



Premium Formulary

EFFECTIVE JANUARY 1, 2019

Questions or additional info:

- ▶ Contact Member Services at **866.516.3121**
or **MemberServices@CastiaRx.com**
- ▶ Visit **CastiaRx.com/members** to access our
member portal

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At CastiaRx, 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 formularies.

What is a formulary?

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.

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 the CastiaRx member portal or call the member services 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, determined by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

When does the formulary change?

- ▶ Medications may move to a lower tier at any time.
- ▶ Medications may move to a higher tier when their generics become 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, visit CastiaRx.com/formularies or the CastiaRx member portal.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

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 your ID card.

Making it easy to read your formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, **brand-name** medications are shown in **bold type** (for example, **Clobex**) and generic medications in plain type (for example, Clobetasol).

Tier Information

Using lower tier or preferred medications can help you pay lower out-of-pocket costs. Your plan may have multiple or no tiers. Refer to your enrollment materials or call the member services phone number on your ID card for more information about your benefit plan.

\$	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 brands 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.

Programs and Limits

Some medications are noted with letters or symbols next to them, to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

AR	Age Restrictions Some restrictions may apply based on patient age.
PA	Prior Authorization Your doctor is required to provide additional information to determine coverage.
PMDD	Premenstrual Dysphoric Disorder
ST	Step Therapy Trial of lower cost medication(s) is required before a higher-cost medication is covered.
QL	Quantity Limits Amount of medication covered per copayment or in a specific time period.
SP	Specialty Medication Medication is designated as a specialty pharmacy drug.
3P	Tier 3 Preferred
E	Excluded May be excluded from coverage or subject to prior authorization. Lower-cost options are available.
M	Authorized generic or co-branded product

Medication tips to help save money

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 for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

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.

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.

What if I am taking a specialty medication?

Specialty medications treat rare or complex conditions and are typically higher-cost medications. Please note, not all specialty medications are listed in the formulary. The CastiaRx Specialty Pharmacy can provide most of your specialty medications along with helpful programs and services.

This formulary includes commonly prescribed drugs, but is not a comprehensive list of all medications. If you don't see the medication you are taking listed here, check the member portal to review all drugs, including preferred alternatives.

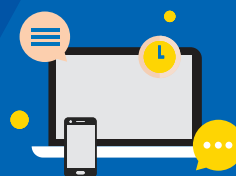
- ▶ Visit CastiaRx.com/members and login to the member portal
- ▶ Choose **Medication Look-up**
- ▶ Type in the name of the drug

PLEASE NOTE: Brand drugs may move to non-preferred status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans. Use the member portal to see if specific drugs are covered by your plan. For specific questions about your coverage, please call the phone number printed on your member ID card.



Questions?

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866.516.3121 or
MemberServices@CastiaRx.com



At your service with digital tools for members

Visit **CastiaRx.com/members** to access our member portal and important information

Drug Name	Drug Tier	Programs and Limits
Anti-Infectives: Antibiotics		
Acticlate	E	
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azithromycin	1	
Bethkis	2	SP
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Clindesse	3	
Doryx MPC	E	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab (Immediate Release)	1	
Doxycycline Monohydrate Cap	1	
Doxycycline Monohydrate Tab	1	
Kitabis	E	SP
Levofloxacin Tab	1	
Metronidazole Oral, Vaginal	1	
Minocycline Cap	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Penicillin VK	1	
Solodyn ER 24 hour 55 mg, 65 mg, 80 mg, 105 mg, 115 mg	3	
Sulfamethoxazole-Trimethoprim	1	
TOBI Nebulizer	E	SP
TOBI Podhaler	E	SP
Tobramycin (M)	E	SP
Tobramycin Nebulization Solution 300 mg/5 ml	1	SP, ST
Xifaxan	3	PA
Anti-Infectives: Antifungals		
Fluconazole	1	
Jublia Solution	E	
Kerydin Solution	3	PA

