

SERVE YOU



Effective January 1, 2023

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](https://www.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

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



PLEASE NOTE

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

When does the Prescription Drug List change?

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

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

Programs and Limits

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

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



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

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

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

Is it a generic or brand-name drug?

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

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit the drug cost comparison tool in the Member Portal at [serveyourx.com](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 DirectRxSM Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care. Call customer service at **800-759-3203** and have your prescriptions delivered right to your home or office.

Should I talk to my doctor about OTC medications?

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

How do I get updated information about my pharmacy benefit?

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

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

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



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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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Acne/Rosacea		
Absorica LD	3	PA
Accutane	1	
Amnesteem	1	
Claravis	1	
Isotretinoin	1	
Myorisan	1	
Seysara	3	ST
Zenatane	1	
Addiction/Substance Abuse		
Buprenorphine SL	1	QL
Buprenorphine/Naloxone	1	QL
Kloxxado	2	
Naloxone Nasal Spray	1	
Naltrexone Tab	1	
Narcan	2	
Reset	2	PA
Reset-O	2	PA
Sublocade	3	SP
Varenicline Tab	1	
Zimhi	3	
Zubsolv	2	QL
Anti-Infectives: Antibiotics		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Avidoxy	1	
Azithromycin	1	
Cefadroxil	1	
Cefdinir	1	
Cefuroxime	1	
Cephalexin	1	
Ciprofloxacin/Dexamethasone Otic	1	
Ciprofloxacin Tab	1	
Clarithromycin Tab	1	
Clindamycin Cap	1	
Difcid	3	
Doxycycline Hyclate	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Doxycycline Monohydrate	1	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Mondoxyn NL	1	
Neomycin/Polymyxin/HC Otic	1	
Nitrofurantoin Macrocrystals	1	
Nitrofurantoin Monohydrate Macrocrystals	1	
Nuzyra	3	PA
Ofloxacin Otic	1	
Otovel	3	
Penicillin VK	1	
Sulfamethoxazole/Trimethoprim	1	
TOBI Podhaler	3	QL, SP
Xenleta	3	
Anti-Infectives: Antifungals		
Ciclodan	1	
Cresemba	3	
Fluconazole	1	
Nystatin Mouth/Throat	1	
Terbinafine Tab	1	QL
Anti-Infectives: Antivirals		
Acyclovir Tab	1	
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Harvoni	2	PA, QL, SP
Ledipasvir/Sofosbuvir (Harvoni ABA)	E	SP
Mavyret	2	PA, QL, SP
Oseltamivir Phosphate Cap	1	QL
Sofosbuvir/Velpatasvir (Epclusa ABA)	E	SP
Valacyclovir	1	QL
Vemlidy	3	SP
Vosevi	2	PA, QL, SP
Xofluza	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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Blood Disorders			Gavreto	3	PA, SP
Advate	2	SP	Ibrance	3	PA, SP
Adynovate	3	SP	Iclusig	3	PA, QL, SP
Afstyla	3	SP	Idhifa	3	PA, QL, SP
Aranesp	2	PA, SP	Imatinib Mesylate	1	PA, SP
Doptelet	3	PA, SP	Imbruvica	3	PA, SP
Eloctate	3	SP	Kanjinti	2	PA, SP
Empaveli	3	PA, SP	Kisqali	3	PA, SP
Jivi	3	SP	Kisqali Femara	3	PA, SP
Koate	2	SP	Koselugo	3	PA, SP
Mulpleta	2	PA, SP	Letrozole	1	
Neulasta	3	PA, SP	Lumakras	3	PA, SP
Neulasta Onpro	3	PA, SP	Lynparza	2	PA, SP
Nivestym	2	PA, SP	Mvasi	2	PA, SP
Novoeight	2	SP	Nubeqa	3	PA, SP
Nuwiq	2	SP	Odomzo	3	PA, SP
Procrit	2	PA, SP	Orgovyx	3	PA, SP
Recombinate	2	SP	Panretin	3	
Retacrit	2	PA, SP	Phesgo	2	PA, SP
Soliris	3	PA, SP	Pomalyst	3	PA, SP
Tavalisse	3	PA, SP	Retevmo	3	PA, SP
Ultomiris	3	PA, SP	Revlimid	2	PA, SP
Wilate	2	SP	Rozlytrek	3	PA, SP
Xyntha	2	SP	Ruxience	2	PA, SP
Xyntha Solofuse	2	SP	Sprycel	2	PA, SP
Zarxio	2	PA, SP	Stivarga	3	PA, SP
Ziextenzo	3	PA, SP	Tabrecta	3	PA, SP
Cancer			Tagrisso	3	PA, SP
Abiraterone	1	PA, SP	Tamoxifen Tab	1	
Alecensa	2	PA, SP	Temozolomide	1	PA, SP
Alunbrig	2	PA, QL, SP	Trazimera	2	PA, SP
Anastrozole Tab	1		Vitrakvi	3	PA, SP
Cabometyx	2	PA, SP	Xtandi	3	PA, SP
Calquence	3	PA, SP	Zejula	2	PA, SP
Capecitabine	1	SP	Zirabev	2	PA, SP
Erivedge	3	PA, SP	Cardiovascular/Heart Disease: Anticoagulants		
Erleada	3	PA, SP	Brilinta	2	
Exkivity	3	PA, SP	Clopidogrel	1	
			Eliquis	2	QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Enoxaparin	1		Nebivolol	1	
Jantoven	1		Nifedipine ER	1	
Pradaxa	2	QL	Nifedipine ER Osmotic	1	
Prasugrel	1		Olmesartan	1	
Warfarin	1		Olmesartan/HCTZ	1	
Xarelto	2	QL	Prazosin	1	
Cardiovascular/Heart Disease: High Blood Pressure			Propranolol	1	
Amlodipine	1		Propranolol ER	1	
Amlodipine/Benazepril	1		Ramipril	1	
Amlodipine/Olmesartan	1		Spirolactone	1	
Amlodipine/Valsartan	1		Tekturna	2	ST
Atenolol	1		Tekturna HCT	2	ST
Atenolol/Chlorthalidone	1		Telmisartan	1	
Benazepril	1		Telmisartan/HCTZ	1	
Bisoprolol	1		Torsemide	1	
Bisoprolol/HCTZ	1		Triamterene/HCTZ	1	
Bumetanide	1		Valsartan Tab	1	
Candesartan	1		Valsartan/HCTZ	1	
Cartia XT	1		Verapamil ER	1	
Carvedilol	1		Cardiovascular/Heart Disease: High Cholesterol		
Chlorthalidone	1		Atorvastatin	1	
Clonidine Tab	1		Ezetimibe	1	
Diltiazem ER	1		Fenofibrate	1	
Doxazosin	1		Gemfibrozil	1	
Edarbi	3	ST	Icosapent Ethyl	1	
Edarbyclor	3	ST	Livalo	3	ST
Enalapril	1		Lovastatin	1	
Furosemide	1		Nexletol	2	PA, QL
Guanfacine	1		Nexlizet	2	PA, QL
Hydralazine	1		Omega-3 Acid	1	
Hydrochlorothiazide	1		Pravastatin	1	
Irbesartan	1		Repatha	2	PA, QL
Irbesartan/HCTZ	1		Rosuvastatin	1	
Labetalol	1		Simvastatin	1	
Lisinopril	1		Vascepa	2	
Lisinopril/HCTZ	1		Cardiovascular/Heart Disease: Other		
Losartan	1		Amiodarone	1	
Losartan/HCTZ	1		BiDil	3	
Metoprolol Succinate ER	1				
Metoprolol Tartrate	1				
Nadolol	1				

