

Your 2018 Formulary

Effective January 1, 2018



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 your ID card.



Visit your plan's member website listed on your ID card.

- 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.

Table of Contents

Drug tiers and cost	5	Gastrointestinal	
Programs and limits	6	Acid Suppression	16
Drugs by category	9	Nausea/Vomiting	16
Anti-Infectives		Other	16
Antibiotics	9	HIV/AIDS	17
Antifungals	9	Infertility	17
Antivirals	9	Inflammatory Conditions	17
Cancer	9	Men's Health	
Cardiovascular/Heart Disease		Erectile Dysfunction	17
Anticoagulants	10	Prostate	17
High Blood Pressure	10	Testosterone Therapy	17
High Cholesterol	10	Miscellaneous	18
Other	11	Musculoskeletal	
Pulmonary Arterial Hypertension	11	Osteoporosis	18
Central Nervous System		Other	18
Attention Deficit Disorder	11	Pain Relief	19
Depression	11	Overactive Bladder	19
Migraine	12	Respiratory	
Multiple Sclerosis	12	Asthma/COPD	19
Other	12	Nasal Allergies	20
Sedatives/Hypnotics	12	Oral Allergies	20
Seizure Disorders	12	Transplant	20
Dermatology	13	Vitamins/Electrolytes	20
Diabetes/Endocrine		Women's Health	
Blood Glucose Monitoring	13	Birth Control	20
Insulin	14	Hormone Replacement	21
Non-Insulin	15	Vaginal Anti-Infectives	21
Endocrine		Index	22
Growth Hormone	15		
Other	15		
Thyroid Hormone Replacement	15		
Eye Conditions			
Allergies	15		
Antibiotics	16		
Glaucoma	16		
Other	16		

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 your plan's member website, or call the toll-free member phone number on your ID card for more information about your benefit 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 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 your plan's member website or call the toll-free member phone number on 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.

Are you taking a specialty medication?

Specialty medications treat rare or complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the Formulary.

BriovaRx, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BriovaRx and have your prescriptions delivered right to your home or office.

How do I get updated information about my pharmacy benefit?

Since the Formulary may change during your plan year, we encourage you to visit your plan's member website or call the toll-free member phone number on your ID card for more current information.

When you register at on our website and open an account, you can use the website's helpful tools and features to:

- Look up the price of drugs covered by your plan
- Find lower-cost options
- Refill and renew home delivery prescriptions
- View your order status and claims history
- View your benefits in real time



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 your ID card. Or visit your plan's member website.

Drug Name	Drug Tier	Programs and Limits
Anti-Infectives: Antibiotics		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azasite	3	
Azithromycin	1	
Bethkis	2	SP
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	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	3	
Penicillin VK	1	

Drug Name	Drug Tier	Programs and Limits
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	
Descovy	2	SP
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Famciclovir Tab	1	
Harvoni	2	PA, QL, SP
Mavyret	2	PA, QL, SP
Oseltamivir	1	QL
Odefsey	2	SP
Tamiflu	3	QL
Valacyclovir	1	QL
Zepatier	3	PA, QL, SP
Cancer		
Akynzeo	3	QL
Anastrozole Tab	1	
Cabometyx	2	PA, SP
Capecitabine	1	PA, SP
Letrozole	1	
Mercaptopurine	1	SP
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Zytiga	3	PA, SP

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

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
Zontivity	3	
Cardiovascular/Heart Disease:		
High Blood Pressure		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Byvalson	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem ER Cap	1	
Doxazosin	1	
Dutasteride	1	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	

Drug Name	Drug Tier	Programs and Limits
Irbesartan	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spirolactone	1	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease:		
High Cholesterol		
Atorvastatin	1	
Choline Fenofibrate ER	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	
Livalo	3	ST
Lovastatin	1	

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
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	3	
Vytorin 10-80 mg	3	PA
Welchol	2	
Cardiovascular/Heart Disease: Other		
Corlanor	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL Tab	1	
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
Amphetamine- Dextroamphetamine Tab	1	PA, QL

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

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

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
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
Tecfidera	2	PA, QL, SP
Central Nervous System: Other		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
Aristada	3	
Buspirone	1	
Diazepam Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Invega Sustenna	3	
Invega Trinza	3	