Drug Name	Drug Tier	Programs and Limits
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Anti-Infectives: Antivirals		
Acyclovir Cap, Tab, Suspension, Ointment	1	
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Harvoni	2	PA, QL, SP
Mavyret	2	PA, QL, SP
Oseltamivir	1	QL
Tamiflu Capsule	E	
Tamiflu Suspension	3	QL
Valacyclovir	1	QL
Vosevi	2	PA, QL, SP
Zovirax Cream	2	
Zovirax Oral, Ointment	E	
Cancer		
Anastrozole Tab	1	
Cabometyx	2	PA, SP
Capecitabine	1	PA, SP
Ibrance	3	PA, SP
Letrozole	1	
Mercaptopurine	1	SP
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Xtandi	3	PA, SP
Zytiga	3	PA, SP
Cardiovascular/Heart Disease: Anticoagulants		
Brilinta	2	
Cilostazol	1	
Clopidogrel	1	
Eliquis	2	QL
Enoxaparin	1	QL
Pradaxa	2	QL
Savaysa	3	QL
Warfarin	1	
Xarelto	2	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
Cardiovascular/Heart Disease: High Blood Pressure		
Amiodarone HCL	1	
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Azor	E	
Benazepril	1	
Benazepril/HCTZ	1	
Benicar	E	
Benicar HCT	E	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Byvalson	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone 25 mg, 50 mg	1	
Clonidine Tab	1	
Diltiazem ER	1	
Diltiazem HCL	1	
Diovan	E	
Diovan HCT	E	
Doxazosin	1	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Entresto	2	QL
Fenofibrate Micronized Cap 134 mg, 200 mg, 67 mg	1	
Fenofibrate Tab	1	
Fenofibric Acid Cap Delayed Release	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	

Drug Name	Drug Tier	Programs and Limits
Irbesartan	1	
Irbesartan/Hydrochlorothiazide	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Nifedipine ER Osmotic Release	1	
Norvasc	E	
Olmesartan	1	
Olmesartan HCTZ	1	
Pentoxifylline ER	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Terazosin	1	
Toprol XL	E	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Tribenzor	E	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	
Choline Fenofibrate ER	1	
Crestor	E	
Ezetimibe	1	
Ezetimibe-Simvastatin 10-10 mg, 10-20 mg, 10-40 mg	1	

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QL Quantity Limits

SP Specialty Program

(M) Co-Branded Product

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+ Tier 3 Preferred

Drug Name	Drug Tier	Programs and Limits
Ezetimibe-Simvastatin 10-80 mg	1	PA
Gemfibrozil	1	
Lipitor	E	
Lipofen	3	
Livalo	3	ST
Lovaza	E	
Lovastatin	1	
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
Praluent	⊖	PA, QL, SP
Pravastatin	1	
Repatha	⊖	PA, QL, SP
Rosuvastatin	1	
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	
Simvastatin 80 mg	1	PA
Vascepa	2	
Vytorin	E	
Zetia	E	
Zypitamag	E	
Cardiovascular/Heart Disease: Other		
Corlanor	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL Tab	1	
Nitrostat	E	
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

Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Attention Deficit Disorder		
Adderall XR	E	
Adzenys ER	3	PA, ST, QL
Adzenys XR-ODT	3	PA, ST, QL
Amphetamine-Dextroamphetamine Tab	1	PA, QL
Amphetamine-Dextroamphetamine SR 24Hr Cap	1	PA, QL
Atomoxetine HCL	1	QL
Concerta	E	
Cotempla XR-ODT	3	PA, ST, QL
Dexmethylphenidate ER Cap	1	PA, QL
Dexmethylphenidate HCL	1	PA, QL
Guanfacine ER Tab	1	
Methylphenidate Tab	1	PA, QL
Methylphenidate HCL ER Tab Extended Release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	PA, QL
Methylphenidate HCL ER Tab Extended Release 24 Hour	1	PA, QL
Vyvanse	2	PA, QL
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL	1	QL
Citalopram	1	
Cymbalta	E	
Desvenlafaxine ER	1	QL
Doxepin	1	
Duloxetine Cap 20 mg, 30 mg, 60 mg	1	QL
Effexor XR	E	
Escitalopram Tab	1	
Fluoxetine Cap	1	
Fluoxetine HCL Tab	1	
Fluvoxamine Maleate	1	
Forfivo XL	2	QL
Lexapro	E	
Mirtazapine	1	
Nortriptyline	1	

