

2017 Employer Group Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO)

HPMS Approved Formulary File Submission ID 17409, Version Number 21

This formulary was updated on 12/01/2017. For more recent information or other questions, please contact Health Net at:

Arizona Plans: 1-800-977-7522

California HMO Plans: 1-800-275-4737

or, for **TTY users**, 711, 8:00 a.m. - 8:00 p.m., seven days a week (automated telephone service is used on some weekends and holidays), or visit www.healthnet.com/medicare.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Health Net. When it refers to “plan” or “our plan,” it means Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of the date on the front and back cover pages. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

What is the Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO) Employer Group Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of formulary date. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

If we make any other negative changes to a drug you are taking, we will notify you via mail. We will also post the changes on our website.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR AGENTS - MISC.". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides two each per day per prescription for *simvastatin 40 mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO) Employer Group Formulary?" on page iv for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO) Employer Group Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will

cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Level of care changes

If you experience a change in your level of care, we will cover a transition supply of your drugs. A level of care change occurs when you are discharged from a hospital or moved to or from a long-term care facility.

- If you move home from a long-term care facility or hospital and need a transition supply, we will cover one 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 30-day supply.
- If you move from home or a hospital to a long-term care facility and need a transition supply, we will cover one 31-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 31-day supply.

We understand that there are other circumstances when an override may be granted. These situations are managed on a case-by-case basis through communication between the dispensing pharmacy and Health Net.

For more information

For more detailed information about your plan's prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

*Health Net CoCare Plan B (Employer HMO) and Health Net Seniority Plus (Employer HMO)
Employer Group Formulary*

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lower-case italics (e.g., *atorvastatin calcium*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Formulary tier descriptions

To find out how much you pay for a drug, the abbreviations below appear in the Drug Tier column on the formulary. The copayment or coinsurance level is shown in the Copayment/Coinsurance column. To find out your copayment or coinsurance for each tier, please check your *Evidence of Coverage*.

<i>Abbreviation</i>	<i>Copayment/ Coinsurance</i>	<i>Description</i>
1	Tier 1 copayment	Preferred generic drugs (both Part D and non-Part D)
2	Tier 2 copayment	Preferred brand drugs (both Part D and non-Part D) These drugs are not eligible for exceptions for payment at a lower tier.
3	Tier 3 copayment	Non-preferred brand drugs (both Part D and non-Part D)
4	Tier 4 copayment	Injectable drugs that do not meet the CMS minimum cost threshold required to be placed on Tier 5 (both Part D and non-Part D)
5 (Specialty)	Tier 5 copayment or coinsurance	High cost drugs. (both Part D and non-Part D) These drugs are not eligible for exceptions for payment at a lower tier.
NF	Non-formulary - If an exception request is approved for a non-formulary drug; the Tier 3 copayment applies. You may not ask us to provide the drug at a lower cost-sharing level.	Drugs not covered on Health Net's Medicare Part D formulary. You may request an exception from Health Net to cover these drugs. See the section, "How do I request an exception to the Health Net Medicare Part D Employer Group Formulary?"

Abbreviations

The abbreviations below may appear in the Requirement/Limits column on the formulary.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	This drug may require prior authorization if your age does not meet manufacturer, FDA, or clinical recommendations.
B/D	Medicare Part B vs. Part D	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GL	Gender Limit	This drug is only covered for males or females based on manufacturer, FDA, or clinical recommendations.
LA	Limited Access	<p>This drug may be subject to limited access or restricted access. This means that the drug may only be available at one or a limited number of pharmacies. Limited access may be due to the following reasons:</p> <ul style="list-style-type: none"> ▪ The FDA has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or ▪ Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. <p>You should talk to your doctor, or other prescriber, or pharmacist for details about getting limited access drugs.</p>
MO	Mail Order	This drug is available at Health Net's mail order pharmacy in addition to other network pharmacies.
NT	Non-TrOOP	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit	This drug has a limit on the amount that Health Net will cover. For example, we cover two each per day per prescription for <i>simvastatin 40 mg</i> . This may be in addition to a standard one-month or three-month supply limit.
RX/OTC	Prescription and Over-the-Counter (OTC)	This drug is available both in a prescription form and in an OTC form. Other than some insulins and insulin supplies, only prescription drugs are covered by Health Net Medicare Part D plans.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
SL	Safety Limit	This drug has a maximum daily dose limit for safety supported by the FDA. This means that Health Net will not cover more than the maximum daily dose. For example, the FDA maximum daily dose of <i>simvastatin</i> is 80 mg. Therefore, we will only cover up to two tablets per day for <i>simvastatin</i> 40 mg.
ST	Step Therapy	This drug requires step therapy. This means that you must first try certain drugs to treat your medical condition before Health Net covers another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
*	Additional Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap. Please refer to your <i>Evidence of Coverage</i> for more information about this coverage.
+	Additional Gap Coverage	Only for Health Net CoCare Plan B (Employer HMO) and some Health Net Seniority Plus (Employer HMO) plans: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your <i>Evidence of Coverage</i> for more information about this coverage.

Notice of Discrimination:

Health Net complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Arizona: 1-800-977-7522 (TTY: 711), 8:00 a.m. to 8:00 p.m., Mountain time, seven days a week.

California: 1-800-275-4737 (TTY: 711), 8:00 a.m. to 8:00 p.m., Pacific time, seven days a week.

Oregon: 1-888-445-8913 (TTY: 711), 8:00 a.m. to 8:00 p.m., Pacific time, seven days a week.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Insert

Multi-language Interpreter Services

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Chinese Mandarin:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)。

Chinese Cantonese:

注意：如果您說英文，您可獲得免費的語言協助服務。請致電 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (聽障專線：711)。

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (ATS :711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)번으로 전화해 주십시오.

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (телетайп: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (رقم هاتف الصم والبكم: 711).

Hindi:

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711) पर कॉल करें।

Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Portugués:

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

French Creole:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Japanese:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711)まで、お電話にてご連絡ください。

Navajo:

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłlnih 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Amphetamine-Dextroamphetamine)	3	MO; +
amphetamine-dextroamphetamine cp24 2.5mg-2.5mg-2.5mg-2.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg, 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg	1	MO; *
amphetamine-dextroamphetamine tabs 3.125mg-3.125mg-3.125mg-3.125mg, 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.25mg-1.25mg-1.25mg-1.25mg, 1.875mg-1.875mg-1.875mg-1.875mg, 7.5mg-7.5mg-7.5mg-7.5mg	1	MO; *
DEXEDRINE CP24 (Dextroamphetamine Sulfate)	3	MO; +
dextroamphetamine sulfate cp24 5 mg, 15 mg, 10 mg	1	MO; *
dextroamphetamine sulfate tabs 7.5 mg, 10 mg, 2.5 mg, 5 mg	1	MO; *
VYVANSE CAPS 10 MG	3	SL(7 ea daily); MO; +
VYVANSE CAPS 20 MG	3	SL(3.5 ea daily); MO; +
VYVANSE CAPS 30 MG	3	SL(2.33 ea daily); MO; +
VYVANSE CAPS 40 MG	3	SL(1.75 ea daily); MO; +
VYVANSE CAPS 50 MG	3	SL(1.4 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS 60 MG	3	SL(1.16 ea daily); MO; +
VYVANSE CAPS 70 MG	3	SL(1 ea daily); MO; +
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps 10 mg	1	SL(10 ea daily); MO; *
atomoxetine hcl caps 100 mg	1	SL(1 ea daily); MO; *
atomoxetine hcl caps 18 mg	1	SL(5.55 ea daily); MO; *
atomoxetine hcl caps 25 mg	1	SL(4 ea daily); MO; *
atomoxetine hcl caps 40 mg	1	SL(2.5 ea daily); MO; *
atomoxetine hcl caps 60 mg	1	SL(1.66 ea daily); MO; *
atomoxetine hcl caps 80 mg	1	SL(1.25 ea daily); MO; *
guanfacine hcl (adhd) tb24	1	AL; Up to 64 yrs old; MO; *
INTUNIV TB24 (Guanfacine HCl (ADHD))	NF	AL; Up to 64 yrs old; MO
STRATTERA CAPS 10 MG (Atomoxetine HCl)	2	SL(10 ea daily); MO; +
STRATTERA CAPS 100 MG (Atomoxetine HCl)	2	SL(1 ea daily); MO; +
STRATTERA CAPS 18 MG (Atomoxetine HCl)	2	SL(5.55 ea daily); MO; +
STRATTERA CAPS 25 MG (Atomoxetine HCl)	2	SL(4 ea daily); MO; +
STRATTERA CAPS 40 MG (Atomoxetine HCl)	2	SL(2.5 ea daily); MO; +
STRATTERA CAPS 60 MG (Atomoxetine HCl)	2	SL(1.66 ea daily); MO; +
STRATTERA CAPS 80 MG (Atomoxetine HCl)	2	SL(1.25 ea daily); MO; +
Stimulants - Misc.		
armodafinil tabs	1	PA; MO; *
CONCERTA TBCR (Methylphenidate HCl)	3	MO; +
DAYTRANA PTCH 30 MG/9HR	3	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cp24 15 mg, 20 mg, 10 mg</i>	1	MO; *
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	MO; *
FOCALIN TABS (<i>Dexmethylphenidate HCl</i>)	3	MO; +
FOCALIN XR CP24 20 MG, 15 MG, 10 MG (<i>Dexmethylphenidate HCl</i>)	NF	MO
METADATE CD CPCR (<i>Methylphenidate HCl</i>)	NF	MO
<i>methylphenidate hcl cp24 or 40 mg, 60 mg, 20 mg, 30 mg</i>	1	MO; *
<i>methylphenidate hcl cpcr or 30 mg, 50 mg, 60 mg, 10 mg, 20 mg, 40 mg</i>	1	MO; *
<i>methylphenidate hcl tabs or 20 mg, 10 mg, 5 mg</i>	1	MO; *
<i>methylphenidate hcl tb24 or 18 mg, 36 mg, 27 mg, 54 mg</i>	1	Non-Osmotic Release; *
<i>methylphenidate hcl tbc r or 36 mg, 54 mg, 27 mg, 20 mg, 18 mg</i>	1	MO; *
<i>modafinil tabs</i>	1	PA; MO; *
NUVIGIL TABS (<i>Armodafinil</i>)	3	PA; MO; +
PROVIGIL TABS (<i>Modafinil</i>)	5	PA; MO; +
RITALIN LA CP24 20 MG, 30 MG, 40 MG (<i>Methylphenidate HCl</i>)	3	MO; +
RITALIN LA CP24 60 MG, 10 MG	3	MO; +
RITALIN TABS (<i>Methylphenidate HCl</i>)	3	MO; +
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA; MO; +
ORALAIR SUBL	3	PA; +
RAGWITEK SUBL	3	PA; MO; +

Drug Name	Drug Tier	Requirements/Limits
Biologicals Misc		
ADAGEN SOLN	5	LA; +
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln ij 500 mg/2ml, 1 gm/4ml</i>	4	MO; +
BETHKIS NEBU	5	B/D; +
<i>gentamicin in saline soln 0.9%-1mg/ml</i>	4	+
<i>gentamicin sulfate soln ij 40 mg/ml</i>	4	MO; +
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-1MG/ML	4	+
KITABIS PAK NEBU	5	B/D; +
<i>neomycin sulfate tabs or</i>	1	MO; *
<i>paromomycin sulfate caps</i>	1	MO; *
TOBI NEBU (<i>Tobramycin</i>)	5	B/D; +
TOBI PODHALER CAPS	5	+
<i>tobramycin nebu in</i>	1	B/D; *
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	4	MO; +
<i>tobramycin sulfate solr ij 1.2 gm</i>	4	+
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA; +
HUMIRA PEN PNKT	5	PA; +
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	5	PA; +

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PSORIASIS STARTER PNKT	5	PA; +
HUMIRA PSKT	5	PA; +
SIMPONI ARIA SOLN	5	PA; +
SIMPONI SOAJ	5	PA; +
SIMPONI SOSY	5	PA; +
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	5	PA; +
XELJANZ XR TB24	5	PA; +
Antirheumatic Antimetabolites		
OTREXUP SOAJ	4	PA; +
RASUVO SOAJ 22.5 MG/0.45ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 7.5 MG/0.15ML, 10 MG/0.2ML, 30 MG/0.6ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 25 MG/0.5ML	4	PA; +
RHEUMATREX TABS	2	MO; +
Gold Compounds		
RIDAURA CAPS	5	MO; +
Interleukin-1 Blockers		
ARCALYST SOLR	5	LA; +
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	5	PA; +
Interleukin-1beta Blockers		
ILARIS SOLN 150 MG/ML	5	PA; +
ILARIS SOLR 180 MG	5	LA; +
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	5	PA; +
ACTEMRA SOSY	5	PA; +