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Corlanor	3	PA, QL	Risperidone	1	
Digitek	1		Vraylar	3	QL
Digox	1		Ziprasidone	1	
Digoxin	1		Central Nervous System: Attention Deficit Disorder		
Entresto	2	QL	Adderall XR	3	ST
Flecainide	1		Amphetamine/ Dextroamphetamine	1	
Isosorbide Mononitrate ER	1		Amphetamine/ Dextroamphetamine ER	1	
Multaq	3		Atomoxetine	1	
Nitroglycerin SL	1		Azstarys	3	ST
Ranolazine ER	1		Dexmethylphenidate	1	
Soanz	3	ST	Dexmethylphenidate ER	1	
Verquvo	3	PA, QL	Guanfacine ER	1	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension			Jornay PM	3	ST
Adempas	2	PA, QL, SP	Methylphenidate CD	1	
Opsumit	2	PA, QL, SP	Methylphenidate ER	1	
Orenitram	3	PA, SP	Methylphenidate LA	1	
Sildenafil Tab 20mg	1	PA, QL	Methylphenidate OSM	1	
Central Nervous System: Alzheimer's/Dementia			Methylphenidate Tab	1	
Donepezil	1		Methylphenidate XR	1	
Memantine	1		Relexxii	3	ST
Namzaric	2	QL	Vyvanse	2	
Central Nervous System: Antipsychotics			Central Nervous System: Depression		
Abilify Maintena	3		Amitriptyline	1	
Aripiprazole	1	QL	Bupropion	1	
Aristada	3		Bupropion SR	1	QL
Aristada Initio	3		Bupropion XL 150mg, 300mg	1	QL
Invega Hafyera	3	ST	Citalopram Tab	1	
Invega Sustenna	3		Desvenlafaxine ER	1	QL
Invega Trinza	3		Doxepin	1	
Latuda	3	QL	Duloxetine	1	QL
Lybalvi	3	QL, ST	Escitalopram Tab	1	
Olanzapine	1		Fluoxetine	1	
Perseris	3		Fluvoxamine	1	
Quetiapine	1		Mirtazapine	1	
Quetiapine ER	1	QL	Nortriptyline	1	
Rexulti	3	QL	Paroxetine Tab	1	