Bold type = Brand-name drug

[Plain type = Generic drug]

E Excluded

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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
Paroxetine HCL ER	1	
Paroxetine Tab	1	
Pristiq	E	
Prozac	E	
Sertraline	1	
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	1	
Viibryd	3	QL
Wellbutrin SR	E	
Wellbutrin XL	E	
Zoloft	E	

Central Nervous System: Migraine

Butalbital- Acetaminophen- Caffeine Cap, Tab 50-325-40 mg	1	
Eletriptan Hydrobromide	1	QL
Migranal	3	QL
Onzetra Xsail	E	
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab	1	QL
Sumavel DosePro	E	
Zembrace	E	
Zomig Tab	E	
Zomig ZMT	E	

Central Nervous System: Multiple Sclerosis

Ampyra	2	PA, QL, SP
Aubagio	3	PA, QL, SP
Avonex Kit	⊖	PA, QL, SP
Avonex Pen Kit	⊖	PA, QL, SP
Avonex Prefill Kit	⊖	PA, QL, SP
Betaseron	⊖	PA, QL, SP
Copaxone 20 mg/mL & 40 mg/mL	⊖	PA, QL, SP
Extavia	E	SP
Gilenya*	3	PA, QL, SP
Plegridy	E	SP
Rebif	3	SP
Rebif Titrtm	3	SP
Tecfidera	2	PA, QL, SP

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Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Other		
Abilify Maintena	3	
Alprazolam Tab	1	QL
Aripiprazole	1	QL
Aristada	3	
Ativan	E	
Benzotropine Mesylate	1	
Bupirone	1	
Carbidopa-Levodopa Tab	1	
Diazepam Tab	1	
Donepezil HCL Tab	1	
Haloperidol	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL
Lithium Carbonate	1	
Lithium Carbonate ER	1	
Lorazepam Tab	1	QL
Memantine HCL Tab 5 mg, 10 mg	1	
Modafinil	1	PA, QL
Namzaric	2	QL
Olanzapine Tab	1	QL
Pramipexole	1	
Quetiapine	1	QL
Rexulti	3	QL
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Valium	E	
Vraylar	3	ST, QL
Xanax	E	
Xanax XR	E	
Zelapar	3	
Ziprasidone HCL	1	QL

Central Nervous System: Sedatives/Hypnotics

Ambien	E	
Ambien CR	E	
Eszopiclone Tab	1	QL

SP Specialty Program

(M) Co-Branded Product

* PA Required

+ Tier 3 Preferred

Drug Name	Drug Tier	Programs and Limits
Lunesta	E	
Silenor	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Carbamazepine	1	
Clonazepam	1	QL
Dilantin Capsule 100 mg	E	
Dilantin Infatabs	E	
Dilantin Suspension	E	
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Levetiracetam	1	
Lyrica Cap	2	QL
Oxcarbazepine	1	
Oxtellar XR	E	
Phenytoin	1	
Sabril Packet	E	SP
Topiramate ER Cap	1	
Topiramate Tab	1	
Trokendi XR	E	
Vimpat	3	
Zonisamide	1	
Dermatology		
Absorica	3	PA
Acanya Gel	E	
Aczone Gel 5%	E	
Aczone Gel 7.5%	2	
Adapalene Gel	1	PA
Aktipak	E	
Ala-Cort Cream 1%	1	
Atralin	3	PA
Benzaclin	E	
Benzamycin	E	
Betamethasone Valerate Cream	1	

