

Your 2017 Formulary

Effective July 1, 2017



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

For a complete list of covered drugs or if you have questions:



Call the toll-free member phone number on the back of your ID card.



Visit **medalistrx.com**

- Locate a participating retail pharmacy by zip code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Your Formulary

This Formulary outlines the most commonly prescribed medications from your plan's complete pharmacy benefit coverage list, also known as a Prescription Drug List (PDL). A formulary identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. An important part of the Formulary is giving you choices so you and your doctor can choose the best course of treatment for you.

Go to your plan's member website for complete and up-to-date drug information

Since the Formulary may change, we encourage you to visit our website, your plan's member website, which should be listed on your ID card. This website is the best source for up-to-date information about all of the medications your pharmacy benefit covers, possible lower-cost options and cost comparisons.

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At MedalistRx™, we want to help 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 Formulary.

What is a Formulary?

This document is a list of commonly prescribed medications preferred by your plan sponsor for their safety, cost and effectiveness. Drugs are listed by common categories or class. They are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

Please note: Where differences are noted between this Formulary and your benefit plan documents, the benefit plan documents will rule. It 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 your plan's member website or call the toll-free member phone number on your ID card for more information.

How do I use my Formulary?




When choosing a medication, you and your doctor should consult the Formulary. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. It is organized by common medical conditions. Medications are then listed alphabetically.

If your medication is not listed in this document, please visit your plan's member website or call the toll-free member phone number on your ID card.

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. This is how much you will pay when you fill a prescription. 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. Some low-cost brands may be included.	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: Some plans may have two or four tiers, while others may not have any. If you have a high deductible plan, the tier cost levels will apply once you hit your deductible. Refer to your enrollment and plan materials on **via your HR professional**, or call the toll-free member phone number of the back of your ID card for more information about your prescription plan.

When does the Formulary 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.

For the most up-to-date list, call customer service at the toll-free member phone number on the back of your ID card.

Programs and Limits

Some medications are noted with letters or symbols next to them. The letters and symbols refer to our 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.

AR	Age Restrictions – Some restrictions may apply based on patient age.
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.
QL	Quantity Limits – Amount of medication covered per copayment or in a specific time period.
SP	Specialty Medication – Medication is designated as a specialty pharmacy drug.

To learn more about a pharmacy program or to find out if it applies to you, please visit **Medalistrx.com** or call the toll-free member phone number on the back of your ID card.

Why are some medications excluded from coverage?

Medications may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription medication or an over-the-counter (OTC) medication. There may be other medication options available.

What if I don't agree with a decision about an excluded medication?

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling the toll-free member phone number on the back of your ID card.

Should I talk to my doctor about OTC medications?

An OTC 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.

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, **Clobex**) and generic drugs in plain type (for example, clobetasol).

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 your plan's member website to make sure.



More information

If you have additional questions please call customer service, 24 hours a day, 7 days a week using the toll-free member phone number on the back of your ID card. Or visit **Medalistrx.com**

Drug Name	Drug Tier	Programs and Limits
Anti-Infectives: Antibiotics		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azasite	3	
Azithromycin	1	
Bethkis	2	SP
Cefadroxil Cap	1	
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprodex Otic Suspension	2	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Doryx MPC	3	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab (Immediate Release)	1	
Doxycycline Monohydrate Cap	1	
Doxycycline Monohydrate Oral Suspension, Tab	1	
Erythromycin	1	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Moxifloxacin	1	
Neomycin/Polymyxin/HC Otic Suspension, Solution	1	
Nitrofurantoin Macrocrystalline	1	

Drug Name	Drug Tier	Programs and Limits
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	3	
Penicillin VK	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim	1	
Sulfamethoxazole-Trimethoprim DS	1	
Anti-Infectives: Antifungals		
Fluconazole	1	
Jublia Solution	3	PA
Kerydin Solution	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Anti-Infectives: Antivirals		
Acyclovir Cap, Tab, Suspension	1	
Daklinza	3	PA, QL, SP
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Famciclovir Tab	1	
Harvoni	2	PA, QL, SP
Sovaldi	2	PA, QL, ST, SP
Tamiflu	3	QL
Valacyclovir	1	QL
Zepatier	2	PA, QL, SP
Cancer		
Akynzeo	3	QL
Anastrozole Tab	1	
Capecitabine	1	PA, SP
Letrozole	1	
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Tasigna	3	PA, SP
Temozolomide	1	PA, SP
Zytiga	3	PA, SP

