

# LDI 2017 STANDARD PRESCRIPTION DRUG LIST

## **PRESCRIPTION DRUG LIST FEATURES**

Quick-reference guide to the Formulary  
Drug listing by specific drug class or major therapeutic use  
Reference for drugs available as generics  
Reference for Non-Preferred Brand Alternatives

## **FORMULARY & BENEFIT QUESTIONS, PRIOR AUTHORIZATION**

Phone: **314.652.3121** or toll free **1.866.516.3121**

## **AUTOMATED REFILLS ONLY**

Phone: **314.652.1121** or toll free **1.866.516.1121**

## **YOUR PRESCRIPTION DRUG LIST**

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

**Effective July 1, 2017**



**Health Solutions Made Personal.**



## At LDI, 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 Prescription Drug List.

### What is a Prescription Drug List (PDL)?

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 PDL 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.

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

When choosing a medication, you and your doctor should consult the PDL. 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.

### 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, **Coumadin**) and generic drugs in plain type (for example, Warfarin). 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.

## 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 drugs. Some low-cost brands are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-range Cost	Mix of brands and generics.	Use Tier 2 drugs, instead of Tier 3 to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	Mostly higher-cost brand as well as select generic drugs.	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.

## 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.

PA	Prior Authorization - Your doctor is required to provide additional information to determine coverage.
ST	Step Therapy - Trial of a lower cost medication 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.
AR	Age Restrictions - Some restrictions may apply based on patient age.

## 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.

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Drug Name	Drug Tier	Programs and Limits
<b>Anti-Infectives: Antibiotics</b>		
Amoxicillin	1	
Amoxicillin/ Clavulanate	1	
<b>Azasite</b>	3	
Azithromycin	1	
<b>Bethkis</b>	2	SP
Cefadroxil Cap	1	
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
<b>Ciprodex Otic Suspension</b>	2	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
<b>Doryx MPC</b>	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	
<b>Oracea</b>	3	
Penicillin VK	1	
<b>Solodyn</b>	3	
Sulfamethoxazole- Trimethoprim	1	
Sulfamethoxazole- Trimethoprim DS	1	
<b>Anti-Infectives: Antifungals</b>		
Fluconazole	1	
<b>Jublia Solution</b>	3	PA
<b>Kerydin Solution</b>	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
<b>Anti-Infectives: Antivirals</b>		
Acyclovir Cap, Tab, Suspension	1	
<b>Daklinza</b>	3	PA, QL, SP
Entecavir	1	QL, SP
<b>Epclusa</b>	2	PA, QL, SP
Famciclovir Tab	1	
<b>Harvoni</b>	2	PA, QL, SP
<b>Sovaldi</b>	2	PA, QL, ST, SP
<b>Tamiflu</b>	3	QL
Valacyclovir	1	QL
<b>Zepatier</b>	2	PA, QL, SP

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

**PA** Prior Authorization  
**ST** Step Therapy

**QL** Quantity Limits  
**SP** Specialty Program

**This is an example list of the most common medication included on the formulary and is not an all-inclusive list. Medication on this formulary is subject to your plan coverage.**

Drug Name	Drug Tier	Programs and Limits
<b>Cancer</b>		
<b>Akynzeo</b>	3	QL
Anastrozole Tab	1	
Capecitabine	1	PA, SP
Letrozole	1	
<b>Revlimid</b>	3	PA, SP
<b>Sprycel</b>	2	PA, SP
Tamoxifen Tab	1	
<b>Tasigna</b>	3	PA, SP
Temozolomide	1	PA, SP
<b>Zytiga</b>	3	PA, SP
<b>Cardiovascular/Heart Disease: Anticoagulants</b>		
<b>Brilinta</b>	2	
Clopidogrel	1	
<b>Effient</b>	2	
<b>Eliquis</b>	3	QL
Enoxaparin		QL, SP
<b>Pradaxa</b>	2	QL
<b>Savaysa</b>	3	QL
Warfarin	1	
<b>Xarelto</b>	2	QL
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>		
Amlodipine	1	
Amlodipine/ Benazepril	1	
Amlodipine/Valsartan	1	
Amlodipine/Valsartan HCTZ	1	
Atenolol	1	
Atenolol/ Chlorthalidone	1	
<b>Azor</b>	3	ST
Benazepril	1	
Benazepril/HCTZ	1	
<b>Benicar</b>	3	ST
<b>Benicar HCT</b>	3	ST
Bisoprolol	1	