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Sertraline Tab	1	
Spravato	3	PA, SP
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine	1	
Venlafaxine ER	1	
Viibryd	3	QL, ST

Central Nervous System: Migraine

Aimovig	2	PA, QL
Ajovy	2	PA, QL
Bac	1	
Butalbital/Acetaminophen/ Caffeine	1	
Eletriptan	1	QL
Emgality 100mg/mL	2	PA, QL
Emgality 120mg/mL	3	PA, QL
Nurtec	2	PA, QL
Qulipta	2	PA, QL
Rizatriptan	1	QL
Sumatriptan Tab	1	QL
Ubrovelvy	2	PA, QL

Central Nervous System: Multiple Sclerosis

Ampyra	3	PA, QL, SP
Aubagio	3	PA, QL, SP
Avonex	2	PA, QL, SP
Bafiertam	2	PA, QL, SP
Betaseron	2	PA, QL, SP
Copaxone	2	PA, QL, SP
Dimethyl Fumarate	1	PA, QL, SP
Gilenya	3	PA, QL, SP
Glatiramer Acetate	1	PA, QL, SP
Glatopa	1	PA, QL, SP
Kesimpta	2	PA, QL, SP
Mavenclad	3	PA, SP
Mayzent	3	PA, QL, SP
Rebif	3	PA, QL, SP
Vumerity	2	PA, QL, SP
Zeposia	3	PA, QL, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Central Nervous System: Other		
Alprazolam Tab	1	QL
Armodafinil	1	
Austedo	3	PA, QL, SP
Buspirone	1	
Diazepam Tab	1	
Gralise	3	PA, QL, ST
Horizant	3	PA, QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	
Modafinil	1	
Sunosi	2	PA, QL
Tegsedi	3	PA, SP
Tiglutik	3	PA, QL
Wakix	3	PA, QL, SP
Xyrem	3	PA, QL, SP
Xywav	3	PA, QL, SP

Central Nervous System: Parkinson's Disease

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

Central Nervous System: Sedatives/Hypnotics

Belsomra	3	QL, ST
Dayvigo	3	QL, ST
Eszopiclone	1	QL
Temazepam	1	
Triazolam	1	QL

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	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Zolpidem	1	QL	Ciclopirox Solution	1	
Zolpidem ER	1	QL	Clindacin ETZ Swab	1	
Central Nervous System: Seizure Disorders			Clindacin-P	1	
Aptiom	3		Clindamycin Gel, Lotion, Solution, Swab	1	
Briviact	3	ST	Clindamycin/Benzoyl Peroxide Gel 1-5%, 1.2-2.5%	1	
Carbamazepine	1		Clobetasol Cream, Ointment, Solution	1	
Clonazepam	1	QL	Clotrimazole/ Betamethasone Cream	1	
Divalproex DR	1		Enstilar	3	QL
Divalproex ER	1		Epiduo Forte	3	
Epidiolex	3	PA, SP	Eucrisa	2	QL, ST
Epitol	1		Finacea	3	ST
Fycompa	3		Fluocinonide Solution	1	
Gabapentin	1		Fluorouracil Cream 5%	1	
Lamotrigine	1		Hydrocortisone Cream, Ointment	1	
Lamotrigine ER	1		Imiquimod Cream	1	
Levetiracetam	1		Ketoconazole Cream, Shampoo	1	
Nayzilam	3	QL	Klisyri	3	ST
Oxcarbazepine	1		Lidocaine/Prilocaine Cream	1	
Pregabalin	1	QL	Metronidazole Cream, Gel	1	
Roweepra	1		Mirvaso	3	
Subvenite	1		Mometasone Cream	1	
Sympazan	3	PA	Mupirocin Cream, Ointment	1	
Topamax	3	ST	Nystatin Cream, Ointment	1	
Topamax Sprinkle	3	ST	Onexton	3	
Topiramate	1		Opzelura	2	QL, ST
Trokendi XR	3	ST	Retin-A Micro 0.06%, 0.08%	2	PA
Valtoco	3	QL	Rhofade	3	PA
Vimpat	3	ST	Rosadan Cream, Gel	1	
Xcopri	3	ST	Santyl	3	
Zonegran	3	ST	Soolantra	3	
Zonisamide	1		Taclonex	3	QL
Dermatology			Tacrolimus Ointment	1	
Adapalene/Benzoyl Peroxide Gel	1		Tretinoin Cream	1	PA
Ala-Cort Cream	1		Triamcinolone Cream, Ointment	1	
Amzeeq	3		Triamcinolone in Absorbase	1	
Azelaic Acid Gel	1				
Betamethasone Cream	1				