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
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Drug Name	Drug Tier	Programs and Limits
Cardiovascular/Heart Disease:		
Anticoagulants		
Brilinta	2	
Clopidogrel	1	
Effient	2	
Eliquis	3	QL
Enoxaparin	1	QL, SP
Pradaxa	2	QL
Savaysa	3	QL
Warfarin	1	
Xarelto	2	QL
Cardiovascular/Heart Disease:		
High Blood Pressure		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Amlodipine/Valsartan/ HCTZ	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Azor	3	ST
Benazepril	1	
Benazepril/HCTZ	1	
Benicar	3	ST
Benicar HCT	3	ST
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Patch	1	
Clonidine Tab	1	
Diltiazem Tab	1	
Doxazosin	1	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Enalapril/HCTZ	1	
Felodipine	1	
Fosinopril	1	
Furosemide	1	

Drug Name	Drug Tier	Programs and Limits
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Irbesartan/HCTZ	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Tribenzor	3	ST
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease:		
High Cholesterol		
Atorvastatin	1	
Cholestyramine	1	
Crestor	3	
Fenofibrate 40 mg, 43 mg, 48 mg, 50 mg, 54 mg, 67 mg, 120 mg, 130 mg, 134 mg, 145 mg, 150 mg, 160 mg, 200 mg	1	
Gemfibrozil	1	
Lipitor	3	ST

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Select Standard

Drug Name	Drug Tier	Programs and Limits
Lovastatin	1	
Lovaza	3	
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
Praluent	2	PA, QL, SP
Pravastatin	1	
Rosuvastatin	1	
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	
Simvastatin 80 mg	1	PA
Vascepa	2	
Vytorin 10-10 mg, 10-20 mg, 10-40 mg	2	
Vytorin 10-80 mg	2	PA
Welchol	2	
Zetia	3	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Amlodipine/Atorvastatin	1	
Corlanor	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Multaq	3	
Nitrostat	3	
Ranexa	2	ST
Sotalol	1	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension		
Adcirca	3	PA, QL, SP
Adempas	2	PA, QL, SP
Letairis	2	PA, QL, SP
Opsumit	2	PA, QL, SP
Orenitram	3	PA, SP
Sildenafil Tab 20 mg	1	PA, QL, SP
Tracleer	2	PA, QL, SP
Central Nervous System: Attention Deficit Disorder		
Adderall XR Cap	3	PA, QL, ST

Drug Name	Drug Tier	Programs and Limits
Amphetamine- Dextroamphetamine Tab	1	PA, QL
Amphetamine- Dextroamphetamine SR 24Hr Cap	1	PA, QL
Dexmethylphenidate ER Cap	1	PA, QL
Evekeo	3	PA, QL, ST
Guanfacine ER Tab	1	QL
Methylphenidate ER Cap	1	PA, QL
Methylphenidate ER Tab	1	PA, QL
Methylphenidate SA Osmotic ER Tab	1	PA, QL
Methylphenidate Tab	1	PA, QL
Strattera	2	QL
Vyvanse	2	PA, QL
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion	1	
Bupropion ER	1	
Bupropion SR	1	
Bupropion XL	1	QL
Doxepin	1	
Duloxetine Cap 20 mg, 30 mg, 60 mg	1	QL
Escitalopram Tab	1	
Fluoxetine Cap (not PMDD)	1	
Fluvoxamine Tab	1	
Forfivo XL	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Pristiq	3	QL
Risperidone Tab	1	QL
Sertraline	1	
Trazodone	1	
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	1	
Viibryd	3	QL, ST

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Select Standard

Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Migraine		
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg	1	
Migranal	3	QL
Relpax	3	QL
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab and Spray	1	QL
Sumavel Dose	3	QL
Zolmitriptan Tab	1	QL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, QL, SP
Aubagio	3	PA, QL, ST, SP
Avonex Kit	2	PA, QL, SP
Avonex Pen Kit	2	PA, QL, SP
Avonex Prefill Kit	2	PA, QL, SP
Betaseron	2	PA, QL, SP
Copaxone 20 mg/mL & 40 mg/mL	2	PA, QL, SP
Gilenya*	3	PA, QL, ST, SP
Rebif	3	PA, QL, ST, SP
Rebif Titrtm	3	PA, QL, ST, SP
Tecfidera	2	PA, QL, SP
Central Nervous System: Other		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
Benzotropine	1	
Bupirone	1	
Carbidopa/Levodopa Tab (Immediate Release)	1	
Diazepam Tab	1	
Donepezil Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Invega Sustenna	3	
Invega Trinza	3	

