



## PREFERRED GENERIC AND BRANDED MEDICATIONS

### Standard Formulary

This **Preferred Drug List** is regularly updated, but it may not reflect your specific plan coverage. Please log in to your member portal on [www.prescriptive.com](http://www.prescriptive.com) for the most up to date list using your fully searchable formulary tool for your specific benefit information, or call Prescriptive Member Services at the number on your Member ID card for coverage information.

### Prescription Coverage

Your plan covers drugs on the Standard Plan Four Tier Drug List. This list of covered, preferred medications provides a guide for plan members and their healthcare providers to finding more cost effective, FDA approved medications.

### How Much will My Medications Cost?

Please refer to your benefit plan summary for more information about your specific benefit. With the Four Tier Drug List, the covered prescription medications fall into one of four cost levels or tiers, as outlined below. What you pay will depend on which tier your medication is in. Your benefit summary documents will provide the cost to you for each of the four tiers. **To help you save money, ask your healthcare provider to consider the following when selecting a course of treatment:**

- **Consider prescribing a generic medication (Tier 1) as a first option.**
- If there is no generic available, there may be more than one brand name medication to treat a condition. When clinically appropriate, consider one of the **preferred** medications (Tier 2) identified on this list for a more cost-effective choice.
- Some Preventive Medications (Tier 0) including some over-the-counter drugs, devices and other products approved by the Federal Food and Drug Administration are fully covered at no cost to you, the member, when purchased through a participating pharmacy with a written prescription. To learn more about **Preventive Medication** coverage visit our website at [www.prescriptive.com](http://www.prescriptive.com).



## Four Tiers

Tier Level	Description
<b>Tier 1</b> Lowest Member Cost	Generic drugs. <i>All generics in the Drug List are listed in <b>bolded italics</b>.</i>
<b>Tier 2</b> Lower Member Cost	Preferred brand drugs. Preferred brand drugs are listed in ALL-CAPS.
<b>Tier 3</b> Higher Member Cost	Non-preferred drugs. Non-preferred drugs are not listed in this document.
<b>Tier 4</b> Highest Member Cost	Specialty Medications usually cost more than other brand name drugs. Specialty medications are high cost, self-administered drugs that are used to treat rare or complex medical conditions. Specialty drugs require prior authorization before they are covered and must be filled through our designated specialty pharmacy.  For more information about <b>Specialty Medications</b> , visit our website at <a href="http://www.prescriptive.com">www.prescriptive.com</a> or contact Prescriptive Member Services at the number listed on the back of your Member ID card.

**Note:** **Tier 0** medications are covered at no cost to members (\$0 copay) as mandated by the federal Affordable Care Act (ACA).

## Filling Your Prescription at a Network Pharmacy

You have access to Prescriptive’s nationwide network with thousands of participating pharmacies. To have your medication covered, you will need to use a participating pharmacy and show your Member ID card before purchasing your prescription. If you go to a pharmacy not in the network, the cost of your prescription may be higher and not fully covered, and you may need to pay for the prescription in full, and then manually submit for reimbursement using the **Direct Member Reimbursement Form**.

Log-in to your member portal at [www.prescriptive.com](http://www.prescriptive.com) to use the searchable pharmacy tool to find a pharmacy that is part of the Prescriptive nationwide network. Or, call Prescriptive Member Services at the number on the back of your Member ID for assistance.



## Home Delivery/Mail Order

Most retail pharmacies can fill up to a 90-day supply of maintenance medications. It is your choice to use home delivery as a convenient way to ensure you maintain your supply of any maintenance medications you are taking. For more information about our home delivery or mail order service visit our website or call Prescriptive Member Services at the number on the back of your Member ID for assistance.

## Specialty Medications

Specialty medications are listed as Tier 4 drugs on this Drug List. All specialty medications are managed and dispensed by Prescriptive's Specialty Pharmacy network and require a Prior Authorization before these medications are covered under your benefit plan. With written approval, your plan will cover a portion of the cost of these medications as detailed in your benefit plan document, along with the support services provided by the Specialty Pharmacy care team to help with your treatment success. To learn more about **Specialty Medications**, the **Prior Authorization** process, or your benefit coverage visit our website at [www.prescriptive.com](http://www.prescriptive.com) or call Prescriptive Member Services at the number on the back of your Member ID for assistance.