Drug Name	Drug Tier	Programs and Limits
Claravis	1	PA
Clindagel	E	
Clindamycin Lotion, Solution	1	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clindamycin Phos-Benzoyl Perox Gel 1.2-2.5% (M)	E	
Clindamycin Phosphate Gel 1% (M)	E	
Clindamycin Phosphate Gel 1%	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex Spray	3	
Clotrimazole/Betamethasone Cream	1	
Dexamethasone Oral Solution	1	
Differin Gel 0.3%	3	PA
Differin Lotion	3	PA
Duac	E	
Dupixent	⊖	PA, QL, SP
Elidel	2	ST
Emverm	2	
Enstilar	3	QL
Epiduo & Epiduo Forte	3	
Eucrisa	2	ST
Fluocinonide Cream	1	
Fluoroplex	3	
Halog	E	
Hydrocortisone Cream 1%, 2.5%	1	
Hydrocortisone Ointment 2.5%	1	
Hydrocortisone in Absorbase	1	
Ketoconazole Cream/Shampoo	1	
Lidocaine Topical Ointment	1	
Metrogel	3	
Metronidazole Gel 0.75%	1	
Mirvaso Gel	2	
Mometasone Furoate Cream	1	
Mupirocin External	1	
Myorisan	1	PA
Noritrate	E	
Nystatin Cream	1	
Onexton	3	

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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
Oxsoralen-UL	2	
Permethrin Cream 5%	1	
Retin-A Micro Gel 0.04%, 0.1%	E	
Retin-A Micro Gel 0.06%, 0.08%	2	PA
Soolantra	2	
Taclonex Ointment	E	
Taclonex Suspension	3	QL
Tazorac	3	
Topicort Spray	E	
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
Vectical	3	
Veltin	E	
Ziana	E	
Zyclara	3	
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Aviva Connect Kit	E	
Accu-Chek Aviva Plus Kit	E	
Accu-Chek Compact Plus Test Strips	E	
Accu-Chek Compact Plus Kit	E	
Accu-Chek FastClix Kit	2	
Accu-Chek FastClix Lancets	2	
Accu-Chek Guide	E	
Accu-Chek Multiclix Kit	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Nano SmartView Kit	E	
Accu-Chek SmartView Test Strips	E	
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclix Kit	2	
Accu-Chek Softclix Lancets	2	
Dexcom G4 Platinum Kit	3	
Dexcom G4 Platinum Sensor Kit	3	
Dexcom G4 Platinum Transmitter Kit	3	
Dexcom G5 Kit	3	
Novofine Pen Needle	2	
Novofine Autocover Pen Needle	2	
Novotwist Pen Needle	2	
OneTouch Ultra 2 System	2	
OneTouch Ultra Blue Test Strips	2	QL

Drug Name	Drug Tier	Programs and Limits
OneTouch UltraMini System Kit	2	
OneTouch Verio IQ System Kit	2	
OneTouch Verio System Kit	2	
OneTouch Verio Flex System Kit	2	
OneTouch Verio Test Strips	2	QL
V-Go 20	2	
V-Go 30	2	
V-Go 40	2	
Diabetes/Endocrine: Insulin		
Admelog	E	
Admelog SoloStar	E	
Apidra	E	
Basaglar	E	
Fiasp	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	
Lantus Vial	2	
Levemir FlexTouch	E	
Levemir Vial	E	
Novofine Plus Pen Needle	2	
Novolin 70/30 Relion	E	
Novolin 70/30 Vial	E	
Novolin N Relion	E	
Novolin N Vial	E	
Novolin R Relion	E	
Novolin R Vial	E	
Novolog Flexpen	E	
Novolog Mix 70/30 Vial and Flexpen	E	
Novolog Penfill	E	
Novolog Vial	E	
Soliqua	2	QL, ST

Bold type = Brand-name drug

[Plain type = Generic drug]

