

# SERVE YOU



Effective July 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://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)

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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 devices, and not all medications or 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.
- You may also log on to [serveyourx.com](https://serveyourx.com) or call customer service at **800-759-3203** for more information.

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

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




### How do I use my Prescription Drug List?

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

## What are tiers?

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

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

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



### PLEASE NOTE

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

## When does the Prescription Drug List change?

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

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

## Programs and Limits

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

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



To learn more about a Serve You Rx Clinical Pharmacy Program, or to find out if it applies to you, please visit [serveyourx.com](https://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 DirectRx<sup>SM</sup> Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care. Call customer service at **800-759-3203** and have your prescriptions delivered right to your home or office.

## Should I talk to my doctor about OTC medications?

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

## How do I get updated information about my pharmacy benefit?

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

When you register at [serveyourx.com](https://serveyourx.com), you can use the website's helpful tools and features to:

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



If you need more information:

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

Visit the member portal at [serveyourx.com](https://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
<b>Acne/Rosacea</b>		
<b>Absorica LD</b>	3	PA
Accutane	1	
Amnesteem	1	
Claravis	1	
Isotretinoin	1	
Myorisan	1	
<b>Seysara</b>	3	ST
Zenatane	1	
<b>Addiction/Substance Abuse</b>		
<b>Apo-Varenicline</b>	3	
Buprenorphine SL	1	QL
Buprenorphine/Naloxone	1	QL
<b>Kloxxado</b>	2	
Naloxone Nasal Spray	1	
Naltrexone Tab	1	
<b>Narcan</b>	2	
<b>Reset</b>	2	PA
<b>Reset-O</b>	2	PA
<b>Sublocade</b>	3	SP
<b>Zimhi</b>	3	
<b>Zubsolv</b>	2	QL
<b>Anti-Infectives: Antibiotics</b>		
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	
<b>Difcid</b>	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	
<b>Nuzyra</b>	3	PA
Ofloxacin Otic	1	
<b>Otovel</b>	3	
Penicillin VK	1	
Sulfamethoxazole/Trimethoprim	1	
Sulfatrim Pediatric	1	
<b>TOBI Podhaler</b>	3	QL, SP
<b>Xenleta</b>	3	
<b>Anti-Infectives: Antifungals</b>		
Ciclodan	1	
Clotrimazole Cream	1	
<b>Cresemba</b>	3	
Fluconazole	1	
<b>Jublia</b>	3	PA
Nyamyc	1	
Nystatin Mouth/Throat	1	
Nystop	1	
Terbinafine Tab	1	QL
<b>Vivjoa</b>	3	PA, ST
<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>Lagevrio</b>	3	
<b>Ledipasvir/Sofosbuvir (Harvoni ABA)</b>	E	SP
<b>Mavyret</b>	2	PA, QL, SP
Oseltamivir Phosphate Cap	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
<b>Paxlovid</b>	3		<b>Alunbrig</b>	2	PA, QL, SP
<b>Sofosbuvir/Velpatasvir (Epclusa ABA)</b>	E	SP	Anastrozole Tab	1	
Valacyclovir	1	QL	<b>Brukinsa</b>	3	PA, SP
<b>Vemlidy</b>	3	SP	<b>Cabometyx</b>	2	PA, SP
<b>Vosevi</b>	2	PA, QL, SP	<b>Calquence</b>	3	PA, SP
<b>Xofluza</b>	3	QL	Capecitabine	1	SP
<b>Blood Disorders</b>			<b>Erivedge</b>	3	PA, SP
<b>Advate</b>	2	SP	<b>Erleada</b>	3	PA, SP
<b>Adynovate</b>	3	SP	<b>Exkivity</b>	3	PA, SP
<b>Afstyla</b>	3	SP	<b>Gavreto</b>	3	PA, SP
<b>Aranesp</b>	2	PA, SP	<b>Ibrance</b>	3	PA, SP
<b>Doptelet</b>	3	PA, SP	<b>Iclusig</b>	3	PA, QL, SP
<b>Eloctate</b>	3	SP	<b>Idhifa</b>	3	PA, QL, SP
<b>Empaveli</b>	3	PA, SP	Imatinib Mesylate	1	PA, SP
<b>Idelvion</b>	3	SP	<b>Imbruvica</b>	3	PA, SP
<b>Jivi</b>	3	SP	<b>Kanjinti</b>	2	PA, SP
<b>Koate</b>	2	SP	<b>Kisqali</b>	3	PA, SP
<b>Mulpleta</b>	2	PA, SP	<b>Kisqali Femara</b>	3	PA, SP
<b>Neulasta</b>	3	PA, SP	<b>Koselugo</b>	3	PA, SP
<b>Neulasta Onpro</b>	3	PA, SP	Letrozole	1	
<b>Nivestym</b>	2	PA, SP	<b>Lumakras</b>	3	PA, SP
<b>Novoeight</b>	2	SP	<b>Lynparza</b>	2	PA, SP
<b>Nuwiq</b>	2	SP	<b>Mvasi</b>	2	PA, SP
<b>Procrit</b>	2	PA, SP	<b>Nubeqa</b>	3	PA, SP
<b>Recombinate</b>	2	SP	<b>Odomzo</b>	3	PA, SP
<b>Retacrit</b>	2	PA, SP	<b>Orgovyx</b>	3	PA, SP
<b>Soliris</b>	3	PA, SP	<b>Panretin</b>	3	
<b>Tavalisse</b>	3	PA, SP	<b>Phesgo</b>	2	PA, SP
Tranexamic Acid Tab	1		<b>Pomalyst</b>	3	PA, SP
<b>Ultomiris</b>	3	PA, SP	<b>Retevmo</b>	3	PA, SP
<b>Wilate</b>	2	SP	<b>Revlimid</b>	2	PA, SP
<b>Xyntha</b>	2	SP	<b>Rozlytrek</b>	3	PA, SP
<b>Xyntha Solofuse</b>	2	SP	<b>Ruxience</b>	2	PA, SP
<b>Zarxio</b>	2	PA, SP	<b>Sprycel</b>	2	PA, SP
<b>Ziextenzo</b>	3	PA, SP	<b>Stivarga</b>	3	PA, SP
<b>Cancer</b>			<b>Tabrecta</b>	3	PA, SP
Abiraterone	1	PA, SP	<b>Tagrisso</b>	3	PA, SP
<b>Alecensa</b>	2	PA, SP	Tamoxifen Tab	1	
			Temozolomide	1	PA, SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Trazimera</b>	2	PA, SP	Irbesartan/HCTZ	1	
<b>Verzenio</b>	3	PA, SP	Labetalol	1	
<b>Vitrakvi</b>	3	PA, SP	Lisinopril	1	
<b>Xtandi</b>	3	PA, SP	Lisinopril/HCTZ	1	
<b>Zejula</b>	2	PA, SP	Losartan	1	
<b>Zirabev</b>	2	PA, SP	Losartan/HCTZ	1	
<b>Cardiovascular/Heart Disease: Anticoagulants</b>			Metoprolol Succinate ER	1	
<b>Brilinta</b>	2		Metoprolol Tartrate	1	
Clopidogrel	1		Minoxidil	1	
<b>Eliquis</b>	2	QL	Nadolol	1	
Enoxaparin	1		Nebivolol	1	
Jantoven	1		Nifedipine ER	1	
<b>Pradaxa</b>	2	QL	Nifedipine ER Osmotic	1	
Prasugrel	1		<b>Norliqva</b>	3	PA, QL
Warfarin	1		Olmesartan	1	
<b>Xarelto</b>	2	QL	Olmesartan/HCTZ	1	
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>			Prazosin	1	
Amlodipine	1		Propranolol	1	
Amlodipine/Benazepril	1		Propranolol ER	1	
Amlodipine/Olmesartan	1		Ramipril	1	
Amlodipine/Valsartan	1		Spironolactone	1	
Atenolol	1		<b>Tekturna</b>	2	ST
Atenolol/Chlorthalidone	1		<b>Tekturna HCT</b>	2	ST
Benazepril	1		Telmisartan	1	
Bisoprolol	1		Telmisartan/HCTZ	1	
Bisoprolol/HCTZ	1		Torsemide	1	
Bumetanide	1		Triamterene/HCTZ	1	
Candesartan	1		Valsartan Tab	1	
Cartia XT	1		Valsartan/HCTZ	1	
Carvedilol	1		Verapamil ER	1	
Chlorthalidone	1		<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Clonidine Tab	1		Atorvastatin	1	
Diltiazem ER	1		Colestipol	1	
Doxazosin	1		Ezetimibe	1	
<b>Edarbi</b>	3	ST	Fenofibrate	1	
<b>Edarbyclor</b>	3	ST	Gemfibrozil	1	
Enalapril	1		Icosapent Ethyl	1	
Furosemide	1		<b>Livalo</b>	3	ST
Guanfacine	1				
Hydralazine	1				
Hydrochlorothiazide	1				
Irbesartan	1				