## Preferred Drug List

The following list provides the tier coverage of each preferred drug, along with any prior authorization requirements. If the medication you are looking for is not on this list, it is a Tier 3 or Tier 4 non-preferred medication. Refer to your Benefit Plan Summary to understand how much your cost will be for each medication based upon its Tier classification.

### Please note:

- Pharmacy products and services covered by your benefit plan may change from time to time. Some products and services may not be covered under a specific member's plan design. The information provided here is for general information purposes only and does not guarantee coverage. Some pharmacy products and services require prior authorization before they are covered. Only a written prior authorization approval will guarantee coverage for such products and services. To confirm your coverage, reference your specific plan documents within your member portal account at [www.prescriptive.com](http://www.prescriptive.com) or contact Prescriptive Member Services at the phone number on your Member ID card.
- Over-the-counter (OTC) drugs and OTC equivalents are excluded from your benefit plan. If there is a dosage of an OTC medication not available over the counter, it may be covered and included in this Preferred Drug list.
- The information provided in this document is not intended to, and does not modify or replace, any terms of your prescription drug benefit plan as recorded in your official plan documents. In the event of any conflict between this document and your official plan documents, the later shall be controlling.



Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>abacavir sulfate</i>	1		Alecensa	4	PAR
<i>abacavir sulfate-lamivudine</i>	1		<i>alendronate</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1		Alferon N	4	PAR
<i>Abaneu-SL</i>	1		<i>alfuzosin ER</i>	1	
<i>acamprosate</i>	1		<i>aliskiren</i>	1	
<i>acarbose</i>	1		<i>allopurinol</i>	1	
<i>acebutolol</i>	1		<i>almotriptan</i>	1	
<i>acetaminophen-caffeine-dihydrocodeine</i>	1		<i>alosetron</i>	1	
<i>acetaminophen-codeine</i>	1		<i>alprazolam intensol</i>	2	
<i>acetazolamide, ER</i>	1		<i>alprazolam, ER, XR</i>	1	
<i>acetic acid</i>	1		<i>Altavera</i>	0	
<i>acetone test</i>	2		Alunbrig	4	PAR
<i>acetylcysteine</i>	1		<i>Alyacen 1/35, 7/7/7</i>	0	
<i>acitretin</i>	1		<i>amantadine</i>	1	
<i>acyclovir</i>	1		ambrisentan	4	PAR
<i>adapalene</i>	1		<i>amcinonide</i>	2	
<i>adapalene-benzoyl peroxide</i>	1		<i>Ameluz</i>	2	
adefovir dipivoxil	4	PAR	<i>Amethia, Lo</i>	0	
Adempas	4	PAR	<i>Amethyst</i>	0	
<i>adult &amp; pediatric multivitamins (Non-OTC)</i>	1		<i>amiloride</i>	1	