E Excluded

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PA Prior Authorization

ST Step Therapy

QL Quantity Limits

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* PA Required

+ Tier 3 Preferred

Drug Name	Drug Tier	Programs and Limits
Toujeo SoloStar	2	
Tresiba	E	
Diabetes/Endocrine: Non-Insulin		
Adlyxin	E	
Alogliptin(M)	E	
Alogliptin/metformin(M)	E	
Alogliptin/pioglitazone(M)	E	
Bydureon	2	QL, ST
Byetta	2	QL, ST
Farxiga	E	
Fortamet	E	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glucagon Emergency	2	
Glumetza	E	
Glyburide	1	
Glyburide-Metformin	1	
Glyxambi	2	ST
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	
Kombiglyze XR	E	
Metformin	1	
Metformin ER	1	
Metformin HCL ER (MOD)	E	
Metformin HCL ER (OSM)	E	
Nesina	E	
Onglyza	E	
Oseni	E	
Ozempic	2	QL, ST

Drug Name	Drug Tier	Programs and Limits
Pioglitazone	1	
Qtern	E	
Segluromet	E	
Soliqua	2	QL, ST
Steglatro	E	
Steglujan	E	
Synjardy	2	ST
Synjardy XR	2	ST
Tradjenta	2	ST
Tanzeum	E	
Trulicity	2	QL, ST
Victoza	2	QL, ST
Xigduo XR	E	
Ear Conditions: Antibiotics		
Ciprodex Otic Suspension	2	
Neomycin-Polymyxin-HC	1	
Ofloxacin Otic Solution	1	
Endocrine: Growth Hormone		
Genotropin	E	SP
Humatrope	E	SP
Norditropin	⊖	PA, SP
Nutropin AQ	⊖	PA, SP
Omnitrope	⊖	PA, SP
Saizen	E	SP
Saizenprep	E	SP
Sandostatin	E	SP
Zomacton	E	SP
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone Tab	1	
H.P. Acthar	⊖	PA, SP
Hydrocortisone Tab	1	
Lupron Depot 3.75 mg, 11.25 mg	⊖	PA, SP
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	⊖	PA, SP
Methylprednisolone Tab	1	
Prednisone	1	
Prednisolone Solution	1	
Rayos	E	

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Drug Name	Drug Tier	Programs and Limits
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Cytomel	E	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	3	
Eye Conditions: Allergies		
Pazeo	2	
Eye Conditions: Antibiotics		
Azasite	3	
Besivance	3	
Bromsite	E	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
Gentamicin Sulfate Ophthalmic Solution	1	
Ilevro	E	
Moxeza	2	
Moxifloxacin HCL	1	
Nevanac	E	
Ofloxacin Ophthalmic Solution	1	
Olopatadine HCL	1	
Polymyxin B/Trimethoprim Solution	1	
Prolensa	2	QL
Tobramycin	1	
Tobramycin/Dexamethasone	1	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	
Alphagan P 0.15%	E	
Azopt	2	
Betimol	3	
Betoptic-S	3	
Brimonidine Ophthalmic Solution	1	
Combigan	2	
Cosopt PF	3	

Drug Name	Drug Tier	Programs and Limits
Dorzolamide HCL-Timolol Mal	1	
Latanoprost	1	QL
Lumigan 0.01%	2	QL
Rhopressa	E	
Simbrinza	2	
Timolol Maleate	1	
Timoptic Ocudose	3	
Tobradex Suspension	E	
Travatan Z	2	QL
Zioptan	E	
Eye Conditions: Other		
Ketorolac Ophthalmic Solution	1	
Lastacraft	3	ST
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension	1	
Prednisolone Ophthalmic Suspension	1	
Restasis	2	PA
Restasis Multidose	2	PA
Xiidra	2	PA
Gastrointestinal: Acid Suppression		
Aciphex	E	
Dexilant	2	QL
Duexis	E	
Esomeprazole Magnesium (Rx only)	E	
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Nexium Capsule	E	
Omeppi	E	
Omeprazole (Rx only)	1	QL
Omeprazole-Sodium Bicarbonate	E	
Pantoprazole	1	QL
Prevacid Capsule	E	
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Vimovo	E	
Zegerid	E	

