

LDI 2017 PREMIUM 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

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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.
E	Excluded- May be excluded from coverage or subject prior to authorization. Lower-cost options are available and covered.
SP	Specialty Medication- Medication is designated as a specialty pharmacy drug.

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
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	
Kitabis	E	SP
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	
TOBI Nebulizer	E	SP
TOBI Podhaler	E	SP
Tobramycin (M)	E	SP
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	

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

PA Prior Authorization
ST Step Therapy
QL Quantity Limits

E Excluded
SP Specialty Program
AR Age Restriction

This is an example list and is not all-inclusive. Medications on this formulary are subject to your plan coverage.

Drug Name	Drug Tier	Programs and Limits
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Tasigna	3	PA, SP
Temozolomide	1	PA, SP
Zytiga	3	PA, SP
Cardiovascular/Heart Disease: Anticoagulants		
Brilinta	2	
Clopidogrel	1	
Effient	2	
Eliquis	3	QL
Enoxaparin		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	

Drug Name	Drug Tier	Programs and Limits
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	
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	

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Drug Name	Drug Tier	Programs and Limits
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
Lovastatin	1	
Lovaza	3	
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
Praluent*		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	

Drug Name	Drug Tier	Programs and Limits
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
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

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PA Prior Authorization
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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
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
Rexulti	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

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
Extavia	E	PA, QL, ST, SP
Gilenya**	3	PA, QL, ST, SP
Plegridy	E	PA, QL, ST, SP
Rebif	E	PA, QL, ST, SP
Rebif Titrtn	E	PA, QL, ST, SP
Tecfidera*	2	PA, QL, SP
Central Nervous System: Other		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
Benzotropine	1	
Buspiron	1	

* Tier 3 Preferred

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Drug Name	Drug Tier	Programs and Limits
Carbidopa/ Levodopa Tab (Immediate Release)	1	
Diazepam Tab	1	
Donepezil Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL, ST
Lithium Carbonate	1	
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
Namenda XR	2	QL
Namzaric	2	QL
Olanzapine Tab	1	QL
Prochlorperazine	1	
Quetiapine	1	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	

Drug Name	Drug Tier	Programs and Limits
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	
Dermatology		
Absorica	3	PA
Acanya Gel	E	ST
Acyclovir Ointment 5%	1	
Aczone Gel	3	
Atralin	3	PA
Benzaclin	E	ST
Benzamycin	E	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	

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Drug Name	Drug Tier	Programs and Limits
Clotrimazole/ Betamethasone Cream, Lotion	1	
Cortifoam	3	
Desonide Cream, Ointment	1	
Desoximetasone Cream, Gel, Ointment	1	
Differin	3	AR
Duac	E	ST
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	
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	

Drug Name	Drug Tier	Programs and Limits
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	
Tretinoin Cream	1	PA
Tretinoin Microsphere Gel	1	PA
Triamcinolone	1	
Vectical	3	
Veltin	E	ST
Ziana Gel	E	ST
Zovirax Cream	2	
Zovirax Ointment	3	
Zyclara	3	
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Active Glucose Control Liquid	E	
Accu-Chek Active Test Strips	E	QL
Accu-Chek Aviva Connect Kit	E	
Accu-Chek Aviva Plus Control Liquid	E	
Accu-Chek Aviva Plus Kit	E	

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

Drug Name	Drug Tier	Programs and Limits
Dexcom G4 Platinum Sensor Kit	3	
Dexcom G4 Platinum Transmitter Kit	3	
Dexcom G5 Kit	3	
Dexcom G5 Sensor Kit	3	
Dexcom G5 Transmitter Kit	3	
Freestyle Test Strips	E	QL, ST
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine Pen Needle	3	
Novofine Autocover Pen Needle	3	
Novotwist Pen Needle	3	
OneTouch Ultra 2 System	2	
OneTouch UltraMini System Kit	2	
OneTouch Verio IQ System Kit	2	
OneTouch Verio Sync System Kit	2	
OneTouch Verio System Kit	2	
OneTouch Verio Flex System Kit	2	
OneTouch Ultra Test Strips	2	QL
OneTouch Verio Test Strips	2	QL
Precision Test Strips	E	QL, ST
Diabetes/Endocrine: Insulin		
Apidra	E	ST
Basaglar	E	ST