<i>Advair HFA, diskus</i>	2		<i>amiloride-hydrochlorothiazide</i>	1	
Afinitor, Disperz	4	PAR	<i>aminoacetic acid</i>	1	
<i>Afirmelle</i>	0		<i>aminobenzoate</i>	1	
<i>Aftera</i>	0		<i>aminocaproic acid</i>	1	
Aimovig	4	PAR	<i>amiodarone</i>	1	
<i>albendazole</i>	1		<i>amitriptyline</i>	1	
<i>albuterol HFA</i>	1		<i>amlodipine</i>	1	
<i>albuterol, ER</i>	1		<i>amlodipine-atorvastatin</i>	1	
<i>alclometasone</i>	1		<i>amlodipine-benazepril</i>	1	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>amlodipine-olmesartan</i>	1		<i>aspirin 81mg</i>	0	
<i>amlodipine-valsartan</i>	1		<i>aspirin-dipyridamole ER</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>Astagraf XL</i>	2	
<i>amoxapine</i>	2		<i>atazanavir</i>	1	
<i>amoxicillin</i>	1		<i>atenolol</i>	1	
<i>amoxicillin-clavulanate, ER</i>	1		<i>atenolol-chlorthalidone</i>	1	
<i>amphetamine, ER</i>	1		<i>atomoxetine</i>	1	
<i>amphetamine-dextroamphetamine, ER</i>	1		<i>atorvastatin</i>	1	
<i>ampicillin</i>	1		<i>atovaquone</i>	1	
Anadrol-50	4	PAR	<i>atovaquone-proguanil</i>	1	
<i>anagrelide</i>	1		<i>atropine</i>	1	
<i>anastrozole</i>	1		Aubagio	4	PAR
<i>Anovera</i>	0		<i>Aubra, EQ</i>	0	
<i>Anoro Ellipta</i>	2		<i>Aurovela 1.5/30, 1/20</i>	0	
Apokyn	4	PAR	<i>Aurovela 24 Fe, 1.5/30 Fe, 1/20 Fe</i>	0	
<i>apraclonidine</i>	1		Auryxia	4	PAR
<i>aprepitant</i>	1		Austedo	4	PAR
<i>Apri</i>	0		<i>Aviane</i>	0	
<i>Aptiom</i>	2		Avonex	4	PAR
<i>Aptivus</i>	2		<i>Ayuna</i>	0	
<i>Arakoda</i>	2		Ayvakit	4	PAR
<i>Aranelle</i>	0		<i>Azasite</i>	2	
Aranesp	4	PAR	<i>azathioprine</i>	1	
Arcalyst	4	PAR	<i>azelaic acid</i>	1	
Arikayce	4	PAR	<i>azelastine</i>	1	
<i>aripiprazole</i>	1		<i>azelastine-fluticasone</i>	1	
<i>armodafinil</i>	1		<i>azithromycin</i>	1	
<i>Arnuity Ellipta</i>	2		<i>Azurette</i>	0	
<i>Ashlyna</i>	0		<i>bacitracin</i>	1	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>bacitracin-neomycin-polymyxin hydrocortisone</i>	1		<i>Blisovi 24 Fe, 1.5/30 Fe, 1/20 Fe</i>	0	
			<i>One Touch Meters and Strips</i>	2	
<i>bacitracin-polymyxin b</i>	1		bosentan	4	PAR
<i>baclofen</i>	1		Bosulif	4	PAR
<i>Balcoltra</i>	0		<i>bowel prep kits</i>	0	
<i>balsalazide</i>	1		Braftovi	4	PAR
Balversa	4	PAR	<i>Breo Ellipta</i>	2	
<i>Balziva</i>	0		<i>Briellyn</i>	0	
<i>Basaglar</i>	2		<i>Brilinta</i>	2	
<i>B-complex multivitamins</i>	2		<i>brimonidine</i>	1	
<i>Bekyree</i>	0		<i>brimonidine-dorzolamide</i>	2	
<i>belladonna alkaloids-opium</i>	2		<i>Briviact</i>	2	
<i>benazepril</i>	1		<i>bromfenac</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1		<i>bromocriptine</i>	1	
Benlysta	4	PAR	<i>brompheniramine</i>	2	
<i>benznidazole</i>	1		Brukinsa	4	PAR