Drug Name	Drug Tier	Programs and Limits
Latuda	3	QL, ST
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
Namenda XR	2	QL
Namzaric	2	QL
Olanzapine Tab	1	QL
Pramipexole	1	
Quetiapine	1	QL
Risperidone Tab	1	QL
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Xyrem	3	PA, QL, SP
Zaleplon	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Levetiracetam	1	
Lyrica Cap	2	QL
Oxcarbazepine	1	
Topiramate Tab	1	
Vimpat	3	
Zonisamide	1	

* Tier 3 Preferred

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Dermatology		
Absorica	3	PA
Aczone Gel	3	
Atralin	3	PA
Claravis	1	PA
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	
Dupixent	2	PA, QL, SP
Elidel	2	ST
Epiduo & Epiduo Forte	3	
Eucrisa	2	ST
Fluocinonide Cream, 0.1%	1	
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1	
Hydrocortisone Cream, Ointment 2.5%	1	
Lidocaine Topical Ointment, Solution	1	
Ketoconazole Cream/ Shampoo	1	
Metrogel	3	
Metronidazole Gel 0.75%	1	
Mirvaso Gel	2	
Mupirocin Ointment	1	
Myorisan	1	PA

Drug Name	Drug Tier	Programs and Limits
Nystatin Cream, Ointment, Powder	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	
Taclonex	3	QL
Tazorac	3	
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	
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	

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
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	
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	

Drug Name	Drug Tier	Programs and Limits
Novotwist Pen Needle	3	
OneTouch Kit Ultra	2	
OneTouch Ultra 2 System	2	
OneTouch UltraMini System Kit	2	
OneTouch Ultra Test Strips	2	QL
OneTouch Verio Flex System Kit	2	
OneTouch Verio IQ System Kit	2	
OneTouch Verio Sync System Kit	2	
OneTouch Verio System Kit	2	
OneTouch Verio Test Strips	2	QL
Precision Test Strips	3	QL, ST
Diabetes/Endocrine: Insulin		
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	
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	

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Novolin R Vial	2	
Novolog Flexpen	2	
Novolog Mix 70/30 Vial and Flexpen	2	
Novolog Penfill	2	
Novolog Vial	2	
Soliqua	2	QL, ST
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	
Invokamet	2	ST
Invokamet XR	2	ST
Invokana	2	ST
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	ST
Jentadueto	2	ST
Jentadueto XR	2	ST
Metformin	1	
Metformin ER	1	
Pioglitazone	1	
Synjardy	2	ST
Tradjenta	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST

Drug Name	Drug Tier	Programs and Limits
Endocrine: Growth Hormone		
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Omnitrope	2	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Clomiphene	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	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	3	
Eye Conditions: Allergies		
Azelastine Ophthalmic Solution	1	
Pataday	3	
Pazeo	2	

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Eye Conditions: Antibiotics		
Besivance	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
Moxeza	2	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B/Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/Dexamethasone	1	
Vigamox	3	
Eye Conditions: Glaucoma		
Alphagan P	2	
Azopt	2	
Betimol	3	
Combigan	2	
Cosopt PF	3	
Latanoprost	1	QL
Lumigan	2	QL
Simbrinza	2	
Travatan Z	2	QL
Eye Conditions: Other		
Ketorolac Ophthalmic Solution	1	
Prednisolone Ophthalmic Suspension	1	
Restasis	2	PA
Restasis Multidose	2	PA
Xiidra	2	PA

Drug Name	Drug Tier	Programs and Limits
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
Misoprostol	1	
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	QL
Ondansetron Tab	1	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	2	QL, ST
Apriso	2	
Canasa	2	
Creon	2	
Delzicol	3	ST
Dicyclomine	1	
Dipentum	3	
Diphenoxylate/Atropine Gavilyte Solution	1	
Lialda	2	ST
Linzess	2	QL, ST
Pentasa	3	
Polyethylene Glycol 3350 Powder	1	
Prepopik	3	
Pylera	2	
Suprep Bowel Prep	3	
Uceris Foam	3	
Zenpep	2	