* Tier 3 Preferred

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Select Standard

Drug Name	Drug Tier	Programs and Limits
Latuda	3	QL, ST
Lithium Carbonate	1	
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
Namenda XR	2	QL
Namzarcic	2	QL
Olanzapine Tab	1	QL
Prochlorperazine	1	
Quetiapine	1	QL
Rexulti	3	QL
Risperidone Tab	1	QL
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Seroquel XR	3	QL
Ziprasidone Cap	1	QL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Carbamazepine Tab	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Lamotrigine ER	1	
Levetiracetam	1	
Levetiracetam ER	1	
Lyrica Cap	2	QL
Onfi	3	PA
Oxcarbazepine	1	
Phenytoin	1	
Primidone	1	
Topiramate Tab	1	
Vimpat	3	
Zonisamide	1	

Drug Name	Drug Tier	Programs and Limits
Dermatology		
Absorica	3	PA
Acanya Gel	3	ST
Acyclovir Ointment 5%	1	
Aczone Gel	3	
Atralin	3	PA
Benzaclin	3	ST
Betamethasone Dipropionate Cream	1	
Ciclopirox Cream	1	
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clindamycin/Benzoyl Peroxide Gel 1.2-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex	3	
Clotrimazole/Betamethasone Cream, Lotion	1	
Cortifoam	3	
Desonide Cream, Ointment	1	
Desoximetasone Cream, Gel, Ointment	1	
Differin	3	AR
Econazole Cream	1	
Elidel	2	ST
Epiduo & Epiduo Forte	3	
Finacea	3	ST
Fluocinonide Cream, 0.1%	1	
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1	
Hydrocortisone Cream, Ointment 2.5%	1	

Drug Name	Drug Tier	Programs and Limits
Lidocaine Topical Ointment, Solution	1	
Lidocaine/Prilocaine Cream	1	
Ketoconazole Cream/Shampoo	1	
Metrogel	3	
Metronidazole Gel 0.75%	1	
Mirvaso Gel	2	
Mupirocin Ointment	1	
Nystatin Cream, Ointment, Powder	1	
Nystatin/Triamcinolone Cream, Ointment	1	
Onexton	3	
Oxsoralen-UL	2	
Permethrin Cream 5%	1	
Proctofoam HC	2	
Retin-A Micro gel 0.1%, 0.04%	3	PA
Soolantra	2	
Sulfacetamide/Sulfur Emulsion	1	
Taclonex	3	QL
Tazorac	3	QL
Tretinoin Cream	1	PA
Tretinoin Microsphere Gel	1	PA
Triamcinolone	1	
Vectical	3	
Zovirax Cream	2	
Zovirax Ointment	3	
Zyclara	3	
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Active Glucose Control Liquid	3	
Accu-Chek Active Test Strips	2	QL
Accu-Chek Aviva Connect Kit	2	

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Drug Name	Drug Tier	Programs and Limits
Accu-Chek Aviva Plus Control Liquid	3	
Accu-Chek Aviva Plus Kit	2	
Accu-Chek Aviva Plus Test Strips	2	QL
Accu-Chek Compact Plus Control Liquid	3	
Accu-Chek Compact Plus Test Strips	2	QL
Accu-Chek Compact Plus Kit	2	
Accu-Chek FastClix Kit	2	
Accu-Chek FastClix Lancets	2	
Accu-Chek Guide Control Liquid	3	
Accu-Chek Guide Kit	2	
Accu-Chek Guide Test Strips	2	QL
Accu-Chek Multiclix Kit	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Nano SmartView Kit	2	
Accu-Chek SmartView Control Liquid	3	
Accu-Chek SmartView Test Strips	2	QL
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclix Kit	2	
Accu-Chek Softclix Lancets	2	
Bayer Contour Test Strips	3	QL, ST
Dexcom G4 Platinum Kit	3	
Dexcom G4 Platinum Sensor Kit	3	

Drug Name	Drug Tier	Programs and Limits
Dexcom G4 Platinum Transmitter Kit	3	
Freestyle Test Strips	3	QL, ST
Dexcom G5 Kit	3	
Dexcom G5 Sensor Kit	3	
Dexcom G5 Transmitter Kit	3	
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine Pen Needle	3	
Novofine Autocover Pen Needle	3	
Novotwist Pen Needle	3	
Onetouch Kit Ultra Smart	2	
Onetouch Kit Ultra	2	
Onetouch Kit Ultra 2	2	
Onetouch Kit Ultra Mini	2	
Onetouch Kit Verio IQ	2	
Onetouch Test Strips	2	QL
Onetouch Ultra Blue Test Strips	2	QL
Onetouch Verio Test Strips	2	QL
Precision Test Strips	3	QL, ST
Diabetes/Endocrine: Insulin		
Basaglar	3	ST
Humalog Mix 50/50 Vial and KwikPen	2	
Humalog Mix 75-25 Vial and KwikPen	2	
Humalog U-100 Vial and KwikPen	2	
Humalog U-200 KwikPen	2	
Humulin 70-30 Vial and KwikPen	2	