Drug Name	Drug Tier	Programs and Limits
Bisoprolol/HCTZ	1	
Bumetanide	1	
<b>Bystolic</b>	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Patch	3	
Clonidine Tab	1	
Diltiazem Tab	1	
Doxazosin	1	
<b>Edarbi</b>	3	ST
<b>Edarbyclor</b>	3	ST
Enalapril	1	
Enalapril/HCTZ	1	
Felodipine	1	
Fosinopril	1	
Furosemide	1	
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	
<b>Tekturna</b>	2	ST
<b>Tekturna HCT</b>	2	ST
Telmisartan	1	

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Drug Name	Drug Tier	Programs and Limits
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
<b>Tribenzor</b>	3	ST
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Atorvastatin	1	
Cholestyramine	1	
<b>Crestor</b>	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	
<b>Lipitor</b>	3	ST
Lovastatin	1	
<b>Lovaza</b>	3	
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
<b>Praluent</b>	2	PA, QL, SP
Pravastatin	1	
Rosuvastatin	1	
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	
Simvastatin 80 mg	1	PA
<b>Vascepa</b>	2	
<b>Vytorin 10-10 mg, 10-20 mg, 10-40 mg</b>	2	
<b>Vytorin 10-80 mg</b>	2	PA
<b>Welchol</b>	2	
<b>Zetia</b>	3	

Drug Name	Drug Tier	Programs and Limits
<b>Cardiovascular/Heart Disease: Other</b>		
Amiodarone	1	
Amlodipine/Atorvastatin	3	
<b>Corlanor</b>	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
<b>Multaq</b>	3	
<b>Nitrostat</b>	3	
<b>Ranexa</b>	2	ST
Sotalol	1	
<b>Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension</b>		
<b>Adcirca</b>	3	PA, QL, SP
<b>Adempas</b>	2	PA, QL, SP
<b>Letairis</b>	2	PA, QL, SP
<b>Opsumit</b>	2	PA, QL, SP
<b>Orenitram</b>	3	PA, SP
Sildenafil Tab 20 mg	1	PA, QL, SP
<b>Tracleer</b>	2	PA, QL, SP
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR Cap</b>	3	PA, QL, ST
Amphetamine Dextro-amphetamine Tab	1	PA, QL
Amphetamine Dextro-amphetamine SR 24Hr Cap	1	PA, QL
Dexmethylphenidate ER Cap	1	PA, QL
<b>Evekeo</b>	3	PA, QL, ST
Guanfacine ER Tab	1	QL

[Bold type = Brand name drug]  
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Drug Name	Drug Tier	Programs and Limits
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
<b>Strattera</b>	2	QL
<b>Vyvanse</b>	2	PA, QL
<b>Central Nervous System: Depression</b>		
Amitriptyline	1	
Bupropion	1	
Bupropion ER	1	
Bupropion SR	1	
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	
Fluvoxamine Tab	1	
<b>Forfivo XL</b>	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
<b>Pristiq</b>	3	QL
<b>Rexulti</b>	3	QL
Risperidone Tab	1	QL
Sertraline	1	
Trazodone	1	
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	3	
<b>Viibryd</b>	3	QL, ST

Drug Name	Drug Tier	Programs and Limits
<b>Central Nervous System: Migraine</b>		
Butalbital Acetaminophen Caffeine Cap, Tab 50-325-40 mg	1	
<b>Migranal</b>	3	QL
<b>Relpax</b>	3	QL
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab and Spray	1	QL
<b>Sumavel Dose</b>	3	QL
Zolmitriptan Tab	1	QL
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	2	PA, QL, SP
<b>Aubagio</b>	3	PA, QL, ST, SP
<b>Avonex Kit</b>	2	PA, QL, SP
<b>Avonex Pen Kit</b>	2	PA, QL, SP
<b>Avonex Prefill Kit</b>	2	PA, QL, SP
<b>Betaseron</b>	2	PA, QL, SP
<b>Copaxone 20 mg/mL &amp; 40 mg/mL</b>	2	PA, QL, SP
<b>Gilenya*</b>	3	PA, QL, ST, SP
<b>Rebif</b>	3	PA, QL, ST, SP
<b>Rebif Titrtn</b>	3	PA, QL, ST, SP
<b>Tecfidera</b>	2	PA, QL, SP
<b>Central Nervous System: Other</b>		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
Benzotropine	1	
Buspiron	1	