Drug Name	Drug Tier	Requirements/Limits
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Naproxen Sodium</i>)	3	MO; +
ARTHROTEC 50 TBEC (<i>Diclofenac w/ Misoprostol</i>)	NF	MO
ARTHROTEC 75 TBEC (<i>Diclofenac w/ Misoprostol</i>)	NF	MO
CELEBREX CAPS (<i>Celecoxib</i>)	NF	MO
<i>celecoxib caps</i>	1	MO; *
DAYPRO TABS (<i>Oxaprozin</i>)	3	MO; +
<i>diclofenac potassium tabs</i>	1	MO; *
<i>diclofenac sodium tb24 or 100 mg</i>	1	MO; *
<i>diclofenac sodium tbec or 75 mg, 50 mg, 25 mg</i>	1	MO; *
<i>diclofenac w/ misoprostol tbec</i>	1	MO; *
DUEXIS TABS	5	PA; MO; +
EC-NAPROSYN TBEC (<i>Naproxen</i>)	3	MO; +
<i>etodolac caps 300 mg, 200 mg</i>	1	MO; *
<i>etodolac tabs 400 mg, 500 mg</i>	1	MO; *
<i>etodolac tb24 400 mg, 600 mg, 500 mg</i>	1	MO; *
FELDENE CAPS (<i>Piroxicam</i>)	3	MO; +
<i>flurbiprofen tabs or 100 mg, 50 mg</i>	1	MO; *
<i>ibuprofen susp or 100 mg/5ml</i>	1	RX/OTC; MO; *
<i>ibuprofen tabs or 400 mg</i>	1	SL(8 ea daily); MO; *
<i>ibuprofen tabs or 600 mg</i>	1	SL(5.33 ea daily); MO; *
<i>ibuprofen tabs or 800 mg</i>	1	SL(4 ea daily); MO; *
INDOCIN SUSP OR 25 MG/5ML	3	AL; Up to 64 yrs old; MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin caps or 25 mg, 50 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>indomethacin cpcr or 75 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>ketoprofen caps or 75 mg, 50 mg</i>	1	MO; *
<i>ketoprofen cp24 or 200 mg</i>	1	MO; *
<i>ketorolac tromethamine soln ij 30 mg/ml, 15 mg/ml</i>	4	AL; Up to 64 yrs old; MO; +
<i>ketorolac tromethamine soln im 60 mg/2ml, 30 mg/ml</i>	4	AL; Up to 64 yrs old; MO; +
<i>ketorolac tromethamine tabs or 10 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>meclofenamate sodium caps or 100 mg</i>	1	MO; *
<i>mefenamic acid caps or</i>	1	MO; *
<i>meloxicam tabs or 7.5 mg, 15 mg</i>	1	MO; *
MOBIC TABS 15 MG, 7.5 MG (<i>Meloxicam</i>)	3	MO; +
<i>nabumetone tabs</i>	1	MO; *
NAPRELAN TB24 500 MG, 375 MG (<i>Naproxen Sodium</i>)	NF	MO
NAPRELAN TB24 750 MG	3	MO; +
NAPROSYN TABS 500 MG (<i>Naproxen</i>)	3	MO; +
<i>naproxen sodium tabs or 275 mg, 550 mg</i>	1	MO; *
<i>naproxen sodium tb24 or 375 mg, 500 mg</i>	1	MO; *
<i>naproxen tabs or 375 mg, 500 mg, 250 mg</i>	1	MO; *
<i>naproxen tbec or 500 mg, 375 mg</i>	1	MO; *
<i>oxaprozin tabs</i>	1	MO; *
<i>piroxicam caps or 20 mg, 10 mg</i>	1	MO; *
PONSTEL CAPS (<i>Mefenamic Acid</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac tabs or 200 mg, 150 mg</i>	1	MO; *
<i>tolmetin sodium caps 400 mg</i>	1	MO; *
<i>tolmetin sodium tabs 200 mg</i>	1	*
VIMOVO TBEC	5	PA; MO; +
ZIPSOR CAPS	3	MO; +
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	5	PA; +
OTEZLA TBPk	5	PA; +
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Leflunomide</i>)	3	MO; +
<i>leflunomide tabs</i>	1	MO; *
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	5	PA; +
ORENCIA SOLR	5	PA; +
ORENCIA SOSY	5	PA; +
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	5	PA; +
ENBREL SOSY	5	PA; +
ENBREL SURECLICK SOAJ	5	PA; +
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Salicylates		
<i>diflunisal tabs</i>	1	MO; *
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL 100 MCG	3	PA; QL(16 ea daily); +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
ABSTRAL SUBL 200 MCG	5	PA; QL(8 ea daily); +
ABSTRAL SUBL 300 MCG	5	PA; QL(5.34 ea daily); +
ABSTRAL SUBL 600 MCG, 800 MCG, 400 MCG	5	PA; QL(4 ea daily); +
ACTIQ LPOP 200 MCG (<i>Fentanyl Citrate</i>)	5	PA; QL(8 ea daily); MO; +
ACTIQ LPOP 800 MCG, 600 MCG, 1600 MCG, 1200 MCG, 400 MCG (<i>Fentanyl Citrate</i>)	5	PA; QL(4 ea daily); MO; +
<i>codeine sulfate tabs 15 mg</i>	1	SL(24 ea daily); MO; *
<i>codeine sulfate tabs 30 mg</i>	1	SL(12 ea daily); MO; *
<i>codeine sulfate tabs 60 mg</i>	1	SL(6 ea daily); MO; *
DILAUDID LIQD OR 1 MG/ML (<i>Hydromorphone HCl</i>)	NF	QL(50 ml daily); MO
DILAUDID SOLN IJ 2 MG/ML	4	Preservative Free; +
DILAUDID SOLN IJ 2 MG/ML (<i>Hydromorphone HCl</i>)	NF	MO; NT
DILAUDID TABS OR 2 MG (<i>Hydromorphone HCl</i>)	3	QL(25 ea daily); MO; +
DILAUDID TABS OR 4 MG (<i>Hydromorphone HCl</i>)	3	QL(12.5 ea daily); MO; +
DILAUDID TABS OR 8 MG (<i>Hydromorphone HCl</i>)	3	QL(6.25 ea daily); MO; +
DOLOPHINE TABS 10 MG (<i>Methadone HCl</i>)	3	QL(6.67 ea daily); MO; +
DOLOPHINE TABS 5 MG (<i>Methadone HCl</i>)	3	QL(13.34 ea daily); MO; +
DURAGESIC PT72 100 MCG/HR (<i>Fentanyl</i>)	5	QL(0.5 ea daily); MO; +
DURAGESIC PT72 12 MCG/HR (<i>Fentanyl</i>)	3	Limit 43 patches per month; QL(1.44 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
DURAGESIC PT72 25 MCG/HR (<i>Fentanyl</i>)	3	Limit 28 patches per month; QL(0.94 ea daily); MO; +
DURAGESIC PT72 50 MCG/HR (<i>Fentanyl</i>)	3	Limit 15 patches per month; QL(0.5 ea daily); MO; +
DURAGESIC PT72 75 MCG/HR (<i>Fentanyl</i>)	5	Limit 15 patches per month; QL(0.5 ea daily); MO; +
EXALGO T24A 12 MG (<i>Hydromorphone HCl</i>)	NF	QL(4.17 ea daily); MO
EXALGO T24A 16 MG (<i>Hydromorphone HCl</i>)	NF	QL(3.14 ea daily); MO
EXALGO T24A 32 MG (<i>Hydromorphone HCl</i>)	3	QL(1.57 ea daily); MO; +
EXALGO T24A 8 MG (<i>Hydromorphone HCl</i>)	NF	QL(6.27 ea daily); MO
<i>fentanyl citrate lpop bu 1600 mcg, 1200 mcg, 600 mcg, 800 mcg, 400 mcg</i>	5	PA; QL(4 ea daily); MO; +
<i>fentanyl citrate lpop bu 200 mcg</i>	5	PA; QL(8 ea daily); MO; +
<i>fentanyl pt72 100 mcg/hr</i>	1	QL(0.5 ea daily); MO; *
<i>fentanyl pt72 12 mcg/hr</i>	1	Limit 43 patches per month; QL(1.44 ea daily); MO; *
<i>fentanyl pt72 25 mcg/hr</i>	1	Limit 28 patches per month; QL(0.94 ea daily); MO; *
<i>fentanyl pt72 75 mcg/hr, 50 mcg/hr</i>	1	Limit 15 patches per month; QL(0.5 ea daily); MO; *
FENTORA TABS 100 MCG	5	PA; QL(16 ea daily); MO; +
FENTORA TABS 200 MCG	5	PA; QL(8 ea daily); MO; +
FENTORA TABS 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 ea daily); MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	QL(50 ml daily); MO; *
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	+
<i>hydromorphone hcl soln ij 2 mg/ml</i>	4	MO; +
<i>hydromorphone hcl t24a or 12 mg</i>	1	QL(4.17 ea daily); MO; *
<i>hydromorphone hcl t24a or 16 mg</i>	1	QL(3.14 ea daily); MO; *
<i>hydromorphone hcl t24a or 32 mg</i>	1	QL(1.57 ea daily); MO; *
<i>hydromorphone hcl t24a or 8mg, 8 mg</i>	1	QL(6.27 ea daily); MO; *
<i>hydromorphone hcl tabs or 2 mg</i>	1	QL(25 ea daily); MO; *
<i>hydromorphone hcl tabs or 4 mg</i>	1	QL(12.5 ea daily); MO; *
<i>hydromorphone hcl tabs or 8 mg</i>	1	QL(6.25 ea daily); MO; *
HYSINGLA ER T24A 100 MG, 120 MG	3	PA; QL(1 ea daily); +
HYSINGLA ER T24A 20 MG, 60 MG	3	PA; QL(2 ea daily); MO; +
HYSINGLA ER T24A 30 MG	3	PA; QL(4 ea daily); MO; +
HYSINGLA ER T24A 40 MG	3	PA; QL(2.67 ea daily); MO; +
HYSINGLA ER T24A 80 MG	3	PA; QL(1.34 ea daily); MO; +
KADIAN CP24 10 MG (<i>Morphine Sulfate</i>)	3	QL(20 ea daily); MO; +
KADIAN CP24 100 MG (<i>Morphine Sulfate</i>)	5	QL(2 ea daily); MO; +
KADIAN CP24 20 MG (<i>Morphine Sulfate</i>)	3	QL(10 ea daily); MO; +
KADIAN CP24 200 MG	3	QL(1 ea daily); MO; +
KADIAN CP24 30 MG (<i>Morphine Sulfate</i>)	3	QL(6.67 ea daily); MO; +
KADIAN CP24 40 MG	3	PA; QL(5 ea daily); MO; +
KADIAN CP24 50 MG (<i>Morphine Sulfate</i>)	3	QL(4 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
KADIAN CP24 60 MG (<i>Morphine Sulfate</i>)	3	QL(3.34 ea daily); MO; +
KADIAN CP24 80 MG (<i>Morphine Sulfate</i>)	3	QL(2.5 ea daily); MO; +
LAZANDA SOLN 100 MCG/ACT	5	PA; QL(1 ea daily); MO; +
LAZANDA SOLN 300 MCG/ACT	5	PA; QL(0.5 ea daily); MO; +
LAZANDA SOLN 400 MCG/ACT	5	PA; QL(0.25 ea daily); MO; +
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(6.67 ml daily); MO; *
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(33.34 ml daily); MO; *
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(66.67 ml daily); MO; *
<i>methadone hcl tabs or 10 mg</i>	1	QL(6.67 ea daily); MO; *
<i>methadone hcl tabs or 5 mg</i>	1	QL(13.34 ea daily); MO; *
METHADOSE CONC (<i>Methadone HCl</i>)	3	QL(6.67 ml daily); MO; +
METHADOSE SUGAR-FREE CONC (<i>Methadone HCl</i>)	3	QL(6.67 ml daily); MO; +
<i>morphine sulfate beads cp24 120 mg</i>	1	QL(1.67 ea daily); MO; *
<i>morphine sulfate beads cp24 30 mg</i>	1	QL(6.67 ea daily); MO; *
<i>morphine sulfate beads cp24 45 mg</i>	1	QL(4.44 ea daily); MO; *
<i>morphine sulfate beads cp24 60 mg</i>	1	QL(3.34 ea daily); MO; *
<i>morphine sulfate beads cp24 75 mg</i>	1	QL(2.67 ea daily); MO; *
<i>morphine sulfate beads cp24 90 mg</i>	1	QL(2.24 ea daily); MO; *
<i>morphine sulfate cp24 or 10 mg</i>	1	QL(20 ea daily); MO; *
<i>morphine sulfate cp24 or 100 mg</i>	5	QL(2 ea daily); MO; +
<i>morphine sulfate cp24 or 20 mg</i>	1	QL(10 ea daily); MO; *
<i>morphine sulfate cp24 or 30 mg</i>	1	QL(6.67 ea daily); MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cp24 or 50 mg</i>	1	QL(4 ea daily); MO; *
<i>morphine sulfate cp24 or 60 mg</i>	1	QL(3.34 ea daily); MO; *
<i>morphine sulfate cp24 or 80 mg</i>	1	QL(2.5 ea daily); MO; *
<i>morphine sulfate soln ij 0.5 mg/ml</i>	4	+
<i>morphine sulfate soln ij 1 mg/ml</i>	4	MO; +
<i>morphine sulfate soln or 10 mg/5ml</i>	1	QL(100 ml daily); MO; *
<i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i>	1	QL(10 ml daily); MO; *
<i>morphine sulfate soln or 20 mg/5ml</i>	1	QL(50 ml daily); MO; *
MORPHINE SULFATE TABS OR 15 MG	3	QL(13.34 ea daily); MO; +
MORPHINE SULFATE TABS OR 30 MG	3	QL(6.67 ea daily); MO; +
<i>morphine sulfate tbcrr or 100 mg, 200 mg</i>	1	QL(2 ea daily); MO; *
<i>morphine sulfate tbcrr or 15 mg</i>	1	QL(13.34 ea daily); MO; *
<i>morphine sulfate tbcrr or 30 mg</i>	1	QL(6.67 ea daily); MO; *
<i>morphine sulfate tbcrr or 60 mg</i>	1	QL(3.34 ea daily); MO; *
MS CONTIN TBCR 100 MG, 200 MG (<i>Morphine Sulfate</i>)	3	QL(2 ea daily); MO; +
MS CONTIN TBCR 15 MG (<i>Morphine Sulfate</i>)	3	QL(13.34 ea daily); MO; +
MS CONTIN TBCR 30 MG (<i>Morphine Sulfate</i>)	3	QL(6.67 ea daily); MO; +
MS CONTIN TBCR 60 MG (<i>Morphine Sulfate</i>)	3	QL(3.34 ea daily); MO; +
NUCYNTA ER TB12 100 MG	2	QL(6.67 ea daily); MO; +
NUCYNTA ER TB12 150 MG	2	QL(4.44 ea daily); MO; +
NUCYNTA ER TB12 200 MG	2	QL(3.34 ea daily); MO; +
NUCYNTA ER TB12 250 MG	2	QL(2 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TB12 50 MG	2	QL(13.34 ea daily); MO; +
NUCYNTA TABS 100 MG	3	QL(6.67 ea daily); MO; +
NUCYNTA TABS 50 MG	3	QL(13.34 ea daily); MO; +
NUCYNTA TABS 75 MG	3	QL(8.88 ea daily); MO; +
OPANA ER (<i>CRUSH RESISTANT</i>) T12A 40 MG	5	QL(2 ea daily); MO; +
OPANA TABS OR 10 MG (<i>Oxymorphone HCl</i>)	3	QL(6.67 ea daily); MO; +
OPANA TABS OR 5 MG (<i>Oxymorphone HCl</i>)	3	QL(13.34 ea daily); MO; +
<i>oxycodone hcl caps or 5 mg</i>	1	QL(26.67 ea daily); MO; *
<i>oxycodone hcl conc or 100 mg/5ml</i>	1	QL(6.67 ml daily); MO; *
OXYCODONE HCL ER T12A 10 MG	2	QL(13.34 ea daily); MO; +
OXYCODONE HCL ER T12A 15 MG	2	QL(8.9 ea daily); MO; +
OXYCODONE HCL ER T12A 20 MG	2	QL(6.67 ea daily); MO; +
OXYCODONE HCL ER T12A 30 MG	2	QL(4.44 ea daily); MO; +
OXYCODONE HCL ER T12A 60 MG, 80 MG, 40 MG	2	QL(2 ea daily); MO; +
<i>oxycodone hcl tabs or 10 mg</i>	1	QL(11.2 ea daily); MO; *
<i>oxycodone hcl tabs or 15 mg</i>	1	QL(8.9 ea daily); MO; *
<i>oxycodone hcl tabs or 20 mg</i>	1	QL(6.67 ea daily); MO; *
<i>oxycodone hcl tabs or 30 mg</i>	1	QL(4.44 ea daily); MO; *
<i>oxycodone hcl tabs or 5 mg</i>	1	QL(26.67 ea daily); MO; *
OXYCONTIN T12A 10 MG	2	QL(13.34 ea daily); MO; +
OXYCONTIN T12A 15 MG	2	QL(8.9 ea daily); MO; +
OXYCONTIN T12A 20 MG	2	QL(6.67 ea daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN T12A 30 MG	2	QL(4.44 ea daily); MO; +
OXYCONTIN T12A 40 MG, 80 MG, 60 MG	2	QL(2 ea daily); MO; +
<i>oxymorphone hcl tabs 10 mg</i>	1	QL(6.67 ea daily); MO; *
<i>oxymorphone hcl tabs 5 mg</i>	1	QL(13.34 ea daily); MO; *
<i>oxymorphone hcl tb12 10 mg</i>	1	QL(5.6 ea daily); MO; *
<i>oxymorphone hcl tb12 15 mg</i>	1	QL(4.44 ea daily); MO; *
<i>oxymorphone hcl tb12 20 mg</i>	1	QL(3.34 ea daily); MO; *
<i>oxymorphone hcl tb12 30 mg</i>	1	QL(2.22 ea daily); MO; *
<i>oxymorphone hcl tb12 40 mg</i>	1	QL(2 ea daily); MO; *
<i>oxymorphone hcl tb12 5 mg</i>	1	QL(13.34 ea daily); MO; *
<i>oxymorphone hcl tb12 7.5 mg</i>	1	QL(8.89 ea daily); MO; *
ROXICODONE TABS 15 MG (<i>Oxycodone HCl</i>)	3	QL(8.9 ea daily); MO; +
ROXICODONE TABS 30 MG (<i>Oxycodone HCl</i>)	3	QL(4.44 ea daily); MO; +
ROXICODONE TABS 5 MG (<i>Oxycodone HCl</i>)	NF	QL(26.67 ea daily); MO
SUBSYS LIQD 100 MCG	5	PA; QL(16 ea daily); MO; +
SUBSYS LIQD 1200 MCG	5	PA; QL(2 ea daily); +
SUBSYS LIQD 200 MCG	5	PA; QL(8 ea daily); MO; +
SUBSYS LIQD 400 MCG, 600 MCG, 1600 MCG, 800 MCG	5	PA; QL(4 ea daily); MO; +
<i>tramadol hcl tabs or 50 mg</i>	1	SL(8 ea daily); MO; *
<i>tramadol hcl tb24 or 100 mg</i>	1	SL(3 ea daily); MO; *
<i>tramadol hcl tb24 or 200 mg</i>	1	SL(1.5 ea daily); MO; *
<i>tramadol hcl tb24 or 300 mg</i>	1	SL(1 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
ULTRAM ER TB24 100 MG (<i>Tramadol HCl</i>)	3	SL(3 ea daily); MO; +
ULTRAM ER TB24 200 MG (<i>Tramadol HCl</i>)	3	SL(1.5 ea daily); MO; +
ULTRAM ER TB24 300 MG (<i>Tramadol HCl</i>)	3	SL(1 ea daily); MO; +
ULTRAM TABS (<i>Tramadol HCl</i>)	3	SL(8 ea daily); MO; +
ZOHYDRO ER C12A 10 MG	3	PA; QL(16.8 ea daily); MO; +
ZOHYDRO ER C12A 15 MG	3	PA; QL(11.2 ea daily); MO; +
ZOHYDRO ER C12A 20 MG	3	PA; QL(8.4 ea daily); MO; +
ZOHYDRO ER C12A 30 MG	3	PA; QL(5.6 ea daily); MO; +
ZOHYDRO ER C12A 40 MG	3	PA; QL(4.2 ea daily); MO; +
ZOHYDRO ER C12A 50 MG	3	PA; QL(3.37 ea daily); MO; +
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	Limit 4500mls per month; SL(150 ml daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	SL(13.3 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	SL(12 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	SL(6 ea daily); MO; *
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	1	AL; Up to 64 yrs old; SL(6 ea daily); MO; *
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	AL; Up to 64 yrs old; SL(6 ea daily); MO; *
FIORINAL/CODEINE #3 CAPS (<i>Butalbital-Aspirin-Caffeine w/Cod</i>)	3	AL; Up to 64 yrs old; SL(6 ea daily); MO; +
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 10mg/15ml-325mg/15ml, 7.5mg/15ml-325mg/15ml, 5mg/10ml-217mg/10ml</i>	1	Limit 5535mls per month; SL(184.5 ml daily); MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tabs 10mg-300mg, 5mg-300mg, 7.5mg-300mg</i>	1	SL(13.3 ea daily); MO; *
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 7.5mg-325mg, 10mg-325mg</i>	1	SL(12.3 ea daily); MO; *
<i>hydrocodone-ibuprofen tabs 200mg-5mg, 200mg-7.5mg, 200mg-10mg</i>	1	MO; *
<i>oxycodone w/ acetaminophen soln 5mg/5ml-325mg/5ml</i>	1	Limit 1845mls per month; SL(61.5 ml daily); *
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 2.5mg-325mg, 7.5mg-325mg, 10mg-325mg</i>	1	SL(12.3 ea daily); MO; *
<i>oxycodone-aspirin tabs</i>	1	MO; *
<i>tramadol-acetaminophen tabs</i>	1	SL(8 ea daily); MO; *
ULTRACET TABS (Tramadol-Acetaminophen)	3	SL(8 ea daily); MO; +
Opioid Partial Agonists		
BUNAVAIL FILM 4.2MG-0.7MG, 2.1MG-0.3MG	3	PA; +
BUNAVAIL FILM 6.3MG-1MG	3	PA; MO; +
<i>buprenorphine hcl subl sl 2 mg</i>	1	PA; QL(16 ea daily); MO; *
<i>buprenorphine hcl subl sl 8 mg</i>	1	PA; QL(4 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate subl 2mg-0.5mg</i>	1	PA; QL(16 ea daily); MO; *
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg</i>	1	PA; QL(4 ea daily); MO; *
BUPRENORPHINE PTWK 10 MCG/HR	2	Limit 8 patches per 28 days; SL(0.29 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
BUPRENORPHINE PTWK 15 MCG/HR	2	Limit 5 patches per 28 days; SL(0.19 ea daily); MO; +
BUPRENORPHINE PTWK 20 MCG/HR	2	Limit 4 patches per 28 days; SL(0.15 ea daily); MO; +
BUPRENORPHINE PTWK 5 MCG/HR	2	Limit 16 patches per 28 days; SL(0.58 ea daily); MO; +
BUPRENORPHINE PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days; SL(0.39 ea daily); MO; +
<i>butorphanol tartrate soln ij 2 mg/ml</i>	4	MO; +
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	Limit 210mls per month; QL(7 ml daily); MO; *
BUTRANS PTWK 10 MCG/HR	2	Limit 8 patches per 28 days; SL(0.29 ea daily); MO; +
BUTRANS PTWK 15 MCG/HR	2	Limit 5 patches per 28 days; SL(0.19 ea daily); MO; +
BUTRANS PTWK 20 MCG/HR	2	Limit 4 patches per 28 days; SL(0.15 ea daily); MO; +
BUTRANS PTWK 5 MCG/HR	2	Limit 16 patches per 28 days; SL(0.58 ea daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits
BUTRANS PTWK 7.5 MCG/HR	2	Limit 10 patches per 28 days;SL(0.39 ea daily); MO; +
SUBOXONE FILM	3	PA; MO; +
TALWIN SOLN	4	AL; Up to 64 yrs old; +
ZUBSOLV SUBL 0.7MG-0.18MG	3	MO; +
ZUBSOLV SUBL 1.4MG-0.36MG, 5.7MG-1.4MG, 2.9MG-0.71MG, 11.4MG-2.9MG, 8.6MG-2.1MG	3	PA; MO; +
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	5	MO; +
OXANDRIN TABS 2.5 MG (Oxandrolone)	NF	MO
<i>oxandrolone tabs or 10 mg</i>	5	MO; +
<i>oxandrolone tabs or 2.5 mg</i>	1	MO; *
Androgens		
ANDRODERM PT24	2	MO; +
ANDROGEL GEL 20.25 MG/1.25GM, 40.5 MG/2.5GM	2	MO; +
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (Testosterone)	2	MO; +
ANDROGEL PUMP GEL	2	MO; +
AVEED SOLN	3	LA; +
AXIRON SOLN (Testosterone)	3	MO; +
<i>danazol caps or 100 mg, 200 mg, 50 mg</i>	1	MO; *
DEPO-TESTOSTERONE SOLN (Testosterone Cypionate)	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxymesterone tabs or</i>	1	MO; *
FORTESTA GEL	3	MO; +
<i>methyltestosterone caps or</i>	1	MO; *
NATESTO GEL	3	MO; +
TESTIM GEL (Testosterone)	3	MO; +
<i>testosterone cypionate soln</i>	4	MO; +
<i>testosterone enanthate soln im</i>	4	MO; +
TESTOSTERONE GEL TD 10 MG/ACT, 1 %, 50 MG/5GM, 25 MG/2.5GM	3	MO; +
<i>testosterone gel td 25 mg/2.5gm, 1 %, 50 mg/5gm</i>	1	MO; *
TESTOSTERONE PUMP GEL	3	MO; +
<i>testosterone soln td 30 mg/act</i>	1	MO; *
VOGELXO GEL	3	MO; +
VOGELXO PUMP GEL	3	MO; +
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intra-rectal Steroids		
CORTENEMA ENEM (Hydrocortisone (Intra-rectal))	NF	MO
CORTIFOAM FOAM	3	MO; +
<i>hydrocortisone (intra-rectal) enem</i>	1	MO; *
UCERIS FOAM RE 2 MG/ACT	3	MO; +
Rectal Steroids		
<i>hydrocortisone (rectal) crea 2.5 %, 1 %</i>	1	MO; *
PROCTOCORT CREA 1 % (Hydrocortisone (Rectal))	3	MO; +
Vasodilating Agents		

