

LDI 2017 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

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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 January 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.
AR	Age Restrictions - Some restrictions may apply based on patient age.
SP	Specialty Medication- Medication is designated as a specialty pharmacy drug.
GR	Gender Restrictions - Some restrictions may apply based on patient gender.

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	
Augmentin 125MG/5mL	3	
Azithromycin	1	
Bethkis	2	SP
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprodex Otic Suspension	2	
Ciprofloxacin	1	
Clarithromycin	1	
Clindamycin Cap	1	
Dificid	3	PA
Doxycycline Hyclate	1	QL
Doxycycline Hyclate Tab (Immediate Release)	1	QL
Doxycycline Monohydrate Cap	1	QL
Levofloxacin	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/ Polymyxin/ HC Otic Suspension, Solution	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	3	QL, PA

Drug Name	Drug Tier	Programs and Limits
Penicillin VK	1	
Solodyn	3	QL, PA
Sulfamethoxazole- Trimethoprim	1	
Sulfamethoxazole- Trimethoprim DS	1	
Anti-Infectives: Antifungals		
Fluconazole	1	
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Anti-Infectives: Antivirals		
Acyclovir Cap, Tab, Suspension	1	
Baraclude	3	SP
Daklinza	3	
Famciclovir Tab	1	
Olysio	3	PA, SP
Pegasys	2	PA, SP
Sovaldi	2	PA, SP
Tamiflu	2	QL
Valacyclovir	1	
Cancer		
Anastrozole	1	
Eligard	3	
Gleevec	3	PA, SP
Letrozole	1	PA
Revlimid	3	PA, ST
Sprycel	2	
Tamoxifen	1	
Tasigna	3	PA, SP
Zoladex	3	
Zytiga	3	PA, SP
Cardiovascular/Heart Disease: Anticoagulants		
Aggrenox	3	QL
Brilinta	2	QL
Clopidogrel	1	QL

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

PA Prior Authorization
ST Step Therapy
QL Quantity Limits

AR Age Restrictions
SP Specialty Program
GR Gender Restrictions

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
Coumadin	3	
Effient	2	QL
Eliquis	3	
Enoxaparin	1	
Pradaxa	2	
Warfarin	1	
Xarelto	2	QL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine/ Benazepril	1	
Atenolol	1	
Atenolol/ Chlorthalidone	1	
Azor	2	ST
Benazepril	1	
Benazepril/HCTZ	1	
Benicar	2	ST
Benicar HCT	2	ST
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	ST
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Coreg CR	3	ST
Diovan	3	ST
Doxazosin	1	
Dutoprol	2	QL
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Exforge	3	ST
Exforge HCT	3	ST
Felodipine	1	
Fosinopril	1	
Furosemide	1	
Guanfacine Tab	1	

Drug Name	Drug Tier	Programs and Limits
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Irbesartan/HCTZ	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	QL
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spirolactone	1	
Tarka	3	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Tribenzor	2	ST
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	QL
Crestor	3	QL, ST
Fenofibrate	1	QL
Gemfibrozil	1	QL
Lipitor	3	QL
Lipofen	3	QL
Livalo	3	QL, ST
Lovastatin	1	
Lovaza	3	QL

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Drug Name	Drug Tier	Programs and Limits
Niacin ER Tab	1	QL
Omega-3 Acid Cap 1 gm	1	QL
Pravastatin	1	
Simvastatin	1	QL
Simvastatin 80 mg	1	QL
Vascepa	2	
Vytorin	2	QL, ST
Vytorin Tab 10-80 mg	2	QL, ST
Welchol	2	
Zetia	3	QL, ST
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Amlodipine/Atorvastatin	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Nitrostat	2	
Ranexa	2	
Sotalol	1	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension		
Adcirca	3	PA, SP
Letairis	2	PA, SP
Opsumit	2	PA, SP
Sildenafil Tab 20 mg	1	PA, SP
Tracleer	2	PA, SP
Central Nervous System: Attention Deficit Disorder		
Amphetamine-Dextroamphetamine	1	AR
Amphetamine-Dextroamphetamine Cap SR 24Hr	1	QL, AR
Dexmethylphenidate ER	1	AR