\* Tier 3 Preferred

[Bold type = Brand name drug]

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Drug Name	Drug Tier	Programs and Limits
Carbidopa/ Levodopam Tab (Immediate Release)	1	
Diazepam Tab	1	
Donepezil Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
<b>Invega Sustenna</b>	3	
<b>Invega Trinza</b>	3	
<b>Latuda</b>	3	QL, ST
Lithium Carbonate	1	
Lorazepam Tab	1	QL
Modafinil	3	PA, QL
<b>Namenda XR</b>	2	QL
<b>Namzarcic</b>	2	QL
Olanzapine Tab	1	QL
Prochlorperazine	1	
Quetiapine	1	QL
Risperidone Tab	1	QL
Ropinirole (Immediate Release)	1	
<b>Saphris</b>	2	QL
<b>Seroquel XR</b>	3	QL
Ziprasidone Cap	3	QL
<b>Central Nervous System: Sedatives/ Hypnotics</b>		
Eszopiclone Tab	1	QL
<b>Silenor</b>	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
<b>Central Nervous System: Seizure Disorders</b>		
Carbamazepine Tab	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	

Drug Name	Drug Tier	Programs and Limits
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Lamotrigine ER	1	
Levetiracetam	1	
Levetiracetam ER	1	
<b>Lyrica Cap</b>	2	QL
<b>Onfi</b>	3	PA
Oxcarbazepine	1	
Phenytoin	1	
Primidone	1	
Topiramate Tab	1	
<b>Vimpat</b>	3	
Zonisamide	1	
<b>Dermatology</b>		
<b>Absorica</b>	3	PA
<b>Acanya Gel</b>	3	ST
Acyclovir Ointment 5%	1	
<b>Aczone Gel</b>	3	
<b>Atralin</b>	3	PA
<b>Benzaclin</b>	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%	3	
Clobetasol Cream, Ointment, Solution	1	
<b>Clobex</b>	3	

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Drug Name	Drug Tier	Programs and Limits
Clotrimazole/ Betamethasone Cream, Lotion	1	
<b>Cortifoam</b>	3	
Desonide Cream, Ointment	1	
Desoximetasone Cream, Gel, Ointment	1	
<b>Differin</b>	3	AR
Econazole Cream	1	
<b>Elidel</b>	2	ST
<b>Epiduo &amp; Epiduo Forte</b>	3	
<b>Finacea</b>	3	ST
Fluocinonide Cream, 0.1%	3	
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1	
Hydrocortisone Cream, Ointment 2.5%	1	
Lidocaine Topical Ointment, Solution	1	
Lidocaine/Prilocaine Cream	1	
Ketoconazole Cream/ Shampoo	1	
<b>Metrogel</b>	3	
Metronidazole Gel 0.75%	1	
<b>Mirvaso Gel</b>	2	
Mupirocin Ointment	1	
Nystatin Cream, Ointment, Powder	1	
Nystatin/ Triamcinolone Cream, Ointment	1	
<b>Onexton</b>	3	

Drug Name	Drug Tier	Programs and Limits
<b>Oxsoralen-UL</b>	2	
Permethrin Cream 5%	1	
<b>Proctofoam HC</b>	2	
<b>Retin-A Micro gel 0.1%, 0.04%</b>	3	PA
<b>Soolantra</b>	2	
Sulfacetamide/Sulfur Emulsion	3	
<b>Taclonex</b>	3	QL
<b>Tazorac</b>	3	QL
Tretinoin Cream	1	PA
Tretinoin Microsphere Gel	1	PA
Triamcinolone	1	
<b>Vectical</b>	3	
<b>Zovirax Cream</b>	2	
<b>Zovirax Ointment</b>	3	
<b>Zyclara</b>	3	
<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>		
<b>Accu-Chek Active Glucose Control Liquid</b>	3	
<b>Accu-Chek Active Test Strips</b>	2	QL
<b>Accu-Chek Aviva Plus Control Liquid</b>	3	
<b>Accu-Chek Aviva Connect Kit</b>	2	
<b>Accu-Chek Aviva Plus Kit</b>	2	
<b>Accu-Chek Aviva Plus Test Strips</b>	2	QL
<b>Accu-Chek Compact Plus Control Liquid</b>	3	
<b>Accu-Chek Compact Plus Kit</b>	2	
<b>Accu-Chek Compact Plus Test Strips</b>	2	QL