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Triderm	1		Guardian Sensor (3)	3	
Tritocin	1		Novofine Autocover Pen Needles	2	
Wynzora	3	PA, QL	Novofine Pen Needles	2	
Xepi	3		Novofine Plus Pen Needles	2	
Ximino	3		Omnipod 5 G6 Intro (Gen 5)	2	PA, QL
Zilxi	3	ST	Omnipod 5 G6 Pod (Gen 5)	2	PA, QL
Diabetes/Endocrine Blood: Glucose Monitoring			Omnipod Classic PDM (Gen 3)	2	PA, QL
Accu-Chek FastClix Lancet Kit	2		Omnipod Classic Pods (Gen 3)	2	PA, QL
Accu-Chek Softclix Lancet Device Kit	2		Omnipod Dash Intro (Gen 4)	2	PA, QL
BD Ultra-Fine Insulin Syringes	2		Omnipod Dash PDM (Gen 4)	2	PA, QL
BD Ultra-Fine Pen Needles	2		Omnipod Dash Pods (Gen 4)	2	PA, QL
CeQur Simplicity 2U Kit	2		OneTouch Ultra Test Strips	2	
CeQur Simplicity Starter Kit	2		OneTouch Ultra 2 Kit w/ Device	2	
Contour Monitor Kit w/ Device	2		OneTouch Ultra Mini Kit w/ Device	2	
Contour Next EZ Kit w/ Device	2		OneTouch Verio Flex System	2	
Contour Next Gen Monitor	2		OneTouch Verio IQ System	2	
Contour Next Link Kit w/ Device	2		OneTouch Verio Reflect Kit w/Device	2	
Contour Next Monitor Kit w/ Device	2		OneTouch Verio Test Strips	2	
Contour Next One Kit	2		V-Go 20	2	PA, QL
Contour Next Test Strips	2		V-Go 30	2	PA, QL
Contour Test Strips	2		V-Go 40	2	PA, QL
Dexcom G6 Receiver, Sensor, Transmitter	2		Diabetes/Endocrine: Insulin		
FreeStyle Libre 2 Reader, Sensor	2		Admelog	3	ST
FreeStyle Libre 3 Sensor	2		Admelog SoloStar	3	ST
FreeStyle Libre 14 Day Reader, Sensor	2		Basaglar KwikPen	3	ST
GHT Blood Glucose Monitor	3	ST	Humalog Mix 50/50 Vials and KwikPen	2	
Guardian Connect Transmitter	3		Humalog Mix 75/25 Vials and KwikPen	2	
Guardian Link 3 Transmitter	3		Humalog U-100 Junior KwikPen	2	
Guardian Sensor 3	3		Humalog Vials and KwikPen	2	
			Humulin 70/30 Vials and KwikPen	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	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Humulin N Vials and KwikPen	2		Novolog Mix 70/30 Vials and FlexPen	2	
Humulin R U-500 Vials and KwikPen	2		Novolog Penfill	2	
Humulin R Vials	2		Novolog Relion Mix 70/30 Vials and FlexPen	E	
Insulin Aspart (Novolog ABA)	E		Novolog Relion Vials and FlexPen	E	
Insulin Aspart Flexpen (Novolog FlexPen ABA)	E		Novolog U-100 Vials	2	
Insulin Aspart Mix 70/30 (Novolog Mix 70/30 ABA)	E		Soliqua	2	QL, ST
Insulin Aspart Mix 70/30 FlexPen (Novolog Mix 70/30 FlexPen ABA)	E		Toujeo Max SoloStar	2	
Insulin Aspart Penfill (Novolog Penfill ABA)	E		Toujeo SoloStar	2	
Insulin Degludec (Tresiba ABA)	E		Tresiba	2	
Insulin Degludec FlexTouch (Tresiba FlexTouch ABA)	E		Tresiba FlexTouch	2	
Insulin Glargine (Lantus ABA)	E		Diabetes/Endocrine: Non-Insulin		
Insulin Glargine Solostar (Lantus SoloStar ABA)	E		Baqsimi	2	
Insulin Lispro (Humalog ABA)	E		Bydureon BCise	2	PA, QL
Insulin Lispro Junior KwikPen (Humalog Junior KwikPen ABA)	E		Byetta	2	PA, QL
Insulin Lispro KwikPen (Humalog KwikPen ABA)	E		Farxiga	2	ST
Insulin Lispro Mix 75/25 KwikPen (Humalog Mix 75/25 KwikPen ABA)	E		Glimepiride	1	
Lantus Solostar	2		Glipizide	1	
Lantus U-100 Vials	2		Glipizide ER	1	
Levemir U-100 Vials and FlexTouch	2		Glipizide XL	1	
Lyumjev Vials and KwikPen	2		Glucagon Emergency Kit (Fresenius manufacturer)	2	
Novolin 70/30 Vials and FlexPen	2		Glyburide	1	
Novolin N Vials and FlexPen	2		Glyxambi	2	ST
Novolin R Vials and FlexPen	2		Janumet	2	ST
Novolog FlexPen	2		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	PA, QL
			Pioglitazone	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Rybelsus	2	PA, QL	Liothyronine	1	
SymlinPen	3		Methimazole	1	
Synjardy	2	ST	NP Thyroid	1	
Synjardy XR	2	ST	Synthroid	3	ST
Tradjenta	2	ST	Tirosint	3	ST
Trijardy XR	2	ST	Unithroid	1	
Trulicity	2	PA, QL	Eye Conditions: Antibiotics		
Victoza	2	PA, QL	Azasite	3	
Xigduo XR	2	ST	Besivance	3	
Zegalogue	2		Ciprofloxacin Ophthalmic	1	
Endocrine: Growth Hormone			Erythromycin Ophthalmic	1	
Norditropin FlexPro	2	PA, SP	Moxifloxacin Ophthalmic	1	
Nutropin AQ NuSpin	2	PA, SP	Ofloxacin Ophthalmic	1	
Endocrine: Other			Polymyxin B/ Trimethoprim Ophthalmic	1	
Acthar	2	PA, SP	Polytrim	3	
Cabergoline	1		Tobramycin/Dexamethasone Ophthalmic	1	
Calcitriol Cap	1		Zylet	3	
Cortrophin	2	PA, SP	Eye Conditions: Glaucoma		
Dexamethasone Tab	1		Alphagan P	2	
Fludrocortisone Acetate Tab	1		Betimol	3	
Hydrocortisone Tab	1		Brimonidine Ophthalmic	1	
Lupron Depot 7.5mg, 22.5mg, 30mg, 45mg	2	PA, SP	Combigan	3	ST
Methylprednisolone Tab	1		Dorzolamide/Timolol Ophthalmic	1	
Osphena	3		Dorzolamide/Timolol Ophthalmic PF	1	
Prednisone	1		Latanoprost Ophthalmic	1	QL
Prednisolone Tab	1		Lumigan	2	QL
Prednisolone Sodium Phosphate Solution	1		Rhopressa	3	
Somatuline Depot	3	PA, SP	Rocklatan	3	QL
Supprelin LA	2	PA, QL, SP	Simbrinza	2	
Triptodur	3	PA, QL, SP	Timolol Maleate Ophthalmic (Once-Daily)	1	
Endocrine: Thyroid Hormone Replacement			Timolol Maleate OcuDose	1	
Armour Thyroid	3	ST	Timolol Maleate Ophthalmic	1	
Euthyrox	1		Timolol Maleate Ophthalmic PF	1	
Levo-T	1		Zioptan	3	QL
Levothyroxine Tab	1				
Levoxyl	1				