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Lovastatin	1		Aripiprazole	1	QL
<b>Nexletol</b>	2	PA, QL	<b>Aristada</b>	3	
<b>Nexlizet</b>	2	PA, QL	<b>Aristada Initio</b>	3	
Omega-3 Acid	1		<b>Invega Hafyera</b>	3	ST
Pravastatin	1		<b>Invega Sustenna</b>	3	
<b>Repatha</b>	2	PA, QL	<b>Invega Trinza</b>	3	
Rosuvastatin	1		<b>Latuda</b>	3	QL
Simvastatin	1		<b>Lybalvi</b>	3	QL, ST
<b>Vascepa</b>	2		Olanzapine	1	
<b>Cardiovascular/Heart Disease: Other</b>			<b>Perseris</b>	3	
Amiodarone	1		Quetiapine	1	
<b>BiDil</b>	3		Quetiapine ER	1	QL
<b>Corlanor</b>	3	PA, QL	<b>Rexulti</b>	3	QL
Digitek	1		Risperidone	1	
Digoxin	1		<b>Vraylar</b>	3	QL
<b>Entresto</b>	2	QL	Ziprasidone	1	
Flecainide	1		<b>Central Nervous System: Attention Deficit Disorder</b>		
Isosorbide Mononitrate ER	1		<b>Adderall XR</b>	3	ST
<b>Multaq</b>	3		Amphetamine/ Dextroamphetamine	1	
Nitroglycerin SL	1		Amphetamine/ Dextroamphetamine ER	1	
Ranolazine ER	1		Atomoxetine	1	
<b>Soanz</b>	3	ST	<b>Azstarys</b>	3	ST
<b>Verquvo</b>	3	PA, QL	Dexmethylphenidate	1	
<b>Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension</b>			Dexmethylphenidate ER	1	
<b>Adempas</b>	2	PA, QL, SP	Guanfacine ER	1	
<b>Opsumit</b>	2	PA, QL, SP	<b>Jornay PM</b>	3	ST
<b>Orenitram</b>	3	PA, QL, SP	Methylphenidate CD	1	
Sildenafil Tab 20mg	1	PA, QL	Methylphenidate ER	1	
<b>Tyvaso</b>	3	PA, QL, SP	Methylphenidate LA	1	
<b>Tyvaso DPI</b>	3	PA, QL, SP	Methylphenidate OSM	1	
<b>Central Nervous System: Alzheimer's/Dementia</b>			Methylphenidate Tab	1	
Donepezil	1		Methylphenidate XR	1	
Memantine	1		<b>Vyvanse</b>	2	
<b>Namzaric</b>	2	QL	<b>Central Nervous System: Depression</b>		
<b>Central Nervous System: Antipsychotics</b>			Amitriptyline	1	
<b>Abilify Maintena</b>	3		Bupropion	1	