[Bold type = Brand name drug]  
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Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
<b>Accu-Chek FastClix Kit</b>	2		<b>Freestyle Test Strips</b>	3	QL, ST
<b>Accu-Chek FastClix Lancets</b>	2		<b>Insulin Pen Needle</b>	2	
<b>Accu-Chek Guide Control Liquid</b>	3		<b>Insulin Syringe/ Needle</b>	2	
<b>Accu-Chek Guide Kit</b>	2		<b>Novofine Pen Needle</b>	3	
<b>Accu-Chek Guide Test Strips</b>	2	QL	<b>Novofine Autocover Pen Needle</b>	3	
<b>Accu-Chek Multiclix Kit</b>	2		<b>Novotwist Pen Needle</b>	3	
<b>Accu-Chek Multiclix Lancets</b>	2		<b>Onetouch Kit Ultra Smart</b>	2	
<b>Accu-Chek Nano SmartView Kit</b>	2		<b>Onetouch Kit Ultra</b>	2	
<b>Accu-Chek SmartView Control Liquid</b>	3		<b>Onetouch Kit Ultra 2</b>	2	
<b>Accu-Chek SmartView Test Strips</b>	2	QL	<b>Onetouch Kit Ultra Mini</b>	2	
<b>Accu-Chek Soft Touch Lancet</b>	2		<b>Onetouch Kit Verio IQ</b>	2	
<b>Accu-Chek Softclix Kit</b>	2		<b>Onetouch Test Strips</b>	2	QL
<b>Accu-Chek Softclix Lancets</b>	2		<b>Onetouch Ultra Blue Test Strips</b>	2	QL
<b>Bayer Contour Test Strips</b>	3	QL, ST	<b>Onetouch Verio Test Strips</b>	2	QL
<b>Dexcom G4 Platinum Kit</b>	3		<b>Precision Test Strips</b>	3	QL, ST
<b>Dexcom G4 Platinum Sensor Kit</b>	3		<b>Diabetes/Endocrine: Insulin</b>		
<b>Dexcom G4 Platinum Transmitter Kit</b>	3		<b>Basaglar</b>	3	ST
<b>Dexcom G5 Kit</b>	3		<b>Humalog Mix 50/50 Vial and KwikPen</b>	2	
<b>Dexcom G5 Sensor Kit</b>	3		<b>Humalog Mix 75-25 Vial and KwikPen</b>	2	
<b>Dexcom G5 Transmitter Kit</b>	3		<b>Humalog U-100 Vial and KwikPen</b>	2	
			<b>Humalog U-200 KwikPen</b>	2	
			<b>Humulin 70-30 Vial and KwikPen</b>	2	
			<b>Humulin N Vial and KwikPen</b>	2	
			<b>Humulin R U-500 Vial and KwikPen</b>	2	

[Bold type = Brand name drug]  
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Drug Name	Drug Tier	Programs and Limits
<b>Humulin R Vial</b>	2	
<b>Lantus SoloStar</b>	2	
<b>Lantus Vial</b>	2	
<b>Levemir FlexTouch</b>	2	
<b>Levemir Vial</b>	2	
<b>Novolin 70/30 Vial</b>	2	
<b>Novolin N Vial</b>	2	
<b>Novolin R Vial</b>	2	
<b>Novolog Flexpen</b>	2	
<b>Novolog Mix 70/30 Vial and Flexpen</b>	2	
<b>Novolog Penfill</b>	2	
<b>Novolog Vial</b>	2	
<b>Tresiba</b>	3	
<b>Toujeo SoloStar</b>	2	
<b>Diabetes/Endocrine: Non-Insulin</b>		
<b>Bydureon</b>	2	QL, ST
<b>Byetta</b>	2	QL, ST
<b>Farxiga</b>	3	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glyburide	1	
Glyburide/Metformin	1	
<b>Invokamet</b>	2	ST
<b>Invokamet XR</b>	2	ST
<b>Invokana</b>	2	ST
<b>Janumet</b>	2	ST
<b>Janumet XR</b>	2	ST
<b>Januvia</b>	2	ST
<b>Jardiance</b>	2	ST
<b>Jentadueto</b>	2	ST
<b>Jentadueto XR</b>	2	ST
<b>Kombiglyze</b>	3	ST
Metformin	1	
Metformin ER	1	