<i>benzonatate</i>	1		<i>budesonide, ER</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1		<i>bumetanide</i>	1	
<i>benzoyl peroxide-hydrocortisone</i>	1		<i>buprenorphine</i>	1	
<i>benztropine</i>	1		<i>buprenorphine-naloxone</i>	1	
<i>betamethasone, dipropionate, valerate</i>	1		<i>bupropion, ER, SL, XL</i>	1	
<i>betaxolol</i>	1		<i>buspiron</i>	1	
<i>bethanechol</i>	1		<i>butalbital-acetaminophen</i>	1	
bexarotene	4	PAR	<i>butalbital-acetaminophen-caffeine</i>	1	
<i>bicalutamide</i>	1		<i>butalbital-acetaminophen-caffeine-codeine</i>	1	
<i>Biktarvy</i>	2		<i>butalbital-aspirin-caffeine</i>	1	
<i>bimatoprost</i>	1		<i>butalbital-aspirin-caffeine-codeine</i>	1	
<i>bisoprolol</i>	1		<i>butorphanol</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1		<i>cabergoline</i>	1	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
Cabometyx	4	PAR	<i>cefaclor, ER</i>	1	
<i>caffeine citrate</i>	1		<i>cefadroxil</i>	1	
<i>calcipotriene</i>	1		<i>cefdinir</i>	1	
<i>calcipotriene-betamethasone</i>	1		<i>cefditoren</i>	1	
<i>calcitonin</i>	1		<i>cefixime</i>	1	
<i>calcitriol</i>	1		<i>cefepodoxime</i>	1	
<i>calcium acetate</i>	1		<i>cefprozil</i>	1	
Calquence	4	PAR	<i>cefuroxime</i>	1	
<i>Camila</i>	0		<i>celecoxib</i>	1	
<i>Camrese, lo</i>	0		<b>Celontin</b>	2	
<i>candesartan</i>	1		<i>cephalexin</i>	1	
<i>candesartan-hydrochlorothiazide</i>	1		Cerdelga	4	PAR
<i>capecitabine</i>	1		<i>cevimeline</i>	1	
Caprelsa	4	PAR	<b>Chantix</b>	0	
<i>captopril</i>	1		<b>Charlotte 24 Fe</b>	0	
<i>captopril-hydrochlorothiazide</i>	2		<b>Chateal, EQ</b>	0	
Carbaglu	4	PAR	Chemet	4	PAR
<i>carbamazepine, ER</i>	1		chenodal	4	PAR
<i>carbidopa</i>	1		<i>chlordiazepoxide</i>	1	
<i>carbidopa-levodopa, ER</i>	1		<i>chlordiazepoxide-amitriptyline</i>	2	
<i>carbidopa-levodopa-entacapone</i>	1		<i>chlordiazepoxide-clidinium</i>	1	
<i>carbinoxamine</i>	1		<i>chlorhexidine gluconate</i>	1	
<i>carisoprodol</i>	1		<i>chloroquine</i>	1	
<i>carisoprodol-aspirin</i>	1		<i>chlorpromazine</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1		<i>chlorthalidone</i>	1	
<i>carteolol</i>	1		<i>chlorzoxazone</i>	1	
<i>carvedilol, ER</i>	1		Cholbam	4	PAR
Cayston	4	PAR	<i>cholestyramine, light</i>	1	
<b>Caziant</b>	0		<b>chondroitin</b>	2	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>Ciclodan</i>	1		<i>codeine</i>	1	
<i>ciclopirox</i>	1		<i>colchicine</i>	1	
<i>cilostazol</i>	1		<i>colchicine-probenecid</i>	1	
<b>Cimduo</b>	2		<i>colesevelam</i>	1	
<i>cimetidine (Non-OTC)</i>	1		<i>colestipol</i>	1	
<i>cinacalcet</i>	1		<b>Coly-mycin s</b>	1	
<i>ciprofloxacin</i>	1		Cometriq	4	PAR
<i>ciprofloxacin-dexamethasone</i>	1		<b>Complera</b>	2	
<i>ciprofloxacin-fluocinolone</i>	1		Copiktra	4	PAR