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Drug Name	Drug Tier	Programs and Limits
Gastrointestinal: Nausea/Vomiting		
Carafate	E	
Meclizine	1	
Metoclopramide	1	
Ondansetron HCL Tab 24 mg	1	QL
Ondansetron Tab 4 mg, 8 mg	1	
Ondansetron ODT	1	
Prochlorperazine Maleate	1	
Sancuso	E	
Scopolamine	1	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	E	
Apriso	2	
Asacol HD	E	
Canasa	2	
Clenpiq	3	
Creon	2	
Delzicol	E	
Dicyclomine	1	
Dipentum	E	
Diphenoxylate/Atropine	1	
Gavilyte-G Solution	1	
Lialda	E	
Linzess	2	QL, ST
Mesalamine	1	
Motofen	E	
Movantik	E	
Moviprep	3	
Nityr	3	PA, SP
Omeclamox-Pak	2	
Pancreaze	E	
Pentasa	3	
Pertzye	E	
Polyethylene Glycol 3350 Powder	1	
Prepopik	3	
Proctofoam HC	2	
Pylera	2	
Relistor	E	

Drug Name	Drug Tier	Programs and Limits
Sulfasalazine Tab	1	
Suprep Bowel Prep	3	
Symproic	2	QL, ST
Trulance	E	
Uceris	3	
Viberzi	3	PA, QL
Viokace	E	
Zenpep	2	
HIV/AIDS		
Abacavir Sulfate-Lamivudine	1	SP
Atripla	E	SP
Cimduo	2	SP
Complera	2	SP
Descovy	3	SP
Genvoya	3	SP
Intelence	2	SP
Isentress	2	SP
Isentress HD	2	SP
Juluca	2	SP
Norvir	3	SP
Odefsey	3	SP
Prezcobix	2	SP
Prezista	2	SP
Reyataz	3	SP
Stribild	3	SP
Symfi	2	SP
Symfi Lo	2	SP
Tenofovir Disoproxil Fumarate	1	SP
Tivicay	2	SP
Triumeq	2	SP
Truvada	2	SP
Infertility		
Bravelle	E	SP
Cetrotide	⊖	PA, SP
Follistim AQ	E	SP
Gonal-f	⊖	PA, SP
Gonal-f RFF	⊖	PA, SP
Ovidrel	⊖	SP

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Drug Name	Drug Tier	Programs and Limits
Inflammatory Conditions		
Cimzia Kit	⊖	PA, SP
Cosentyx⁺	⊖	PA, SP
Depen	2	SP
Enbrel	⊖	PA, SP
Haegarda	⊖	PA, SP
Humira Kit	⊖	PA, SP
Humira Pen Kit	⊖	PA, SP
Humira Pen Kit Crohns	⊖	PA, SP
Humira Pen Kit Psoriasis	⊖	PA, SP
Hydroxychloroquine	1	
Inflectra	E	SP
Kevzara⁺	⊖	PA, SP
Methotrexate Tab	1	
Methotrexate Sodium Tab	1	
Otezla	2	PA, SP
Rasuvo	2	PA, QL
Remicade	⊖	PA, SP
Simponi	⊖	PA, SP
Simponi Aria	⊖	PA, SP
Stelara	⊖	PA, SP
Taltz	E	SP
Tremfya	⊖	PA, SP
Xeljanz[*]	3	PA, SP
Xeljanz XR⁺	3	PA, SP
Men's Health: Erectile Dysfunction		
Cialis	2	QL
Levitra	E	
Sildenafil 25 mg, 50 mg, 100 mg	1	QL
Staxyn	E	
Stendra	E	
Viagra	E	
Men's Health: Prostate		
Alfuzosin HCL ER	1	
Cialis 2.5 mg & 5 mg	2	QL
Doxazosin	1	
Finasteride 5 mg	1	
Rapaflo	2	