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

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Bupropion SR	1	QL	<b>Betaseron</b>	2	PA, QL, SP
Bupropion XL 150mg, 300mg	1	QL	<b>Copaxone</b>	2	PA, QL, SP
Citalopram Tab	1		Dimethyl Fumarate	1	PA, QL, SP
Desvenlafaxine ER	1	QL	<b>Gilenya</b>	3	PA, QL, SP
Doxepin	1		Glatiramer Acetate	1	PA, QL, SP
Duloxetine	1	QL	Glatopa	1	PA, QL, SP
Escitalopram Tab	1		<b>Kesimpta</b>	2	PA, QL, SP
Fluoxetine	1		<b>Mavenclad</b>	3	PA, SP
Fluvoxamine	1		<b>Mayzent</b>	3	PA, QL, SP
Mirtazapine	1		<b>Rebif</b>	3	PA, QL, SP
Nortriptyline	1		<b>Vumerity</b>	2	PA, QL, SP
Paroxetine Tab	1		<b>Zeposia</b>	3	PA, QL, SP
Sertraline Tab	1		<b>Central Nervous System: Other</b>		
<b>Spravato</b>	3	PA, SP	Alprazolam Tab	1	QL
Trazodone	1		Armodafinil	1	
<b>Trintellix</b>	3	QL, ST	<b>Austedo</b>	3	PA, QL, SP
Venlafaxine	1		Buspirone	1	
Venlafaxine ER	1		Diazepam Tab	1	
Vilazodone	1	QL	<b>Gralise</b>	3	PA, QL, ST
<b>Central Nervous System: Migraine</b>			<b>Horizant</b>	3	PA, QL
<b>Aimovig</b>	2	PA, QL	Hydroxyzine HCL	1	
<b>Ajovy</b>	2	PA, QL	Hydroxyzine Pamoate	1	
Bac	1		Lithium	1	
Butalbital/Acetaminophen/ Caffeine	1		Lithium ER	1	
Eletriptan	1	QL	Lorazepam Tab	1	
<b>Emgality 100mg/mL</b>	2	PA, QL	Modafinil	1	
<b>Emgality 120mg/mL</b>	3	PA, QL	<b>Radicava</b>	3	PA, SP
<b>Nurtec</b>	2	PA, QL	<b>Radicava ORS</b>	2	PA, QL, SP
<b>Qulipta</b>	2	PA, QL	<b>Sodium Oxybate</b>	3	PA, QL, SP
Rizatriptan	1	QL	<b>Sunosi</b>	2	PA, QL
Sumatriptan Tab	1	QL	<b>Tegsedi</b>	3	PA, SP
<b>Ubrelvy</b>	2	PA, QL	<b>Tiglutik</b>	3	PA, QL
<b>Central Nervous System: Multiple Sclerosis</b>			<b>Wakix</b>	3	PA, QL, SP
<b>Ampyra</b>	3	PA, QL, SP	<b>Xyrem</b>	3	PA, QL, SP
<b>Aubagio</b>	3	PA, QL, SP	<b>Xywav</b>	3	PA, QL, SP
<b>Avonex</b>	2	PA, QL, SP	<b>Central Nervous System: Parkinson's Disease</b>		
<b>Bafiertam</b>	2	PA, QL, SP	Benzotropine	1	
			Carbidopa/Levodopa	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
<b>Inbrija</b>	3	PA, SP	Topiramate	1	
<b>Kynmobi</b>	3	PA, QL, SP	<b>Trokendi XR</b>	3	ST
<b>Neupro</b>	3	ST	<b>Valtoco</b>	3	QL
<b>Nourianz</b>	3		<b>Xcopri</b>	3	ST
<b>Ongentys</b>	3	QL, ST	<b>Zonegran</b>	3	ST
Pramipexole	1		Zonisamide	1	
Ropinirole	1		<b>Dermatology</b>		
<b>Rytary</b>	3	ST	Adapalene/Benzoyl Peroxide Gel	1	
<b>Central Nervous System: Sedatives/Hypnotics</b>			Ala-Cort Cream	1	
<b>Belsomra</b>	3	QL, ST	<b>Amzeeq</b>	3	
<b>Dayvigo</b>	3	QL, ST	Azelaic Acid Gel	1	
Eszopiclone	1	QL	Betamethasone Cream	1	
Temazepam	1		Ciclopirox Solution	1	
Triazolam	1	QL	Clindacin ETZ Swab	1	
Zolpidem	1	QL	Clindacin-P	1	
Zolpidem ER	1	QL	Clindamycin Gel, Lotion, Solution, Swab	1	
<b>Central Nervous System: Seizure Disorders</b>			Clindamycin/Benzoyl Peroxide Gel 1-5%, 1.2-2.5%	1	
<b>Aptiom</b>	3		Clobetasol Cream, Ointment, Solution	1	
<b>Briviact</b>	3	ST	Clotrimazole/ Betamethasone Cream	1	
Clonazepam	1	QL	<b>Enstilar</b>	3	QL
Divalproex DR	1		<b>Epiduo Forte</b>	3	
Divalproex ER	1		<b>Eucrisa</b>	2	QL, ST
<b>Epidiolex</b>	3	PA, SP	<b>Finacea</b>	3	ST
<b>Fycompa</b>	3		Fluocinonide Solution	1	
Gabapentin	1		Fluorouracil Cream 5%	1	
Lacosamide	1		Hydrocortisone Cream, Ointment	1	
Lamotrigine	1		Imiquimod Cream	1	
Lamotrigine ER	1		Ketoconazole Cream, Shampoo	1	
Levetiracetam	1		<b>Klisyri</b>	3	ST
<b>Nayzilam</b>	3	QL	Lidocaine/Prilocaine Cream	1	
Oxcarbazepine	1		Metronidazole Cream, Gel	1	
Pregabalin	1	QL	<b>Mirvaso</b>	3	
Primidone	1		Mometasone Cream	1	
Roweepra	1		Mupirocin Ointment	1	
Subvenite	1				
<b>Sympazan</b>	3	PA			
<b>Topamax</b>	3	ST			
<b>Topamax Sprinkle</b>	3	ST			