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Eye Conditions: Other		
Cyclosporine Ophthalmic	1	PA
Eysuvis	3	PA, QL
Flarex	3	
Inveltys	3	
Ketorolac Ophthalmic	1	
Lotemax SM	3	
Neomycin/Polymyxin/ Dexamethasone Ophthalmic Ointment, Suspension	1	
Prednisolone Ophthalmic	1	
Prolensa	2	QL
Restasis	2	PA
Restasis Multidose	2	PA
Tobradex ST	3	
Tyrvaya	3	PA, QL
Xiidra	2	PA
Gastrointestinal: Acid Suppression		
Dexilant	2	QL
Dexlansoprazole (Dexilant ABA)	E	
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		
Apriso	2	
Cortifoam	3	
Dipentum	3	
Hydrocortisone (Perianal)	1	
Lialda	3	ST
Mesalamine DR	1	
Mesalamine ER 0.375gm	1	
Pentasa	3	ST
Proctofoam-HC	2	
Procto-Med HC	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Procto-Pak	1	
Proctosol HC	1	
Proctozone-HC	1	
Sulfasalazine	1	
Uceris Rectal	3	
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab	1	
Prochlorperazine	1	
Scopolamine	1	
Varubi	3	QL
Gastrointestinal: Other		
Clenpiq	3	
Constulose	1	
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G	1	
Gavilyte-N w/ Flavor Packs	1	
Glycopyrrolate Tab 1mg, 2mg	1	
Hyoscyamine Sulfate SL	1	
Lactulose	1	
Linzess	2	QL, ST
Motegrity	3	QL, ST
Movantik	2	QL, ST
Omeclamox-Pak	2	
Pancreaze	3	ST
PEG 3350-KCl-Na Bicarb-NaCl	1	
PEG-3350/Electrolytes	1	
Pertzye	3	ST
Pylera	2	
Suprep Bowel Prep	3	
Sutab	3	
Symproic	2	QL, ST
Talicia	3	
Trulance	3	QL, ST