Drug Name	Drug Tier	Programs and Limits
<b>Onglyza</b>	3	ST
Pioglitazone	1	
<b>Synjardy</b>	2	ST
<b>Tradjenta</b>	2	ST
<b>Trulicity</b>	2	QL, ST
<b>Victoza</b>	2	QL, ST
<b>Endocrine: Growth Hormone</b>		
<b>Norditropin</b>	2	PA, SP
<b>Nutropin AQ</b>	2	PA, SP
<b>Endocrine: Other</b>		
Calcitriol Cap	1	
Dexamethasone Tab	1	
Hydrocortisone Tab	1	
<b>Lupron Depot 3.75 mg, 11.25 mg</b>	3	PA, SP
<b>Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg</b>	2	PA, SP
Methylprednisolone Tab	1	
Prednisone	1	
Prednisolone Solution 25 mg/5 ml	3	
Prednisolone Syrup, Solution 15 mg/5 ml	1	
<b>Sensipar</b>	3	PA
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
<b>Synthroid</b>	3	
<b>Tirosint</b>	3	

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Drug Name	Drug Tier	Programs and Limits
<b>Eye Conditions: Allergies</b>		
Azelastine Ophthalmic Solution	1	
<b>Bepreve</b>	3	ST
<b>Lastacaft</b>	3	ST
<b>Pataday</b>	2	
<b>Pazeo</b>	2	
<b>Eye Conditions: Antibiotics</b>		
<b>Besivance</b>	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
Gentamicin	1	
<b>Moxeza</b>	2	
Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension	1	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/Dexamethasone	1	
<b>Vigamox</b>	2	
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P</b>	2	
<b>Azopt</b>	2	
<b>Betimol</b>	3	
Brimonidine	1	
<b>Combigan</b>	2	
<b>Cosopt PF</b>	3	

Drug Name	Drug Tier	Programs and Limits
Dorzolamide-Timolol Maleate	1	
Latanoprost	1	QL
<b>Lumigan</b>	2	QL
<b>Simbrinza</b>	2	
Timolol	1	
<b>Timoptic Ocudose</b>	2	
<b>Travatan Z</b>	2	QL
<b>Eye Conditions: Other</b>		
<b>Durezol Ophthalmic Emulsion</b>	3	
Ketorolac Ophthalmic Solution	1	
<b>Lotemax Ophthalmic Gel</b>	3	QL
Prednisolone Ophthalmic Suspension	1	
<b>Restasis</b>	2	PA
<b>Xiidra</b>	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
<b>Dexilant</b>	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	
<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine	3	
Metoclopramide	1	

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Ondansetron Tab, ODT	1	
<b>Transderm-Scop</b>	3	
<b>Varubi</b>	3	QL
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	2	QL, ST
<b>Apriso</b>	2	
<b>Canasa</b>	2	
<b>Creon</b>	2	
<b>Delzicol</b>	3	ST
<b>Dipentum</b>	3	
Gavilyte Solution	1	
Hyoscyamine Sublingual Tab	1	
Lactulose	1	
<b>Lialda</b>	2	
<b>Linzess</b>	2	QL, ST
<b>Moviprep</b>	3	
<b>Omeclamox Pak</b>	2	
<b>Pentasa</b>	3	
Polyethylene Glycol 3350 Powder	3	
Protosol HC	1	
<b>Prepopik</b>	3	
<b>Pylera</b>	2	
Sulfasalazine	1	
<b>Suprep Bowel Prep</b>	3	
<b>Uceris Foam</b>	3	
<b>Zenpep</b>	2	
<b>HIV/AIDS</b>		
<b>Atripla</b>	2	SP
<b>Complera</b>	2	SP
<b>Epzicom</b>	3	SP
<b>Genvoya</b>	2	SP
<b>Intelence</b>	2	SP
<b>Isentress</b>	2	SP
<b>Kaletra Solution</b>	2	SP

