Hydrocortisone (Perianal)	1	
Mesalamine DR	1	
Mesalamine ER 0.375gm	1	
<b>Proctofoam-HC</b>	2	
Procto-Med HC	1	
Proctosol HC	1	
Proctozone-HC	1	
Sulfasalazine	1	
<b>Uceris Rectal</b>	3	
<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab	1	
Prochlorperazine	1	
<b>Sancuso</b>	3	QL

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Scopolamine	1		<b>Voquezna Dual Pak</b>	3	QL
<b>Varubi</b>	3	QL	<b>Voquezna Triple Pak</b>	3	QL
<b>Gastrointestinal: Other</b>			<b>Zenpep</b>	2	
<b>Clenpiq</b>	3		<b>Gout</b>		
Constulose	1		Allopurinol 100mg, 300mg	1	
<b>Creon</b>	2		Colchicine Tab	1	
Dicyclomine	1		<b>HIV/AIDS</b>		
Diphenoxylate/Atropine	1		<b>Biktarvy</b>	3	
Gavilyte-C	1		<b>Cimduo</b>	2	
Gavilyte-G	1		<b>Descovy</b>	3	
Gavilyte-N w/ Flavor Pack	1		<b>Dovato</b>	2	
Glycopyrrolate Tab 1mg, 2mg	1		Emtricitabine/Tenofovir Disoproxil Fumarate	1	
Hyoscyamine Sulfate SL	1		<b>Juluca</b>	2	
Hyoscyamine Sulfate Tab	1		<b>Prezcobix</b>	2	
Lactulose	1		<b>Symfi</b>	2	
<b>Linzess</b>	2	QL, ST	<b>Symfi Lo</b>	2	
<b>Motegrity</b>	3	QL, ST	<b>Symtuza</b>	3	
<b>Movantik</b>	2	QL, ST	<b>Triumeq</b>	2	
Na Sulfate-K Sulfate-Mg Sulfate	1		<b>Infertility</b>		
<b>Omeclamox-Pak</b>	2		<b>Follistim AQ</b>	2	PA, SP
<b>Pancreaze</b>	3	ST	Ganirelix (Organon manufacturer)	1	SP
PEG 3350-KCl-Na Bicarb-NaCl	1		<b>Menopur</b>	3	PA, SP
PEG-3350/Electrolytes	1		<b>Ovidrel</b>	3	SP
<b>Pertzye</b>	3	ST	<b>Inflammatory Conditions</b>		
<b>Pylera</b>	3	ST	<b>Actemra<sup>+</sup></b>	3	PA, QL, SP
<b>Rebyota</b>	3	PA, QL, SP	<b>Amjevita 10mg/0.2mL, 20mg/0.4mL, 40mg/0.8mL</b>	2	PA, QL, SP
<b>Suflave</b>	3		<b>Avsola</b>	2	PA, SP
<b>Suprep Bowel Prep</b>	3		<b>Cimzia</b>	2	PA, QL, SP
<b>Sutab</b>	3		<b>Cosentyx</b>	3	PA, QL, SP
<b>Symproic</b>	2	QL, ST	<b>Enbrel</b>	2	PA, QL, SP
<b>Talicia</b>	3		<b>Entyvio</b>	3	PA, QL, SP
<b>Viberzi</b>	3	PA, QL			

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Humira</b>	3	PA, QL, SP
Hydroxychloroquine	1	
<b>Inflectra</b>	2	PA, SP
<b>Jylamvo</b>	3	
Leflunomide	1	
Methotrexate Sodium	1	
<b>Olumiant</b>	3	PA, QL, SP
<b>OmvoH</b>	2	PA, QL, SP
<b>Orencia*</b>	3	PA, QL, SP
<b>Otezla</b>	2	PA, QL, SP
<b>Rasuvo</b>	2	PA, QL
<b>Rinvoq</b>	2	PA, QL, SP
<b>Rinvoq LQ</b>	2	PA, QL, SP
<b>Simponi</b>	2	PA, QL, SP
<b>Simponi Aria</b>	2	PA, SP
<b>Skyrizi</b>	2	PA, QL, SP
<b>Sotyktu</b>	2	PA, QL, SP
<b>Stelara</b>	2	PA, QL, SP
<b>Taltz</b>	2	PA, QL, SP
<b>Tremfya</b>	2	PA, QL, SP
<b>Trexall</b>	3	
<b>Xeljanz</b>	2	PA, QL, SP
<b>Xeljanz XR</b>	2	PA, QL, SP