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Viberzi	3	PA, QL	Methotrexate	1	
Zenpep	2		Methotrexate Sodium	1	
Gout			Orencia⁺	3	PA, SP
Allopurinol	1		Otezla	2	PA, SP
Colchicine Tab	1		Rasuvo	2	PA, QL
HIV/AIDS			RediTrex	3	PA, QL
Biktarvy	3		Rinvoq	2	PA, SP
Cimduo	2		Simponi	2	PA, SP
Descovy	3		Simponi Aria	2	PA, SP
Dovato	2		Skyrizi	2	PA, QL, SP
Emtricitabine/Tenofovir Disoproxil Fumarate	1		Stelara	2	PA, QL, SP
Genvoya	3		Taltz⁺	3	PA, SP
Juluca	2		Tremfya	2	PA, SP
Odefsey	3		Trexall	3	
Prezcobix	2		Xeljanz	2	PA, SP
Rukobia	2		Xeljanz XR	2	PA, SP
Symfi	2		*Tier 3 Preferred		
Symfi Lo	2		Men's Health: Erectile Dysfunction		
Symtuza	3		Sildenafil 25mg, 50mg, 100mg	1	QL
Tivicay	2		Stendra	3	QL
Triumeq	2		Tadalafil	1	QL
Infertility			Men's Health: Prostate		
Clomiphene Citrate	1		Alfuzosin ER	1	
Follistim AQ	2	PA, SP	Dutasteride	1	
Ganirelix (Organon/Merck manufacturer)	1	SP	Finasteride 5mg	1	
Ovidrel	3	SP	Tamsulosin	1	
Inflammatory Conditions			Men's Health: Testosterone Therapy		
Actemra⁺	3	PA, SP	Androderm	2	PA
Avsola	2	PA, SP	Testosterone Cypionate IM Injection	1	PA
Cimzia	2	PA, SP	Testosterone Gel	1	PA
Cosentyx	3	PA, SP	Xyosted	3	PA
Enbrel	2	PA, SP	Miscellaneous		
Humira	2	PA, SP	Adbry	2	PA, QL, SP
Hydroxychloroquine	1		Addyi	3	PA, QL
Inflectra	2	PA, SP	Arakoda	3	
Leflunomide	1		Auvi-Q 0.1mg	3	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Benlysta	3	PA, SP	Pseudoephedrine/ Brompheniramine/DM	1	
Benzonatate	1		Pulmozyme	2	PA, SP
Botox (non-cosmetic)	2	PA, SP	Qbrexza	3	QL
Bronchitol	3	PA, QL	Rayaldee	3	PA
Cerdelga	3	PA, SP	Ruconest	3	PA, SP
Chlorhexidine Mouth/Throat	1		Strensiq	2	PA, SP
Cibinco	2	PA, QL, SP	Symjepi	3	
Depen Titratabs	2	SP	Takhzyro	3	PA, SP
Dupixent	2	PA, QL, SP	Thiola	3	SP
Emverm	2		Thiola EC	3	SP
Endari	3	PA	Trikafta	3	PA, QL, SP
Epinephrine Auto-Injector	1		Velphoro	3	
Epipen	3	ST	Vyleesi	3	PA, QL
Epipen Jr	3	ST	Vyvgart	3	PA, SP
Esbriet	3	PA, SP	Xembify	3	PA, SP
Fasenra	2	PA, SP	Xhance	3	QL, ST
Haegarda	3	PA, SP	Zolgensma	3	SP
Hemangeol	3		Musculoskeletal: Osteoarthritis		
Ingrezza	3	PA, QL, SP	Durolane	2	PA, SP
Kerendia	3	PA, QL	Euflexxa	2	PA, SP
Lidocaine Mouth/Throat	1		Gelsyn-3	2	PA, SP
Lidocaine Viscous	1		Musculoskeletal: Osteoporosis		
Lupkynis	3	PA, QL, SP	Alendronate Tab	1	QL
Makena	2	PA, SP	Ibandronate	1	QL
Nityr	3	PA, SP	Prolia	2	PA, QL, SP
Nocdurna	3		Teriparatide (Recombinant)	2	PA, QL, SP
Nucala	2	PA, QL, SP	Tymlos	2	PA, SP
Ofev	3	PA, SP	Musculoskeletal: Other		
Orfadin	3	PA, SP	Baclofen Tab	1	
Oriahnn	2	PA, QL	Carisoprodol	1	
Orilissa	2	PA, QL	Cyclobenzaprine Tab	1	
Orladeyo	3	PA, QL, SP	Lorzone	3	
PerioGard	1		Metaxalone	1	
Phenazo 200mg Tab	1		Methocarbamol	1	
Phenazopyridine (Rx only)	1		Tizanidine Tab	1	
Promethazine	1				
Promethazine/Codeine	1	PA, QL			
Promethazine DM	1				