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Nystatin Cream, Ointment	1		Dexcom G7 Receiver, Sensor	2	
Onexton	3		Enlite Glucose Sensor	3	
Opzelura	2	QL, ST	FreeStyle Libre 2 Reader, Sensor	2	
Retin-A Micro 0.06%, 0.08%	2	PA	FreeStyle Libre 3 Sensor	2	
Rhofade	3	PA	FreeStyle Libre 14 Day Reader, Sensor	2	
Rosadan Cream, Gel	1		Guardian Connect Transmitter	3	
Santyl	3		Guardian Link 3 Transmitter	3	
Soolantra	3		Guardian Sensor 3	3	
Taclonex	3	QL	Novofine Autocover Pen Needles	2	
Tacrolimus Ointment	1		Novofine Pen Needles	2	
Tretinoin Cream	1	PA	Novofine Plus Pen Needles	2	
Triamcinolone Cream, Ointment	1		Omnipod 5 G6 Intro (Gen 5)	2	PA, QL
Triamcinolone in Absorbase	1		Omnipod 5 G6 Pod (Gen 5)	2	PA, QL
Triderm	1		Omnipod Classic Pods (Gen 3)	2	PA, QL
Tritocin	1		Omnipod Dash Intro (Gen 4)	2	PA, QL
Twynéo	3	PA	Omnipod Dash Pods (Gen 4)	2	PA, QL
Vtama	3	PA	OneTouch Ultra Test Strips	2	
Wynzora	3	PA, QL	OneTouch Ultra 2 Kit w/ Device	2	
Xepi	3		OneTouch Verio Flex System	2	
Ximino	3		OneTouch Verio Kit w/ Device	2	
Zilxi	3	ST	OneTouch Verio Reflect Kit w/Device	2	
Zoryve	3		OneTouch Verio Test Strips	2	
<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>			V-Go 20	2	PA, QL
Accu-Chek FastClix Lancet Kit	2		V-Go 30	2	PA, QL
Accu-Chek Softclix Lancet Device Kit	2		V-Go 40	2	PA, QL
BD Ultra-Fine Insulin Syringes	2		<b>Diabetes/Endocrine: Insulin</b>		
BD Ultra-Fine Pen Needles	2		Admelog	3	ST
CeQur Simplicity 2U	2		Admelog SoloStar	3	ST
CeQur Simplicity Inserter	2		Basaglar KwikPen	3	ST
Contour Next EZ Kit w/ Device	2		Humalog Mix 50/50 Vials and KwikPen	2	
Contour Next Gen Monitor	2		Humalog Mix 75/25 Vials and KwikPen	2	
Contour Next One Kit	2				
Contour Next Gen Test Strips	2				
Dexcom G6 Receiver, Sensor, Transmitter	2				