Drug Name	Drug Tier	Programs and Limits
Focalin XR	3	QL, ST, AR
Intuniv	3	AR
Methylphenidate Cap ER	1	QL, AR
Methylphenidate ER Tab	1	QL, AR
Methylphenidate SA Osm ER Tab	1	QL, AR
Methylphenidate Tab	1	QL, AR
Strattera	2	QL, AR
Vyvanse	2	QL, AR
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion XL	1	QL
Bupropion	1	
Bupropion SR	1	QL
Citalopram	1	QL
Cymbalta	3	
Doxepin	1	
Duloxetine Cap	1	
Escitalopram Tab	1	QL
Fluoxetine Cap (not PMDD)	1	
Forfivo XL	2	
Mirtazapine	1	
Nortriptyline	1	
Paroxetine	1	
Pristiq	2	QL
Sertraline	1	
Trazodone	1	
Venlafaxine	1	
Venlafaxine ER Cap	1	QL
Viibryd	3	QL, ST
Central Nervous System: Migraine		
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40mg	1	QL

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Drug Name	Drug Tier	Programs and Limits
Migranal	3	QL
Relpax	3	QL
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab and Spray	1	QL
Sumavel Dose	3	QL
Zomig Nasal Spray	3	QL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, SP
Avonex Kit	2	PA, SP
Avonex Pen Kit	2	PA, SP
Avonex Prefill Kit	2	PA, SP
Betaseron	2	PA, SP
Copaxone	2	PA, SP
Gilenya*	3	PA, SP
Plegridy	3	PA, SP
Rebif	3	PA, SP
Rebif Titrtn	3	PA, SP
Tecfidera	2	PA, SP
Central Nervous System: Other		
Abilify Tab	3	QL
Abilify Disc	2	QL
Abilify Solution	3	QL
Alprazolam Tab	1	QL
Benzotropine	1	
Buspirone	1	
Carbidopa/ Levodopa Tab	1	
Diazepam Tab	1	
Donepezil Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium Carbonate	1	
Lorazepam	1	
Modafinil	1	PA, QL
Namenda Tab	3	

Drug Name	Drug Tier	Programs and Limits
Namenda XR	2	
Namzarcic	2	
Olanzapine Tab	1	QL
Pramipexole	1	
Prochlorperazine	1	
Quetiapine	1	QL
Rexulti	3	
Risperidone Tab	1	
Ropinirole	1	
Saphris	2	QL
Seroquel XR	2	QL
Zelapar	3	
Ziprasidone Cap	1	
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Lunesta	3	QL
Silenor	3	QL
Temazepam	1	
Triazolam Tab	1	
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Carbamazepine	1	
Clonazepam	1	
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamictal	3	
Lamictal ODT	3	
Lamictal XR	3	
Lamotrigine	1	
Lamotrigine ER	1	
Levetiracetam	1	
Levetiracetam ER	1	
Lyrica Cap	2	
Onfi	3	PA, SP
Oxcarbazepine	1	
Phenytoin	1	
Topiramate Tab	1	

* Tier 3 Preferred

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Drug Name	Drug Tier	Programs and Limits
Dermatology		
Acanya Gel	3	QL, PA
Acyclovir Ointment 5%	1	
Aczone Gel	3	PA
Atralin	3	PA, QL, AR
Benzaclin	3	PA, QL
Carac	3	PA
Clindamycin Gel, Lotion, Solution	1	PA
Clindamycin/ Benzoyl Peroxide Gel 1-5%	1	PA
Clobetasol Cream, Gel, Ointment	1	PA
Clobex	3	PA
Cloderm	3	PA
Clotrimazole/ Betamethasone Cream, Lotion	1	
Condylox	3	
Desonide Cream	1	PA
Differin	3	PA
Econazole Cream	1	
Elidel	2	QL, AR
Epiduo	3	PA, QL
Finacea	3	PA
Fluocinonide Cream, Gel, Ointment 0.05%	1	
Hydrocortisone Cream 2.5%	1	
Ketoconazole Cream/ Shampoo	1	
Metrogel	3	PA
Metronidazole Gel 0.75%	1	PA
Mirvaso	2	
Mometasone	1	

Drug Name	Drug Tier	Programs and Limits
Mupirocin	1	QL
Nystatin Cream, Ointment, Powder	1	
Nystatin/ Triamcinolone Cream, Ointment	1	
Oxsoralen-UL	2	PA
Permethrin Cream 5%	1	
Protopic Ointment	3	PA, AR
Retin-A Micro	3	PA, QL, AR
Silver Sulfadiazine Cream 1 %	1	
Soolantra	2	
Taclonex	3	PA
Tretinoin Microsphere Gel	1	PA, AR
Triamcinolone	1	
Vectical	3	
Zovirax Cream	2	
Zyclara	3	QL
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Act/ Gluc Calibration Liquid	3	
Accu-Chek Aviva Plus Test Strips	2	QL
Accu-Chek Aviva Test Strips	2	QL
Accu-Chek Comfort Test Strips	2	QL
Accu-Chek Cpt/ Gluc Calibration Liquid	3	
Accu-Chek Drum Test Strips	2	QL