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Musculoskeletal: Pain Relief			Oxybutynin ER	1	
Acetaminophen w/ Codeine	1	QL	Solifenacin	1	
Acetaminophen w/ Codeine #2, #3, #4	1	QL	Tolterodine ER	1	
Acetaminophen/Caffeine/Dihydrocodeine	1	QL	Respiratory: Asthma/COPD		
Belbuca	2	PA, QL	Advair Diskus	2	QL
Celecoxib	1	QL	Advair HFA	2	QL
Diclofenac Tab	1		Albuterol HFA	1	QL
Elyxyb	3	PA, QL	Albuterol HFA (Ventolin HFA ABA)	E	
Endocet	1		Albuterol Inhalation Solution	1	QL
Etodolac	1		Alvesco	3	QL, ST
Fentanyl Patch	1	PA, QL	Anoro Ellipta	2	QL
Hydrocodone/ Acetaminophen	1	QL	Arnuity Ellipta	2	QL
Hydromorphone Tab	1	QL	Atrovent HFA	3	QL
Hysingla ER	2	PA, QL	Breo Ellipta	2	QL
Ibuprofen Tab (Rx only)	1		Breztri Aerosphere	2	QL
Indomethacin Cap 25mg, 50mg	1		Budesonide Inhalation Suspension	1	QL
Ketorolac Tab	1	QL	Budesonide/Formoterol (Symbicort ABA)	E	
Lidocaine Patch	1		Combivent Respimat	2	QL
Meloxicam	1		Flovent Diskus	2	QL
Morphine Sulfate ER	1	PA, QL	Flovent HFA	2	QL
Nabumetone	1		Fluticasone Furoate/Vilanterol (Breo Ellipta ABA)	E	
Naprelan	3		Fluticasone Propionate HFA (Flovent ABA)	E	
Naproxen (Rx only)	1		Fluticasone/Salmeterol 100/50, 250/50, 500/50	1	QL
Nucynta	3	QL	Ipratropium/Albuterol	1	QL
Oxycodone w/ Acetaminophen Tab 2.5/325mg, 5/325mg, 7.5/325mg, 10/325mg	1	QL	Lonhala Magnair	3	QL
Oxycodone Tab	1	QL	Montelukast	1	
Oxycontin	2	PA, QL	Perforomist	3	QL
Tramadol	1	QL	ProAir HFA	3	QL, ST
Trezix	3	QL	Proventil HFA	3	QL, ST
Xtampza ER	2	PA, QL	Pulmicort Flexhaler	2	QL
ZTlido	3	PA	Qvar Redihaler	2	QL
Overactive Bladder			Serevent Diskus	2	QL
Myrbetriq	2		Spiriva Handihaler	2	QL
Oxybutynin	1				