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Humalog U-100 Junior KwikPen	2		Novolin 70/30 Vials and FlexPen	2	
Humalog Vials and KwikPen	2		Novolin N Vials and FlexPen	2	
Humulin 70/30 Vials and KwikPen	2		Novolin R Vials and FlexPen	2	
Humulin N Vials and KwikPen	2		Novolog FlexPen	2	
Humulin R U-500 Vials and KwikPen	2		Novolog Mix 70/30 Vials and FlexPen	2	
Humulin R Vials	2		Novolog Penfill	2	
Insulin Aspart (Novolog ABA)	E		Novolog Relion Mix 70/30 Vials and FlexPen	E	
Insulin Aspart Flexpen (Novolog FlexPen ABA)	E		Novolog Relion Vials and FlexPen	E	
Insulin Aspart Mix 70/30 (Novolog Mix 70/30 ABA)	E		Novolog U-100 Vials	2	
Insulin Aspart Mix 70/30 FlexPen (Novolog Mix 70/30 FlexPen ABA)	E		Soliqua	2	QL, ST
Insulin Aspart Penfill (Novolog Penfill ABA)	E		Toujeo Max SoloStar	2	
Insulin Degludec (Tresiba ABA)	E		Toujeo SoloStar	2	
Insulin Degludec FlexTouch (Tresiba FlexTouch ABA)	E		Tresiba	2	
Insulin Glargine (Lantus ABA)	E		Tresiba FlexTouch	2	
Insulin Glargine Solostar (Lantus SoloStar ABA)	E		<b>Diabetes/Endocrine: Non-Insulin</b>		
Insulin Lispro (Humalog ABA)	E		Baqsimi	2	
Insulin Lispro Junior KwikPen (Humalog Junior KwikPen ABA)	E		Bydureon BCise	2	PA, QL
Insulin Lispro KwikPen (Humalog KwikPen ABA)	E		Byetta	2	PA, QL
Insulin Lispro Mix 75/25 KwikPen (Humalog Mix 75/25 KwikPen ABA)	E		Farxiga	2	ST
Lantus Solostar	2		Glimepiride	1	
Lantus U-100 Vials	2		Glipizide	1	
Levemir U-100 Vials and FlexPen	2		Glipizide ER	1	
Lyumjev Vials and KwikPen	2		Glipizide XL	1	
			Glucagon Emergency Kit (Fresenius manufacturer)	2	
			Glyburide	1	
			Glyxambi	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 <b>Glumetza</b> )	1	PA

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Metformin ER Osmotic (generic Fortamet)	1	
<b>Mounjaro</b>	2	PA, QL
<b>Ozempic</b>	2	PA, QL
Pioglitazone	1	
<b>Rybelsus</b>	2	PA, QL
<b>SymlinPen</b>	3	
<b>Synjardy</b>	2	ST
<b>Synjardy XR</b>	2	ST
<b>Tradjenta</b>	2	ST
<b>Trijardy XR</b>	2	ST
<b>Trulicity</b>	2	PA, QL
<b>Victoza</b>	2	PA, QL
<b>Xigduo XR</b>	2	ST
<b>Zegalogue</b>	2	
<b>Endocrine: Growth Hormone</b>		
<b>Norditropin FlexPro</b>	2	PA, SP
<b>Nutropin AQ NuSpin</b>	2	PA, SP
<b>Endocrine: Other</b>		
<b>Acthar</b>	2	PA, SP
Cabergoline	1	
Calcitriol Cap	1	
<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
Methylprednisolone Tab	1	
<b>Osphena</b>	3	
Prednisone	1	
Prednisolone	1	
Prednisolone Sodium Phosphate Solution	1	
<b>Somatuline Depot</b>	3	PA, SP
<b>Supprelin LA</b>	2	PA, QL, SP
<b>Triptodur</b>	3	PA, QL, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	ST
Euthyrox	1	
Levo-T	1	
<b>Levothyroxine Cap (Tirosint ABA)</b>	3	ST
Levothyroxine Tab	1	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
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</b>	2	
<b>Betimol</b>	3	
Brimonidine Ophthalmic	1	
Dorzolamide/Timolol Ophthalmic	1	
Dorzolamide/Timolol Ophthalmic PF	1	
Latanoprost Ophthalmic	1	QL