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Drug Name	Drug Tier	Programs and Limits
Accu-Chek Kit Aviva Plus	2	
Accu-Chek Kit Compact	2	
Accu-Chek Kit FastClix	2	
Accu-Chek Kit Multiclix	2	
Accu-Chek Kit Nano	2	
Accu-Chek Kit Softclix	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Smart Calibration Liquid	3	
Accu-Check Smart Test Strips	2	QL
Accu-Chek Sol Calibration Liquid	3	
Accu-Chek Sol Comfort Calibration Liquid	3	
Fastclix Lancets	2	
Glucocard Test Strips	3	QL
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine	3	
Novofine Auto	3	
Novotwist	3	
Onetouch Kit Ult Smart	2	
Onetouch Kit Ultra	2	
Onetouch Kit Ultra 2	2	
Onetouch Kit Ultra Mini	2	

Drug Name	Drug Tier	Programs and Limits
Onetouch Kit Verio IQ	2	
Onetouch Test Strips	2	QL
Onetouch Ultra Blue Test Strips	2	QL
Onetouch Verio IQ Test Strips	2	QL
Onetouch Verio Test Strips	2	QL
Soft Touch Lancets	2	
SoftclixLanMis Device	3	
Softclix Lancets	2	
Surestep Test Strips	3	QL
Truetrack Test Strips	3	QL
Diabetes/Endocrine: Insulin		
Afrezza	3	
Apridra	3	
Humalog Vials	2	
Humalog Kwik Pen	2	
Humalog Mix 50/50 Kwik Pen	2	
Humalog Mix 50/50 Vials	2	
Humalog Mix 75/25 Kwik Pen	2	
Humalog Mix 75/25 Vials	2	
Humulin 70/30 Vials	2	
Humulin N Vials	2	
Humulin N Pen	2	
Humulin Pen 70/30	2	
Humulin R U-500	2	
Humulin R Vials	2	
Lantus Solostar	2	
Lantus Vials	2	
Levemir Flexpen	2	
Levemir Vials	2	

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Drug Name	Drug Tier	Programs and Limits
Novolin 70/30 Vials	2	
Novolin N Vials	2	
Novolin R Vials	2	
Novolog Flexpen	2	
Novolog Mix Flexpen	2	
Novolog Mix 70/30 Vials	2	
Novolog Penfill	2	
Novolog Vials	2	
Toujeo	2	
Diabetes/Endocrine: Non-Insulin		
Byetta	2	QL, ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glyburide	1	
Glyburide/ Metformin	1	
Glyxambi	3	
Invokamet	2	ST
Invokana	2	ST
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	
Jentadueto	2	ST
Jentadueto XR	2	
Kombiglyze	3	ST
Metformin	1	
Metformin ER	1	
Onglyza	3	ST
Oseni	3	
Pioglitazone	1	QL
Synjardy	2	
Tanzeum	3	
Tradjenta	2	ST
Tresiba	3	
Trulicity	2	

Drug Name	Drug Tier	Programs and Limits
Victoza	2	ST
Xigduo XR	3	
Endocrine: Growth Hormone		
Norditropin	2	PA, SP
Nutropin	2	PA, SP
Nutropin AQ	2	PA, SP
Saizen	2	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone 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	
Prednisolone Solution (5mg/5mL and 15mg/5mL)	1	
Prednisone	1	
Sensipar	3	SP
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Eye Conditions: Allergies		
Azelastine Solution	1	
Pataday	2	
Patanol	3	QL
Eye Conditions: Antibiotics		
Ciprofloxacin	1	

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Drug Name	Drug Tier	Programs and Limits
Erythromycin Ointment	1	
Gentamicin	1	
Moxeza	2	
Ofloxacin	1	
Polymyxin B/ Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/ Dexamethasone	1	
Vigamox	2	
Eye Conditions: Glaucoma		
Alphagan P	2	QL
Azopt	2	QL
Brimonidine	1	QL
Combigan	2	
Dorzolamide- Timolol Maleate	1	
Latanoprost	1	QL
Lumigan	2	
Pazeo	2	
Simbrinza	2	
Timolol	1	
Timoptic Ocudose	2	
Travatan Z	2	QL
Eye Conditions: Other		
Ketorolac Ophth Solution	1	
Prednisolone Ophth	1	
Restasis	3	
Gastrointestinal: Acid Suppression		
Carafate Suspension	3	
Dexilant	2	QL, ST
Esomeprazole	2	
Famotidine Tab 20 mg and 40 mg (Rx only)	1	