+Tier 3 Preferred

### Men's Health: Erectile Dysfunction

Sildenafil 25mg, 50mg, 100mg	1	QL
<b>Stendra</b>	3	QL
Tadalafil	1	QL

### Men's Health: Prostate

Alfuzosin ER	1	
Dutasteride	1	
Finasteride 5mg	1	
Tamsulosin	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Men's Health: Testosterone Therapy</b>		
Testosterone Cypionate IM Injection	1	
Testosterone Gel	1	
<b>Xyosted</b>	3	PA
<b>Miscellaneous</b>		
<b>Adbry</b>	2	PA, QL, SP
<b>Arakoda</b>	3	
Atovaquone/Proguanil	1	
<b>Auvi-Q</b>	3	
<b>Benlysta</b>	3	PA, SP
Benzonatate	1	
<b>Bivigam</b>	3	PA, SP
<b>Bronchitol</b>	3	PA, QL, SP
<b>Cerdelga</b>	3	PA, SP
Chlorhexidine Gluconate Mouth/Throat	1	
<b>Cibinco</b>	2	PA, QL, SP
<b>Cutaquig</b>	3	PA, SP
<b>Depen Titratabs</b>	2	SP
Desmopressin Acetate Tab	1	
<b>Dupixent</b>	2	PA, QL, SP
<b>Dysport</b>	2	PA
<b>Emverm</b>	2	
<b>Endari</b>	3	PA
Epinephrine Auto-Injector	1	
<b>Epipen</b>	3	ST
<b>Epipen Jr</b>	3	ST
<b>Fabrazyme</b>	2	PA, SP
<b>Fasenra</b>	2	PA, SP
<b>Fasenra Pen</b>	2	PA, SP
<b>Haegarda</b>	3	PA, SP
<b>Hemangeol</b>	3	
<b>Hizentra</b>	3	PA, SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Ingrezza</b>	3	PA, QL, SP	<b>Veozah</b>	3	QL
<b>Kerendia</b>	3	PA, QL	<b>Vyleesi</b>	3	PA, QL
Lidocaine Mouth/Throat	1		<b>Vyvgart</b>	3	PA, SP
Lidocaine Viscous	1		<b>Vyvgart Hytrulo</b>	3	PA, SP
<b>Litfulo</b>	3	PA, QL, SP	<b>Wainua</b>	3	PA, QL, SP
<b>Lupkynis</b>	3	PA, QL, SP	<b>Xembify</b>	3	PA, SP
<b>Myobloc</b>	2	PA	<b>Xhance</b>	3	QL, ST
<b>Nocdurna</b>	3		<b>Xeomin</b>	2	PA
<b>Nucala</b>	2	PA, QL, SP	<b>Zolgensma</b>	3	SP
<b>Ofev</b>	3	PA, SP	<b>Musculoskeletal: Osteoarthritis</b>		
<b>Orfadin</b>	3	PA, SP	<b>Durolane</b>	2	PA
<b>Oriahnn</b>	2	PA, QL	<b>Euflexxa</b>	2	PA
<b>Orilissa</b>	2	PA, QL	<b>Gelsyn-3</b>	2	PA
<b>Orladeyo</b>	3	PA, QL, SP	<b>Musculoskeletal: Osteoporosis</b>		
<b>Panzyga</b>	3	PA, SP	Alendronate Tab	1	QL
PerioGard	1		Ibandronate	1	QL
<b>Pheburane</b>	3	SP	<b>Prolia</b>	2	PA, QL, SP
Phenazo 200mg Tab	1		<b>Teriparatide (Recombinant)</b>	2	PA, QL, SP
Phenazopyridine (Rx only)	1		<b>Tymlos</b>	2	PA, SP
<b>Privigen</b>	3	PA, SP	<b>Musculoskeletal: Other</b>		
Promethazine	1		Baclofen Tab	1	
Promethazine DM	1		Carisoprodol	1	
Pseudoephedrine/Brompheniramine/DM	1		Cyclobenzaprine Tab	1	
<b>Pulmozyme</b>	2	PA, SP	<b>Lorzone</b>	3	
<b>Qbrexza</b>	3	QL	Methocarbamol	1	
<b>Rayaldee</b>	3	PA	Tizanidine Tab	1	
<b>Ruconest</b>	3	PA, SP	<b>Musculoskeletal: Pain Relief</b>		
<b>Strensiq</b>	2	PA, SP	Acetaminophen w/ Codeine	1	QL
<b>Takhzyro</b>	3	PA, SP	Acetaminophen/Caffeine/Dihydrocodeine	1	QL
<b>Thiola</b>	3	SP	<b>Belbuca</b>	2	PA, QL
<b>Thiola EC</b>	3	SP	Celecoxib	1	QL
<b>Trikafta</b>	3	PA, QL, SP	Diclofenac Gel 1%	1	QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Diclofenac Potassium Tab	1	
Diclofenac Sodium Tab	1	
<b>Elyxyb</b>	3	PA, QL
Endocet	1	
Etodolac	1	
Hydrocodone/Acetaminophen	1	QL
Hydromorphone Tab	1	QL
<b>Hysingla ER</b>	2	PA, QL
Ibuprofen Suspension 100mg/5mL (Rx only)	1	
Ibuprofen Tab (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
Lidocaine Patch	1	
Meloxicam	1	
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
<b>Naprelan</b>	3	
Naproxen (Rx only)	1	
<b>Nucynta</b>	3	QL
Oxycodone w/ Acetaminophen	1	QL
Oxycodone Tab	1	QL
<b>Oxycontin</b>	2	PA, QL
<b>Roxybond</b>	3	QL
Tramadol	1	QL
<b>Trezix</b>	3	QL
<b>Xtampza ER</b>	2	PA, QL
<b>ZTlido</b>	3	ST
<b>Overactive Bladder</b>		
<b>Myrbetriq</b>	2	
Oxybutynin	1	
Oxybutynin ER	1	
Solifenacin	1	
Tolterodine ER	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus</b>	3	QL, ST
<b>Advair HFA</b>	1	QL
<b>Airsupra</b>	2	QL
Albuterol HFA	1	QL
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>	1	QL
Breyna	1	
<b>Breztri Aerosphere</b>	2	QL
Budesonide Inhalation Suspension	1	QL
Budesonide/Formoterol	1	
<b>Combivent Respimat</b>	2	QL
<b>Fluticasone Furoate/Vilanterol (Breo Ellipta ABA)</b>	E	
<b>Fluticasone Propionate HFA</b>	3	QL, ST
Fluticasone/Salmeterol 100/50, 250/50, 500/50	1	
<b>Fluticasone/Salmeterol (Advair HFA ABA)</b>	E	
Ipratropium/Albuterol	1	QL
Montelukast	1	
<b>Perforomist</b>	3	QL
<b>Qvar Redihaler</b>	2	QL
<b>Serevent Diskus</b>	2	QL
<b>Spiriva Handihaler</b>	3	QL, ST
<b>Spiriva Respimat</b>	2	QL
<b>Stiolto Respimat</b>	2	QL
<b>Striverdi Respimat</b>	2	QL
<b>Symbicort</b>	3	QL, ST

