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# LDI Premium Formulary

## Effective January 1, 2018

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### Your Preferred Drug List

A drug formulary (also known as a Preferred Drug List or PDL) lets you know which drugs are covered under your plan. Many drugs to treat a wide variety of medical conditions are included on the formulary. When there are multiple drugs within the same class to treat the same condition, certain drugs are excluded from the formulary and not covered by your plan. A small number of brand name medications are excluded from the plan, as there are alternative drug options with the same documented clinical effectiveness that are more cost effective. The Premium Formulary encourages you and your doctor to choose the most cost-effective medication(s), which helps hold down medical costs for you and your plan.

### Preferred 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

### Questions?

- Formulary, Prior Authorization and Benefit Questions:  
PH: 314-652-3121 or 866-516-3121
- Automated Refills:  
PH: 314-652-1121 or 866-516-1121

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## 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 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.

### 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.

## 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.

Drug names shown in blue are preferred for their cost and effectiveness. If there is a ⓘ symbol in the Drug Tier column, 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 may be 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. 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.

## 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.

## 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 the back of your ID card for more current information.

## 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.

<b>AR</b>	<b>Age Restrictions</b> Some restrictions may apply based on patient age.
<b>PA</b>	<b>Prior Authorization</b> Your doctor is required to provide additional information to determine coverage.
<b>ST</b>	<b>Step Therapy</b> Trial of lower cost medication(s) is required before a higher-cost medication is covered.
<b>QL</b>	<b>Quantity Limits</b> Amount of medication covered per copayment or in a specific time period.
<b>SP</b>	<b>Specialty Medication</b> Medication is designated as a specialty pharmacy drug.
<b>E</b>	<b>Excluded</b> May be excluded from coverage or subject to prior authorization. Lower-cost options are available

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.

## Excluded brand-name medications with generic equivalents for 2018\*

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified to have available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Liptor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

Aciphex	Depo — Testost Inj	Nitrostat	Vagifem
Acticlate	Dilantin	Norco	Valium
Adderall XR	Dilantin <sup>Chewable</sup>	Norvasc	Vitafol
Alphagan P	Dilantin <sup>Suspension</sup>	Nuvigil	Vivelle-Dot
Ambien	Diovan	Ortho Tri Cyclen	Voltaren
Ambien CR	Diovan HCT	Ortho Tri Cyclen Lo	Vytorin
Androgel 1%	Duac	Percocet	Wellbutrin
Azor	Duragesic	Prevacid	Wellbutrin SR
Benicar	Effexor XR	Pristiq	Wellbutrin XL
Benicar HCT	Glumetza	Prozac	Xanax
Benzamycin	Kadian	Pulmicort Inh <sup>Suspension</sup>	Xanax XR
Benzaclin	Lexapro	Retin-A Micro Gel	Yaz
Beyaz	Lidoderm	Singulair	Zegerid
Carafate	Lipitor	Taclonex	Zetia
Celebrex	Lovaza	Tamiflu	Ziana
Concerta	Lunesta	Tobi Nebulizer	Zoloft
Crestor	Minastrin	Tobradex	Zomig
Cymbalta	Nasonex	Toprol XL	Zomig ZMT
Cytomel	Nexium	Tribenzor	Zovirax

\* These brand-name medications have been identified to have available generic equivalents. Not all brand-name medications have generic equivalents. Brand-name medications without generic equivalents are included in the following medication list.

### More Information

If you have additional questions please contact a Customer Care Associate by calling **866-516-3121**.  
In addition, feel free to visit our website at [www.LDIRx.com](http://www.LDIRx.com).

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>	①	SP
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	
<b>Kitabis</b>	E	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Nitrofurantoin Macrocrystalline	1	
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>TOBI Podhaler</b>	E	
<b>Tobramycin (M)</b>	E	

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

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**E** Excluded

① Call customer service for pricing

**AR** Age Restrictions

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**SP** Specialty Program

**(M)** Co-Branded Product

\* PA Required

+ Tier 3 Preferred

Drug Name	Drug Tier	Programs and Limits
<b>Savaysa</b>	3	QL
Warfarin	1	
<b>Xarelto</b>	2	QL
<b>Zontivity</b>	3	
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
<b>Bystolic</b>	2	
<b>Byvalson</b>	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem ER	1	
Doxazosin	1	
<b>Edarbi</b>	3	ST
<b>Edarbyclor</b>	3	ST
Enalapril	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	