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Drug Name	Drug Tier	Requirements/ Limits
RECTIV OINT	3	MO; +
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA TABS	3	MO; +
BILTRICIDE TABS	2	MO; +
<i>ivermectin tabs or</i>	1	MO; *
STROMEKTOL TABS (<i>Ivermectin</i>)	3	MO; +
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AZACTAM SOLR (<i>Aztreonam</i>)	4	MO; +
<i>aztreonam solr</i>	4	MO; +
CAYSTON SOLR	5	LA; +
<i>colistimethate sodium solr ij</i>	4	MO; +
COLY-MYCIN M SOLR (<i>Colistimethate Sodium</i>)	4	MO; +
FLAGYL CAPS 375 MG (<i>Metronidazole</i>)	3	SL(10.6 ea daily); MO; +
FLAGYL TABS 250 MG (<i>Metronidazole</i>)	3	SL(16 ea daily); MO; +
FLAGYL TABS 500 MG (<i>Metronidazole</i>)	3	SL(8 ea daily); MO; +
<i>metronidazole caps or 375 mg</i>	1	SL(10.6 ea daily); MO; *
<i>metronidazole in nacl soln</i>	4	+
<i>metronidazole tabs or 250 mg</i>	1	SL(16 ea daily); MO; *
<i>metronidazole tabs or 500 mg</i>	1	SL(8 ea daily); MO; *
NEBUPENT SOLR	2	B/D; MO; +
ORBACTIV SOLR	5	+
PENTAM 300 SOLR	4	MO; +