Drug Name	Drug Tier	Programs and Limits
<b>Kaletra Tablet</b>	3	SP
Nevirapine	1	SP
<b>Norvir</b>	2	SP
<b>Prezcobix</b>	2	SP
<b>Prezista</b>	2	SP
<b>Reyataz</b>	2	SP
<b>Stribild</b>	2	SP
<b>Sustiva</b>	2	SP
<b>Tivicay</b>	2	SP
<b>Triumeq</b>	2	SP
<b>Truvada</b>	2	SP
<b>Viread</b>	2	SP
<b>Infertility</b>		
<b>Cetrotide</b>	2	SP
<b>Gonal-f</b>	2	PA, SP
<b>Gonal-f RFF</b>	2	PA, SP
<b>Ovidrel</b>	2	SP
<b>Inflammatory Conditions</b>		
<b>Cimzia Kit</b>	2	PA, SP
<b>Depen</b>	2	SP
<b>Enbrel</b>	3	PA, SP
<b>Humira Kit</b>	2	PA, SP
<b>Humira Pen Kit</b>	2	PA, SP
<b>Humira Pen Kit Crohns</b>	2	PA, SP
<b>Humira Pen Kit Psoriasis</b>	2	PA, SP
Hydroxychloroquine	1	
Methotrexate Tab	1	
<b>Orencia SC</b>	3	PA, ST, SP
<b>Otezla</b>	3	PA, ST, SP
<b>Otrexup</b>	3	PA, QL
<b>Rasuvo</b>	2	PA, QL
<b>Remicade</b>	2	PA, SP
<b>Simponi</b>	2	PA, SP
<b>Simponi Aria</b>	2	PA, SP
<b>Stelara</b>	2	PA, SP
<b>Taltz*</b>	3	PA, ST, SP
<b>Xeljanz</b>	3	PA, ST, SP

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Drug Name	Drug Tier	Programs and Limits
<b>Men's Health: Erectile Dysfunction</b>		
<b>Cialis</b>	2	QL
<b>Levitra</b>	3	QL
<b>Stendra</b>	3	QL
<b>Viagra</b>	2	QL
<b>Men's Health: Prostate</b>		
Alfuzosin	1	
<b>Cialis 2.5 mg &amp; 5 mg</b>	2	QL
Doxazosin	1	
Finasteride 5 mg	1	
<b>Rapaflo</b>	2	
Tamsulosin	1	
Terazosin	1	
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	PA
<b>Androgel 1.62%</b>	2	PA
<b>Androgel 1%</b>	3	PA, ST
Testosterone Cypionate IM Injection	3	PA
<b>Miscellaneous</b>		
Allopurinol	1	
Antipyrine/ Benzocaine Otic Solution 5.4 - 1.4%	1	
<b>Aranesp</b>	2	PA, SP
<b>Auryxia</b>	3	
Benzonatate	1	
<b>Botox 100, 200 unit Injection (non-cosmetic)</b>	3	PA, SP
<b>Bunavail</b>	3	PA, QL
<b>Cerdelga</b>	3	PA, SP
<b>Chantix</b>	3	QL
Cheratussin	1	
Chlorhexidine	1	

Drug Name	Drug Tier	Programs and Limits
<b>Colcryst</b>	2	
Cyproheptadine	1	
Desmopressin	1	
<b>Epinephrine Auto-Injector (Authorized Generic of EpiPen made by Mylan)</b>		
<b>EpiPen &amp; EpiPen Jr</b>	3	ST
<b>Euflexxa</b>	2	PA, SP
<b>Fosrenol</b>	3	
<b>Granix</b>	2	PA, SP
Guaifenesin/Codeine Syrup	1	
Homatropine/ Hydrocodone Syrup	1	
Hydrocodone/ Chlorpheniramine Liquid	3	
Hydrocortisone AC Suppository 25 mg	1	
Hydromet	1	
Lidocaine Viscous Solution 2%	1	
<b>Makena</b>	2	PA, SP
<b>Narcan</b>	2	
<b>Neupogen</b>	2	PA, SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	3	PA
<b>Procrit</b>	2	PA, SP
Promethazine DM Syrup	1	
Promethazine/ Codeine Syrup	1	
<b>Pulmozyme</b>	2	PA, QL, SP