Drug Name	Drug Tier	Programs and Limits
Lansoprazole (Rx only)	1	QL
Nexium (Rx only)	3	QL
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 Tab	1	QL
Transderm-Scop	3	
Gastrointestinal: Other		
Amitiza	2	QL, AR
Apriso	2	
Asacol HD	3	QL
Canasa	2	
Carafate	3	
Creon	2	
Delzicol	3	
Dicyclomine	1	
Diphenoxylate/ Atropine	1	
Movantik	3	
Moviprep	3	
Pentasa	3	
Polyethylene Glycol 3350	1	
Pylera	2	
Suprep Bowel Prep	3	
Uceris	3	
Zenpep	2	
HIV/AIDS		
Atripla	2	SP

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Drug Name	Drug Tier	Programs and Limits
Complera	2	SP
Descovy	2	SP
Epzicom	2	SP
Genvoya	2	SP
Intelence	2	SP
Isentress	2	SP
Kaletra	2	SP
Norvir	2	SP
Prezista	2	SP
Reyataz	2	SP
Stribild	2	SP
Tivicay	2	SP
Truvada	2	PA, SP
Viread	2	SP
Infertility		
Follistim AQ	3	PA, SP
Gonal-f	2	PA, SP
Gonal-f RFF	2	PA, SP
Ovidrel	2	PA, SP
Inflammatory Conditions		
Cimzia	2	PA, SP
Enbrel	3	PA, ST, SP
Enbrel SureClick	3	PA, ST, 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
Hydroxychloroquine	1	
Methotrexate Tab	1	
Orencia SC	3	PA, ST, SP
Simponi	2	PA, SP
Stelara	2	PA, SP
Men's Health: Erectile Dysfunction		
Cialis	2	QL, AR, GR
Levitra	3	QL, AR, GR

Drug Name	Drug Tier	Programs and Limits
Viagra	2	QL, AR, GR
Men's Health: Prostate		
Alfuzosin	1	
Avodart	3	
Doxazosin	1	
Finasteride 5 mg	1	
Jalyn	3	
Rapaflo	2	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA, QL, GR
Androgel 1.62%	2	PA, QL, GR
Testim	3	PA, QL, GR
Testosterone Cypionate IM Injection	1	PA
Miscellaneous		
Allopurinol	1	
Antipyrine/ Benzocaine Otic Solution 5.4- 1.4%	1	
Aranesp	2	PA, SP
Benzonatate	1	
Botox 100, 200 unit Injection	3	PA, SP
Chantix	3	
Cheratussin	1	
Chlorhexidine	1	
Ciprodex	2	
Colcrys	2	QL
Epipen 2-Pak	2	QL
Euflexxa	2	PA, SP
Fosrenol	3	
Hydrocortisone AC Suppository 25 mg	1	

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Drug Name	Drug Tier	Programs and Limits
Hydromet	1	
Lidocaine Viscous Solution 2%	1	
Makena	3	PA, SP
Neupogen	SP 2	SP, PA, QL
Phenazopyridine (Rx only)	1	
Phentermine Tab	3	
Procrit	2	PA, SP
Promethazine DM Syrup	1	AR
Promethazine/Codeine Syrup	1	AR
Pulmozyme	3	PA, SP
Renvela 800 mg tab	2	
Renvela Pack	2	
Rezira	3	
Suboxone Film	2	PA
Synagis	3	PA, SP
Synvisc	2	PA, SP
Uloric	2	
Zubsolv	2	PA
Zutripro	3	
Musculoskeletal: Osteoporosis		
Actonel	3	QL
Alendronate Tab	1	
Evista	3	QL
Forteo	2	PA, SP
Ibandronate Tab	1	
Raloxifene	1	
Musculoskeletal: Other		
Baclofen Tab	1	
Carisoprodol 350mg	1	
Cyclobenzaprine Tab 5, 10 mg	1	
Metaxalone	1	
Methocarbamol	1	
Tizanidine Tab	1	

Drug Name	Drug Tier	Programs and Limits
Musculoskeletal: Pain Relief		
Acetaminophen w/Codeine	1	QL
Cambia	3	QL
Celebrex	3	QL, ST
Diclofenac Tab	1	
Endocet Tab	1	QL
Etodolac	1	
Fentanyl Patch	1	QL
Gralise	3	ST
Hydrocodone w/Ibuprofen Tab 7.5-200 mg	1	QL
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Lazanda	3	PA, QL
Lidoderm Patch 5%	3	QL
Meloxicam	1	
Methadone Tab	1	
Morphine Sulfate ER Tab	1	QL
Nabumetone	1	
Naproxen (Rx only)	1	
Nucynta	3	QL
Nucynta ER	3	QL
Oxycodone Tab 5, 15, 30 mg	1	
Oxycodone w/Acetaminophen	1	QL
Oxycontin	2	QL
Sprinx	3	
Subsys	3	PA
Tramadol Tab 50 mg	1	QL