Drug Name	Drug Tier	Requirements/ Limits
PRIMSOL SOLN	2	MO; +
TINDAMAX TABS (<i>Tinidazole</i>)	NF	MO
<i>tinidazole tabs or 250 mg, 500 mg</i>	1	MO; *
<i>trimethoprim tabs or</i>	1	MO; *
VANCOCIN HCL CAPS (<i>Vancomycin HCl</i>)	5	PA; MO; +
<i>vancomycin hcl caps or 250 mg, 125 mg</i>	5	PA; MO; +
VANCOMYCIN HCL IN DEXTROSE SOLN 5%-750MG/150ML, 500MG/100ML-5%, 1GM/200ML-5%	4	+
<i>vancomycin hcl solr iv 500 mg</i>	4	MO; +
<i>vancomycin hcl solr iv 5000 mg, 1000 mg, 10 gm</i>	4	+
XIFAXAN TABS	5	MO; +
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Sulfamethoxazole-Trimethoprim</i>)	3	MO; +
BACTRIM TABS (<i>Sulfamethoxazole-Trimethoprim</i>)	3	MO; +
<i>sulfamethoxazole-trimethoprim soln iv 80mg/5ml-400mg/5ml</i>	4	MO; +
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	1	MO; *
<i>sulfamethoxazole-trimethoprim tabs or 160mg-800mg, 80mg-400mg</i>	1	MO; *
Antiprotozoal Agents		
ALINIA TABS 500 MG	3	MO; +
<i>atovaquone susp</i>	5	MO; +
MEPRON SUSP (<i>Atovaquone</i>)	5	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
Carbapenems		
DORIBAX SOLR 500 MG	4	+
DORIPENEM SOLR 500 MG	4	+
<i>imipenem-cilastatin solr</i>	1	MO; *
INVANZ SOLR IJ	4	MO; +
<i>meropenem solr 1 gm</i>	4	MO; +
<i>meropenem solr 500 mg</i>	1	MO; *
MERREM SOLR 1 GM (Meropenem)	4	MO; +
MERREM SOLR 500 MG (Meropenem)	NF	MO
PRIMAXIN IV SOLR (Imipenem-Cilastatin)	3	MO; +
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	+
Cyclic Lipopeptides		
CUBICIN RF SOLR (Daptomycin)	5	+
CUBICIN SOLR (Daptomycin)	5	+
<i>daptomycin solr</i>	5	+
Glycylcyclines		
TIGECYCLINE SOLR	5	+
TYGACIL SOLR	5	+
Leprostatics		
<i>dapsone tabs or 100 mg, 25 mg</i>	1	MO; *
Lincosamides		
CLEOCIN CAPS OR 75 MG, 300 MG, 150 MG (Clindamycin HCl)	3	MO; +
CLEOCIN IN D5W SOLN (Clindamycin Phosphate in D5W)	4	+

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML (Clindamycin Phosphate)	4	+
CLEOCIN PHOSPHATE SOLN IJ 900 MG/6ML, 600 MG/4ML (Clindamycin Phosphate)	4	MO; +
CLEOCIN PHOSPHATE SOLN IV 600 MG/4ML	4	+
CLEOCIN PHOSPHATE SOLN IV 900MG/50ML-5%, 300MG/50ML-5%, 600MG/50ML-5% (Clindamycin Phosphate in D5W)	4	+
<i>clindamycin hcl caps or 150 mg, 300 mg, 75 mg</i>	1	MO; *
<i>clindamycin palmitate hydrochloride solr</i>	1	MO; *
<i>clindamycin phosphate in d5w soln</i>	4	+
<i>clindamycin phosphate soln ij 150 mg/ml, 9000 mg/60ml</i>	4	+
<i>clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml</i>	4	MO; +
<i>clindamycin phosphate soln iv 150 mg/ml</i>	4	+
LINCOCIN SOLN (Lincomycin HCl)	4	MO; +
<i>lincomycin hcl soln ij</i>	4	MO; +
Oxazolidinones		
<i>linezolid soln iv 600 mg/300ml</i>	5	+
LINEZOLID SOLN IV 600MG/300ML-0.9%	5	+
<i>linezolid susr or 100 mg/5ml</i>	5	MO; +
<i>linezolid tabs or 600 mg</i>	5	MO; +
SIVEXTRO SOLR IV	5	+
SIVEXTRO TABS OR	5	MO; +
ZYVOX SOLN IV 200 MG/100ML	5	+

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Drug Name	Drug Tier	Requirements/Limits
ZYVOX SOLN IV 600 MG/300ML (<i>Linezolid</i>)	5	+
ZYVOX SUSR OR 100 MG/5ML (<i>Linezolid</i>)	5	MO; +
ZYVOX TABS OR 600 MG (<i>Linezolid</i>)	5	MO; +
Polymyxins		
<i>polymyxin b sulfate solr ij</i>	4	+
Streptogramins		
SYNERCID SOLR	4	+
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12	3	PA; MO; +
Nitrates		
DILATRATE SR CPCR	3	MO; +
ISORDIL TITRADOSE TABS 40 MG	5	MO; +
ISORDIL TITRADOSE TABS 5 MG (<i>Isosorbide Dinitrate</i>)	3	MO; +
<i>isosorbide dinitrate tabs</i>	1	MO; *
<i>isosorbide dinitrate tbcr</i>	1	MO; *
<i>isosorbide mononitrate tabs 20 mg, 10 mg</i>	1	MO; *
<i>isosorbide mononitrate tb24 120 mg, 60 mg, 30 mg</i>	1	MO; *
NITRO-DUR PT24 0.1 MG/HR, 0.4 MG/HR, 0.2 MG/HR, 0.6 MG/HR (<i>Nitroglycerin</i>)	3	MO; +
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	3	MO; +
NITROGLYCERIN LINGUAL AERS	3	MO; +
<i>nitroglycerin oint td 2 %</i>	1	MO; *
<i>nitroglycerin pt24 td 0.4 mg/hr, 0.2 mg/hr, 0.1 mg/hr, 0.6 mg/hr</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	MO; *
<i>nitroglycerin subl sl 0.6 mg, 0.3 mg, 0.4 mg</i>	1	MO; *
NITROLINGUAL PUMPSPRAY SOLN (<i>Nitroglycerin</i>)	NF	MO
NITROMIST AERS	3	MO; +
NITROSTAT SUBL (<i>Nitroglycerin</i>)	2	MO; +
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs or 5 mg, 15 mg, 30 mg, 10 mg, 7.5 mg</i>	1	MO; *
<i>hydroxyzine hcl soln im 50 mg/ml</i>	4	AL; Up to 64 yrs old; MO; +
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	AL; Up to 64 yrs old; MO; *
<i>hydroxyzine hcl tabs or 25 mg, 10 mg, 50 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>hydroxyzine pamoate caps or 50 mg, 25 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>meprobamate tabs</i>	1	AL; Up to 64 yrs old; MO; *
VISTARIL CAPS (<i>Hydroxyzine Pamoate</i>)	3	AL; Up to 64 yrs old; MO; +
Benzodiazepines		
<i>alprazolam tabs or 2 mg, 0.25 mg, 1 mg, 0.5 mg</i>	1	MO; *
<i>alprazolam tb24 or 1 mg, 0.5 mg, 2 mg, 3 mg</i>	1	MO; *
<i>alprazolam tbdp or 2 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; *
ATIVAN SOLN IJ 2 MG/ML (<i>Lorazepam</i>)	3	MO; +
ATIVAN SOLN IJ 4 MG/ML (<i>Lorazepam</i>)	3	+
ATIVAN TABS OR 2 MG, 1 MG, 0.5 MG (<i>Lorazepam</i>)	3	MO; +
<i>clorazepate dipotassium tabs</i>	1	MO; *
<i>diazepam conc or 5 mg/ml</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam soln ij 5 mg/ml</i>	1	MO; *
<i>diazepam soln or 1 mg/ml</i>	1	MO; *
<i>diazepam tabs or 5 mg, 2 mg, 10 mg</i>	1	MO; *
<i>lorazepam conc or 2 mg/ml</i>	1	MO; *
<i>lorazepam soln ij 20 mg/10ml, 2 mg/ml</i>	1	MO; *
<i>lorazepam soln ij 4 mg/ml</i>	1	*
<i>lorazepam tabs or 1 mg, 0.5 mg, 2 mg</i>	1	MO; *
TRANXENE T TABS (Clorazepate Dipotassium)	NF	MO
VALIUM TABS (Diazepam)	NF	MO
XANAX TABS (Alprazolam)	3	MO; +
XANAX XR TB24 (Alprazolam)	3	MO; +
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	AL; Up to 64 yrs old; MO; *
NORPACE CAPS (Disopyramide Phosphate)	3	AL; Up to 64 yrs old; MO; +
NORPACE CR CP12	3	AL; Up to 64 yrs old; MO; +
<i>quinidine gluconate tbc or 324 mg</i>	1	MO; *
<i>quinidine sulfate tabs</i>	1	MO; *
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	MO; *
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs 100 mg</i>	1	SL(4 ea daily); MO; *
<i>flecainide acetate tabs 150 mg</i>	1	SL(2.66 ea daily); MO; *
<i>flecainide acetate tabs 50 mg</i>	1	SL(8 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl cp12</i>	1	MO; *
<i>propafenone hcl tabs</i>	1	MO; *
RYTHMOL SR CP12 (Propafenone HCl)	3	MO; +
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 400 mg, 100 mg, 200 mg</i>	1	MO; *
<i>dofetilide caps</i>	1	*
MULTAQ TABS	2	MO; +
TIKOSYN CAPS (Dofetilide)	3	+
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu in</i>	1	B/D; MO; *
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	5	PA; LA; +
NUCALA SOLR	5	PA; LA; +
XOLAIR SOLR	5	PA; LA; +
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	Limit 2 inhalers per month; QL(0.86 gm daily); MO; +
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily); MO; +
<i>ipratropium bromide soln in</i>	1	B/D; MO; *
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily); MO; +
SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; +

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Drug Name	Drug Tier	Requirements/ Limits
TUDORZA PRESSAIR AEPB	2	Limit 2 inhalers per month (30 actuations); QL(0.07 ea daily); MO; +
TUDORZA PRESSAIR AEPB	2	Limit 1 inhaler per month (60 actuations); QL(0.04 ea daily); MO; +
Leukotriene Modulators		
ACCOLATE TABS (Zafirlukast)	3	MO; +
montelukast sodium chew 4 mg, 5 mg	1	QL(1 ea daily); MO; *
montelukast sodium tabs 10 mg	1	QL(1 ea daily); MO; *
SINGULAIR CHEW 5 MG, 4 MG (Montelukast Sodium)	2	QL(1 ea daily); MO; +
SINGULAIR TABS 10 MG (Montelukast Sodium)	2	QL(1 ea daily); MO; +
zafirlukast tabs	1	MO; *
zileuton tb12	1	SL(4 ea daily); MO; *
ZYFLO CR TB12 (Zileuton)	5	SL(4 ea daily); MO; +
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	3	QL(1 ea daily); MO; +
Steroid Inhalants		
AEROSPAN AERS	2	Limit 2 inhalers per month (120 actuations); SL(0.6 gm daily); MO; +
AEROSPAN AERS	2	Limit 4 inhalers per month (institutional pack); SL(0.68 gm daily); MO; +

Drug Name	Drug Tier	Requirements/ Limits
ALVESCO AERS 160 MCG/ACT	3	Limit 2 inhalers per month; SL(0.41 gm daily); MO; +
ALVESCO AERS 80 MCG/ACT	3	Limit 4 inhalers per month; SL(0.82 gm daily); MO; +
ARNUITY ELLIPTA AEPB	2	SL(1 ea daily); MO; +
ASMANEX HFA AERO 100 MCG/ACT	2	Limit 2 inhalers per month; SL(0.87 gm daily); MO; +
ASMANEX HFA AERO 200 MCG/ACT	2	Limit 1 inhaler per month; SL(0.44 gm daily); MO; +
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month; SL(0.04 ea daily); MO; +
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 8 inhalers per month; SL(0.29 ea daily); MO; +
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	2	Limit 1 inhaler per month; SL(0.04 ea daily); MO; +
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	2	Limit 4 inhalers per month; SL(0.14 ea daily); MO; +
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 2 inhalers per month; SL(0.07 ea daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	Limit 4 inhalers per month; SL(0.15 ea daily); MO; +
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	B/D; QL(8 ml daily); MO; *
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	1	B/D; QL(4 ml daily); MO; *
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	B/D; QL(2 ml daily); MO; *
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	SL(20 ea daily); MO; +
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	SL(8 ea daily); MO; +
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	SL(40 ea daily); MO; +
FLOVENT HFA AERO 220 MCG/ACT, 110 MCG/ACT	2	Limit 2 inhalers per month; QL(0.8 gm daily); MO; +
FLOVENT HFA AERO 44 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily); MO; +
PULMICORT FLEXHALER AEPB 180 MCG/ACT	3	Limit 2 inhalers per month; QL(0.07 ea daily); MO; +
PULMICORT FLEXHALER AEPB 90 MCG/ACT	3	Limit 8 inhalers per month; QL(0.27 ea daily); MO; +
PULMICORT SUSP 0.25 MG/2ML (<i>Budesonide (Inhalation)</i>)	3	B/D; QL(8 ml daily); MO; +
PULMICORT SUSP 0.5 MG/2ML (<i>Budesonide (Inhalation)</i>)	3	B/D; QL(4 ml daily); MO; +
PULMICORT SUSP 1 MG/2ML (<i>Budesonide (Inhalation)</i>)	3	B/D; QL(2 ml daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
QVAR AERS	2	Limit 3 inhalers per month; QL(0.87 gm daily); MO; +
Sympathomimetics		
ADVAIR DISKUS AEPB	2	QL(2 ea daily); MO; +
ADVAIR HFA AERO	2	QL(4 gm daily); MO; +
<i>albuterol sulfate nebu in 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %</i>	1	B/D; MO; *
<i>albuterol sulfate syrpf or 2 mg/5ml</i>	1	MO; *
<i>albuterol sulfate tabs or 4 mg, 2 mg</i>	1	MO; *
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	MO; *
ANORO ELLIPTA AEPB	2	QL(2 ea daily); MO; +
ARCAPTA NEOHALER CAPS	3	QL(1 ea daily); MO; +
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	2	Limit 2 inhalers per month (Institutional Pack); SL(2 ea daily); MO; +
BREO ELLIPTA AEPB 25MCG/INH-200MCG/INH, 25MCG/INH-100MCG/INH	2	Limit 1 inhaler per month; SL(2 ea daily); MO; +
BROVANA NEBU	3	B/D; MO; +
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; SL(0.2 gm daily); MO; +
DULERA AERO	2	QL(4 gm daily); MO; +
<i>ipratropium-albuterol soln</i>	1	B/D; MO; *
<i>levalbuterol hcl nebu in 0.63 mg/3ml, 1.25 mg/0.5ml, 0.31 mg/3ml, 1.25 mg/3ml</i>	1	B/D; MO; *