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AR Age Restrictions
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Select Standard

Drug Name	Drug Tier	Programs and Limits
Humulin N Vial and KwikPen	2	
Humulin R U-500 Vial and KwikPen	2	
Humulin R Vial	2	
Lantus SoloStar	2	
Lantus Vial	2	
Levemir FlexTouch	2	
Levemir Vial	2	
Novolin 70/30 Vial	2	
Novolin N Vial	2	
Novolin R Vial	2	
Novolog Flexpen	2	
Novolog Mix 70/30 Vial and Flexpen	2	
Novolog Penfill	2	
Novolog Vial	2	
Toujeo SoloStar	2	
Tresiba	3	
Diabetes/Endocrine: Non-Insulin		
Bydureon	2	QL, ST
Byetta	2	QL, ST
Farxiga	3	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glumetza	3	PA
Glyburide	1	
Glyburide/Metformin	1	
Invokamet	2	ST
Invokamet XR	2	ST
Invokana	2	ST
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	ST
Jentadueto	2	ST
Jentadueto XR	2	ST
Kombiglyze	3	ST
Metformin	1	
Metformin ER	1	
Onglyza	3	ST

Drug Name	Drug Tier	Programs and Limits
Pioglitazone	1	
Synjardy	2	ST
Tradjenta	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST
Endocrine: Growth Hormone		
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone Tab	1	
H.P. Acthar	2	PA, SP
Hydrocortisone Tab	1	
Lupron Depot 3.75 mg, 11.25 mg	3	PA, SP
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	2	PA, SP
Methylprednisolone Tab	1	
Prednisone	1	
Prednisolone Solution 25 mg/5 ml	1	
Prednisolone Syrup, Solution 15 mg/5 ml	1	
Sensipar	3	PA
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	3	
Eye Conditions: Allergies		
Azelastine Ophthalmic Solution	1	
Bepreve	3	ST
Lastacaft	3	ST
Pataday	2	
Pazeo	2	

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

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Drug Name	Drug Tier	Programs and Limits
Eye Conditions: Antibiotics		
Besivance	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
Gentamicin	1	
Moxeza	2	
Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension	1	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B/Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/Dexamethasone	1	
Vigamox	2	
Eye Conditions: Glaucoma		
Alphagan P	2	
Azopt	2	
Betimol	3	
Brimonidine	1	
Combigan	2	
Cosopt PF	3	
Dorzolamide-Timolol Maleate	1	
Latanoprost	1	QL
Lumigan	2	QL
Simbrinza	2	
Timolol	1	
Timoptic Ocudose	2	
Travatan Z	2	QL
Eye Conditions: Other		
Durezol Ophthalmic Emulsion	3	
Lotemax Ophthalmic Gel	3	QL

Drug Name	Drug Tier	Programs and Limits
Ketorolac Ophthalmic Solution	1	
Prednisolone Ophthalmic Suspension	1	
Restasis	2	PA
Xiidra	2	PA
Gastrointestinal: Acid Suppression		
Dexilant	2	QL
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron Tab, ODT	1	
Transderm-Scop	3	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	2	QL, ST
Apriso	2	
Canasa	2	
Creon	2	
Delzicol	3	ST
Dipentum	3	
Gavilyte Solution	1	
Hyoscyamine Sublingual Tab	1	
Lactulose	1	
Lialda	2	
Linzess	2	QL, ST
Moviprep	3	
Omeclamox Pak	2	

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 [Plain type = Generic drug]

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Drug Name	Drug Tier	Programs and Limits
Pentasa	3	
Polyethylene Glycol 3350 Powder	1	
Prepopik	3	
Protosol HC	1	
Pylera	2	
Sulfasalazine	1	
Suprep Bowel Prep	3	
Uceris Foam	3	
Zenpep	2	
HIV/AIDS		
Atripla	2	SP
Complera	2	SP
Epzicom	3	SP
Genvoya	2	SP
Intelence	2	SP
Isentress	2	SP
Kaletra Solution	2	SP
Kaletra Tablet	3	SP
Nevirapine	1	SP
Norvir	2	SP
Prezcobix	2	SP
Prezista	2	SP
Reyataz	2	SP
Stribild	2	SP
Sustiva	2	SP
Tivicay	2	SP
Triumeq	2	SP
Truvada	2	SP
Viread	2	SP
Infertility		
Cetrotide	2	SP
Gonal-f	2	PA, SP
Gonal-f RFF	2	PA, SP
Ovidrel	3	SP
Inflammatory Conditions		
Cimzia Kit	2	PA, SP
Depen	2	SP
Enbrel	3	PA, SP
Humira Kit	2	PA, SP
Humira Pen Kit	2	PA, SP