\* Tier 3 Preferred

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Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
<b>Renvela Tab, Pack</b>	2		Etodolac	1	
<b>Rezira</b>	3		<b>Flector Patch</b>	3	QL
<b>Suboxone Film</b>	2	PA, QL	Fentanyl Patch		
<b>Synagis</b>	3	PA, SP	25 mcg/hr,		
<b>Synvisc</b>	2	PA, SP	50 mcg/hr,	1	QL
<b>Synvisc One</b>	2	PA, SP	75 mcg/hr,		
<b>Uloric</b>	2	ST	100 mcg/hr		
Ursodiol	1		Fentanyl Patch		
<b>Velphoro</b>	3		37.5 mcg/hr,	3	QL
<b>Zarxio</b>	3	PA, SP	62.5 mcg/hr,		
<b>Zostavax Injection</b>	3		87.5 mcg/hr		
<b>Zubsolv</b>	2	PA, QL	<b>Gralise</b>	3	QL, ST
<b>Zutripro</b>	3		Hydrocodone/APAP	1	PA, QL
<b>Musculoskeletal: Osteoporosis</b>			5, 7.5, 10/325 mg		
Alendronate Tab 35 mg & 70 mg	1	QL	Hydromorphone Tab	1	PA, QL
<b>Binosto</b>	3	QL	Ibuprofen Tab 400,		
<b>Evista</b>	3		600, 800 mg (Rx only)	1	
<b>Forteo</b>	2	PA, SP	Indomethacin Cap	1	
Ibandronate Tab	1	QL	Ketorolac Tab	1	QL
Raloxifene	1		Lidocaine Patch 5%	1	
<b>Musculoskeletal: Other</b>			Meloxicam	1	
Baclofen Tab	1		Methadone Tab	1	
Carisoprodol 350 mg	1		Morphine Sulfate Tab	1	PA, QL
Cyclobenzaprine Tab 5, 10 mg	1		Nabumetone	1	
<b>Lorzone</b>	3		Naproxen (Rx only)	1	
Metaxalone	3		<b>Opana ER</b>	2	QL
Methocarbamol	1		Oxycodone Tab 5,		
Tizanidine Cap	3		10, 15, 30 mg		
Tizanidine Tab	1		(Immediate Release)	1	PA, QL
<b>Musculoskeletal: Pain Relief</b>			Oxycodone w/ Acetaminophen	1	PA, QL
Acetaminophen w/ Codeine	1	PA, QL	<b>Oxycontin</b>	2	QL
<b>Celebrex</b>	3	QL	<b>Tivorbex</b>	3	ST
Celecoxib	3	QL			
Diclofenac Tab	1				
<b>Embeda</b>	2	QL			
Endocet Tab	1	PA, QL			

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Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Tramadol Tab 50 mg	1		<b>Proair HFA, RespiClick</b>	2	QL
Tramadol w/ Acetaminophen	1		<b>Proventil HFA</b>	3	QL, ST
Vicodin	3	PA, QL	<b>Pulmicort Flexhaler</b>	2	QL
Vicodin ES	3	PA, QL	<b>Qvar</b>	2	QL
<b>Voltaren Gel</b>	3	QL	<b>Seebri</b>	3	QL
<b>Zohydro ER</b>	3	QL, ST	<b>Serevent Diskus</b>	2	QL
<b>Zorvolex</b>	3		<b>Spiriva Handihaler</b>	2	QL
<b>Overactive Bladder</b>			<b>Spiriva Respimat</b>	2	QL
<b>Myrbetriq</b>	3	ST	<b>Stiolto</b>	2	QL
Oxybutynin	1		<b>Symbicort</b>	2	QL
Oxybutynin ER	1		<b>Ventolin HFA</b>	2	QL
Tolterodine	3		<b>Xolair</b>	3	PA, SP
<b>Toviaz</b>	3		<b>Xopenex HFA</b>	3	QL, ST
<b>Vesicare</b>	2		<b>Respiratory: Nasal Allergies</b>		
<b>Respiratory: Asthma/COPD</b>			<b>Astepro</b>	3	QL
<b>Advair Diskus</b>	2	QL	Azelastine Spray	1	QL
<b>Advair HFA</b>	2	QL	<b>Dymista Spray</b>	2	QL
<b>Aerospan</b>	3	QL	Fluticasone Spray	1	
Albuterol Nebulizer Solution	1	QL	Ipratropium Spray	1	QL
<b>Anoro Ellipta</b>	2	QL	Mometasone	1	QL
<b>Arnuity Ellipta</b>	2	QL	<b>Nasonex</b>	2	QL
<b>Breo Ellipta</b>	2	QL	<b>Omnaris</b>	3	QL
Budesonide Inhalation Suspension	3	QL	<b>QNasi</b>	3	QL
<b>Combivent Respimat</b>	2	QL	Triamcinolone Spray	3	QL
<b>Dulera</b>	3	QL, ST	<b>Zetonna</b>	3	QL
<b>Flovent Diskus</b>	2	QL	<b>Respiratory: Oral Allergies</b>		
<b>Flovent HFA</b>	2	QL	Cetirizine	3	
<b>Foradil</b>	2	QL	Promethazine Tab	1	
<b>Incruse Ellipta</b>	2	QL	Desloratadine	3	
Ipratropium/Albuterol Nebulizer Solution	3	QL	Levocetirizine	1	
Levalbuterol Nebulizer Solution	3	QL	<b>Transplant</b>		
Montelukast	1		Azathioprine Tab	1	
<b>Perforomist</b>	3	QL	<b>Cellcept Tab/ Suspension</b>	3	SP
			Cyclosporine Cap	1	SP