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Drug Name	Drug Tier	Programs and Limits
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	E	
Levemir Vial	E	
Novolin 70/30 Vial	E	
Novolin N Vial	E	
Novolin R Vial	E	
Novolog Flexpen	E	
Novolog Mix 70/30 Vial and Flexpen	E	
Novolog Penfill	E	
Novolog Vial	E	
Toujeo SoloStar	2	
Tresiba	E	
Diabetes/Endocrine: Non-Insulin		
Adlyxin	E	QL, ST
Alogliptin(M)	E	ST
Alogliptin/metformin(M)	E	ST
Alogliptin/pioglitazone(M)	E	ST
Bydureon	2	QL, ST
Byetta	2	QL, ST

Drug Name	Drug Tier	Programs and Limits
Farxiga	E	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
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
Kazano	E	ST
Kombiglyze	E	ST
Metformin	1	
Metformin ER	1	
Nesina	E	ST
Onglyza	E	ST
Oseni	E	ST
Pioglitazone	1	
Soliqua	2	QL, ST
Synjardy	2	ST
Synjardy XR	2	ST
Tradjenta	2	ST
Tanzeum	E	QL, ST
Trulicity	2	QL, ST
Victoza	2	QL, ST
Xigduo XR	E	ST
Endocrine: Growth Hormone		
Genotropin	E	PA, SP
Humatrope	E	PA, SP

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Drug Name	Drug Tier	Programs and Limits
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Omnitrope	E	PA, SP
Saizen	E	PA, SP
Zomacton	E	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone Tab	1	
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	

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
Rescula	E	QL
Simbrinza	2	
Timolol	1	
Timoptic Ocudose	2	
Travatan Z	2	QL

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E Excluded
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Drug Name	Drug Tier	Programs and Limits
Zioptan	E	QL
Eye Conditions: Other		
Durezol Ophthalmic Emulsion	3	
Lotemax Ophthalmic Gel	3	QL
Ketorolac Ophthalmic Solution	1	
Prednisolone Ophthalmic Suspension	1	
Restasis	2	PA
Xiidra	2	PA
Gastrointestinal: Acid Suppression		
Dexilant	2	QL
Duexis	E	QL, ST
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	
Vimovo	E	PA, QL
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	

Drug Name	Drug Tier	Programs and Limits
Ondansetron Tab, ODT	1	
Transderm-Scop	3	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	2	QL, ST
Apriso	2	
Asacol HD	E	ST
Canasa	2	
Creon	2	
Delzicol	E	ST
Dipentum	3	
Gavilyte Solution	1	
Hyoscyamine Sublingual Tab	1	
Lactulose	1	
Lialda	2	
Linzess	2	QL, ST
Mesalamine DR (M)	E	ST
Movantik	E	QL, ST
Moviprep	3	
Omeclamox Pak	2	
Pancreaze	E	ST
Pentasa	3	
Pertzye	E	ST
Polyethylene Glycol 3350 Powder	1	
Protosol HC	1	
Prepopik	3	
Pylera	2	
Sulfasalazine	1	
Suprep Bowel Prep	3	
Uceris Foam	3	
Ultresa	E	ST
Viokace	E	ST
Zenpep	2	

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Drug Name	Drug Tier	Programs and Limits
HIV/AIDS		
Atripla	2	SP
Complera	2	SP
Epzicom	3	SP
Genvoya	2	SP
Intelence	2	SP
Isentress	2	SP
Kaletra Solution	3	SP
Kaletra Tab	2	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		
Bravelle	E	PA, SP
Cetrotide	2	SP
Follistim AQ	E	PA, SP
Gonal-f	2	PA, SP
Gonal-f RFF	2	PA, SP
Ovidrel	2	SP
Inflammatory Conditions		
Cimzia Kit*	2	PA, SP
Cosentyx*	E	PA, SP
Depen	2	SP
Enbrel	3	PA, SP
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	
Inflectra	E	PA, SP
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	E	QL
Staxyn	E	QL
Stendra	E	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%	E	PA, ST
Axiron	E	PA
Fortesta	E	PA
Testim	E	PA
Testosterone Cypionate IM Injection	1	PA
Vogelxo	E	PA