Drug Name	Drug Tier	Programs and Limits
Humira Pen Kit Crohns	2	PA, SP
Humira Pen Kit Psoriasis	2	PA, SP
Hydroxychloroquine	1	
Methotrexate Tab	1	
Orencia SC	3	PA, ST, SP
Otezla	3	PA, ST, SP
Otrexup	3	PA, QL
Rasuvo	2	PA, QL
Remicade	2	PA, SP
Simponi	2	PA, SP
Simponi Aria	2	PA, SP
Stelara	2	PA, SP
Taltz*	3	PA, ST, SP
Xeljanz	3	PA, ST, SP
Men's Health: Erectile Dysfunction		
Cialis	2	QL
Levitra	3	QL
Stendra	3	QL
Viagra	2	QL
Men's Health: Prostate		
Alfuzosin	1	
Cialis 2.5 mg & 5 mg	2	QL
Doxazosin	1	
Finasteride 5 mg	1	
Rapaflo	2	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA
Androgel 1.62%	2	PA
Androgel 1%	3	PA, ST
Testosterone Cypionate IM Injection	1	PA

* Tier 3 Preferred

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Drug Name	Drug Tier	Programs and Limits
Miscellaneous		
Allopurinol	1	
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	1	
Aranesp	2	PA, SP
Auryxia	3	
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA, SP
Bunavail	3	PA, QL
Cerdelga	3	PA, SP
Chantix	3	QL
Cheratussin	1	
Chlorhexidine	1	
Colcrys	2	
Cyproheptadine	1	
Desmopressin	1	
Epinephrine Auto-Injector (Authorized Generic of EpiPen made by Mylan)	2	
EpiPen & EpiPen Jr	3	ST
Euflexxa	2	PA, SP
Fosrenol	3	
Granix	2	PA, SP
Guaifenesin/Codeine Syrup	1	
Homatropine/Hydrocodone Syrup	1	
Hydrocodone/Chlorpheniramine Liquid	1	
Hydrocortisone AC Suppository 25 mg	1	
Hydromet	1	
Lidocaine Viscous Solution 2%	1	
Makena	2	PA, SP
Narcan	2	
Neupogen	2	PA, SP

Drug Name	Drug Tier	Programs and Limits
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
Procrit	2	PA, SP
Promethazine DM Syrup	1	
Promethazine/Codeine Syrup	1	
Pulmozyme	2	PA, QL, SP
Renvela Tab, Pack	2	
Rezira	3	
Suboxone Film	2	PA, QL
Synagis	2	PA, SP
Synvisc	2	PA, SP
Synvisc One	2	PA, SP
Uloric	2	ST
Ursodiol	1	
Velphoro	3	
Zarxio	2	PA, SP
Zostavax Injection	3	
Zubsolv	2	PA, QL
Zutripro	3	
Musculoskeletal: Osteoporosis		
Alendronate Tab 35 mg & 70 mg	1	QL
Binosto	3	QL
Evista	3	
Forteo	2	PA, SP
Ibandronate Tab	1	QL
Raloxifene	1	
Musculoskeletal: Other		
Baclofen Tab	1	
Carisoprodol 350 mg	1	
Cyclobenzaprine Tab 5, 10 mg	1	
Lorzone	3	
Metaxalone	1	
Methocarbamol	1	
Tizanidine Cap	1	
Tizanidine Tab	1	

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Drug Name	Drug Tier	Programs and Limits
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	PA, QL
Celebrex	3	QL
Celecoxib	1	QL
Diclofenac Tab	1	
Embeda	2	QL
Endocet Tab	1	PA, QL
Etodolac	1	
Flector patch	3	QL
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	QL
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	QL
Gralise	3	QL, ST
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	PA, QL
Hydromorphone Tab	1	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
Lidocaine Patch 5%	1	
Meloxicam	1	
Methadone Tab	1	
Morphine Sulfate Tab	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
Opana ER	2	QL
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	PA, QL
Oxycodone w/ Acetaminophen	1	PA, QL
Oxycontin	2	QL
Tivorbex	3	ST
Tramadol Tab 50 mg	1	