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
HIV/AIDS		
Atripla	2	SP
Complera	2	SP
Genvoya	2	SP
Isentress	2	SP
Norvir	2	SP
Prezcobix	2	SP
Prezista	2	SP
Reyataz	2	SP
Stribild	2	SP
Tivicay	2	SP
Triumeq	2	SP
Truvada	2	SP
Viread	2	SP
Infertility		
Cetrotide	2	PA, SP
Gonal-f	2	PA, SP
Gonal-f RFF	2	PA, SP
Ovidrel	3	SP
Inflammatory Conditions		
Cimzia Kit	2	PA, SP
Cosentyx*	3	PA, SP
Depen	2	SP
Enbrel	3	PA, SP, ST
Humira Kit	2	PA, SP
Humira Pen Kit	2	PA, SP
Humira Pen Kit Crohns	2	PA, SP
Humira Pen Kit Psoriasis	2	PA, SP

Drug Name	Drug Tier	Programs and Limits
Hydroxychloroquine	1	
Leflunomide	1	
Methotrexate Tab	1	
Orencia SC	3	PA, SP, ST
Otezla	2	PA, SP
Rasuvo	2	PA, QL
Remicade	2	PA, SP
Simponi	2	PA, SP
Simponi Aria	2	PA, SP
Stelara	2	PA, SP
Xeljanz	3	PA, SP, ST
Men's Health: Erectile Dysfunction		
Cialis	2	QL
Levitra	3	QL
Stendra	3	QL
Viagra	2	QL
Men's Health: Prostate		
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

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Miscellaneous		
Allopurinol	1	
Aranesp	2	PA, SP
Armodafinil	1	PA, QL
Auryxia	3	
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA, SP
Bunavail	3	QL
Cerdelga	3	PA, SP
Cheratussin	1	
Chlorhexidine	1	
Colcris	2	
Contrave	2	PA
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	
Hydrocodone/ Chlorpheniramine Liquid	1	
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	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	1	
Promethazine DM Syrup	1	
Promethazine/Codeine Syrup	1	
Renvela Tab	2	
Rezira	3	
Suboxone Film	2	QL
Synvisc	2	PA, SP
Synvisc One	2	PA, SP
Uloric	2	ST
Velphoro	3	
Zarxio	2	PA, SP
Zubsolv	2	QL
Zurampic	3	
Zutripro	3	
Musculoskeletal: Osteoporosis		
Alendronate Tab 35 mg & 70 mg	1	QL
Binosto	3	QL
Forteo	2	PA, SP
Tymlos	2	PA, SP
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	

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
Embeda	2	PA, QL
Etodolac	1	
Flector patch	3	QL
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	PA, QL
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	PA, QL
Gralise	3	QL, ST
Hydrocodone/ Acetaminophen 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	QL
Hysingla ER	2	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	PA
Morphine Sulfate ER	1	PA, QL
Morphine Sulfate Tab	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	QL
Oxycodone w/ Acetaminophen	1	QL
Oxycontin	2	PA, QL

Drug Name	Drug Tier	Programs and Limits
Tramadol Tab 50 mg	1	
Tramadol w/ Acetaminophen	1	
Zohydro ER	3	PA, QL
Zorvolex	3	
Overactive Bladder		
Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	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
Incruse Ellipta	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
Montelukast	1	
Proair HFA, RespiClick	2	QL
Pulmicort Flexhaler	2	QL
Qvar	2	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

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	QL
Mometasone	1	QL
Omnaris	3	QL
QNasl	3	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Levocetirizine	1	
Promethazine Tab	1	
Transplant		
Azathioprine Tab	1	
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	SP
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP
Prograf Cap	3	SP
Tacrolimus Cap	1	SP

Drug Name	Drug Tier	Programs and Limits
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	
Ludent	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Vitamin D 50,000 units (Rx only)	1	
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	

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Low-Ogestrel	1	
Lutera	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	
Microgestin Fe	1	
Mono-Linyah	1	
Mononessa	1	
Natazia	2	
Necon	1	
Nora-Be	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
Nuvaring	2	
Ocella	1	
Orsythia	1	
Ortho Tri-Cyclen Lo	3	
Previfem	1	
Reclipsen	1	
Sprintec 28	1	
Tri-Linyah	1	
Tri-Lo Sprintec	1	
Tri-Previfem	1	
Trinessa	1	
Tri-Sprintec	1	
Vestura	1	
Viorele	1	
Xulane	1	
Zarah	1	