Drug Name	Drug Tier	Programs and Limits
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Olmesartan	1	
Olmesartan HCT	1	
Prazosin	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	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Atorvastatin	1	
Choline Fenofibrate ER	1	
<b>Crestor</b>	E	
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>Livalo</b>	3	ST
Lovastatin	1	
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
<b>Praluent</b>	Ⓢ	PA, QL, SP
Pravastatin	1	
Rosuvastatin	1	
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**E** Excluded

Ⓢ Call customer service for pricing

**AR** Age Restrictions

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**SP** Specialty Program

**(M)** Co-Branded Product

\* PA Required

+ Tier 3 Preferred



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

Drug Name	Drug Tier	Programs and Limits
<b>Central Nervous System: Depression</b>		
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	
<b>Forfivo XL</b>	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
<b>Rexulti</b>	3	QL
Risperidone Tab	1	QL
Sertraline	1	
Trazodone	1	
<b>Trintellix</b>	3	QL, ST
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	1	
<b>Viibryd</b>	3	QL
<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

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**E** Excluded

📞 Call customer service for pricing

**AR** Age Restrictions

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**SP** Specialty Program

**(M)** Co-Branded Product

\* PA Required

+ Tier 3 Preferred

Drug Name	Drug Tier	Programs and Limits
<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>	①	PA, QL, SP
<b>Avonex Pen Kit</b>	①	PA, QL, SP
<b>Avonex Prefill Kit</b>	①	PA, QL, SP
<b>Betaseron</b>	①	PA, QL, SP
<b>Copaxone 20 mg/mL &amp; 40 mg/mL</b>	①	PA, QL, SP
<b>Extavia</b>	E	
<b>Gilenya*</b>	3	PA, QL, ST, SP
<b>Plegridy</b>	E	
<b>Rebif</b>	E	
<b>Rebif Titrtm</b>	E	
<b>Tecfidera</b>	2	PA, QL, SP
<b>Central Nervous System: Other</b>		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
<b>Aristada</b>	3	
Bupirone	1	
Diazepam Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
<b>Invega Sustenna</b>	3	
<b>Invega Trinza</b>	3	
<b>Latuda</b>	3	QL, ST
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
<b>Namenda XR</b>	2	QL
<b>Namzaric</b>	2	QL
Olanzapine Tab	1	QL
Pramipexole	1	
Quetiapine	1	QL
Risperidone Tab	1	QL
Ropinirole (Immediate Release)	1	
<b>Saphris</b>	2	QL
<b>Xyrem</b>	3	PA, QL, SP

Drug Name	Drug Tier	Programs and Limits
<b>Central Nervous System: Sedatives/Hypnotics</b>		
Eszopiclone Tab	1	QL
<b>Silenor</b>	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Zaleplon	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
<b>Central Nervous System: Seizure Disorders</b>		
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Levetiracetam	1	
Levetiracetam ER	1	
<b>Lyrica Cap</b>	2	QL
Oxcarbazepine	1	
Topiramate Tab	1	
<b>Trokendi XR</b>	E	
<b>Vimpat</b>	3	
Zonisamidenisamide	1	
<b>Dermatology</b>		
<b>Absorica</b>	3	PA
<b>Acanya Gel</b>	E	
<b>Aczone Gel</b>	3	
<b>Aktipak</b>	E	
<b>Atralin</b>	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	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**E** Excluded

① Call customer service for pricing

**AR** Age Restrictions

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**SP** Specialty Program

**(M)** Co-Branded Product

\* PA Required

+ Tier 3 Preferred

Drug Name	Drug Tier	Programs and Limits
<b>Clobex</b>	3	
Clotrimazole/Betamethasone Cream, Lotion	1	
<b>Dupixent</b>	①	PA, QL, SP
<b>Elidel</b>	2	ST
<b>Epiduo &amp; Epiduo Forte</b>	3	
<b>Eucrisa</b>	2	ST
Fluocinonide Cream, 0.1%	1	
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1	
Hydrocortisone Cream, Ointment 2.5%	1	
Ketoconazole Cream/Shampoo	1	
Lidocaine Topical Ointment, Solution	1	
<b>Metrogel</b>	3	
Metronidazole Gel 0.75%	1	
<b>Mirvaso Gel</b>	2	
Mupirocin Ointment	1	
Myorisan	1	PA
Nystatin Cream, Ointment, Powder	1	
<b>Onexton</b>	3	
<b>Oxsoralen-UL</b>	2	
<b>Pennsaid Solution</b>	E	
Permethrin Cream 5%	1	
<b>Proctofoam HC</b>	2	
<b>Soolantra</b>	2	
<b>Tazorac</b>	3	
Tretinoin Cream	1	PA
Tretinoin Microsphere Gel	1	PA
Triamcinolone	1	
<b>Vectical</b>	3	
<b>Veltin</b>	E	
<b>Zovirax Cream</b>	2	
<b>Zyclara</b>	3	