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Lumigan	2	QL
Rhopressa	3	
Rocklatan	3	QL
Simbrinza	2	
Timolol Maleate Ophthalmic (Once-Daily)	1	
Timolol Maleate OcuDose	1	
Timolol Maleate Ophthalmic	1	
Timolol Maleate Ophthalmic PF	1	
Zioptan	3	QL
<b>Eye Conditions: Other</b>		
Cimerli	2	PA, SP
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	
Pred Mild	3	
Prednisolone Ophthalmic	1	
Prolensa	2	QL
Restasis	2	PA
Restasis Multidose	2	PA
Tyrvaya	3	PA, QL
Verkazia	3	PA, QL
Xiidra	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
Dexilant	3	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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Sucralfate Tab	1	
<b>Gastrointestinal: Inflammatory Bowel Disease</b>		
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	
Procto-Pak	1	
Proctosol HC	1	
Proctozone-HC	1	
Sulfasalazine	1	
Uceris Rectal	3	
<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab	1	
Prochlorperazine	1	
Sancuso	3	QL
Scopolamine	1	
Varubi	3	QL
<b>Gastrointestinal: Other</b>		
Clenpiq	3	
Constulose	1	
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-C	1	
Gavilyte-G	1	
Glycopyrrolate Tab 1mg, 2mg	1	
Hyoscyamine Sulfate SL	1	
Lactulose	1	

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<b>Linzess</b>	2	QL, ST
<b>Motegrity</b>	3	QL, ST
<b>Movantik</b>	2	QL, ST
Na Sulfate-K Sulfate-Mg Sulfate	1	
<b>Omeclamox-Pak</b>	2	
<b>Pancreaze</b>	3	ST
PEG 3350-KCl-Na Bicarb-NaCl	1	
PEG-3350/Electrolytes	1	
<b>Pertzye</b>	3	ST
<b>Pylera</b>	2	
<b>Suprep Bowel Prep</b>	3	
<b>Sutab</b>	3	
<b>Symproic</b>	2	QL, ST
<b>Talicia</b>	3	
<b>Trulance</b>	3	QL, ST
<b>Viberzi</b>	3	PA, QL
<b>Zenpep</b>	2	
<b>Gout</b>		
Allopurinol 100mg, 300mg	1	
Colchicine Tab	1	
Febuxostat	1	
<b>HIV/AIDS</b>		
<b>Biktarvy</b>	3	
<b>Cimduo</b>	2	
<b>Descovy</b>	3	
<b>Dovato</b>	2	
Emtricitabine/Tenofovir Disoproxil Fumarate	1	
<b>Juluca</b>	2	
<b>Prezcobix</b>	2	
<b>Rukobia</b>	2	
<b>Symfi</b>	2	
<b>Symfi Lo</b>	2	
<b>Symtuza</b>	3	
<b>Tivicay</b>	2	
<b>Triumeq</b>	2	
<b>Infertility</b>		
<b>Follistim AQ</b>	2	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ganirelix (Organon/Merck manufacturer)	1	SP
<b>Ovidrel</b>	3	SP
<b>Inflammatory Conditions</b>		
<b>Actemra<sup>+</sup></b>	3	PA, QL, SP
<b>Amjevita</b>	2	PA, QL, SP
<b>Avsola</b>	2	PA, SP
<b>Cimzia</b>	2	PA, QL, SP
<b>Cosentyx</b>	3	PA, QL, SP
<b>Enbrel</b>	2	PA, QL, SP
<b>Humira</b>	2	PA, QL, SP
Hydroxychloroquine	1	
<b>Inflectra</b>	2	PA, SP
Leflunomide	1	
Methotrexate	1	
Methotrexate Sodium	1	
<b>Olumiant</b>	3	PA, QL, SP
<b>Orencia<sup>+</sup></b>	3	PA, QL, SP
<b>Otezla</b>	2	PA, QL, SP
<b>Rasuvo</b>	2	PA, QL
<b>RediTrex</b>	3	PA, QL
<b>Rinvoq</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>Stelara</b>	2	PA, QL, SP
<b>Taltz<sup>+</sup></b>	3	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		
<b>Men's Health: Erectile Dysfunction</b>		
Sildenafil 25mg, 50mg, 100mg	1	QL
<b>Stendra</b>	3	QL
Tadalafil	1	QL
<b>Men's Health: Prostate</b>		
Alfuzosin ER	1	