Drug Name	Drug Tier	Programs and Limits
Women's Health: Hormone Replacement		
Climara Pro	2	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Estrace Vaginal Cream	3	
Estradiol Patch, Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	
Ospheña	3	
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap	1	
Yuvaferm	1	
Women's Health: Vaginal Anti-Infectives		
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Index of Covered Drugs

A			
Absorica	13	Adempas	11
Accu-Chek Active Glucose Control Liquid	13	Advair Diskus	19
Accu-Chek Active Test Strips	13	Advair HFA	19
Accu-Chek Aviva Connect Kit	13	Aerospan	19
Accu-Chek Aviva Plus Control Liquid	13	Akynzeo	9
Accu-Chek Aviva Plus Kit	13	Albuterol Nebulizer Solution	19
Accu-Chek Aviva Plus Test Strips	13	Alendronate Tab	18
Accu-Chek Compact Plus Control Liquid	13	Allopurinol	18
Accu-Chek Compact Plus Kit	13	Alphagan P	16
Accu-Chek Compact Plus Test Strips	13	Alprazolam Tab	12
Accu-Chek FastClix Kit	13	Amitiza	16
Accu-Chek FastClix Lancets	14	Amitriptyline	11
Accu-Chek Guide Control Liquid	14	Amlodipine	10
Accu-Chek Guide Kit	14	Amlodipine/Benazepril	10
Accu-Chek Guide Test Strips	14	Amlodipine/Valsartan	10
Accu-Chek Multiclix Kit	14	Amoxicillin	9
Accu-Chek Multiclix Lancets	14	Amoxicillin/Clavulanate	9
Accu-Chek Nano SmartView Kit	14	Amphetamine-Dextroamphetamine SR 24Hr Cap	11
Accu-Chek SmartView Control Liquid	14	Amphetamine-Dextroamphetamine Tab	11
Accu-Chek SmartView Test Strips	14	Ampyra	12
Accu-Chek Softclix Kit	14	Anastrozole Tab	9
Accu-Chek Softclix Lancets	14	Androderm	17
Accu-Chek Soft Touch Lancets	14	Androgel	17
Acetaminophen w/Codeine	19	Anoro Ellipta	19
Acyclovir Cap, Tab, Suspension	9	Apri	20
Aczone Gel	13	Apriso	16
Adcirca	11	Aranesp	18
Adderall XR Cap	11	Aripiprazole	12
		Aristada	12
		Armodafinil	18
		Armour Thyroid	15
		Arnuity Ellipta	19
		Astepro	20
		Atenolol	10
		Atenolol/Chlorthalidone	10
		Atorvastatin	10
		Atralin	13
		Atripla	17
		Aubagio	12
		Auryxia	18
		Aviane	20
		Avonex Kit	12
		Avonex Pen Kit	12
		Avonex Prefill Kit	12
		Azasite	9
		Azathioprine Tab	20
		Azelastine Ophthalmic Solution	15
		Azelastine Spray	20
		Azithromycin	9
		Azopt	16
		Azurette	20
		B	
		Baclofen Tab	18
		Bayer Contour Test Strips	14
		Benazepril	10
		Benazepril/HCTZ	10
		Benzonatate	18
		Besivance	16
		Betaseron	12
		Bethkis	9
		Betimol	16
		Binosto	18
		Bisoprolol/HCTZ	10
		Botox	18
		Breo Ellipta	19
		Brilinta	10
		Budesonide Inhalation Suspension	19
		Bumetanide	10
		Bunavail	18
		Bupropion	11
		Bupropion ER	11
		Bupropion SR	11
		Bupropion XL	11
		Buspiron	12
		Butalbital-Acetaminophen-Caffeine Cap, Tab	12
		Bydureon	15