Drug Name	Drug Tier	Programs and Limits
<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>		
<b>Accu-Chek Active Glucose Control Liquid</b>	E	
<b>Accu-Chek Active Test Strips</b>	E	
<b>Accu-Chek Aviva Connect Kit</b>	E	
<b>Accu-Chek Aviva Plus Control Liquid</b>	E	
<b>Accu-Chek Aviva Plus Kit</b>	E	
<b>Accu-Chek Aviva Plus Test Strips</b>	E	
<b>Accu-Chek Compact Plus Control Liquid</b>	E	
<b>Accu-Chek Compact Plus Test Strips</b>	E	
<b>Accu-Chek Compact Plus Kit</b>	E	
<b>Accu-Chek FastClix Kit</b>	2	
<b>Accu-Chek FastClix Lancets</b>	2	
<b>Accu-Chek Guide Control Liquid</b>	E	
<b>Accu-Chek Guide Kit</b>	E	
<b>Accu-Chek Guide Test Strips</b>	E	
<b>Accu-Chek Multiclix Kit</b>	2	
<b>Accu-Chek Multiclix Lancets</b>	2	
<b>Accu-Chek Nano SmartView Kit</b>	E	
<b>Accu-Chek SmartView Control Liquid</b>	E	
<b>Accu-Chek SmartView Test Strips</b>	E	
<b>Accu-Chek Soft Touch Lancets</b>	2	
<b>Accu-Chek Softclix Kit</b>	2	
<b>Accu-Chek Softclix Lancets</b>	2	
<b>Bayer Contour Test Strips</b>	E	
<b>Dexcom G4 Platinum Kit</b>	3	
<b>Dexcom G4 Platinum Sensor Kit</b>	3	
<b>Dexcom G4 Platinum Transmitter Kit</b>	3	

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\* PA Required

+ Tier 3 Preferred

Drug Name	Drug Tier	Programs and Limits
Dexcom G5 Kit	3	
Dexcom G5 Sensor Kit	3	
Dexcom G5 Transmitter Kit	3	
Freestyle Test Strips	E	
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	
<b>Diabetes/Endocrine: Insulin</b>		
Apidra	E	
Basaglar	E	
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	

Drug Name	Drug Tier	Programs and Limits
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	
<b>Diabetes/Endocrine: Non-Insulin</b>		
Adlyxin	E	
Alogliptin(M)	E	
Alogliptin/metformin(M)	E	
Alogliptin/pioglitazone(M)	E	
Bydureon	2	QL, ST
Byetta	2	QL, ST
Farxiga	E	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glumetza	E	
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
Kazano	E	
Kombiglyze	E	

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Drug Name	Drug Tier	Programs and Limits
Metformin	1	
Metformin ER	1	
<b>Nesina</b>	E	
<b>Onglyza</b>	E	
<b>Oseni</b>	E	
Pioglitazone	1	
<b>Soliqua</b>	2	QL, ST
<b>Synjardy</b>	2	ST
<b>Synjardy XR</b>	2	ST
<b>Tradjenta</b>	2	ST
<b>Tanzeum</b>	E	
<b>Trulicity</b>	2	QL, ST
<b>Victoza</b>	2	QL, ST
<b>Xigduo XR</b>	E	
<b>Endocrine: Growth Hormone</b>		
<b>Genotropin</b>	E	
<b>Humatrope</b>	E	
<b>Norditropin</b>	Ⓢ	PA, SP
<b>Nutropin AQ</b>	Ⓢ	PA, SP
<b>Omnitrope</b>	Ⓢ	PA, SP
<b>Saizen</b>	E	
<b>Zomacton</b>	E	
<b>Endocrine: Other</b>		
Calcitriol Cap	1	
Clomiphene	1	
Dexamethasone Tab	1	
<b>H.P. Acthar</b>	Ⓢ	PA, SP
Hydrocortisone Tab	1	
<b>Lupron Depot 3.75 mg, 11.25 mg</b>	Ⓢ	PA, SP
<b>Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg</b>	Ⓢ	PA, SP
Methylprednisolone Tab	1	
Prednisone	1	
Prednisolone Solution 25 mg/5 ml	1	
Prednisolone Syrup, Solution 15 mg/5 ml	1	