Drug Name	Drug Tier	Programs and Limits
Tramadol w/ Acetaminophen	1	
Vicodin	1	PA, QL
Vicodin ES	1	PA, QL
Voltaren Gel	3	QL
Zohydro ER	3	QL, ST
Zorvolex	3	
Overactive Bladder		
Myrbetriq	3	ST
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine	1	
Toviaz	3	
Vesicare	2	
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Aerospan	3	QL
Albuterol Nebulizer Solution	1	QL
Anoro Ellipta	2	QL
Arnuity Ellipta	2	QL
Breo Ellipta	2	QL
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	QL
Dulera	3	QL, ST
Flovent Diskus	2	QL
Flovent HFA	2	QL
Foradil	2	QL
Incruse Ellipta	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
Levalbuterol Nebulizer Solution	1	QL
Montelukast	1	
Perforomist	3	QL
Proair HFA, RespiClick	2	QL
Proventil HFA	3	QL, ST
Pulmicort Flexhaler	2	QL
Qvar	2	QL

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Drug Name	Drug Tier	Programs and Limits
Seebri	3	QL
Serevent Diskus	2	QL
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Stiolto	2	QL
Symbicort	2	QL
Ventolin HFA	2	QL
Xolair	2	PA, SP
Xopenex HFA	3	QL, ST
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	QL
Mometasone	1	QL
Nasonex	2	QL
Omnamis	3	QL
QNasl	3	QL
Triamcinolone Spray	1	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Promethazine Tab	1	
Desloratadine	1	
Levocetirizine	1	

Drug Name	Drug Tier	Programs and Limits
Transplant		
Azathioprine Tab	1	
Cellcept Tab/ Suspension	3	SP
Cyclosporine Cap	1	SP
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	SP
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP
Prograf Cap	3	SP
Rapamune	3	SP
Tacrolimus Cap	1	SP
Vitamins/Electrolytes		
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con 8 and 10 MEQ	1	
Klor-Con M10 and M20	1	
Multi-Vit/FI Chew	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Potassium Citrate 540 mg, 1080 mg Tab	1	
Vitamin D 50,000 units (Rx only)	1	

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Drug Name	Drug Tier	Programs and Limits
Women's Health: Birth Control		
Apri	1	
Aviane	1	
Azurette	1	
Cryselle-28	1	
Falmina	1	
Generess Fe Chewable	3	
Gianvi	1	
Gildess	1	
Jolivette	1	
Junel	1	
Kariva	1	
Levora 28	1	
Lo Loestrin	3	
Lomedia Fe	1	
Loryna	1	
Low-Ogestrel	1	
Lutera	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	
Microgestin Fe	1	
Minastrin 24 Fe Chewable	3	
Mono-Linyah	1	
Mononessa	1	
Natazia	2	
Necon	1	
Nora-Be	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
Nuvaring	2	
Ocella	1	
Orsythia	1	