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

Index of Covered Drugs

Byetta	15	Clonazepam	12	Diphenoxylate/Atropine	16
Bystolic	10	Clonidine Tab	10	Divalproex DR	12
Byvalson	10	Clopidogrel	10	Divalproex ER	12
C					
<hr/>					
Cabometyx	9	Clotrimazole/Betamethasone Cream, Lotion	13	Divigel	21
Calcitriol Cap	15	Colcrys	18	Doryx MPC	9
Canasa	16	Combigan	16	Doxazosin	10, 17
Capecitabine	9	Combivent Respimat	19	Doxepin	11
Carisoprodol	18	Complera	17	Doxycycline Hyclate Cap	9
Cartia XT	10	Contrave	18	Doxycycline Hyclate Tab	9
Carvedilol	10	Copaxone	12	Doxycycline Monohydrate Cap.	9
Cefdinir	9	Corlanor	11	Doxycycline Monohydrate Oral Suspension, Tab	9
Cefuroxime Tab	9	Cosentyx	17	Duavee	21
Celecoxib	19	Cosopt PF	16	Dulera	19
Cephalexin	9	Creon	16	Duloxetine Cap	11
Cerdelga	18	Crestor	10	Dupixent	13
Cetirizine	20	Cryselles-28	20	Dutasteride	10
Cetrotide	17	Cyanocobalamin Injection.	20	Dymista Spray	20
Cheratussin	18	Cyclobenzaprine Tab	18	E	
Chlorhexidine	18	<hr/>			
Chlorthalidone	10	D			
Choline Fenofibrate ER	10	Delzicol	16	Edarbi	10
Cialis	17	Depen	17	Edarbyclor	10
Cimzia Kit	17	Descovy	9	Effient	10
Ciprodex Otic Suspension	9	Dexamethasone Tab	15	Elestrin Gel	21
Ciprofloxacin Ophthalmic Solution	16	Dexcom G4 Platinum Kit	14	Elidel	13
Ciprofloxacin Tab	9	Dexcom G4 Platinum Sensor Kit	14	Eliquis	10
Citalopram	11	Dexcom G4 Platinum Transmitter Kit	14	Embeda	19
Claravis	13	Dexcom G5 Kit	14	Enalapril.	10
Clarithromycin	9	Dexcom G5 Sensor Kit	14	Enbrel	17
Climara Pro	21	Dexcom G5 Transmitter Kit	14	Enoxaparin	10
Clindamycin/Benzoyl Peroxide Gel.	13	Dexilant	16	Entecavir	9
Clindamycin Cap	9	Dexmethylphenidate ER Cap.	11	Epclusa	9
Clindamycin Gel, Lotion, Solution	13	Diazepam Tab	12	Epiduo & Epiduo Forte	13
Clobetasol Cream, Ointment, Solution	13	Diclofenac Gel	19	Epinephrine Auto-Injector	18
Clobex	13	Diclofenac Tab	19	EpiPen & EpiPen Jr	18
Clomiphene.	15	Dicyclomine	16	Erythromycin	9
		Digoxin	11	Erythromycin Ointment	16
		Diltiazem ER Cap	10	Escitalopram Tab	11
		Dipentum	16	Esomeprazole Magnesium	16
				Estrace Vaginal Cream	21
				Estradiol/Norethindrone Tab.	21
				Estradiol Patch, Tab	21