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Drug Name	Drug Tier	Requirements/Limits
LEVALBUTEROL TARTRATE HFA AERO	3	MO; +
<i>metaproterenol sulfate tabs or 10 mg, 20 mg</i>	1	MO; *
PERFOROMIST NEBU	3	B/D; QL(4 ml daily); MO; +
PROAIR HFA AERS	2	MO; +
PROAIR RESPICLICK AEPB	2	MO; +
PROVENTIL HFA AERS	2	MO; +
SEREVENT DISKUS AEPB	2	QL(2 ea daily); MO; +
STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month; QL(0.14 gm daily); MO; +
STRIVERDI RESPIMAT AERS	2	Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO; +
SYMBICORT AERO 4.5MCG/ACT-160MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack); QL(0.4 gm daily); MO; +
SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT	3	Limit 2 inhalers per month (Institutional Pack); QL(0.46 gm daily); MO; +
SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT, 4.5MCG/ACT-160MCG/ACT	3	Limit 1 inhaler per month; QL(0.34 gm daily); MO; +
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	1	MO; *
VENTOLIN HFA AERS	3	MO; +
XOPENEX CONCENTRATE NEBU (Levalbuterol HCl)	3	B/D; MO; +

Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA AERO	3	MO; +
XOPENEX NEBU (Levalbuterol HCl)	NF	B/D; MO
Xanthines		
<i>aminophylline soln</i>	4	+
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO; *
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO; *
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (Warfarin Sodium)	3	MO; +
<i>warfarin sodium tabs</i>	1	MO; *
Direct Factor Xa Inhibitors		
ELIQUIS TABS	3	MO; +
SAVAYSA TABS	3	MO; +
XARELTO STARTER PACK TBPK	2	MO; +
XARELTO TABS	2	MO; +
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (Fondaparinux Sodium)	4	MO; +
ARIXTRA SOLN 2.5 MG/0.5ML (Fondaparinux Sodium)	NF	MO
ARIXTRA SOLN 5 MG/0.4ML, 7.5 MG/0.6ML (Fondaparinux Sodium)	5	MO; +
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	MO; +
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 150 mg/ml, 60 mg/0.6ml, 100 mg/ml, 80 mg/0.8ml</i>	1	MO; *
<i>enoxaparin sodium soln sc 40 mg/0.4ml, 30 mg/0.3ml</i>	4	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	MO; +
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	1	MO; *
<i>fondaparinux sodium soln 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	MO; +
FRAGMIN SOLN 18000 UNIT/0.72ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	MO; +
FRAGMIN SOLN 2500 UNIT/0.2ML, 10000 UNIT/ML, 5000 UNIT/0.2ML	3	MO; +
FRAGMIN SOLN 95000 UNIT/3.8ML	5	MO; +
<i>heparin sodium (porcine) soln</i>	4	MO; +
LOVENOX SOLN IJ 300 MG/3ML (<i>Enoxaparin Sodium</i>)	4	MO; +
LOVENOX SOLN SC 30 MG/0.3ML, 40 MG/0.4ML (<i>Enoxaparin Sodium</i>)	4	MO; +
LOVENOX SOLN SC 60 MG/0.6ML, 100 MG/ML, 80 MG/0.8ML, 120 MG/0.8ML, 150 MG/ML (<i>Enoxaparin Sodium</i>)	NF	MO
Thrombin Inhibitors		
ARGATROBAN SOLN 250 MG/2.5ML	4	MO; +
<i>argatroban soln 250 mg/2.5ml</i>	4	MO; +
ARGATROBAN SOLN 250 MG/2.5ML (<i>Argatroban</i>)	4	MO; +
IPRIVASK SOLR	5	+
PRADAXA CAPS	2	MO; +
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS	3	MO; +
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs or 0.5 mg</i>	1	SL(40 ea daily); MO; *
<i>clonazepam tabs or 1 mg</i>	1	SL(20 ea daily); MO; *
<i>clonazepam tabs or 2 mg</i>	1	SL(10 ea daily); MO; *
<i>clonazepam tbdp or 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
DIASTAT ACUDIAL GEL	3	MO; +
DIASTAT PEDIATRIC GEL	3	MO; +
DIAZEPAM GEL RE 20 MG, 10 MG, 2.5 MG	3	MO; +
DIAZEPAM RECTAL GEL GEL	3	MO; +
KLONOPIN TABS 0.5 MG (<i>Clonazepam</i>)	3	SL(40 ea daily); MO; +
KLONOPIN TABS 1 MG (<i>Clonazepam</i>)	3	SL(20 ea daily); MO; +
KLONOPIN TABS 2 MG (<i>Clonazepam</i>)	3	SL(10 ea daily); MO; +
ONFI SUSP 2.5 MG/ML	3	MO; +
ONFI TABS 10 MG	3	MO; +
ONFI TABS 20 MG	5	MO; +
Anticonvulsants - Misc.		
APTIOM TABS 200 MG	3	MO; +
APTIOM TABS 800 MG, 600 MG, 400 MG	5	MO; +
BANZEL SUSP 40 MG/ML	3	MO; +
BANZEL TABS 200 MG	3	MO; +
BANZEL TABS 400 MG	5	MO; +
BRIVIACT SOLN IV 50 MG/5ML	5	SL(20 ml daily); +
BRIVIACT SOLN OR 10 MG/ML	5	PA; SL(20 ml daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABS OR 10 MG	5	PA; SL(20 ea daily); MO; +
BRIVIACT TABS OR 100 MG	5	PA; SL(2 ea daily); MO; +
BRIVIACT TABS OR 25 MG	5	PA; SL(8 ea daily); MO; +
BRIVIACT TABS OR 50 MG	5	PA; SL(4 ea daily); MO; +
BRIVIACT TABS OR 75 MG	5	PA; SL(2.67 ea daily); MO; +
<i>carbamazepine chew or 100 mg</i>	1	MO; *
<i>carbamazepine cp12 or 200 mg, 100 mg, 300 mg</i>	1	MO; *
<i>carbamazepine susp or 100 mg/5ml</i>	1	MO; *
<i>carbamazepine tabs or 200 mg</i>	1	MO; *
<i>carbamazepine tb12 or 400 mg, 100 mg, 200 mg</i>	1	MO; *
CARBATROL CP12 (Carbamazepine)	3	MO; +
<i>gabapentin caps or 300 mg, 400 mg, 100 mg</i>	1	MO; *
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	1	MO; *
<i>gabapentin tabs or 600 mg, 800 mg</i>	1	MO; *
KEPPRA SOLN IV 500 MG/5ML (Levetiracetam)	4	MO; +
KEPPRA SOLN OR 100 MG/ML (Levetiracetam)	3	MO; +
KEPPRA TABS OR 1000 MG, 750 MG, 250 MG, 500 MG (Levetiracetam)	3	MO; +
KEPPRA XR TB24 (Levetiracetam)	3	MO; +
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Lamotrigine)	3	MO; +
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Lamotrigine)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Lamotrigine)	3	MO; +
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Lamotrigine)	3	MO; +
LAMICTAL STARTER/TAKING VALPROATE KIT (Lamotrigine)	3	MO; +
LAMICTAL TABS (Lamotrigine)	3	MO; +
LAMICTAL XR KIT	3	MO; +
LAMICTAL XR TB24 50 MG, 200 MG, 300 MG, 25 MG, 100 MG, 250 MG (Lamotrigine)	3	MO; +
<i>lamotrigine chew 5 mg, 25 mg</i>	1	MO; *
<i>lamotrigine kit 25 mg,</i>	1	MO; *
<i>lamotrigine tabs 25 mg, 100 mg, 200 mg, 150 mg</i>	1	MO; *
<i>lamotrigine tb24 250 mg, 300 mg, 200 mg, 100 mg, 50 mg, 25 mg</i>	1	MO; *
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	1	MO; *
<i>levetiracetam in sodium chloride soln</i>	4	+
LEVETIRACETAM SOLN IV 1000MG/100ML-750MG/100ML, 500MG/100ML-820MG/100ML, 1500MG/100ML-540MG/100ML (Levetiracetam in Sodium Chloride)	4	+
<i>levetiracetam soln iv 500 mg/5ml</i>	4	MO; +
<i>levetiracetam soln or 500 mg/5ml, 100 mg/ml</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tabs or 1000 mg, 500 mg, 250 mg, 750 mg</i>	1	MO; *
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	MO; *
LYRICA CAPS 100 MG	2	SL(6 ea daily); MO; +
LYRICA CAPS 150 MG	2	SL(4 ea daily); MO; +
LYRICA CAPS 200 MG	2	SL(3 ea daily); MO; +
LYRICA CAPS 225 MG	2	SL(2.66 ea daily); MO; +
LYRICA CAPS 25 MG	2	SL(24 ea daily); MO; +
LYRICA CAPS 300 MG	2	SL(2 ea daily); MO; +
LYRICA CAPS 50 MG	2	SL(12 ea daily); MO; +
LYRICA CAPS 75 MG	2	SL(8 ea daily); MO; +
LYRICA SOLN 20 MG/ML	2	SL(30 ml daily); MO; +
MYSOLINE TABS (<i>Primidone</i>)	3	MO; +
NEURONTIN CAPS (<i>Gabapentin</i>)	3	MO; +
NEURONTIN SOLN (<i>Gabapentin</i>)	3	MO; +
NEURONTIN TABS (<i>Gabapentin</i>)	3	MO; +
<i>oxcarbazepine susp</i>	1	MO; *
<i>oxcarbazepine tabs</i>	1	MO; *
POTIGA TABS 200 MG	5	SL(6 ea daily); MO; +
POTIGA TABS 300 MG	3	SL(4 ea daily); MO; +
POTIGA TABS 400 MG	3	SL(3 ea daily); MO; +
POTIGA TABS 50 MG	3	SL(24 ea daily); MO; +
<i>primidone tabs or 50 mg, 250 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 1000 MG	3	PA; SL(3 ea daily); MO; +
SPRITAM TB3D 250 MG	3	PA; SL(12 ea daily); MO; +
SPRITAM TB3D 500 MG	3	PA; SL(6 ea daily); MO; +
SPRITAM TB3D 750 MG	3	PA; SL(4 ea daily); MO; +
TEGRETOL SUSP (<i>Carbamazepine</i>)	3	MO; +
TEGRETOL TABS (<i>Carbamazepine</i>)	3	MO; +
TEGRETOL-XR TB12 (<i>Carbamazepine</i>)	3	MO; +
TOPAMAX SPRINKLE CPSP (<i>Topiramate</i>)	3	MO; +
TOPAMAX TABS (<i>Topiramate</i>)	3	MO; +
<i>topiramate csp or 25 mg, 15 mg</i>	1	MO; *
<i>topiramate tabs or 25 mg, 100 mg, 200 mg, 50 mg</i>	1	MO; *
TRILEPTAL SUSP (<i>Oxcarbazepine</i>)	3	MO; +
TRILEPTAL TABS (<i>Oxcarbazepine</i>)	3	MO; +
VIMPAT SOLN IV 200 MG/20ML	4	+
VIMPAT SOLN OR 10 MG/ML	3	MO; +
VIMPAT TABS OR 200 MG, 50 MG, 100 MG, 150 MG	3	MO; +
ZONEGRAN CAPS (<i>Zonisamide</i>)	3	MO; +
<i>zonisamide caps</i>	1	MO; *
Carbamates		
<i>felbamate susp</i>	1	MO; *
<i>felbamate tabs</i>	1	MO; *
FELBATOL SUSP (<i>Felbamate</i>)	3	MO; +
FELBATOL TABS (<i>Felbamate</i>)	3	MO; +

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Drug Name	Drug Tier	Requirements/Limits
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG	3	MO; +
GABITRIL TABS 4 MG, 2 MG (<i>Tiagabine HCl</i>)	3	MO; +
SABRIL PACK (<i>Vigabatrin</i>)	5	LA; +
SABRIL TABS	5	LA; +
<i>tiagabine hcl tabs</i>	1	MO; *
<i>vigabatrin pack</i>	5	LA; +
Hydantoins		
CEREBYX SOLN 100 MG PE/2ML (<i>Fosphenytoin Sodium</i>)	4	+
CEREBYX SOLN 500 MG PE/10ML (<i>Fosphenytoin Sodium</i>)	4	MO; +
DILANTIN-125 SUSP (<i>Phenytoin</i>)	3	MO; +
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	4	+
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	4	MO; +
PEGANONE TABS	3	MO; +
<i>phenytoin chew or 50 mg</i>	1	MO; *
<i>phenytoin sodium extended caps</i>	1	MO; *
<i>phenytoin sodium soln ij</i>	4	+
<i>phenytoin susp or 125 mg/5ml</i>	1	MO; *
Succinimides		
CELONTIN CAPS	3	MO; +
<i>ethosuximide caps or 250 mg</i>	1	MO; *
<i>ethosuximide soln or 250 mg/5ml</i>	1	MO; *
ZARONTIN CAPS (<i>Ethosuximide</i>)	3	MO; +
Valproic Acid		