Drug Name	Drug Tier	Programs and Limits
Ortho Tri-Cyclen Lo	3	
Previfem	1	
Reclipsen	1	
Sprintec 28	1	
Tri-Linyah	1	
Tri-Previfem	1	
Trinessa	1	
Tri-Sprintec	1	
Vestura	1	
Viorele	1	
Xulane	1	
Zarah	1	
Women's Health: Hormone Replacement		
Climara Pro	2	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Estrace Vaginal Cream	3	
Estradiol Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	
Osphena	3	
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap	1	
Vagifem	3	
Women's Health: Vaginal Anti-Infectives		
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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Accu-Chek Active Test Strips	13	Alphagan P	16		
Accu-Chek Aviva Connect Kit	13	Alprazolam Tab	12	B	
Accu-Chek Aviva Plus Control Liquid	14	Amiodarone.	11	Baclofen Tab	18
Accu-Chek Aviva Plus Kit	14	Amitiza.	16	Basaglar	14
Accu-Chek Aviva Plus Test Strips	14	Amitriptyline	11	Bayer Contour Test Strips.	14
Accu-Chek Compact Plus Control Liquid	14	Amlodipine	10	Benazepril.	10
Accu-Chek Compact Plus Kit	14	Amlodipine/Atorvastatin	11	Benazepril/HCTZ	10
Accu-Chek Compact Plus Test Strips	14	Amlodipine/Benazepril	10	Benicar	10
Accu-Chek FastClix Kit	14	Amlodipine/Valsartan	10	Benicar HCT	10
Accu-Chek FastClix Lancets	14	Amlodipine/Valsartan/HCTZ	10	Benzaclin.	13
Accu-Chek Guide Control Liquid.	14	Amoxicillin	9	Benzonatate	18
Accu-Chek Guide Kit	14	Amoxicillin/Clavulanate	9	Benzotropine	12
Accu-Chek Guide Test Strips	14	Amphetamine Dextroamphetamine SR 24Hr Cap	11	Bepreve	15
Accu-Chek Multiclix Kit	14	Amphetamine-Dextroamphetamine Tab	11	Besivance	16
Accu-Chek Multiclix Lancets	14	Ampyra	12	Betamethasone Dipropionate Cream.	13
Accu-Chek Nano SmartView Kit	14	Anastrozole Tab	9	Betaseron	12
Accu-Chek SmartView Control Liquid	14	Androderm	17	Bethkis	9
Accu-Chek SmartView Test Strips	14	Androgel 1%	17	Betimol.	16
Accu-Chek Softclix Kit.	14	Androgel 1.62%	17	Binosto.	18
Accu-Chek Softclix Lancets	14	Anoro Ellipta	19	Bisoprolol	10
Accu-Chek Soft Touch Lancets	14	Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	18	Bisoprolol/HCTZ	10
Acetaminophen w/ Codeine	19	Apri	21	Botox 100, 200 unit Injection	18
Acyclovir Cap, Tab, Suspension	9	Apriso	16	Breo Ellipta	19
Acyclovir Ointment 5%	13	Aranesp	18	Brilinta	10
Aczone Gel.	13	Aripiprazole	12	Brimonidine	16
Adcirca	11	Armour Thyroid	15	Budesonide Inhalation Suspension	19
Adderall XR Cap.	11	Arnuity Ellipta	19	Bumetanide	10
Adempas.	11	Astepro	20	Bunavail	18
Advair Diskus	19	Atenolol.	10	Bupropion.	11
Advair HFA	19	Atenolol/Chlorthalidone.	10	Bupropion ER	11
Aerospan	19	Atorvastatin	10	Bupropion SR	11
Akynzeo	9	Atralin	13	Bupropion XL	11
Albuterol Nebulizer Solution	19	Atripila	17	Buspirone	12
		Aubagio	12	Butalbital-Acetaminophen-Caffeine Cap, Tab	12
		Auryxia	18	Bydureon	15
		Aviane	21	Byetta	15
		Avonex Kit.	12	Bystolic.	10
		Avonex Pen Kit	12		
		Avonex Prefill Kit	12	C	
		Azasite.	9	Calcitriol Cap	15
		Azathioprine Tab	20	Canasa	16
		Azelastine Ophthalmic Solution	15	Capecitabine	9
		Azelastine Spray.	20		
		Azithromycin	9		