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

Index of Covered Drugs

Eszopiclone Tab	12	Glipizide XL	15	Hydrocortisone Tab	15
Etodolac	19	Glumetza	15	Hydromorphone Tab	19
Eucrisa	13	Glyburide	15	Hydroxychloroquine	17
Euflexxa	18	Gonal-f	17	Hydroxyzine HCL	12
F		Gonal-f RFF	17	Hydroxyzine Pamoate	12
<hr/>					
Falmina	20	Gralise	19	Hysingla ER	19
Famciclovir Tab	9	Granix	18	I	
Famotidine Tab	16	Guaifenesin/Codeine Syrup	18	<hr/>	
Farxiga	15	Guanfacine ER Tab	11	Ibuprofen Tab	19
Fenofibrate	10	Guanfacine Tab	10	Incruse Ellipta	19
Fentanyl Patch	19	Gynazole-1 Vaginal Cream	21	Indomethacin Cap	19
Finasteride	17	H			
Flecainide	11	<hr/>			
Flector patch	19	Harvoni	9	Insulin Pen Needle	14
Flovent Diskus	19	H.P. Acthar	15	Insulin Syringe/Needle	14
Flovent HFA	19	Humalog Mix 50/50		Invega Sustenna	12
Fluconazole	9	Vial and KwikPen	14	Invega Trinza	12
Fluocinonide Cream	13	Humalog Mix 75-25		Invokamet	15
Fluocinonide Cream, Gel,		Vial and KwikPen	14	Invokamet XR	15
Ointment, Solution	13	Humalog U-100 Vial		Invokana	15
Fluoxetine Cap	11	and KwikPen	14	Ipratropium/Albuterol	
Fluticasone Spray	20	Humalog U-200 KwikPen	14	Nebulizer Solution	19
Folic Acid 1 mg	20	Humira Kit	17	Ipratropium Spray	20
Forfivo XL	11	Humira Pen Kit	17	Irbesartan	10
Forteo	18	Humira Pen Kit Crohns	17	Isentress	17
Fosrenol	18	Humira Pen Kit Psoriasis	17	Isosorbide Mononitrate	11
Freestyle Test Strips	14	Humulin 70-30 Vial		Isosorbide Mononitrate ER	11
Furosemide	10	and KwikPen	14	J	
G		Humulin N Vial		<hr/>	
<hr/>					
Gabapentin	12	and KwikPen	14	Janumet	15
Gavilyte Solution	16	Humulin R U-500 Vial		Janumet XR	15
Gemfibrozil	10	and KwikPen	14	Januvia	15
Generess Fe Chewable	20	Humulin R Vial	14	Jardiance	15
Genvoya	17	Hydralazine	10	Jentadueto	15
Gianvi	20	Hydrochlorothiazide	10	Jentadueto XR	15
Gildess	20	Hydrocodone/Acetaminophen	19	Jolivette	20
Gilenya	12	Hydrocodone/		Jublia Solution	9
Glimepiride	15	Chlorpheniramine Liquid	18	Junel	20
Glipizide	15	Hydrocodone Polistirex/		K	
Glipizide ER	15	Chlorpheniramine ER		<hr/>	
		Suspension	18	Kariva	20
		Hydrocortisone Cream,		Kerydin Solution	9
		Ointment 2.5%	13	Ketoconazole Cream/	

Bold type = Brand-name drug

[Plain type = Generic drug]

Index of Covered Drugs

Shampoo	13	Lovastatin	10	Minivelle.	21
Ketorolac Ophthalmic Solution	16	Low-Ogestrel	21	Minocycline Cap	9
Ketorolac Tab	19	Ludent	20	Mirtazapine	11
Klor-Con	20	Lumigan	16	Mirvaso Gel	13
L		Lupron Depot	15	Misoprostol	16
<hr/>		Lupron Depot	15	Modafinil	12
Labetalol	10	Lutera	21	Mometasone	20
Lamotrigine	12	Lyrica Cap	12	Mono-Linyah	21
Lansoprazole	16	M		Mononessa	21
Lantus SoloStar	14	<hr/>		Montelukast	19
Lantus Vial.	14	Makena	18	Morphine Sulfate ER	19
Latanoprost	16	Mavyret	9	Morphine Sulfate Tab	19
Latuda	12	Meclizine	16	Moxeza	16
Leflunomide.	17	Medroxyprogesterone Acetate Injection	21	Multaq	11
Letairis	11	Medroxyprogesterone Acetate Tab	21	Mupirocin Ointment	13
Letrozole	9	Meloxicam	19	Mycophenolate Mofetil	20
Levemir FlexTouch.	14	Mercaptopurine	9	Mycophenolate Sodium	20
Levemir Vial	14	Metaxalone	18	Myorisan	13
Levetiracetam	12	Metformin	15	Myrbetriq	19
Levitra	17	Metformin ER	15	N	
Levocetirizine	20	Methadone Tab	19	<hr/>	
Levofloxacin Tab.	9	Methimazole	15	Nabumetone	19
Levora 28	20	Methocarbamol	18	Nadolol	10
Levothyroxine	15	Methotrexate Tab	17	Namenda XR.	12
Lialda.	16	Methylphenidate ER Cap	11	Namzarcic.	12
Lidocaine Patch 5%	19	Methylphenidate ER Tab.	11	Naproxen	19
Lidocaine Topical Ointment, Solution	13	Methylphenidate SA Osmotic ER Tab	11	Narcan	18
Lidocaine Viscous Solution	18	Methylphenidate Tab	11	Natazia.	21
Linzess	16	Methylprednisolone Tab.	15	Necon.	21
Liothyronine	15	Metoclopramide	16	Neupogen	18
Lisinopril	10	Metoprolol Succinate	10	Niacin ER Tab	11
Lisinopril/HCTZ	10	Metoprolol Tartrate	10	Nifedipine ER	10
Livalo.	10	Metrogel.	13	Nitrofurantoin Macrocrystalline	9
Lo Loestrin.	20	Metronidazole Gel 0.75%.	13	Nitrofurantoin Monohydrate Macrocrystalline	9
Lomedia Fe	20	Metronidazole Tab	9	Nitroglycerin SL Tab	11
Lorazepam Tab	12	Metronidazole Vaginal Gel	21	Nora-Be	21
Loryna	20	Microgestin	21	Norditropin	15
Lorzone	18	Microgestin Fe	21	Norgest/Ethi Estradio	21
Losartan.	10	Migranal	12	Nortrel	21
Losartan/HCTZ	10			Nortriptyline.	11
				Norvir	17