Drug Name	Drug Tier	Requirements/Limits
DEPACON SOLN (<i>Valproate Sodium</i>)	4	+
DEPAKENE CAPS (<i>Valproic Acid</i>)	3	MO; +
DEPAKENE SOLN (<i>Valproate Sodium</i>)	3	MO; +
DEPAKOTE ER TB24 (<i>Divalproex Sodium</i>)	3	MO; +
DEPAKOTE SPRINKLES CSDR (<i>Divalproex Sodium</i>)	3	MO; +
DEPAKOTE TBEC (<i>Divalproex Sodium</i>)	3	MO; +
<i>divalproex sodium csdr</i>	1	MO; *
<i>divalproex sodium tb24</i>	1	MO; *
<i>divalproex sodium tbec</i>	1	MO; *
<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	4	+
<i>valproate sodium soln or 250 mg/5ml</i>	1	MO; *
<i>valproic acid caps or</i>	1	MO; *
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	MO; *
<i>mirtazapine tbdp</i>	1	MO; *
REMERON SOLTAB TBDP (<i>Mirtazapine</i>)	NF	MO
REMERON TABS (<i>Mirtazapine</i>)	NF	MO
Antidepressants - Misc.		
APLENZIN TB24 174 MG	3	ST; SL(3 ea daily); MO; +
APLENZIN TB24 348 MG	3	ST; SL(1.5 ea daily); MO; +
APLENZIN TB24 522 MG	3	ST; SL(1 ea daily); MO; +
<i>bupropion hcl tabs or 100 mg</i>	1	SL(4.5 ea daily); MO; *
<i>bupropion hcl tabs or 75 mg</i>	1	SL(6 ea daily); MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb12 or 100 mg</i>	1	SL(4 ea daily); MO; *
<i>bupropion hcl tb12 or 150 mg</i>	1	SL(2.66 ea daily); MO; *
<i>bupropion hcl tb12 or 200 mg</i>	1	SL(2 ea daily); MO; *
<i>bupropion hcl tb24 or 150 mg</i>	1	SL(3 ea daily); MO; *
<i>bupropion hcl tb24 or 300 mg</i>	1	SL(1.5 ea daily); MO; *
FORFIVO XL TB24	3	ST; MO; +
<i>maprotiline hcl tabs</i>	1	MO; *
WELLBUTRIN SR TB12 100 MG (<i>Bupropion HCl</i>)	NF	SL(4 ea daily); MO
WELLBUTRIN SR TB12 150 MG (<i>Bupropion HCl</i>)	NF	SL(2.66 ea daily); MO
WELLBUTRIN SR TB12 200 MG (<i>Bupropion HCl</i>)	NF	SL(2 ea daily); MO
WELLBUTRIN TABS 100 MG (<i>Bupropion HCl</i>)	NF	SL(4.5 ea daily); MO
WELLBUTRIN TABS 75 MG (<i>Bupropion HCl</i>)	NF	SL(6 ea daily); MO
WELLBUTRIN XL TB24 150 MG (<i>Bupropion HCl</i>)	NF	SL(3 ea daily); MO
WELLBUTRIN XL TB24 300 MG (<i>Bupropion HCl</i>)	NF	SL(1.5 ea daily); MO
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	5	MO; +
MARPLAN TABS	3	MO; +
NARDIL TABS (<i>Phenelzine Sulfate</i>)	NF	MO
PARNATE TABS (<i>Tranylcypromine Sulfate</i>)	5	MO; +
<i>phenelzine sulfite tabs or</i>	1	MO; *
<i>tranylcypromine sulfite tabs</i>	1	MO; *
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Citalopram Hydrobromide</i>)	NF	SL(4 ea daily); MO
CELEXA TABS 20 MG (<i>Citalopram Hydrobromide</i>)	NF	SL(2 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
CELEXA TABS 40 MG (<i>Citalopram Hydrobromide</i>)	NF	SL(1 ea daily); MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	SL(20 ml daily); MO; *
<i>citalopram hydrobromide tabs 10 mg</i>	1	SL(4 ea daily); MO; *
<i>citalopram hydrobromide tabs 20 mg</i>	1	SL(2 ea daily); MO; *
<i>citalopram hydrobromide tabs 40 mg</i>	1	SL(1 ea daily); MO; *
<i>escitalopram oxalate soln</i>	1	MO; *
<i>escitalopram oxalate tabs</i>	1	MO; *
<i>fluoxetine hcl caps or 10 mg, 40 mg, 20 mg</i>	1	MO; *
<i>fluoxetine hcl cpdr or 90 mg</i>	1	MO; *
<i>fluoxetine hcl soln or 20 mg/5ml</i>	1	MO; *
<i>fluoxetine hcl tabs or 20 mg, 10 mg</i>	1	MO; *
FLUOXETINE HCL TABS OR 60 MG	3	MO; +
<i>fluvoxamine maleate cp24</i>	1	MO; *
<i>fluvoxamine maleate tabs</i>	1	MO; *
LEXAPRO SOLN (<i>Escitalopram Oxalate</i>)	NF	MO
LEXAPRO TABS (<i>Escitalopram Oxalate</i>)	NF	MO
<i>paroxetine hcl tabs</i>	1	MO; *
<i>paroxetine hcl tb24</i>	1	MO; *
PAXIL CR TB24 (<i>Paroxetine HCl</i>)	NF	MO
PAXIL SUSP 10 MG/5ML	3	MO; +
PAXIL TABS 30 MG, 20 MG, 10 MG, 40 MG (<i>Paroxetine HCl</i>)	NF	MO
PEXEVA TABS	3	ST; MO; +
PROZAC CAPS (<i>Fluoxetine HCl</i>)	NF	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
PROZAC WEEKLY CPDR (<i>Fluoxetine HCl</i>)	NF	MO
<i>sertraline hcl conc or 20 mg/ml</i>	1	MO; *
<i>sertraline hcl tabs or 50 mg, 100 mg, 25 mg</i>	1	MO; *
ZOLOFT CONC (<i>Sertraline HCl</i>)	NF	MO
ZOLOFT TABS (<i>Sertraline HCl</i>)	NF	MO
Serotonin Modulators		
BRINTELLIX TABS 10 MG	3	ST; QL(2 ea daily); MO; +
BRINTELLIX TABS 20 MG	3	ST; QL(1 ea daily); MO; +
BRINTELLIX TABS 5 MG	3	ST; QL(4 ea daily); MO; +
<i>nefazodone hcl tabs</i>	1	MO; *
<i>trazodone hcl tabs or 150 mg, 300 mg, 100 mg, 50 mg</i>	1	MO; *
TRINTELLIX TABS 10 MG	3	ST; QL(2 ea daily); MO; +
TRINTELLIX TABS 20 MG	3	ST; QL(1 ea daily); MO; +
TRINTELLIX TABS 5 MG	3	ST; QL(4 ea daily); MO; +
VIIBRYD STARTER PACK KIT	3	ST; MO; +
VIIBRYD TABS	3	ST; MO; +
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Duloxetine HCl</i>)	NF	MO
DESVENLAFAXINE ER TB24 100 MG, 50 MG	3	ST; MO; +
<i>desvenlafaxine succinate tb24</i>	1	MO; *
<i>duloxetine hcl cpep 30 mg, 20 mg, 60 mg</i>	1	MO; *
EFFEXOR XR CP24 150 MG (<i>Venlafaxine HCl</i>)	NF	SL(1.5 ea daily); MO
EFFEXOR XR CP24 37.5 MG (<i>Venlafaxine HCl</i>)	NF	SL(6 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR CP24 75 MG (<i>Venlafaxine HCl</i>)	NF	SL(3 ea daily); MO
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily); MO; +
FETZIMA CP24 80 MG, 40 MG, 120 MG	3	ST; QL(1 ea daily); MO; +
FETZIMA TITRATION PACK C4PK	3	ST; MO; +
KHEDEZLA TB24	3	ST; MO; +
PRISTIQ TB24 (<i>Desvenlafaxine Succinate</i>)	3	MO; +
<i>venlafaxine hcl cp24 150 mg</i>	1	SL(1.5 ea daily); MO; *
<i>venlafaxine hcl cp24 37.5 mg</i>	1	SL(6 ea daily); MO; *
<i>venlafaxine hcl cp24 75 mg</i>	1	SL(3 ea daily); MO; *
VENLAFAXINE HCL ER TB24	3	ST; SL(1 ea daily); MO; +
<i>venlafaxine hcl tabs 100 mg</i>	1	SL(3.75 ea daily); MO; *
<i>venlafaxine hcl tabs 25 mg</i>	1	SL(15 ea daily); MO; *
<i>venlafaxine hcl tabs 37.5 mg</i>	1	SL(10 ea daily); MO; *
<i>venlafaxine hcl tabs 50 mg</i>	1	SL(7.5 ea daily); MO; *
<i>venlafaxine hcl tabs 75 mg</i>	1	SL(5 ea daily); MO; *
<i>venlafaxine hcl tb24 150 mg</i>	1	SL(1.5 ea daily); MO; *
<i>venlafaxine hcl tb24 225 mg</i>	1	ST; SL(1 ea daily); MO; *
<i>venlafaxine hcl tb24 37.5 mg</i>	1	SL(6 ea daily); MO; *
<i>venlafaxine hcl tb24 75 mg</i>	1	SL(3 ea daily); MO; *
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	AL; Up to 64 yrs old; MO; *
<i>amoxapine tabs</i>	1	MO; *
ANAFRANIL CAPS (<i>Clomipramine HCl</i>)	NF	AL; Up to 64 yrs old; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/ Limits
<i>clomipramine hcl caps or 25 mg, 75 mg, 50 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>desipramine hcl tabs or 50 mg, 25 mg, 10 mg, 150 mg, 75 mg, 100 mg</i>	1	MO; *
<i>doxepin hcl caps or 100 mg, 150 mg, 10 mg, 75 mg, 50 mg, 25 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>doxepin hcl conc or 10 mg/ml</i>	1	AL; Up to 64 yrs old; MO; *
ELAVIL TABS (Amitriptyline HCl)	3	AL; Up to 64 yrs old; MO; +
<i>imipramine hcl tabs or 50 mg, 10 mg, 25 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>imipramine pamoate caps</i>	1	AL; Up to 64 yrs old; MO; *
NORPRAMIN TABS (Desipramine HCl)	NF	MO
<i>nortriptyline hcl caps or 50 mg, 25 mg, 75 mg, 10 mg</i>	1	MO; *
<i>nortriptyline hcl soln or 10 mg/5ml</i>	1	MO; *
PAMELOR CAPS (Nortriptyline HCl)	NF	MO
<i>protriptyline hcl tabs</i>	1	MO; *
SURMONTIL CAPS (Trimipramine Maleate)	3	AL; Up to 64 yrs old; MO; +
TOFRANIL-PM CAPS (Imipramine Pamoate)	NF	AL; Up to 64 yrs old; MO
<i>trimipramine maleate caps or 100 mg, 50 mg, 25 mg</i>	1	AL; Up to 64 yrs old; MO; *

ANTIDIABETICS - Drugs to Regulate Blood Sugar

Alpha-Glucosidase Inhibitors

<i>acarbose tabs</i>	1	QL(3 ea daily); MO; *
GLYSET TABS (<i>Miglitol</i>)	3	QL(3 ea daily); MO; +
<i>miglitol tabs</i>	1	QL(3 ea daily); MO; *
PRECOSE TABS (Acarbose)	3	QL(3 ea daily); MO; +