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Tezspire</b>	2	PA, QL, SP	Ergocalciferol Cap	1	
Tiotropium Bromide Monohydrate	1	QL	Folic Acid 1mg Tab	1	
<b>Trelegy Ellipta</b>	2	QL	Klor-Con 10	1	
<b>Ventolin HFA</b>	3	QL, ST	Klor-Con Extended Release	1	
Wixela Inhub	1	QL	Klor-Con m10, m15, m20	1	
<b>Xolair</b>	2	PA, SP	<b>Lokelma</b>	3	
<b>Yupelri</b>	3	QL	<b>Nascobal</b>	3	
<b>Respiratory: Nasal Allergies</b>			Potassium Chloride Crys ER	1	
Azelastine Nasal Spray	1	QL	Potassium Chloride ER	1	
Azelastine/Fluticasone Nasal Spray	1	QL	Potassium Citrate ER	1	
<b>Dymista</b>	2	QL	<b>Veltassa</b>	3	
Fluticasone Propionate Nasal Spray (Rx only)	1		Vitamin D (ergocalciferol) (Rx only)	1	
Ipratropium Nasal Spray	1		<b>Weight Loss Management</b>		
Mometasone Nasal Spray	1	QL	Phentermine	1	PA
<b>Omnaris</b>	3	QL	<b>Qsymia</b>	2	PA
<b>QNasI</b>	3	QL	<b>Saxenda</b>	2	PA
<b>QNasI Childrens</b>	3	QL	<b>Wegovy</b>	2	PA
<b>Ryaltris</b>	3		<b>Zepbound</b>	2	PA
<b>Respiratory: Oral Allergies</b>			<b>Women's Health: Birth Control</b>		
Cetirizine Solution (Rx only)	1		Afirmelle	1	
Cyproheptadine Tab	1		Altavera	1	
Levocetirizine Tab (Rx only)	1		<b>Annovera</b>	3	
<b>Transplant</b>			Apri	1	
Azathioprine Tab	1		Ashlyna	1	
Mycophenolate Mofetil	1		Aubra EQ	1	
Tacrolimus Cap	1		Aurovela 1/20	1	
<b>Vitamins/Electrolytes</b>			Aurovela 1.5/30	1	
<b>Accrufer</b>	3	QL, ST	Aurovela 24 Fe	1	
<b>Auryxia</b>	3		Aurovela Fe 1/20	1	
Cyanocobalamin Injection 1000 mcg/mL	1		Aurovela Fe 1.5/30	1	
Cyanocobalamin Nasal Spray	1		Aviane	1	
			Ayuna	1	
			<b>Balcoltra</b>	3	