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

Index of Covered Drugs

Novofine Autocover	Sync System Kit 14	Praluent 11
Pen Needle 14	OneTouch Verio System Kit . 14	Pramipexole 12
Novofine Pen Needle . . . 14	OneTouch Verio Test Strips . 14	Pravastatin 11
Novolin 70/30 Vial. 14	Onexton 13	Prazosin 10
Novolin N Vial 14	Opsumit 11	Precision Test Strips 14
Novolin R Vial 15	Oracea 9	Prednisolone Ophthalmic
Novolog Flexpen 15	Orencia SC 17	Suspension 16
Novolog Mix 70/30 Vial	Orenitram 11	Prednisolone Solution 15
and Flexpen 15	Orsythia 21	Prednisolone Syrup, Solution . . 15
Novolog Penfill 15	Ortho Tri-Cyclen Lo 21	Prednisone 15
Novolog Vial. 15	Oseltamivir 9	Premarin Tab. 21
Novotwist Pen Needle . . 14	Osphena 21	Premarin Vaginal Cream . 21
Nutropin AQ. 15	Otezla 17	Premphase 21
Nuvaring. 21	Ovidrel 17	Prempro 21
Nystatin Cream,	Oxcarbazepine 12	Prepopik 16
Ointment, Powder. . . . 13	Oxsoralen-UL 13	Previfem 21
Nystatin Suspension. 9	Oxybutynin 19	Prezcobix 17
	Oxybutynin ER 19	Prezista 17
	Oxycodone Tab 19	Pristiq 11
	Oxycodone w/ Acetaminophen 19	Proair HFA, RespiClick. . . 19
	Oxycontin 19	Procrit 18
		Proctofoam HC 13
O		Progesterone Cap 21
Ocella 21	P	Prograf Cap 20
Odefsey 9	Pantoprazole 16	Promethazine 18
Ofloxacin Ophthalmic Solution 16	Paroxetine Tab 11	Promethazine/Codeine Syrup . 18
Ofloxacin Otic Solution 9	Pataday 15	Promethazine DM Syrup . . 18
Olanzapine Tab 12	Pazeo. 15	Promethazine Tab 20
Olmesartan 10	Penicillin VK. 9	Propranolol 10
Olmesartan/HCTZ 10	Pentasa 16	Propranolol ER 10
Omega-3 Acid Cap 11	Permethrin Cream. 13	Pulmicort Flexhaler 19
Omeprazole. 16	Phenazopyridine 18	Pylera 16
Omnaris 20	Phentermine Tab 18	
Omnitrope 15	Pioglitazone. 15	Q
Ondansetron ODT. 16	Polyethylene Glycol 3350	QNasl. 20
Ondansetron Tab 16	Powder 16	Quetiapine 12
OneTouch Kit Ultra 14	Polymyxin B/Trimethoprim	Quinapril 10
OneTouch Ultra 2 System. 14	Solution 16	Qvar 19
OneTouch UltraMini	Potassium Chloride ER	
System Kit 14	Tab, Cap. 20	R
OneTouch Ultra Test Strips . 14	Potassium Chloride Micro ER	
OneTouch Verio Flex	Tab 20	Rabeprazole. 16
System Kit 14	Pradaxa 10	Ramipril 10
OneTouch Verio IQ		
System Kit 14		
OneTouch Verio		