Antidiabetic - Amylin Analogs

Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 120 SOPN	4	Limit 12mls per month; QL(0.4 ml daily); MO; +
SYMLINPEN 60 SOPN	4	Limit 12mls per month; QL(0.4 ml daily); MO; +
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Pioglitazone HCl-Metformin HCl</i>)	2	SL(3 ea daily); MO; +
ACTOPLUS MET XR TB24 15MG-1000MG	2	QL(2 ea daily); MO; +
ACTOPLUS MET XR TB24 30MG-1000MG	2	SL(1.5 ea daily); MO; +
ALOGLIPTIN/METFORMIN HCL TABS	3	PA; SL(2 ea daily); MO; +
ALOGLIPTIN/PIOGLITAZO NE TABS 12.5MG-15MG	3	PA; SL(2 ea daily); MO; +
ALOGLIPTIN/PIOGLITAZO NE TABS 12.5MG-30MG	3	PA; SL(1.5 ea daily); MO; +
ALOGLIPTIN/PIOGLITAZO NE TABS 25MG-30MG, 12.5MG-45MG, 25MG- 15MG, 25MG-45MG	3	PA; SL(1 ea daily); MO; +
DUETACT TABS (<i>Pioglitazone HCl-Glimepiride</i>)	2	SL(1.5 ea daily); MO; +
<i>glipizide-metformin hcl tabs 2.5mg-250mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide-metformin hcl tabs 5mg-500mg, 2.5mg-500mg</i>	1	SL(4 ea daily); MO; *
GLUCOVANCE TABS (<i>Glyburide-Metformin</i>)	NF	AL; Up to 64 yrs old; SL(4 ea daily); MO
<i>glyburide-metformin tabs 1.25mg-250mg</i>	1	AL; Up to 64 yrs old; SL(8 ea daily); MO; *
<i>glyburide-metformin tabs 2.5mg-500mg, 5mg-500mg</i>	1	AL; Up to 64 yrs old; SL(4 ea daily); MO; *
INVOKAMET TABS 50MG- 1000MG, 150MG-500MG, 150MG-1000MG	2	SL(2 ea daily); MO; +
INVOKAMET TABS 50MG- 500MG	2	SL(4 ea daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET XR TB24 50MG-1000MG, 150MG-1000MG, 150MG-500MG	2	SL(2 ea daily); MO; +
INVOKAMET XR TB24 50MG-500MG	2	SL(4 ea daily); MO; +
JANUMET TABS	2	SL(2 ea daily); MO; +
JANUMET XR TB24 100MG-1000MG	2	SL(1 ea daily); MO; +
JANUMET XR TB24 50MG-1000MG, 50MG-500MG	2	SL(2 ea daily); MO; +
JENTADUETO TABS	2	SL(2 ea daily); MO; +
JENTADUETO XR TB24 2.5MG-1000MG	2	SL(2 ea daily); MO; +
JENTADUETO XR TB24 5MG-1000MG	2	SL(1 ea daily); MO; +
KAZANO TABS	3	PA; SL(2 ea daily); MO; +
KOMBIGLYZE XR TB24 2.5MG-1000MG	3	PA; SL(2 ea daily); MO; +
KOMBIGLYZE XR TB24 5MG-500MG, 5MG-1000MG	3	PA; SL(1 ea daily); MO; +
OSENI TABS 12.5MG-15MG	3	PA; SL(2 ea daily); MO; +
OSENI TABS 12.5MG-30MG	3	PA; SL(1.5 ea daily); MO; +
OSENI TABS 25MG-45MG, 12.5MG-45MG, 25MG-15MG, 25MG-30MG	3	PA; SL(1 ea daily); MO; +
<i>pioglitazone hcl-glimepiride tabs</i>	1	SL(1.5 ea daily); MO; *
<i>pioglitazone hcl-metformin hcl tabs</i>	1	SL(3 ea daily); MO; *
<i>repaglinide-metformin hcl tabs</i>	1	SL(5 ea daily); MO; *
SYNJARDY TABS 12.5MG-1000MG, 5MG-1000MG	2	SL(2 ea daily); MO; +
SYNJARDY TABS 12.5MG-500MG, 5MG-500MG	2	SL(4 ea daily); MO; +
SYNJARDY XR TB24 12.5MG-1000MG	2	SL(2 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TB24 25MG-1000MG	2	SL(1 ea daily); +
SYNJARDY XR TB24 5MG-1000MG, 10MG-1000MG	2	SL(2 ea daily); +
XIGDUO XR TB24 10MG-1000MG, 10MG-500MG	3	SL(1 ea daily); MO; +
XIGDUO XR TB24 5MG-1000MG, 5MG-500MG	3	SL(2 ea daily); MO; +
Biguanides		
FORTAMET TB24 1000 MG (<i>Metformin HCl</i>)	3	(FORTAMET); SL(2.5 ea daily); MO; +
FORTAMET TB24 500 MG (<i>Metformin HCl</i>)	3	(FORTAMET); SL(5 ea daily); MO; +
GLUCOPHAGE TABS 1000 MG (<i>Metformin HCl</i>)	3	SL(2.55 ea daily); MO; +
GLUCOPHAGE TABS 500 MG (<i>Metformin HCl</i>)	3	SL(5.1 ea daily); MO; +
GLUCOPHAGE TABS 850 MG (<i>Metformin HCl</i>)	3	SL(3 ea daily); MO; +
GLUCOPHAGE XR TB24 500 MG (<i>Metformin HCl</i>)	3	(GLUCOPHAGE XR); SL(4 ea daily); MO; +
GLUCOPHAGE XR TB24 750 MG (<i>Metformin HCl</i>)	3	(GLUCOPHAGE XR); SL(2.66 ea daily); MO; +
<i>metformin hcl tabs or 1000 mg</i>	1	SL(2.55 ea daily); MO; *
<i>metformin hcl tabs or 500 mg</i>	1	SL(5.1 ea daily); MO; *
<i>metformin hcl tabs or 850 mg</i>	1	SL(3 ea daily); MO; *
<i>metformin hcl tb24 or 1000 mg</i>	1	(FORTAMET); SL(2.5 ea daily); MO; *
<i>metformin hcl tb24 or 500 mg</i>	1	(GLUCOPHAGE XR); SL(4 ea daily); MO; *
<i>metformin hcl tb24 or 500 mg</i>	1	(FORTAMET); SL(5 ea daily); MO; *
<i>metformin hcl tb24 or 750 mg</i>	1	(GLUCOPHAGE XR); SL(2.66 ea daily); MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
RIOMET SOLN	2	Limit 765mls per month;SL(25.5 ml daily); MO; +
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	2	MO; +
GLUCAGON EMERGENCY KIT KIT	2	MO; +
KORLYM TABS	3	SL(4 ea daily); LA; +
PROGLYCEM SUSP	3	MO; +
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS 12.5 MG	3	PA; QL(2 ea daily); MO; +
ALOGLIPTIN TABS 25 MG	3	PA; QL(1 ea daily); MO; +
ALOGLIPTIN TABS 6.25 MG	3	PA; QL(4 ea daily); MO; +
JANUVIA TABS 100 MG	2	QL(1 ea daily); MO; +
JANUVIA TABS 25 MG	2	QL(4 ea daily); MO; +
JANUVIA TABS 50 MG	2	QL(2 ea daily); MO; +
NESINA TABS 12.5 MG	3	PA; QL(2 ea daily); MO; +
NESINA TABS 25 MG	3	PA; QL(1 ea daily); MO; +
NESINA TABS 6.25 MG	3	PA; QL(4 ea daily); MO; +
ONGLYZA TABS 2.5 MG	3	PA; QL(2 ea daily); MO; +
ONGLYZA TABS 5 MG	3	PA; QL(1 ea daily); MO; +
TRADJENTA TABS	2	QL(1 ea daily); MO; +
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily); MO; +
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON PEN PEN	2	ST; MO; +

Drug Name	Drug Tier	Requirements/Limits
BYDUREON SRER	2	ST; MO; +
BYETTA SOPN	2	ST; MO; +
TANZEUM PEN	3	ST; MO; +
TRULICITY SOPN	3	ST; MO; +
VICTOZA SOPN	2	ST; MO; +
Insulin Sensitizing Agents		
ACTOS TABS 15 MG (Pioglitazone HCl)	2	SL(3 ea daily); MO; +
ACTOS TABS 30 MG (Pioglitazone HCl)	2	SL(1.5 ea daily); MO; +
ACTOS TABS 45 MG (Pioglitazone HCl)	2	SL(1 ea daily); MO; +
AVANDIA TABS 2 MG	2	SL(4 ea daily); MO; +
AVANDIA TABS 4 MG	2	SL(2 ea daily); MO; +
<i>pioglitazone hcl tabs 15 mg</i>	1	SL(3 ea daily); MO; *
<i>pioglitazone hcl tabs 30 mg</i>	1	SL(1.5 ea daily); MO; *
<i>pioglitazone hcl tabs 45 mg</i>	1	SL(1 ea daily); MO; *
Insulin		
AFREZZA POWD 12 UNIT	5	QL(18 ea daily); +
AFREZZA POWD 4 UNIT,	3	QL(18 ea daily); MO; +
AFREZZA POWD 8 UNIT	3	QL(18 ea daily); +
APIDRA SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
APIDRA SOLOSTAR SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
FIASP FLEXTOUCH SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
FIASP SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG SOCT	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN 70/30 SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN N SUSP	2	Limit 45mls per month;QL(1.5 ml daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R U-500 (CONCENTRATED) SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
HUMULIN R U-500 KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
LANTUS SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN 70/30 RELION SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN N RELION SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN N SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN R RELION SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLIN R SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG FLEXPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30 SUSP	3	Limit 45mls per month;QL(1.5 ml daily); MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SOCT	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
NOVOLOG SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO; +
TOUJEO SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily); MO; +
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily); MO; +
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month;QL(0.9 ml daily); MO; +
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily); MO; *
PRANDIN TABS 0.5 MG (<i>Repaglinide</i>)	NF	SL(32 ea daily); MO
PRANDIN TABS 1 MG (<i>Repaglinide</i>)	NF	SL(16 ea daily); MO
PRANDIN TABS 2 MG (<i>Repaglinide</i>)	NF	SL(8 ea daily); MO
<i>repaglinide tabs 0.5 mg</i>	1	SL(32 ea daily); MO; *
<i>repaglinide tabs 1 mg</i>	1	SL(16 ea daily); MO; *
<i>repaglinide tabs 2 mg</i>	1	SL(8 ea daily); MO; *
STARLIX TABS (<i>Nateglinide</i>)	3	QL(3 ea daily); MO; +
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	MO; +
INVOKANA TABS	2	MO; +
JARDIANCE TABS	2	MO; +
Sulfonylureas		

Drug Name	Drug Tier	Requirements/Limits
AMARYL TABS 1 MG (<i>Glimepiride</i>)	3	SL(8 ea daily); MO; +
AMARYL TABS 2 MG (<i>Glimepiride</i>)	3	SL(4 ea daily); MO; +
AMARYL TABS 4 MG (<i>Glimepiride</i>)	3	SL(2 ea daily); MO; +
<i>chlorpropamide tabs 100 mg</i>	1	AL; Up to 64 yrs old; SL(7.5 ea daily); MO; *
<i>chlorpropamide tabs 250 mg</i>	1	AL; Up to 64 yrs old; SL(3 ea daily); MO; *
DIABETA TABS 1.25 MG (<i>Glyburide</i>)	3	AL; Up to 64 yrs old; SL(16 ea daily); MO; +
DIABETA TABS 2.5 MG (<i>Glyburide</i>)	3	AL; Up to 64 yrs old; SL(8 ea daily); MO; +
DIABETA TABS 5 MG (<i>Glyburide</i>)	3	AL; Up to 64 yrs old; SL(4 ea daily); MO; +
<i>glimepiride tabs 1 mg</i>	1	SL(8 ea daily); MO; *
<i>glimepiride tabs 2 mg</i>	1	SL(4 ea daily); MO; *
<i>glimepiride tabs 4 mg</i>	1	SL(2 ea daily); MO; *
<i>glipizide tabs or 10 mg</i>	1	SL(4 ea daily); MO; *
<i>glipizide tabs or 5 mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide tb24 or 10 mg</i>	1	SL(2 ea daily); MO; *
<i>glipizide tb24 or 2.5 mg</i>	1	SL(8 ea daily); MO; *
<i>glipizide tb24 or 5 mg</i>	1	SL(4 ea daily); MO; *
GLUCOTROL TABS 10 MG (<i>Glipizide</i>)	3	SL(4 ea daily); MO; +
GLUCOTROL TABS 5 MG (<i>Glipizide</i>)	3	SL(8 ea daily); MO; +
GLUCOTROL XL TB24 10 MG (<i>Glipizide</i>)	3	SL(2 ea daily); MO; +
GLUCOTROL XL TB24 2.5 MG (<i>Glipizide</i>)	3	SL(8 ea daily); MO; +

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Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL TB24 5 MG (<i>Glipizide</i>)	3	SL(4 ea daily); MO; +
<i>glyburide micronized tabs 1.5 mg</i>	1	AL; Up to 64 yrs old; SL(8 ea daily); MO; *
<i>glyburide micronized tabs 3 mg</i>	1	AL; Up to 64 yrs old; SL(4 ea daily); MO; *
<i>glyburide micronized tabs 6 mg</i>	1	AL; Up to 64 yrs old; SL(2 ea daily); MO; *
<i>glyburide tabs or 1.25 mg</i>	1	AL; Up to 64 yrs old; SL(16 ea daily); MO; *
<i>glyburide tabs or 2.5 mg</i>	1	AL; Up to 64 yrs old; SL(8 ea daily); MO; *
<i>glyburide tabs or 5 mg</i>	1	AL; Up to 64 yrs old; SL(4 ea daily); MO; *
GLYNASE TABS 1.5 MG (<i>Glyburide Micronized</i>)	NF	AL; Up to 64 yrs old; SL(8 ea daily); MO
GLYNASE TABS 3 MG (<i>Glyburide Micronized</i>)	NF	AL; Up to 64 yrs old; SL(4 ea daily); MO
GLYNASE TABS 6 MG (<i>Glyburide Micronized</i>)	NF	AL; Up to 64 yrs old; SL(2 ea daily); MO
<i>tolazamide tabs 500 mg</i>	1	SL(2 ea daily); MO; *
<i>tolbutamide tabs</i>	1	SL(6 ea daily); MO; *
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
FULYZAQ TBEC	3	PA; QL(2 ea daily); MO; +
MYTESI TBEC	3	PA; QL(2 ea daily); MO; +
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	1	MO; *
LOMOTIL TABS (<i>Diphenoxylate w/ Atropine</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl caps or 2 mg</i>	1	RX/OTC; MO; *
MOTOFEN TABS	3	+
<i>opium tincture tinc</i>	5	MO; +
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	MO; +
EXJADE TBSO	5	LA; +
FERRIPROX TABS 500 MG	5	PA; LA; +
JADENU TABS	5	+
Opioid Antagonists		
EVZIO SOAJ	3	PA; MO; +
<i>naloxone hcl sosy ij 2 mg/2ml</i>	1	MO; *
<i>naltrexone hcl tabs or</i>	1	MO; *
NARCAN LIQD	3	Limit 4 per month; QL(0.13 4 ea daily); MO; +
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl tabs or 1 mg</i>	1	B/D; MO; *
<i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>	4	MO; +
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	B/D; MO; *
<i>ondansetron hcl tabs or 8 mg, 24 mg, 4 mg</i>	1	B/D; MO; *
<i>ondansetron tbdp</i>	1	B/D; MO; *
SANCUSO PTCH	5	MO; +
ZOFRAN ODT TBDP (<i>Ondansetron</i>)	3	B/D; MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
ZOFRAN SOLN (<i>Ondansetron HCl</i>)	3	B/D; MO; +
ZOFRAN TABS (<i>Ondansetron HCl</i>)	3	B/D; MO; +
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs or 12.5 mg, 25 mg</i>	1	RX/OTC; MO; *
<i>scopolamine pt72</i>	1	MO; *
TIGAN CAPS OR 300 MG (<i>Trimethobenzamide HCl</i>)	3	AL; Up to 64 yrs old; MO; +
TIGAN SOLN IM 100 MG/ML	4	AL; Up to 64 yrs old; MO; +
TRANSDERM-SCOP PT72	3	MO; +
TRANSDERM-SCOP PT72 (<i>Scopolamine</i>)	3	MO; +
<i>trimethobenzamide hcl caps or</i>	1	AL; Up to 64 yrs old; MO; *
Antiemetics - Miscellaneous		
AKYNZEO CAPS	3	B/D; MO; +
CESAMET CAPS	3	B/D; MO; +
<i>dronabinol caps 10 mg</i>	5	B/D; MO; +
<i>dronabinol caps 2.5 mg, 5 mg</i>	1	B/D; MO; *
MARINOL CAPS 10 MG, 5 MG (<i>Dronabinol</i>)	5	B/D; MO; +
MARINOL CAPS 2.5 MG (<i>Dronabinol</i>)	3	B/D; MO; +
SYNDROS SOLN	5	B/D; +
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 125 mg, , 80 mg</i>	1	B/D; MO; *
<i>aprepitant caps 40 mg</i>	1	PA; MO; *
EMEND CAPS OR 40 MG (<i>Aprepitant</i>)	3	PA; MO; +
EMEND CAPS OR 80 MG, 125 MG (<i>Aprepitant</i>)	3	B/D; MO; +
EMEND TRIPACK CAPS (<i>Aprepitant</i>)	3	B/D; MO; +