<i>citalopram</i>	1		<b>Corlanor</b>	2	
<b>Clarinet-D 12 hour</b>	1		<b>cortisone</b>	2	
<i>clarithromycin, er</i>	1		Cosentyx	4	PAR
<i>clemastine</i>	1		Cotellic	4	PAR
<i>clindamycin</i>	1		<b>Covaryx</b>	1	
<i>clindamycin-benzoyl peroxide</i>	1		<b>Creon</b>	2	
<i>clindamycin-tretinoin</i>	1		Cresemba	4	PAR
<i>clobazam</i>	1		<b>Crixivan</b>	2	
<i>clobetasol</i>	1		<i>cromolyn sodium</i>	1	
<i>clocortolone</i>	1		<b>Cryselle</b>	0	
<i>clomipramine</i>	1		Crysvita	4	PAR
<i>clonazepam</i>	1		<i>cyanocobalamin</i>	1	
<i>clonidine, ER</i>	1		<b>Cyclafem 1/35, 7/7/7</b>	0	
<i>clopidogrel</i>	1		<b>Cyclessa</b>	0	
<i>clorazepate</i>	1		<i>cyclobenzaprine, ER</i>	1	
<i>clotrimazole</i>	1		<i>cyclopentolate</i>	1	
<i>clotrimazole-betamethasone</i>	1		<i>cyclophosphamide</i>	1	
Clovique	4	PAR	<i>cycloserine</i>	1	
<i>clozapine</i>	1		<i>cyclosporine</i>	1	
<b>Coartem</b>	2		<i>cyproheptadine</i>	1	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<b>Cyred</b>	<b>0</b>		<b>dexamethasone</b>	<b>1</b>	
Cystadane	4	PAR	<b>dexchlorpheniramine</b>	<b>1</b>	
Cystadrops	4	PAR	<b>dexmethylphenidate, ER</b>	<b>1</b>	
Cystagon	4	PAR	<b>dextroamphetamine, ER</b>	<b>1</b>	
Cystaran	4	PAR	<b>Diacomit</b>	<b>2</b>	
<b>dalfampridine, ER</b>	<b>1</b>		<b>diazepam</b>	<b>1</b>	
<b>Daliresp</b>	<b>2</b>		<b>diazoxide</b>	<b>1</b>	
<b>danazol</b>	<b>1</b>		<b>diclofenac epolamine</b>	<b>1</b>	
<b>dantrolene</b>	<b>1</b>		<b>diclofenac potassium</b>	<b>1</b>	
<b>dapsone</b>	<b>1</b>		<b>diclofenac sodium, ER</b>	<b>1</b>	
<b>darifenacin, ER</b>	<b>1</b>		<b>diclofenac-misoprostol</b>	<b>1</b>	
<b>Dasetta 1/35, 7/7/7</b>	<b>0</b>		<b>dicloxacillin</b>	<b>1</b>	
Daurismo	4	PAR	<b>dicyclomine</b>	<b>1</b>	
<b>Daysee</b>	<b>0</b>		<b>didanosine</b>	<b>1</b>	
<b>Deblitane</b>	<b>0</b>		<b>Dificid</b>	<b>2</b>	
Deferasirox	4	PAR	<b>diflorasone</b>	<b>1</b>	
Deferiprone	4	PAR	<b>diflunisal</b>	<b>1</b>	
<b>Delstrigo</b>	<b>2</b>		<b>digoxin</b>	<b>1</b>	
<b>Delyla</b>	<b>0</b>		<b>dihydroergotamine</b>	<b>1</b>	
<b>demeclocycline</b>	<b>1</b>		<b>diltiazem, ER, XR, XT, CD, LA</b>	<b>1</b>	
<b>Descovy</b>	<b>0</b>		dimethyl fumarate	4	PAR
<b>desiccated thyroid</b>	<b>2</b>		<b>Dipentum</b>	<b>1</b>	
<b>desipramine</b>	<b>1</b>		<b>diphenoxylate-atropine</b>	<b>1</b>	
<b>desloratadine</b>	<b>1</b>		<b>dipyridamole</b>	<b>1</b>	
<b>desmopressin</b>	<b>1</b>		<b>disopyramide</b>	<b>1</b>	
<b>desogestrel-ethinyl estradiol</b>	<b>0</b>		<b>disulfiram</b>	<b>0</b>	
<b>desonide</b>	<b>1</b>		<b>divalproex, ER</b>	<b>1</b>	
<b>desoximetasone</b>	<b>1</b>		<b>dofetilide</b>	<b>1</b>	
<b>desvenlafaxine, ER</b>	<b>1</b>		Dojolvi	4	PAR

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