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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Blisovi 24 Fe	1		Isibloom	1	
Blisovi Fe 1/20	1		Jaimiess	1	
Blisovi Fe 1.5/30	1		Jasmiel	1	
Briellyn	1		Jencycla	1	
Camila	1		Jolessa	1	
Camrese	1		Juleber	1	
Camrese Lo	1		Junel 1/20	1	
Chateal EQ	1		Junel 1.5/30	1	
Cryselle-28	1		Junel Fe 1/20	1	
Cyred EQ	1		Junel Fe 1.5/30	1	
Daysee	1		Junel Fe 24	1	
Deblitane	1		Kalliga	1	
Delyla	1		Kurvelo	1	
Drospirenone/Ethinyl Estradiol	1		Larin 1/20	1	
Elinest	1		Larin 1.5/30	1	
Eluryng	1		Larin 24 Fe	1	
Emzahh	1		Larin Fe 1/20	1	
Enilloring	1		Larin Fe 1.5/30	1	
Enskyce	1		Lessina	1	
Errin	1		Levonorgestrel/Ethinyl Estradiol	1	
Estarylla	1		Levonorgestrel/Ethinyl Estradiol 91-day	1	
Estradiol/Norethindrone Acetate	1		Levonorgestrel/Ethinyl Estradiol and Ethinyl Estradiol	1	
Etonogestrel/Ethinyl Estradiol	1		Levora-28 0.15/30	1	
Falmina	1		<b>Lo Loestrin Fe</b>	3	
Hailey 1.5/30	1		Lojaimiess	1	
Hailey 24 Fe	1		Loryna	1	
Hailey Fe 1/20	1		Low-Ogestrel	1	
Hailey Fe 1.5/30	1		Lo-Zumandimine	1	
Haloette	1		Lutera	1	
Heather	1		Lyleq	1	
Iclevia	1		Lyza	1	
Incassia	1				
Introvale	1				