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Drug Name	Drug Tier	Programs and Limits
Miscellaneous		
AdrenaClick	E	ST
Allopurinol	1	
Antipyrine/ Benzocaine Otic Solution 5.4 - 1.4%	1	
Aranesp	E	PA, SP
Auryxia	3	
Auvi-Q	E	ST
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	3	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 for EpiPen made by Mylan)	2	
Epinephrine Auto- Injector(M) (made by Impax)	E	ST
EpiPen & EpiPen Jr	E	ST
Epogen	E	PA, SP
Euflexxa	2	PA, SP
Fosrenol	3	
Granix	2	PA, SP
Guaifenesin/Codeine Syrup	1	

Drug Name	Drug Tier	Programs and Limits
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
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	3	PA, SP
Synvisc	2	PA, SP
Synvisc One	2	PA, SP
Uloric	2	ST

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Drug Name	Drug Tier	Programs and Limits
Ursodiol	1	
Velphoro	3	
Zarxio	3	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	
Musculoskeletal: Pain Relief		
Abstral	E	PA, QL
Acetaminophen w/ Codeine	1	PA, QL
Cambia	E	ST
Celebrex	3	QL
Celecoxib	1	QL
Diclofenac Tab	1	
Embeda	2	QL
Endocet Tab	1	PA, QL
Etodolac	1	

Drug Name	Drug Tier	Programs and Limits
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
Fentora	E	PA, QL
Flector patch	3	QL
Gralise	3	QL, ST
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	PA, QL
Hydromorphone Tab	1	PA, QL
Hysingla ER	E	QL, ST
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Kadian	E	QL, ST
Ketorolac Tab	1	QL
Lazanda	E	PA, QL
Lidocaine Patch 5%	1	
Meloxicam	1	
Methadone Tab	1	
Morphine Sulfate Tab	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
Nucynta ER	E	QL, ST
Opana ER	E	QL
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	PA, QL
Oxycodone w/ Acetaminophen	1	PA, QL
Oxycontin	2	QL
Subsys	E	PA, QL
Tivorbex	3	ST

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Drug Name	Drug Tier	Programs and Limits
Tramadol Tab 50 mg	1	
Tramadol w/ Acetaminophen	1	
Vicodin	1	PA, QL
Vicodin ES	1	PA, QL
Voltaren Gel	3	QL
Xtampza ER	E	QL, ST
Zohydro ER	E	QL, ST
Zorvolex	E	
Overactive Bladder		
Myrbetriq	2	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
Alvesco	E	QL, ST
Anoro Ellipta	2	QL
Arnuity Ellipta	2	QL
Asmanex	E	QL, ST
Breo Ellipta	2	QL
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	QL
Dulera	E	QL, ST
Flovent Diskus	2	QL
Flovent HFA	2	QL
Foradil	2	QL

Drug Name	Drug Tier	Programs and Limits
Increase Ellipta	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
Levalbuterol Inhaler (M)	E	QL, ST
Levalbuterol Nebulizer Solution	1	QL
Montelukast	1	
Perforomist	3	QL
Proair HFA, RespiClick	2	QL
Proventil HFA	E	QL, ST
Pulmicort Flexhaler	2	QL
Qvar	E	QL
Seebri	3	QL
Serevent Diskus	2	QL
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Stiolto	2	QL
Symbicort	2	QL
Tudorza	E	QL, ST
Ventolin HFA	2	QL
Xolair	3	PA, SP
Xopenex HFA	E	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
Omnaris	3	QL
QNasl	3	QL
Triamcinolone Spray	1	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Promethazine Tab	1	

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Drug Name	Drug Tier	Programs and Limits
Desloratadine	1	
Levocetirizine	1	
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	
Women's Health: Birth Control		
Apri	1	

Drug Name	Drug Tier	Programs and Limits
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	
Ortho Tri-Cyclen Lo	3	
Previfem	1	

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Drug Name	Drug Tier	Programs and Limits
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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“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