Bold type = Brand-name drug

[Plain type = Generic drug]

Index of Covered Drugs

Ranexa	11	Stiolto	19	Toujeo SoloStar	15
Ranitidine Tab, Cap, Syrup . . .	16	Strattera	11	Toviaz	19
Rapaflo	17	Stribild	17	Tracleer	11
Rasuvo	17	Suboxone Film.	18	Tradjenta.	15
Reclipsen	21	Sucralfate Tab	16	Tramadol Tab	19
Relpax	12	Sulfamethoxazole-Trimethoprim .9		Tramadol w/ Acetaminophen . 19	
Remicade	17	Sulfamethoxazole-		Travatan Z	16
Renvela Tab	18	Trimethoprim DS	9	Trazodone.	11
Restasis	16	Sumatriptan Tab and Spray . 12		Tresiba	15
Restasis Multidose	16	Sumavel Dose	12	Tretinoin Cream	13
Retin-A Micro gel	13	Suprep Bowel Prep	16	Tretinoin Microsphere Gel . . 13	
Revlimid	9	Symbicort	19	Triamcinolone	13
Rexulti	11	Synjardy	15	Triamterene/HCTZ	10
Reyataz	17	Synthroid	15	Triazolam Tab	12
Rezira	18	Synvisc.	18	Tri-Linyah	21
Risperidone Tab	11, 12	Synvisc One	18	Tri-Lo Sprintec.	21
Rizatriptan Tab, ODT	12			Trinessa	21
Ropinirole	12	T		Trintellix	11
Rosuvastatin	11			Tri-Previfem	21
S		Taclonex	13	Tri-Sprintec	21
		Tacrolimus Cap	20	Triumeq	17
Saphris	12	Tamiflu	9	Trulicity	15
Savaysa	10	Tamoxifen Tab.	9	Truvada	17
Serevent Diskus	19	Tamsulosin	17	Tymlos	18
Sertraline	11	Tazorac.	13		
Sildenafil Tab	11	Tecfidera	12	U	
Silenor	12	Tekturna	10	Uceris Foam	16
Simbrinza	16	Tekturna HCT	10	Uloric.	18
Simponi	17	Telmisartan	10		
Simponi Aria.	17	Temazepam	12	V	
Simvastatin	11	Terazosin	10, 17		
Soliqua.	15	Terbinafine Tab	9	Valacyclovir	9
Solodyn	9	Terconazole Vaginal Cream. . . 21		Valsartan	10
Soolantra	13	Testosterone Cypionate		Valsartan/HCTZ	10
SOtalol	11	IM Injection	17	Varubi	16
Spiriva Handihaler	19	Tirosint.	15	Vascepa	11
Spiriva Respimat	19	Tivicay	17	Vectical.	13
Spironolactone	10	Tizanidine Cap	18	Velphoro	18
Sprintec 28	21	Tizanidine Tab.	18	Venlafaxine ER Cap	11
Sprycel	9	Tobramycin	16	Venlafaxine ER Tab	11
Stelara	17	Tobramycin/Dexamethasone . 16		Venlafaxine Tab	11
Stendra	17	Topiramate Tab	12	Ventolin HFA	19
		Torseamide Tab.	10		

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

Index of Covered Drugs

Verapamil ER	10
Vesicare	19
Vestura	21
Viagra	17
Victoza	15
Vigamox	16
Viibryd	11
Vimpat	12
Viorele	21
Viread	17
Vitamin D	20
Vytorin	11
Vyvance	11

W

Warfarin	10
Welchol	11

X

Xarelto	10
Xeljanz	17
Xiidra	16
Xolair	19
Xulane	21
Xyrem	12

Y

Yuvaferm	21
--------------------	----

Z

Zaleplon	12
Zarah	21
Zarxio	18
Zenpep	16
Zepatier	9
Zetonna	20
Zohydro ER	19
Zolpidem	12
Zolpidem ER	12
Zonisamide	12
Zontivity	10
Zorvolex	19
Zovirax Cream	13
Zovirax Ointment	13
Zubsolv	18
Zurampic	18
Zutripro	18
Zyclara	13
Zytiga	9

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

“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



All MedalistRx™ trademarks and logos are owned by MedalistRx, Inc. All other brand or product names are trademarks or registered marks of their respective owners.