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Marlissa	1		<b>Slynd</b>	3	ST
Medroxyprogesterone Acetate IM Injection	1	QL	Sprintec 28	1	
Microgestin 1/20	1		Sronyx	1	
Microgestin 1.5/30	1		Syeda	1	
Microgestin 24 Fe	1		Tarina 24 Fe	1	
Microgestin Fe 1/20	1		Tarina Fe 1/20 EQ	1	
Microgestin Fe 1.5/30	1		Tri-Estarylla	1	
Mili	1		Tri-Linyah	1	
<b>Mirena</b>	3		Tri-Lo-Estarylla	1	
Mono-Linyah	1		Tri-Lo-Marzia	1	
<b>Natazia</b>	2		Tri-Lo-Mili	1	
<b>Nextstellis</b>	3		Tri-Lo-Sprintec	1	
Nikki	1		Tri-Mili	1	
Nora-BE	1		Tri-Nymyo	1	
Norelgestromin/Ethinyl Estradiol	1		Tri-Sprintec	1	
Norethindrone	1		Tri-Vylibra	1	
Norethindrone Acetate	1		Tri-Vylibra Lo	1	
Norethindrone Acetate/Ethinyl Estradiol	1		Turqoz	1	
Norethindrone Acetate/Ethinyl Estradiol/Fe	1		Vestura	1	
Norgestimate/Ethinyl Estradiol	1		Vienva	1	
Norgestimate/Ethinyl Estradiol Triphasic	1		Vylibra	1	
Norlyroc	1		Xulane	1	
Nymyo	1		Zafemy	1	
Ocella	1		Zumandimine	1	
Portia-28	1		<b>Women's Health: Hormone Replacement</b>		
Reclipsen	1		<b>Bijuva</b>	3	
Rivelsa	1		<b>Climara Pro</b>	2	
Setlakin	1		<b>Divigel</b>	3	
Sharobel	1		Dotti	1	
Simpesse	1		<b>Duavee</b>	2	
			<b>Elestrin</b>	3	
			<b>Endometrin</b>	2	
			Estradiol Patch, Tab, Vaginal Cream	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>EstroGel</b>	3		<b>Premphase</b>	2	
<b>Evamist</b>	3		<b>Prempro</b>	2	
<b>Imvexxy</b>	2		Progesterone Cap	1	
Lyllana	1		Yuvaferm	1	
Medroxyprogesterone Acetate Tab	1		<b>Women's Health: Vaginal Anti-Infectives</b>		
Mimvey	1		<b>Clindesse</b>	3	
<b>Myfembree</b>	2	PA, QL	<b>Gynazole-1</b>	3	
<b>Premarin Tab, Vaginal Cream</b>	2		Metronidazole Vaginal Gel	1	
			Terconazole Vaginal Cream	1	

**A**

Abilify Asimtufii, 11  
 Abilify Maintena, 11  
 Abiraterone, 9  
 Absorica, 8  
 Absorica LD, 8  
 Accrufer, 23  
 Accu-Chek FastClix Lancet Kit, 15  
 Accu-Chek Softclix Lancet Device Kit, 15  
 Accutane, 8  
 Acetaminophen w/ Codeine, 22  
 Acetaminophen/Caffeine/Dihydrocodeine, 22  
 Actemra, 20  
 Acthar, 17  
 Acyclovir Tab, 8  
 Acyclovir Ointment, 14  
 Adapalene/Benzoyl Peroxide Gel, 14  
 Adbry, 20  
 Adempas, 11  
 Admelog, 16  
 Admelog SoloStar, 16  
 Advair Diskus, 22  
 Advair HFA, 22  
 Advate, 9  
 Adynovate, 9  
 Afirmelle, 23  
 Afstyla, 9  
 Aimovig, 12  
 Airsupra, 22  
 Ajovy, 12  
 Aklief, 14  
 Ala-Cort, 14  
 Albuterol HFA, 22  
 Albuterol Inhalation Solution, 22  
 Alecensa, 9  
 Alendronate Tab, 21  
 Alfuzosin ER, 20  
 Allopurinol 100mg, 300mg, 19  
 Alphagan P 0.15%, 18  
 Alprazolam Tab, 13  
 Alprolix, 9  
 Altavera, 23  
 Altuviio, 9  
 Alunbrig, 9  
 Alvesco, 22  
 Amiodarone, 11  
 Amitriptyline, 12  
 Amjevita 10mg/0.2mL, 20mg/0.4mL, 40mg/0.8mL, 20  
 Amlodipine, 10  
 Amlodipine/Benazepril, 10  
 Amlodipine/Olmesartan, 10  
 Amlodipine/Valsartan, 10  
 Amnesteem, 8  
 Amoxicillin, 8  
 Amoxicillin/Clavulanate, 8