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Spiriva Respimat	2	QL	Nascobal	3	
Stiolto Respimat	2	QL	Potassium Chloride Crys ER	1	
Striverdi Respimat	2	QL	Potassium Chloride ER	1	
Symbicort	2	QL	Potassium Citrate ER	1	
Trelegy Ellipta	2	QL	Veltassa	3	
Ventolin HFA	3	QL, ST	Vitamin D (ergocalciferol) (Rx only)	1	
Wixela Inhub	1	QL	Weight Loss Management		
Xolair	2	PA, SP	Phentermine	1	PA
Yupelri	3	QL	Qsymia	3	PA
Respiratory: Nasal Allergies			Saxenda	3	PA
Azelastine Nasal Spray	1	QL	Wegovy	3	PA
Azelastine/Fluticasone Nasal Spray	1	QL	Women's Health: Birth Control		
Dymista	2	QL	Afirmelle	1	
Ipratropium Nasal Spray	1		Altavera	1	
Mometasone Nasal Spray	1	QL	Alyacen 1/35	1	
Omnaris	3	QL	Amethia	1	
QNasl	3	QL	Annovera	3	
Zetonna	3	QL	Apri	1	
Respiratory: Oral Allergies			Ashlyna	1	
Cyproheptadine Tab	1		Aubra	1	
Transplant			Aubra EQ	1	
Azathioprine Tab	1		Aurovela 1/20	1	
Cyclosporine Modified Cap	1		Aurovela 1.5/30	1	
Envarsus XR	3		Aurovela 24 Fe	1	
Gengraf	1		Aurovela Fe 1/20	1	
Mycophenolate Mofetil	1		Aurovela Fe 1.5/30	1	
Mycophenolate Sodium	1		Aviane	1	
Sirolimus Tab	1		Ayuna	1	
Tacrolimus Cap	1		Balcoltra	3	
Vitamins/Electrolytes			Balziva	1	
Accrufer	3	QL, ST	Blisovi 24 Fe	1	
Cyanocobalamin Injection 1000 mcg/mL	1		Blisovi Fe 1/20	1	
Klor-Con 10	1		Blisovi Fe 1.5/30	1	
Klor-Con Extended Release	1		Briellyn	1	
Klor-Con m10, m15, m20	1		Camila	1	
Lokelma	3		Camrese	1	
			Camrese Lo	1	
			Chateal	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Chateal EQ	1		Junel Fe 24	1	
Cryselle-28	1		Kalliga	1	
Cyred	1		Kurvelo	1	
Cyred EQ	1		Larin 1/20	1	
Dasetta 1/35	1		Larin 1.5/30	1	
Daysee	1		Larin 24 Fe	1	
Deblitane	1		Larin Fe 1/20	1	
Delyla	1		Larin Fe 1.5/30	1	
Desogestrel/Ethinyl Estradiol	1		Larissia	1	
Drospirenone/Ethinyl Estradiol	1		Lessina	1	
Elinest	1		Levonorgestrel/Ethinyl Estradiol	1	
Eluryng	1		Levonorgestrel/Ethinyl Estradiol 91-day	1	
Emoquette	1		Levonorgestrel/Ethinyl Estradiol and Ethinyl Estradiol	1	
Enskyce	1		Levora-28 0.15/30	1	
Errin	1		Lo Loestrin Fe	3	
Estartylla	1		Lojaimiess	1	
Estradiol/Norethindrone Acetate	1		Loryna	1	
Etonogestrel/Ethinyl Estradiol	1		Low-Ogestrel	1	
Falmina	1		Lo-Zumandimine	1	
Fayosim	1		Lutera	1	
Femynor	1		Lyleq	1	
Hailey 1.5/30	1		Lyza	1	
Hailey 24 Fe	1		Marlissa	1	
Hailey Fe 1/20	1		Medroxyprogesterone Acetate IM Injection	1	QL
Hailey Fe 1.5/30	1		Microgestin 1/20	1	
Heather	1		Microgestin 1.5/30	1	
Iclevia	1		Microgestin 24 Fe	1	
Incassia	1		Microgestin Fe 1/20	1	
Introvale	1		Microgestin Fe 1.5/30	1	
Isibloom	1		Mili	1	
Jaimiess	1		Mirena	3	
Jasmiel	1		Mono-Linyah	1	
Jencycla	1		Natazia	2	
Jolessa	1		Necon 0.5/35	1	
Juleber	1		Nextstellis	3	
Junel 1/20	1		Nikki	1	
Junel 1.5/30	1		Nora-BE	1	
Junel Fe 1/20	1				
Junel Fe 1.5/30	1				

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Norethindrone	1		Tri-Vylibra	1	
Norethindrone Acetate	1		Tri-Vylibra Lo	1	
Norethindrone Acetate/Ethinyl Estradiol	1		Vestura	1	
Norethindrone Acetate/Ethinyl Estradiol/Fe	1		Vienna	1	
Norgestimate/Ethinyl Estradiol	1		Vyfemla	1	
Norgestimate/Ethinyl Estradiol Triphasic	1		Vylibra	1	
Norlyroc	1		Wera	1	
Nortrel 0.5/35 (28)	1		Xulane	1	
Nortrel 1/35 (21)	1		Zafemy	1	
Nortrel 1/35 (28)	1		Zumandimine	1	
Nylia 1/35	1		Women's Health: Hormone Replacement		
Nymyo	1		Amabelz	1	
Ocella	1		Bijuva	3	
Philith	1		Climara Pro	2	
Pirmella 1/35	1		Divigel	3	
Portia-28	1		Dotti	1	
Reclipsen	1		Duavee	2	
Rivelsa	1		Elestrin	3	
Setlakin	1		Endometrin	2	
Sharobel	1		Estradiol Patch, Tab, Vaginal Cream	1	
Simpesse	1		EstroGel	3	
Sprintec 28	1		Evamist	3	
Sronyx	1		Imvexxy	2	
Syeda	1		Lyllana	1	
Tarina 24 Fe	1		Medroxyprogesterone Acetate Tab	1	
Tarina Fe 1/20	1		Mimvey	1	
Tarina Fe 1/20 EQ	1		Myfembree	2	PA, QL
Tri Femynor	1		Premarin Tab	2	
Tri-Estarylla	1		Premarin Vaginal Cream	2	
Tri-Linyah	1		Premphase	2	
Tri-Lo-Estarylla	1		Prempro	2	
Tri-Lo-Marzia	1		Progesterone Cap	1	
Tri-Lo-Mili	1		Yuvaferm	1	
Tri-Lo-Sprintec	1		Women's Health: Vaginal Anti-Infectives		
Tri-Mili	1		Clindesse	3	
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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

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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
<i>Example: Lisinopril, 20 mg</i>	<i>Tier 1</i>	<i>High blood pressure</i>	<i>One tablet daily</i>	<i>Dr. Johnson</i>