Drug Name	Drug Tier	Programs and Limits
<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	
<b>Eye Conditions: Allergies</b>		
Azelastine Ophthalmic Solution	1	
<b>Pataday</b>	3	
<b>Pazeo</b>	2	
<b>Eye Conditions: Antibiotics</b>		
<b>Besivance</b>	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
<b>Moxeza</b>	2	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B/ Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/Dexamethasone	1	
<b>Vigamox</b>	3	
<b>Eye Conditions: Glaucoma</b>		
<b>Azopt</b>	2	
<b>Betimol</b>	3	
<b>Combigan</b>	2	
<b>Cosopt PF</b>	3	
Latanoprost	1	QL
<b>Lumigan</b>	2	QL
<b>Rescula</b>	E	
<b>Simbrinza</b>	2	
<b>Travatan Z</b>	2	QL
<b>Zioptan</b>	E	

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Drug Name	Drug Tier	Programs and Limits
<b>Eye Conditions: Other</b>		
Ketorolac Ophthalmic Solution	1	
Prednisolone Ophthalmic Suspension	1	
<b>Restasis</b>	2	PA
<b>Restasis Multidose</b>	2	PA
<b>Xiidra</b>	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
<b>Dexilant</b>	2	QL
<b>Duexis</b>	E	
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>Vimovo</b>	E	
<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine	1	
Metoclopramide	1	
Ondansetron Tab	1	
<b>Varubi</b>	3	QL
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	2	QL, ST
<b>Apriso</b>	2	
<b>Asacol HD</b>	E	
<b>Canasa</b>	2	
<b>Creon</b>	2	
<b>Delzicol</b>	E	
Dicyclomine	1	
<b>Dipentum</b>	3	
Diphenoxylate/Atropine	1	
Gavilyte Solution	1	

Drug Name	Drug Tier	Programs and Limits
<b>Lialda</b>	E	
<b>Linzess</b>	2	QL, ST
<b>Mesalamine DR (M)</b>	E	
Misoprostol	1	
<b>Pancreaze</b>	E	
<b>Pentasa</b>	3	
<b>Pertzye</b>	E	
Polyethylene Glycol 3350 Powder	1	
<b>Prepopik</b>	3	
<b>Pylera</b>	2	
Rabeprazole	1	
<b>Suprep Bowel Prep</b>	3	
<b>Uceris Foam</b>	3	
<b>Ultresa</b>	E	
<b>Viokace</b>	E	
<b>Zenpep</b>	2	
<b>HIV/AIDS</b>		
<b>Atripla</b>	2	SP
<b>Complera</b>	2	SP
<b>Genvoya</b>	2	SP
<b>Isentress</b>	2	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>Tivicay</b>	2	SP
<b>Triumeq</b>	2	SP
<b>Truvada</b>	2	SP
<b>Viread</b>	2	SP
<b>Infertility</b>		
<b>Bravelle</b>	E	
<b>Cetrotide</b>	Ⓢ	PA, SP
<b>Follistim AQ</b>	E	
<b>Gonal-f</b>	Ⓢ	PA, SP
<b>Gonal-f RFF</b>	Ⓢ	PA, SP
<b>Ovidrel</b>	Ⓢ	SP