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Dutasteride	1		Lidocaine Viscous	1	
Finasteride 5mg	1		<b>Lupkynis</b>	3	PA, QL, SP
Tamsulosin	1		<b>Makena</b>	2	PA, SP
<b>Men's Health: Testosterone Therapy</b>			<b>Nityr</b>	3	PA, SP
<b>Androderm</b>	2	PA	<b>Nocdurna</b>	3	
Testosterone Cypionate IM Injection	1		<b>Nucala</b>	2	PA, QL, SP
Testosterone Gel	1		<b>Ofev</b>	3	PA, SP
<b>Xyosted</b>	3	PA	<b>Orfadin</b>	3	PA, SP
<b>Miscellaneous</b>			<b>Oriahnn</b>	2	PA, QL
<b>Adbry</b>	2	PA, QL, SP	<b>Orilissa</b>	2	PA, QL
<b>Addyi</b>	3	PA, QL	<b>Orladeyo</b>	3	PA, QL, SP
<b>Arakoda</b>	3		PerioGard	1	
<b>Auvi-Q 0.1mg</b>	3		Phenazo 200mg Tab	1	
<b>Benlysta</b>	3	PA, SP	Phenazopyridine (Rx only)	1	
Benzonatate	1		Promethazine	1	
<b>Botox (non-cosmetic)</b>	2	PA, SP	Promethazine DM	1	
<b>Bronchitol</b>	3	PA, QL	Pseudoephedrine/Brompheniramine/DM	1	
<b>Cerdelga</b>	3	PA, SP	<b>Pulmozyme</b>	2	PA, SP
Chlorhexidine Gluconate Mouth/Throat	1		<b>Qbrexza</b>	3	QL
<b>Cibinco</b>	2	PA, QL, SP	<b>Rayaldee</b>	3	PA
<b>Depen Titratabs</b>	2	SP	<b>Ruconest</b>	3	PA, SP
Desmopressin Acetate Tab	1		<b>Strensiq</b>	2	PA, SP
<b>Dupixent</b>	2	PA, QL, SP	<b>Symjepi</b>	3	
<b>Emverm</b>	2		<b>Takhzyro</b>	3	PA, SP
<b>Endari</b>	3	PA	<b>Thiola</b>	3	SP
Epinephrine Auto-Injector	1		<b>Thiola EC</b>	3	SP
<b>Epipen</b>	3	ST	<b>Trikafta</b>	3	PA, QL, SP
<b>Epipen Jr</b>	3	ST	<b>Velphoro</b>	3	
<b>Esbriet</b>	3	PA, SP	<b>Vyleesi</b>	3	PA, QL
<b>Fasenra</b>	2	PA, SP	<b>Vyvgart</b>	3	PA, SP
<b>Fasenra Pen</b>	2	PA, SP	<b>Xembify</b>	3	PA, SP
<b>Haegarda</b>	3	PA, SP	<b>Xhance</b>	3	QL, ST
<b>Hemangeol</b>	3		<b>Zolgensma</b>	3	SP
<b>Hizentra</b>	3	PA, SP	<b>Musculoskeletal: Osteoarthritis</b>		
<b>Ingrezza</b>	3	PA, QL, SP	<b>Durolane</b>	2	PA, SP
<b>Kerendia</b>	3	PA, QL	<b>Euflexxa</b>	2	PA, SP
Lidocaine Mouth/Throat	1		<b>Gelsyn-3</b>	2	PA, SP

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<b>Musculoskeletal: Osteoporosis</b>			Nabumetone	1	
Alendronate Tab	1	QL	<b>Naprelan</b>	3	
Ibandronate	1	QL	Naproxen (Rx only)	1	
<b>Teriparatide (Recombinant)</b>	2	PA, QL, SP	<b>Nucynta</b>	3	QL
<b>Tymlos</b>	2	PA, SP	Oxycodone w/ Acetaminophen	1	QL
<b>Musculoskeletal: Other</b>			Oxycodone Tab	1	QL
Baclofen Tab	1		<b>Oxycontin</b>	2	PA, QL
Carisoprodol	1		<b>Roxybond</b>	3	QL
Cyclobenzaprine Tab	1		Tramadol	1	QL
<b>Lorzone</b>	3		<b>Trexiz</b>	3	QL
Methocarbamol	1		<b>Xtampza ER</b>	2	PA, QL
Tizanidine Tab	1		<b>ZTlido</b>	3	PA
<b>Musculoskeletal: Pain Relief</b>			<b>Overactive Bladder</b>		
Acetaminophen w/ Codeine	1	QL	<b>Myrbetriq</b>	2	
Acetaminophen w/ Codeine #2, #3, #4	1	QL	Oxybutynin	1	
Acetaminophen/Caffeine/Dihydrocodeine	1	QL	Oxybutynin ER	1	
<b>Belbuca</b>	2	PA, QL	Solifenacin	1	
Celecoxib	1	QL	Tolterodine ER	1	
Diclofenac Gel 1%	1	QL	<b>Respiratory: Asthma/COPD</b>		
Diclofenac Potassium Tab	1		<b>Advair Diskus</b>	2	QL
Diclofenac Sodium Tab	1		<b>Advair HFA</b>	2	QL
<b>Elyxyb</b>	3	PA, QL	Albuterol HFA	1	QL
Endocet	1		<b>Albuterol HFA (Ventolin HFA ABA)</b>	E	
Etodolac	1		Albuterol Inhalation Solution	1	QL
Fentanyl Patch	1	PA, QL	<b>Alvesco</b>	3	QL, ST
Hydrocodone/Acetaminophen	1	QL	<b>Anoro Ellipta</b>	2	QL
Hydromorphone Tab	1	QL	<b>Arnuity Ellipta</b>	2	QL
<b>Hysingla ER</b>	2	PA, QL	<b>Atrovent HFA</b>	3	QL
Ibuprofen Suspension 100mg/5mL	1		<b>Breo Ellipta</b>	2	QL
Ibuprofen Tab (Rx only)	1		<b>Breztri Aerosphere</b>	2	QL
Indomethacin Cap	1		Budesonide Inhalation Suspension	1	QL
Ketorolac Tab	1	QL	<b>Budesonide/Formoterol (Symbicort ABA)</b>	E	
Lidocaine Patch	1		<b>Combivent Respimat</b>	2	QL
Meloxicam	1		<b>Flovent Diskus</b>	2	QL
Morphine Sulfate ER	1	PA, QL	<b>Flovent HFA</b>	2	QL