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Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	SP	Gianvi	1	
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP	Gildess	1	
<b>Prograf Cap</b>	3	SP	Jolivette	1	
<b>Rapamune</b>	3	SP	Junel	1	
Tacrolimus Cap	1	SP	Kariva	1	
<b>Vitamins/Electrolytes</b>			Levora 28	1	
Cyanocobalamine Injection	3		<b>Lo Loestrin</b>	3	
Folic Acid 1 mg (Rx only)	1		Lomedia Fe	3	
Klor-Con 8 and 10 MEQ	1		Loryna	1	
Klor-Con M10 and M20	1		Low-Ogestrel	1	
Multi-Vit/FI Chew	1		Lutera	1	
Potassium Chloride ER Tab, Cap	1		Medroxyprogesterone Acetate Injection	3	QL
Potassium Chloride Micro ER Tab	1		Microgestin	1	
Potassium Citrate 540 mg, 1080 mg Tab	1		Microgestin Fe	1	
Vitamin D 50,000 units (Rx only)	1		<b>Minastrin 24 Fe Chewable</b>	3	
<b>Women's Health: Birth Control</b>			Mono-Linyah	1	
Apri	1		Mononessa	1	
Aviane	1		<b>Natazia</b>	2	
Azurette	1		Necon	1	
Cryselle-28	1		Nora-Be	1	
Falmina	1		Norgest/Ethi Estradio	1	
<b>Generess Fe Chewable</b>	3		Nortrel	1	
			<b>Nuvaring</b>	2	
			Ocella	1	
			Orsythia	1	
			<b>Ortho Tri-Cyclen Lo</b>	3	
			Previfem	1	
			Reclipsen	1	
			Sprintec 28	1	
			Tri-Linyah	1	
			Tri-Previfem	1	
			Trinessa	1	
			Tri-Sprintec	1	
			Vestura	1	

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Drug Name	Drug Tier	Programs and Limits
Viorele	1	
Xulane	3	
Zarah	1	
<b>Women's Health: Hormone Replacement</b>		
<b>Climara Pro</b>	2	
<b>Divigel</b>	3	
<b>Duavee</b>	2	
<b>Elestrin Gel</b>	3	
<b>Estrace Vaginal Cream</b>	3	
Estradiol Tab	1	
Estradiol/ Norethindrone Tab	3	
Medroxyprogesterone Acetate Tab	1	
<b>Minivelle</b>	3	
<b>Osphena</b>	3	
<b>Premarin Tab</b>	2	
<b>Premarin Vaginal Cream</b>	2	
<b>Premphase</b>	2	
<b>Prempro</b>	2	
Progesterone Cap	3	
<b>Vagifem</b>	3	
<b>Women's Health: Vaginal Anti-Infectives</b>		
<b>Gynazole-1 Vaginal Cream</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.

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