Amphetamine/  
 Dextroamphetamine  
 3-Bead ER, 12  
 Amphetamine/  
 Dextroamphetamine, 12  
 Amphetamine/  
 Dextroamphetamine ER, 12  
 Amzeeq, 14  
 Anastrozole Tab, 9  
 Anovera, 23  
 Anoro Ellipta, 22  
 Apidra SoloStar, 16  
 Apidra Vials, 16  
 Apri, 23  
 Apriso, 19  
 Aptiom, 13  
 Arakoda, 20  
 Aranesp, 9  
 Aripiprazole, 12  
 Aristada, 12  
 Aristada Initio, 12  
 Armodafinil, 13  
 Armour Thyroid, 17  
 Arnuity Ellipta, 22  
 Ashlyna, 23  
 Atenolol, 10  
 Atenolol/Chlorthalidone, 10  
 Atomoxetine, 12  
 Atorvaliq, 11  
 Atorvastatin, 11  
 Atovaquone/Proguanil, 20  
 Atrovent HFA, 22  
 Aubra EQ, 23  
 Augtyro, 9  
 Aurovela 1.5/30, 24  
 Aurovela 1/20, 24  
 Aurovela 24 Fe, 24  
 Aurovela Fe 1.5/30, 24  
 Aurovela Fe 1/20, 24  
 Auryxia, 23  
 Austedo, 13  
 Austedo XR, 13  
 Auvi-Q 0.1mg, 20  
 Aviane, 24  
 Avidoxy, 8  
 Avonex, 13  
 Avsola, 20  
 Ayuna, 24  
 Azasite, 18  
 Azathioprine Tab, 23  
 Azelaic Acid Gel, 14  
 Azelastine Nasal Spray, 23  
 Azelastine/Fluticasone Nasal Spray, 23  
 Azithromycin, 8  
 Azstarys, 12

**B**

Bac, 12  
 Baclofen Tab, 22  
 Bafiertam, 13  
 Balcoltra, 24  
 Baqsimi, 17

Basaglar KwikPen, 16  
 Basaglar Tempo Pen, 16  
 BD Ultra-Fine Insulin Syringes, 15  
 BD Ultra-Fine Pen Needles, 15  
 Belbuca, 22  
 Belsomra, 13  
 Benazepril, 10  
 Benlysta, 20  
 Benzonatate, 20  
 Benzotropine, 13  
 Besivance, 18  
 Betamethasone Cream, Ointment, 14  
 Betaseron, 13  
 Betimol, 18  
 Bijuva, 25  
 Biktarvy, 19  
 Bisoprolol, 10  
 Bisoprolol/HCTZ, 10  
 Bivigam, 20  
 Blisovi 24 Fe, 24  
 Blisovi Fe 1.5/30, 24  
 Blisovi Fe 1/20, 24  
 Breo Ellipta, 22  
 Breynd, 22  
 Breztri Aerosphere, 22  
 Briellyn, 24  
 Brilinta, 10  
 Brimonidine Ophthalmic, 18  
 Brimonidine/Timolol Ophthalmic, 18  
 Briviact, 13  
 Brixadi, 8  
 Bronchitol, 20  
 Budesonide Cap, Tab, 19  
 Budesonide Inhalation Suspension, 22  
 Budesonide/Formoterol, 22  
 Bumetanide, 10  
 Buprenorphine SL, 8  
 Buprenorphine/Naloxone, 8  
 Bupropion, 12  
 Bupropion SR, 12  
 Bupropion XL, 12  
 Buspirone, 13  
 Butalbital/Acetaminophen/Caffeine, 12  
 Bydureon BCise, 17  
 Byetta, 17

**C**

Cabergoline, 17  
 Cabometyx, 9  
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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.

NAME OF MEDICINE AND STRENGTH	DRUG TIER	I TAKE THIS MEDICINE FOR	DIRECTIONS	DOCTOR
Example: Lisinopril, 20 mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson



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