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

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>Fluticasone Furoate/Vilanterol (Breo Ellipta ABA)</b>	E		Cyproheptadine Tab	1	
<b>Fluticasone Propionate HFA (Flovent HFA ABA)</b>	E		Levocetirizine Tab (Rx only)	1	
Fluticasone/Salmeterol 100/50, 250/50, 500/50	1	QL	<b>Transplant</b>		
Ipratropium/Albuterol	1	QL	Azathioprine Tab	1	
<b>Lonhala Magnair</b>	3	QL	Cyclosporine Modified Cap	1	
Montelukast	1		<b>Envarsus XR</b>	3	
<b>Perforomist</b>	3	QL	Gengraf	1	
<b>Pulmicort Flexhaler</b>	2	QL	Mycophenolate Mofetil	1	
<b>Qvar Redihaler</b>	2	QL	Mycophenolate Sodium	1	
<b>Serevent Diskus</b>	2	QL	Sirolimus Tab	1	
<b>Spiriva Handihaler</b>	2	QL	Tacrolimus Cap	1	
<b>Spiriva Respimat</b>	2	QL	<b>Vitamins/Electrolytes</b>		
<b>Stiolto Respimat</b>	2	QL	<b>Accrufer</b>	3	QL, ST
<b>Striverdi Respimat</b>	2	QL	Cyanocobalamin Injection 1000 mcg/mL	1	
<b>Symbicort</b>	2	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>	3	PA
<b>QNasi</b>	3	QL	<b>Saxenda</b>	3	PA
<b>QNasi Childrens</b>	3	QL	<b>Wegovy</b>	3	PA
<b>Ryaltris</b>	3		<b>Women's Health: Birth Control</b>		
<b>Zetonna</b>	3	QL	Afirmelle	1	
<b>Respiratory: Oral Allergies</b>			Altavera	1	
Cetirizine Solution (Rx only)	1		Alyacen 1/35	1	
			Amethia	1	
			<b>Annovera</b>	3	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS	DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Apri	1		Fayosim	1	
Ashlyna	1		Hailey 1.5/30	1	
Aubra	1		Hailey 24 Fe	1	
Aubra EQ	1		Hailey Fe 1/20	1	
Aurovela 1/20	1		Hailey Fe 1.5/30	1	
Aurovela 1.5/30	1		Haloette	1	
Aurovela 24 Fe	1		Heather	1	
Aurovela Fe 1/20	1		Iclevia	1	
Aurovela Fe 1.5/30	1		Incassia	1	
Aviane	1		Introvale	1	
Ayuna	1		Isibloom	1	
<b>Balcoltra</b>	3		Jaimiess	1	
Balziva	1		Jasmiel	1	
Blisovi 24 Fe	1		Jencycla	1	
Blisovi Fe 1/20	1		Jolessa	1	
Blisovi Fe 1.5/30	1		Juleber	1	
Briellyn	1		Junel 1/20	1	
Camila	1		Junel 1.5/30	1	
Camrese	1		Junel Fe 1/20	1	
Camrese Lo	1		Junel Fe 1.5/30	1	
Chateal	1		Junel Fe 24	1	
Chateal EQ	1		Kalliga	1	
Cryselle-28	1		Kurvelo	1	
Cyred	1		Larin 1/20	1	
Cyred EQ	1		Larin 1.5/30	1	
Dasetta 1/35	1		Larin 24 Fe	1	
Daysee	1		Larin Fe 1/20	1	
Deblitane	1		Larin Fe 1.5/30	1	
Delyla	1		Lessina	1	
Desogestrel/Ethinyl Estradiol	1		Levonorgestrel/Ethinyl Estradiol	1	
Drospirenone/Ethinyl Estradiol	1		Levonorgestrel/Ethinyl Estradiol 91-day	1	
Elinest	1		Levonorgestrel/Ethinyl Estradiol and Ethinyl Estradiol	1	
Eluryng	1		Levora-28 0.15/30	1	
Enskyce	1		<b>Lo Loestrin Fe</b>	3	
Errin	1		Lojaimiess	1	
Estarylla	1		Loryna	1	
Etonogestrel/Ethinyl Estradiol	1		Low-Ogestrel	1	
Falmina	1				

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<b>EstroGel</b>	3	
<b>Evamist</b>	3	
<b>Imvexxy</b>	2	
Lyllana	1	
Medroxyprogesterone Acetate Tab	1	
Mimvey	1	
<b>Myfembree</b>	2	PA, QL
<b>Premarin Tab</b>	2	
<b>Premarin Vaginal Cream</b>	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
<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</b>	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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**“My Medications” worksheet**

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

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