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Drug Name	Drug Tier	Programs and Limits
<b>Inflammatory Conditions</b>		
<b>Cimzia Kit</b>	①	PA, SP
<b>Cosentyx*</b>	①	PA, SP
<b>Depen</b>	2	SP
<b>Enbrel</b>	①	PA, ST, SP
<b>Humira Kit</b>	①	PA, SP
<b>Humira Pen Kit</b>	①	PA, SP
<b>Humira Pen Kit Crohns</b>	①	PA, SP
<b>Humira Pen Kit Psoriasis</b>	①	PA, SP
Hydroxychloroquine	1	
<b>Inflectra</b>	E	
Leflunomide	1	
Methotrexate Tab	1	
<b>Orencia SC</b>	①	PA, ST, SP
<b>Otezla</b>	2	PA, SP
<b>Rasuvo</b>	2	PA, QL
<b>Remicade</b>	①	PA, SP
<b>Simponi</b>	①	PA, SP
<b>Simponi Aria</b>	①	PA, SP
<b>Stelara</b>	①	PA, SP
<b>Taltz</b>	E	
<b>Xeljanz</b>	3	PA, ST, SP
<b>Men's Health: Erectile Dysfunction</b>		
<b>Cialis</b>	2	QL
<b>Levitra</b>	E	
<b>Staxyn</b>	E	
<b>Stendra</b>	E	
<b>Viagra</b>	2	QL
<b>Men's Health: Prostate</b>		
<b>Cialis 2.5 mg &amp; 5 mg</b>	2	QL
Doxazosin	1	
Dutasteride	1	
Finasteride 5 mg	1	
<b>Rapaflo</b>	2	
Tamsulosin	1	
Terazosin	1	

Drug Name	Drug Tier	Programs and Limits
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	PA
<b>Androgel 1.62%</b>	2	PA
<b>Axiron</b>	E	
<b>Fortesta</b>	E	
<b>Testim</b>	E	
Testosterone Cypionate IM Injection	1	PA
<b>Vogelxo</b>	E	
<b>Miscellaneous</b>		
<b>Adrenacllick</b>	E	
Allopurinol	1	
<b>Aranesp</b>	E	
Armodafinil	1	PA, QL
<b>Auryxia</b>	3	
<b>Auvi-Q</b>	E	
Benzonatate	1	
<b>Botox 100, 200 unit Injection (non-cosmetic)</b>	①	PA, SP
<b>Bunavail</b>	3	QL
<b>Cerdelga</b>	3	PA, SP
Cheratussin	1	
Chlorhexidine	1	
<b>Colcrys</b>	2	
<b>Contrave</b>	2	PA
<b>Epinephrine Auto- Injector (Authorized Generic for EpiPen made by Mylan)</b>	2	
<b>Epinephrine Auto- Injector(M) (made by Impax)</b>	E	
<b>EpiPen &amp; EpiPen Jr</b>	E	
<b>Epogen</b>	E	
<b>Euflexxa</b>	①	PA, SP
<b>Fosrenol</b>	3	
<b>Granix</b>	①	PA, SP
Guaifenesin/Codeine Syrup	1	
Hydrocodone/ Chlorpheniramine Liquid	1	

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Drug Name	Drug Tier	Programs and Limits
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	
Lidocaine Viscous Solution 2%	1	
<b>Makena</b>	①	PA, SP
<b>Narcan</b>	2	
<b>Neupogen</b>	①	PA, SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
<b>Procrit</b>	①	PA, SP
Promethazine DM Syrup	1	
Promethazine/Codeine Syrup	1	
<b>Renvela Tab</b>	2	
<b>Rezira</b>	3	
<b>Suboxone Film</b>	2	QL
<b>Synvisc</b>	①	PA, SP
<b>Synvisc One</b>	①	PA, SP
<b>Uloric</b>	2	ST
<b>Velphoro</b>	3	
<b>Zarxio</b>	①	PA, SP
<b>Zubsolv</b>	2	QL
<b>Zurampic</b>	3	
<b>Zutripro</b>	3	
<b>Musculoskeletal: Osteoporosis</b>		
Alendronate Tab 35 mg & 70 mg	1	QL
<b>Binosto</b>	3	QL
<b>Forteo</b>	①	PA, SP
<b>Tymlos</b>	①	PA, SP
<b>Musculoskeletal: Other</b>		
<b>Amrix</b>	E	
Baclofen Tab	1	
Carisoprodol 350 mg	1	
Cyclobenzaprine Tab 5, 10 mg	1	
<b>Lorzone</b>	3	
Metaxalone	1	
Methocarbamol	1	
Tizanidine Cap	1	
Tizanidine Tab	1	