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Carbamazepine Tab	12	Corlanor	11	Dulera	19
Carbidopa/Levodopa Tab	12	Cortifoam	13	Duloxetine Cap	11
Carisoprodol	18	Cosopt PF	16	Durezol Ophthalmic	
Cartia XT	10	Creon	16	Emulsion	16
Carvedilol	10	Crestor	10	Dymista Spray	20
Cefadroxil Cap	9	Cryselle-28	21		
Cefdinir	9	Cyanocobalamine Injection	20	E	
Cefuroxime Tab	9	Cyclobenzaprine Tab	18		
Celebrex	19	Cyclosporine Cap	20	Econazole Cream	13
Celecoxib	19	Cyproheptadine	18	Edarbi	10
Cellcept Tab/Suspension	20			Edarbyclor	10
Cephalexin	9	D		Effient	10
Cerdelga	18			Elestrin Gel	21
Cetirizine	20	Daklinza	9	Elidel	13
Cetrotide	17	Delzicol	16	Eliquis	10
Chantix	18	Depen	17	Embeda	19
Cheratussin	18	Desloratadine	20	Enalapril	10
Chlorhexidine	18	Desmopressin	18	Enalapril/HCTZ	10
Chlorthalidone	10	Desonide Cream, Ointment	13	Enbrel	17
Cholestyramine	10	Desoximetasone Cream, Gel, Ointment	13	Endocet Tab	19
Cialis	17	Dexamethasone Tab	15	Enoxaparin	10
Ciclopirox Cream	13	Dexcom G4 Platinum Kit	14	Entecavir	9
Cimzia Kit	17	Dexcom G4 Platinum		Epclusa	9
Ciprodex Otic Suspension	9	Sensor Kit	14	Epiduo & Epiduo Forte	13
Ciprofloxacin Ophthalmic Solution	16	Dexcom G4 Platinum		Epinephrine Auto-Injector 18	
Ciprofloxacin Tab	9	Transmitter Kit	14	EpiPen & EpiPen Jr	18
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Climara Pro	21	Dexcom G5 Sensor Kit	14	Erythromycin	9
Clindamycin/Benzoyl Peroxide Gel 1.2-5%	13	Dexcom G5 Transmitter Kit 14		Erythromycin Ointment	16
Clindamycin/Benzoyl Peroxide Gel 1-5%	13	Dexilant	16	Escitalopram Tab	11
Clindamycin Cap	9	Dexmethylphenidate ER Cap	11	Esomeprazole Magnesium	16
Clindamycin Gel, Lotion, Solution	13	Diazepam Tab	12	Estrace Vaginal Cream	21
Clobetasol Cream, Ointment, Solution	13	Diclofenac Tab	19	Estradiol/Norethindrone Tab	21
Clobex	13	Differin	13	Estradiol Tab	21
Clonazepam	12	Digoxin	11	Eszopiclone Tab	12
Clonidine Patch	10	Diltiazem Tab	10	Etodolac	19
Clonidine Tab	10	Dipentum	16	Euflexxa	18
Clopidogrel	10	Divalproex DR	12	Evekeo	11
Clotrimazole/Betamethasone Cream, Lotion	13	Divalproex ER	12	Evista	18
Colcrys	18	Divigel	21		
Combigan	16	Donepezil Tab	12	F	
Combivent Respimat	19	Doryx MPC	9	Falmina	21
Complera	17	Dorzolamide-Timolol Maleate	16	Famciclovir Tab	9
Copaxone	12	Doxazosin	10, 17	Famotidine Tab	16
		Doxepin	11	Farxiga	15
		Doxycycline Hyclate	9	Felodipine	10
		Doxycycline Monohydrate Cap	9	Fenofibrate	10
		Doxycycline Monohydrate Oral Suspension, Tab	9	Fentanyl Patch	19
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Flovent HFA	19	Humalog Mix 75-25 Vial and KwikPen	14	Irbesartan	10
Fluconazole	9	Humalog U-100 Vial and KwikPen	14	Irbesartan/HCTZ	10
Fluocinonide Cream, 0.1%	13	Humalog U-200 KwikPen	14	Isentress	17
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	13	Humira Kit	17	Isosorbide Mononitrate	11
Fluoxetine Cap	11	Humira Pen Kit	17		
Fluticasone Spray	20	Humira Pen Kit Crohns	17	J	
Fluvoxamine Tab	11	Humira Pen Kit Psoriasis	17	Janumet	15
Folic Acid	20	Humulin 70-30 Vial and KwikPen	14	Janumet XR	15
Foradil	19	Humulin N Vial and KwikPen	15	Januvia	15
Forfivo XL	11	Humulin R U-500 Vial and KwikPen	15	Jardiance	15
Forteo	18	Humulin R Vial	15	Jentadueto	15
Fosinopril	10	Hydralazine	10	Jentadueto XR	15
Fosrenol	18	Hydrochlorothiazide	10	Jolivet	21
Freestyle Test Strips	14	Hydrocodone/APAP	19	Jublia Solution	9
Furosemide	10	Hydrocodone/Chlorpheniramine Liquid	18	Junel	21
		Hydrocortisone AC Suppository	18		
G		Hydrocortisone Cream, Ointment 2.5%	13	K	
Gabapentin	12	Hydrocortisone Tab	15	Kaletra Solution	17
Gavilyte Solution	16	Hydromet	18	Kaletra Tablet	17
Gemfibrozil	10	Hydromorphone Tab	19	Kariva	21
Generess Fe Chewable	21	Hydroxychloroquine	17	Kerydin Solution	9
Gentamicin	16	Hydroxyzine HCL	12	Ketoconazole Cream/ Shampoo	13
Genvoxa	17	Hydroxyzine Pamoate	12	Ketorolac Ophthalmic Solution	16
Gianvi	21	Hyoscyamine Sublingual Tab	16	Ketorolac Tab	19
Gildess	21			Klor-Con 8 and 10 MEQ	20
Gilenya	12	I		Klor-Con M10 and M20	20
Glimepiride	15	Ibandronate Tab	18	Kombiglyze	15
Glipizide	15	Ibuprofen Tab	19		
Glipizide ER	15	Incruse Ellipta	19	L	
Glipizide XL	15	Indomethacin Cap	19	Labetalol	10
Glumetza	15	Insulin Pen Needle	14	Lactulose	16
Glyburide	15	Insulin Syringe/Needle	14	Lamotrigine ER	12
Glyburide/Metformin	15	Intelence	17	Lamotrigine	12
Gonal-f	17	Invega Sustenna	12	Lansoprazole	16
Gonal-f RFF	17	Invega Trinza	12	Lantus SoloStar	15
Gralise	19	Invokamet	15	Lantus Vial	15
Granix	18	Invokamet XR	15	Lastacaft	15
Guaifenesin/Codeine Syrup	18			Latanoprost	16
Guanfacine ER Tab	11			Latuda	12
Guanfacine Tab	10			Letairis	11
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Bold type = Brand-name drug
 [Plain type = Generic drug]

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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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