Drug Name	Drug Tier	Programs and Limits
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA
Androgel 1%	E	
Androgel 1.62%	2	PA
Depo-Testosterone Injection	E	
Fortesta	E	
Testim	E	
Testosterone Cypionate IM Injection	1	PA
Testosterone Gel 2% (M)	E	
Vogelxo	E	
Miscellaneous		
Addyi	3	PA, QL
Afluria Preservative Free Intramuscular Suspension Prefilled Syringe	3	
Afstyla	⊖	SP
Allopurinol	1	
Aranesp	E	SP
Auryxia	3	
Auvi-Q	E	
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	⊖	PA, SP
Bunavail	3	QL
Buprenorphine HCL Sublingual	1	QL
Buprenorphine HCL-Naloxone HCL Sublingual Tab	1	QL
Cerdelga	3	PA, SP
Cetylev	3	
Chantix Starting Month Pak	3	QL
Chlorhexidine	1	
Colchicine	3	ST
Colcrys	2	
Contrave	2	PA
Duzallo	3	ST
Epinephrine Auto-Injector (Authorized Generic for EpiPen made by Mylan)	2	

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Epinephrine Auto-Injector(M) (made by Impax)	E	
EpiPen & EpiPen Jr	E	
Epogen	E	SP
Euflexxa	⊖	PA, SP
Flucelvax Quadrivalent Intramuscular Suspension Prefilled Syringe	3	
Granix	⊖	PA, SP
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	PA, QL
Lidocaine Viscous Solution 2%	1	
Makena	⊖	PA, SP
Naltrexone HCL	1	
Narcan	2	
Neupogen	⊖	PA, SP
Nuvigil	E	
Nuwiq	⊖	SP
Phenazopyridine (Rx only) 100 mg	1	
Phentermine Tab	1	PA
Procrit	⊖	PA, SP
Promethazine DM Syrup	1	
Promethazine/Codeine Syrup	1	PA, QL
Renvela Tab	3	
Shingrix	3	
Suboxone Film	2	QL
Synvisc	⊖	PA, SP
Synvisc One	⊖	PA, SP
Uloric	2	ST
Velphoro	3	
Zarxio	⊖	PA, SP
Zubsolv	2	QL
Zurampic	3	ST
Musculoskeletal: Osteoporosis		
Alendronate Tab 5 mg, 10 mg, 40 mg	1	
Alendronate Tab 35 mg, 70 mg	1	QL
Binosto	3	QL
Forteo	⊖	PA, SP
Ibandronate Sodium	1	QL
Tymlos	⊖	PA, SP

Drug Name	Drug Tier	Programs and Limits
Musculoskeletal: Other		
Amrix	E	
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab	1	
Lorzone	3	
Metaxalone	1	
Methocarbamol	1	
Orphenadrine Citrate ER	1	
Tizanidine Tab	1	
Musculoskeletal: Pain Relief		
Abstral	E	
Acetaminophen w/ Codeine	1	QL
Arymo ER	E	
Belbuca	3	PA, QL
Cambia	E	
Celebrex	E	
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
Duragesic	E	
Embeda	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
Fentora	E	
Flector patch	3	QL
Gralise	3	QL, ST
Hydrocodone/Acetaminophen 5, 7.5, 10/300 mg, 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	QL
Hysingla ER	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Kadian	E	
Ketorolac Tab	1	QL

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Drug Name	Drug Tier	Programs and Limits
Lazanda	E	
Lidocaine Patch 5%	1	
Lidocaine-Prilocaine Cream	1	
Lidoderm	E	
Meloxicam	1	
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
Norco	E	
Nucynta	E	
Nucynta ER	E	
Opana ER	E	
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	QL
Oxycodone w/ Acetaminophen	1	QL
Oxycontin	2	PA, QL
Pennsaid Solution	E	
Percocet	E	
Sprix	E	
Subsys	E	
Sulindac	1	
Tramadol Tab 50 mg	1	QL
Tramadol w/ Acetaminophen	1	QL
Voltaren Gel	E	
Xtampza ER	E	
Zohydro ER	E	
Zorvolex	E	
Overactive Bladder		
Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine Tartrate ER	1	
Toviaz	3	
Vesicare	2	
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
AirDuo	E	
Albuterol Sulfate Inhalation	1	QL