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Drug Name	Drug Tier	Programs and Limits
Tramadol w/Acetaminophen	1	QL
Vicodin	3	QL
Vicodin ES	3	QL
Voltaren Gel	2	QL
Overactive Bladder		
Enablex	3	QL
Gelnique	3	
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine	1	QL
Toviaz	3	QL
Vesicare	2	QL
Respiratory: Asthma/COPD		
Advair Diskus	2	
Advair HFA	2	
Aerospan	3	
Albuterol Nebulizer Solution	1	
Asmanex	3	QL
Breo Ellipta	2	
Budesonide	1	
Combivent Respimat	2	QL
Dulera	3	ST
Flovent Diskus	2	
Flovent HFA	2	
Ipratropium/ Albuterol	1	
Levalbuterol Nebulizer Solution	1	
Montelukast	1	QL
Perforomist	3	QL
Proair HFA	2	QL
Proventil	3	QL
Pulmicort Flexhaler	2	
QVAR	2	QL

Drug Name	Drug Tier	Programs and Limits
Serevent Diskus	2	ST
Spiriva	2	
Symbicort	2	
Tudorza Pressair	3	
Ventolin HFA	2	QL
Xolair	3	PA, SP
Xopenex HFA	3	
Respiratory: Nasal Allergies		
Azelastine Spray	1	QL
Dymista Spray	3	
Fluticasone Spray	1	
Ipratropium Spray	1	
Nasonex	2	QL
Omnaris	3	
Triamcinolone	1	QL
Veramyst	3	
Zetonna	3	
Respiratory: Oral Allergies		
Cetirizine	1	
Promethazine Tab	1	
Desloratadine	1	
Levocetirizine	1	
Loratadine	1	
Transplant		
Azathioprine Tab	1	
Cellcept Tab/ Suspension	3	SP
Cyclosporine Cap	1	SP
Mycophenolate 250 mg Cap/ 500 mg Tab	1	SP
Prograf Cap	3	
Rapamune	3	SP
Tacrolimus Cap	1	
Vitamins/Electrolytes		
Cyanocobalamin Injection	1	

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Drug Name	Drug Tier	Programs and Limits
Folic Acid 1 mg (Rx only)	1	
Klor-Con M10 and M20	1	
Multi-Vit/FI Chew	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER	1	
Vitamin D 50,000 units (Rx only)	1	
Women's Health: Birth Control		
Apri	1	GR
Aviane	1	GR
Beyaz	3	GR
Cryselle-28	1	GR
Geness Fe Chewable	3	GR
Gianvi	1	GR
Gildess Fe	1	GR
Jolivette	1	GR
Junel Fe	1	GR
Kariva	1	GR
Levora 28	1	GR
Lo Loestrin	3	GR
Loryna	1	GR
Low-Ogestrel	1	GR
Lutera	1	GR
Medroxyprogesterone Acetate Injection	1	
Microgestin	1	GR
Microgestin Fe	1	GR
Minastrin 24 Fe Chewable	3	GR
Mononessa	1	GR
Natazia	2	GR
Necon	1	GR
Norgest/Ethi Estradiol	1	GR
Nortrel	1	GR

Drug Name	Drug Tier	Programs and Limits
Nuvaring	2	
Ocella	1	GR
Orsythia	1	GR
Ortho Tri-Cyclen Lo	3	GR
Previfem	1	GR
Reclipsen	1	GR
Safyral	3	GR
Sprintec 28	1	GR
Trinessa	1	GR
Tri-Sprintec	1	GR
Vestura	1	GR
Viorele	1	GR
Yaz	3	GR
Women's Health: Hormone Replacement		
Alora	3	
Climara Pro	2	QL, GR
Divigel	3	GR
Duavee	2	
Enjuvia	3	QL, GR
Estrace Vaginal Cream	3	
Estradiol Tab	1	QL, GR
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
Premarin	2	QL, GR
Premarin Vaginal Cream	2	
Premphase	2	QL, GR
Prempro	2	QL, GR
Progesterone Cap	1	
Vagifem	3	GR
Vivelle-Dot	3	QL, GR
Women's Health: Vaginal Anti-Infectives		
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	QL

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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