Drug Name	Drug Tier	Programs and Limits
<b>Musculoskeletal: Pain Relief</b>		
<b>Abstral</b>	E	
Acetaminophen w/ Codeine	1	QL
<b>Arymo ER</b>	E	
<b>Cambia</b>	E	
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
<b>Embeda</b>	2	PA, QL
Etodolac	1	
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
<b>Fentora</b>	E	
<b>Flector patch</b>	3	QL
<b>Gralise</b>	3	QL, ST
Hydrocodone/Acetaminophen 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	QL
<b>Hysingla ER</b>	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
<b>Lazanda</b>	E	
Lidocaine Patch 5%	1	
Meloxicam	1	
Methadone Tab	1	PA
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
<b>Nucynta ER</b>	E	
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	QL
Oxycodone w/ Acetaminophen	1	QL
<b>Oxycontin</b>	2	PA, QL

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Drug Name	Drug Tier	Programs and Limits
<b>Subsys</b>	E	
Tramadol Tab 50 mg	1	
Tramadol w/ Acetaminophen	1	
<b>Xtampza ER</b>	E	
<b>Zohydro ER</b>	E	
<b>Zorvolex</b>	E	
<b>Overactive Bladder</b>		
<b>Myrbetriq</b>	2	
Oxybutynin	1	
Oxybutynin ER	1	
<b>Toviaz</b>	3	
<b>Vesicare</b>	2	
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus</b>	2	QL
<b>Advair HFA</b>	2	QL
<b>Aerospan</b>	3	QL
<b>AirDuo</b>	E	
Albuterol Nebulizer Solution	1	QL
<b>Alvesco</b>	E	
<b>Anoro Ellipta</b>	2	QL
<b>Arnuity Ellipta</b>	2	QL
<b>Asmanex</b>	E	
<b>Breo Ellipta</b>	2	QL
Budesonide Inhalation Suspension	1	QL
<b>Combivent Respimat</b>	2	QL
<b>Dulera</b>	E	
<b>Flovent Diskus</b>	2	QL
<b>Flovent HFA</b>	2	QL
<b>Incruse Ellipta</b>	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
<b>Levalbuterol Inhaler (M)</b>	E	
Montelukast	1	
<b>Proair HFA, RespiClick</b>	2	QL
<b>Proventil HFA</b>	E	
<b>Pulmicort Flexhaler</b>	2	QL
<b>Qvar</b>	E	

Drug Name	Drug Tier	Programs and Limits
<b>Serevent Diskus</b>	2	QL
<b>Spiriva Handihaler</b>	2	QL
<b>Spiriva Respimat</b>	2	QL
<b>Stiolto</b>	2	QL
<b>Symbicort</b>	2	QL
<b>Tudorza</b>	E	
<b>Ventolin HFA</b>	2	QL
<b>Xolair</b>	①	PA, SP
<b>Xopenex HFA</b>	E	
<b>Respiratory: Nasal Allergies</b>		
<b>Astepro</b>	3	QL
Azelastine Spray	1	QL
<b>Dymista Spray</b>	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	QL
Mometasone	1	QL
<b>Omnaris</b>	3	QL
<b>QNasl</b>	3	QL
<b>Zetonna</b>	3	QL
<b>Respiratory: Oral Allergies</b>		
Cetirizine	1	
Levocetirizine	1	
Promethazine Tab	1	
<b>Transplant</b>		
Azathioprine Tab	1	
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	SP
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP
<b>Prograf Cap</b>	3	SP
Tacrolimus Cap	1	SP
<b>Vitamins/Electrolytes</b>		
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	

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Drug Name	Drug Tier	Programs and Limits
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Vitamin D 50,000 units (Rx only)	1	
<b>Women's Health: Birth Control</b>		
Apri	1	
Aviane	1	
Azurette	1	
Cryselle-28	1	
Falmina	1	
<b>Generess Fe Chewable</b>	3	
Gianvi	1	
Gildess	1	
Jolivette	1	
Junel	1	
Kariva	1	
Levora 28	1	
<b>Lo Loestrin</b>	3	
Lomedia Fe	1	
Loryna	1	
Low-Ogestrel	1	
Lutera	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	
Microgestin Fe	1	
Mono-Linyah	1	
Mononessa	1	
<b>Natazia</b>	2	
Necon	1	
Nora-Be	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
<b>Nuvaring</b>	2	
Ocella	1	
Orsythia	1	

Drug Name	Drug Tier	Programs and Limits
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	
<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 Patch, Tab	1	
Estradiol/Norethindrone Tab	1	
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	1	
Yuvafem	1	
<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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+ Tier 3 Preferred

## “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
<b>Example:</b> Lisinopril, 20 mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson



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