Drug Name	Drug Tier	Programs and Limits
Alvesco	E	
Anoro Ellipta	2	QL
Armonair	E	
Arnuity Ellipta	2	QL
Asmanex	E	
Bevespi Aerosphere	E	
Breo Ellipta	2	QL
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	QL
Dulera	E	
Flovent Diskus	2	QL
Flovent HFA	2	QL
Incruse Ellipta	2	QL
Ipratropium/Albuterol	1	QL
Ipratropium Bromide Inhalation	1	QL
Levalbuterol Inhaler (M)	E	
Montelukast	1	
Perforomist	3	QL
Proair HFA, RespiClick	2	QL
Proventil HFA	E	
Pulmicort Flexhaler	2	QL
Pulmicort Inhalation Suspension	E	
Qvar Redihaler	E	
Seebri Neohaler	E	
Serevent Diskus	2	QL
Singulair	E	
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Stiolto Respimat	2	QL
Symbicort	2	QL
Tudorza	E	
Utibron Neohaler	E	
Ventolin HFA	2	QL
Xolair	⊖	PA, SP
Xopenex HFA	E	
Respiratory: Nasal Allergies		
Astepro 0.15%	3	QL
Azelastine Spray	1	QL
Desloratadine Tab	1	

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Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Mometasone	1	QL
Nasonex	E	
Omnaris	3	QL
Pseudoephedrine-Bromphen-DM Syrup 30-2-10 mg/5 ml	1	
QNasI	3	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine Oral Solution	1	
Levocetirizine	1	
Promethazine Tab	1	
Transplant		
Azathioprine Tab	1	
Mycophenolate Mofetil Cap, Tab	1	SP
Mycophenolate Sodium	1	SP
Prograf Cap	3	SP
Tacrolimus Cap	1	SP
Vitamins/Electrolytes		
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con M20	1	
Potassium Chloride ER Tab	1	
Potassium Citrate ER	1	
Veltassa	3	
Vitafol	E	
Vitamin D 50,000 units (Rx only)	1	
Women's Health: Birth Control		
Apri	1	
Aviane	1	
Beyaz	E	
Blisovi 24 Fe	1	
Blisovi Fe 1.5/30	1	
Blisovi Fe 1/20	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	

Drug Name	Drug Tier	Programs and Limits
Enskyce Tab 0.15 mg/30 mcg	1	
Gianvi	1	
Junel 1/20	1	
Junel Fe 1.5/30	1	
Junel Fe 1/20	1	
Levonorgestrel-Ethinyl Estrad Tab 0.1 mg/20 mcg, 0.15 mg/30 mcg	1	
Lo Loestrin Fe	3	
Loryna	1	
Low-Ogestrel	1	
Medroxyprogesterone Acetate Injection	1	QL
Menest Tab	2	
Microgestin 1.5/30, 1/20	1	
Microgestin Fe	1	
Minastrin	E	
Mono-Linyah	1	
Mononessa	1	
Natazia	2	
Nikki	1	
Norethindrone	1	
Norethindrone Acet-Ethinyl Est Tab	1	
Norgestimate/Ethinyl Estradiol 0.25 mg/35 mcg	1	
Norgestimate-Ethinyl Estradiol Triphasic	1	
Nortrel 1/35, (21, 28)	1	
Nuvaring	2	
Ocella	1	
Ortho Tri Cyclen	E	
Ortho Tri Cyclen Lo	E	
Portia-28	1	
Sprintec 28	1	
Tri-Estarylla	1	
Tri-Linyah	1	
Tri-Lo-Marzia	1	
Trinessa	1	
Trinessa Lo	1	
Tri-Previfem	1	
Tri-Sprintec	1	

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Drug Name	Drug Tier	Programs and Limits
Vienna	1	
Xulane	1	
Yaz	E	
Zarah	1	
Women's Health: Hormone Replacement		
Climara Pro	2	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Endometrin	2	
Estradiol Patch, Tab, Vaginal Cream	1	
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	
Osphena	3	
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Micronized Cap	1	
Raloxifene HCL	1	
Vagifem 10 mg	E	
Vivelle-Dot	E	
Yuvaferm	1	
Women's Health: Vaginal Anti-Infectives		
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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