Drug Name	Drug Tier	Requirements/Limits
VARUBI TABS	3	B/D; +
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
ERAXIS SOLR 100 MG	4	+
MYCAMINE SOLR 100 MG	5	MO; +
Antifungals		
ABELCET SUSP	4	PA; +
AMBISOME SUSR	4	PA; +
AMPHOTERICIN B SOLR IJ 50 MG	4	PA; MO; +
ANCOBON CAPS 500 MG (<i>Flucytosine</i>)	NF	MO
<i>flucytosine caps 500 mg</i>	1	MO; *
GRIS-PEG TABS (<i>Griseofulvin Ultramicrosize</i>)	NF	MO
<i>griseofulvin microsize susp</i>	1	MO; *
<i>griseofulvin microsize tabs</i>	1	MO; *
<i>griseofulvin ultramicrosize tabs</i>	1	MO; *
LAMISIL PACK 125 MG	2	PA; MO; +
LAMISIL TABS 250 MG (<i>Terbinafine HCl</i>)	3	MO; +
<i>nystatin tabs</i>	1	MO; *
<i>terbinafine hcl tabs or</i>	1	MO; *
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5	MO; +
CRESEMBA SOLR IV 372 MG	5	+
DIFLUCAN SUSR (<i>Fluconazole</i>)	3	MO; +
DIFLUCAN TABS (<i>Fluconazole</i>)	3	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in dextrose soln</i>	4	+
<i>fluconazole in nacl soln 400mg/200ml-0.9%, 200mg/100ml-0.9%</i>	4	+
<i>fluconazole susr or 40 mg/ml, 10 mg/ml</i>	1	MO; *
<i>fluconazole tabs or 50 mg, 150 mg, 200 mg, 100 mg</i>	1	MO; *
<i>itraconazole caps or</i>	1	MO; *
<i>ketoconazole tabs or</i>	1	MO; *
NOXAFIL SOLN IV 300 MG/16.7ML	5	+
NOXAFIL SUSP OR 40 MG/ML	5	MO; +
NOXAFIL TBEC OR 100 MG	5	MO; +
ONMEL TABS	3	MO; +
SPORANOX CAPS 100 MG (<i>Itraconazole</i>)	3	MO; +
SPORANOX PULSEPAK CAPS (<i>Itraconazole</i>)	3	MO; +
SPORANOX SOLN 10 MG/ML	5	MO; +
VFEND IV SOLR (<i>Voriconazole</i>)	NF	
VFEND SUSR 40 MG/ML (<i>Voriconazole</i>)	NF	MO
VFEND TABS 50 MG, 200 MG (<i>Voriconazole</i>)	5	MO; +
<i>voriconazole solr iv 200 mg</i>	1	*
<i>voriconazole susr or 40 mg/ml</i>	1	MO; *
<i>voriconazole tabs or 200 mg, 50 mg</i>	5	MO; +
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln</i>	1	AL; Up to 64 yrs old; MO; *
<i>carbinoxamine maleate tabs</i>	1	AL; Up to 64 yrs old; MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tabs or 2.68 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	4	MO; +
Antihistamines - Non-Sedating		
<i>cetirizine hcl soln 1 mg/ml</i>	1	RX/OTC; MO; *
<i>cetirizine hcl syrp 1 mg/ml</i>	1	RX/OTC; MO; *
CLARINEX TABS 5 MG (<i>Desloratadine</i>)	3	MO; +
<i>desloratadine tabs</i>	1	MO; *
<i>desloratadine tbdp</i>	1	MO; *
<i>levocetirizine dihydrochloride soln</i>	1	RX/OTC; MO; *
<i>levocetirizine dihydrochloride tabs</i>	1	RX/OTC; MO; *
XYZAL SOLN (<i>Levocetirizine Dihydrochloride</i>)	3	RX/OTC; MO; +
XYZAL TABS (<i>Levocetirizine Dihydrochloride</i>)	3	RX/OTC; MO; +
Antihistamines - Phenothiazines		
PHENERGAN SOLN (<i>Promethazine HCl</i>)	4	AL; Up to 64 yrs old; MO; +
<i>promethazine hcl soln ij 50 mg/ml, 25 mg/ml</i>	4	AL; Up to 64 yrs old; MO; +
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	AL; Up to 64 yrs old; MO; *
<i>promethazine hcl supp re 12.5 mg, 25 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	AL; Up to 64 yrs old; MO; *
<i>promethazine hcl tabs or 12.5 mg, 50 mg, 25 mg</i>	1	AL; Up to 64 yrs old; MO; *
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp or 2 mg/5ml</i>	1	AL; Up to 64 yrs old; MO; *
<i>cyproheptadine hcl tabs or 4 mg</i>	1	AL; Up to 64 yrs old; MO; *
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/ Limits
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs 10mg-10mg</i>	1	QL(8 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 10mg-20mg</i>	1	QL(4 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 40mg-10mg</i>	1	QL(2 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 80mg-10mg</i>	1	PA; QL(1 ea daily); MO; *
YTORIN TABS 10MG-10MG (<i>Ezetimibe-Simvastatin</i>)	2	QL(8 ea daily); MO; +
YTORIN TABS 10MG-20MG (<i>Ezetimibe-Simvastatin</i>)	2	QL(4 ea daily); MO; +
YTORIN TABS 40MG-10MG (<i>Ezetimibe-Simvastatin</i>)	2	QL(2 ea daily); MO; +
YTORIN TABS 80MG-10MG (<i>Ezetimibe-Simvastatin</i>)	2	PA; QL(1 ea daily); MO; +
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	5	PA; LA; +
LOVAZA CAPS (<i>Omega-3-acid Ethyl Esters</i>)	NF	MO
<i>omega-3-acid ethyl esters caps</i>	1	MO; *
VASCEPA CAPS	3	ST; MO; +
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	MO; *
<i>cholestyramine light powd</i>	1	MO; *
<i>cholestyramine pack or 4 gm</i>	1	MO; *
<i>cholestyramine powd or 4 gm/dose</i>	1	Powder Canister; MO; *
COLESTID FLAVORED GRAN (<i>Colestipol HCl</i>)	3	MO; +
COLESTID FLAVORED PACK (<i>Colestipol HCl</i>)	3	MO; +
COLESTID GRAN (<i>Colestipol HCl</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/ Limits
COLESTID PACK (<i>Colestipol HCl</i>)	3	MO; +
COLESTID TABS (<i>Colestipol HCl</i>)	3	MO; +
<i>colestipol hcl gran</i>	1	MO; *
<i>colestipol hcl pack</i>	1	MO; *
<i>colestipol hcl tabs</i>	1	MO; *
WELCHOL PACK	3	MO; +
WELCHOL TABS	3	MO; +
Fibric Acid Derivatives		
ANTARA CAPS 30 MG	3	SL(4.33 ea daily); MO; +
ANTARA CAPS 90 MG	3	SL(1.44 ea daily); MO; +
<i>choline fenofibrate cpdr</i>	1	MO; *
FENOFIBRATE CAPS 50 MG, 150 MG	3	MO; +
<i>fenofibrate micronized caps 130 mg</i>	1	SL(1 ea daily); MO; *
<i>fenofibrate micronized caps 200 mg, 67 mg, 134 mg</i>	1	MO; *
<i>fenofibrate micronized caps 43 mg</i>	1	SL(3.02 ea daily); MO; *
<i>fenofibrate tabs 120 mg, 54 mg, 145 mg, 160 mg, 40 mg, 48 mg</i>	1	MO; *
FENOFIBRIC ACID TABS	3	MO; +
FENOGLIDE TABS (<i>Fenofibrate</i>)	3	MO; +
FIBRICOR TABS	3	MO; +
<i>gemfibrozil tabs or</i>	1	MO; *
LIPOFEN CAPS	3	MO; +
LOPID TABS (<i>Gemfibrozil</i>)	3	MO; +
TRICOR TABS (<i>Fenofibrate</i>)	3	MO; +

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Drug Name	Drug Tier	Requirements/Limits
TRIGLIDE TABS	3	MO; +
TRILIPIX CPDR (<i>Choline Fenofibrate</i>)	NF	MO
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	MO; +
<i>atorvastatin calcium tabs</i>	1	MO; *
CRESTOR TABS (<i>Rosuvastatin Calcium</i>)	3	MO; +
<i>fluvastatin sodium caps</i>	1	MO; *
<i>fluvastatin sodium tb24</i>	1	MO; *
LESCOL XL TB24 (<i>Fluvastatin Sodium</i>)	NF	MO
LIPITOR TABS (<i>Atorvastatin Calcium</i>)	3	MO; +
LIVALO TABS	3	MO; +
<i>lovastatin tabs 40 mg, 20 mg, 10 mg</i>	1	MO; *
PRAVACHOL TABS (<i>Pravastatin Sodium</i>)	3	MO; +
<i>pravastatin sodium tabs</i>	1	MO; *
<i>rosuvastatin calcium tabs</i>	1	MO; *
<i>simvastatin tabs or 10 mg</i>	1	SL(8 ea daily); MO; *
<i>simvastatin tabs or 20 mg</i>	1	SL(4 ea daily); MO; *
<i>simvastatin tabs or 40 mg</i>	1	SL(2 ea daily); MO; *
<i>simvastatin tabs or 5 mg</i>	1	SL(16 ea daily); MO; *
<i>simvastatin tabs or 80 mg</i>	1	SL(1 ea daily); MO; *
ZOCOR TABS 10 MG (<i>Simvastatin</i>)	3	SL(8 ea daily); MO; +
ZOCOR TABS 20 MG (<i>Simvastatin</i>)	3	SL(4 ea daily); MO; +
ZOCOR TABS 40 MG (<i>Simvastatin</i>)	3	SL(2 ea daily); MO; +
ZOCOR TABS 5 MG (<i>Simvastatin</i>)	3	SL(16 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
ZOCOR TABS 80 MG (<i>Simvastatin</i>)	3	SL(1 ea daily); MO; +
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	MO; *
ZETIA TABS (<i>Ezetimibe</i>)	2	MO; +
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG	5	PA; SL(6 ea daily); LA; +
JUXTAPID CAPS 20 MG	5	PA; SL(3 ea daily); LA; +
JUXTAPID CAPS 30 MG	5	PA; SL(2 ea daily); LA; +
JUXTAPID CAPS 40 MG	5	PA; SL(1.5 ea daily); LA; +
JUXTAPID CAPS 5 MG	5	PA; SL(12 ea daily); LA; +
JUXTAPID CAPS 60 MG	5	PA; SL(1 ea daily); LA; +
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	MO; *
NIASPAN TBCR (<i>Niacin (Antihyperlipidemic)</i>)	NF	MO
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN 150 MG/ML	5	PA; Limit 2mls per 28 days; SL(0.08 ml daily); +
PRALUENT SOPN 75 MG/ML	5	PA; Limit 4mls per 28 days; SL(0.15 ml daily); +
PRALUENT SOSY 150 MG/ML	5	PA; Limit 2mls per 28 days; SL(0.08 ml daily); +
PRALUENT SOSY 75 MG/ML	5	PA; Limit 4mls per 28 days; SL(0.15 ml daily); +
REPATHA PUSHTRONEX SYSTEM SOCT	5	PA; +
REPATHA SOSY	5	PA; +

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SOAJ	5	PA; +
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Quinapril HCl)	3	MO; +
ACEON TABS (Perindopril Erbumine)	NF	MO; NT
ALTACE CAPS (Ramipril)	3	MO; +
benazepril hcl tabs or 5 mg, 10 mg, 20 mg, 40 mg	1	MO; *
captopril tabs or 25 mg, 50 mg, 12.5 mg, 100 mg	1	MO; *
enalapril maleate tabs or 10 mg	1	SL(4 ea daily); MO; *
enalapril maleate tabs or 2.5 mg	1	SL(16 ea daily); MO; *
enalapril maleate tabs or 20 mg	1	SL(2 ea daily); MO; *
enalapril maleate tabs or 5 mg	1	SL(8 ea daily); MO; *
fosinopril sodium tabs	1	MO; *
lisinopril tabs or 30 mg, 20 mg, 40 mg, 10 mg, 5 mg, 2.5 mg	1	MO; *
LOTENSIN TABS (Benazepril HCl)	3	MO; +
moexipril hcl tabs	1	MO; *
perindopril erbumine tabs 2 mg	1	SL(8 ea daily); MO; *
perindopril erbumine tabs 4 mg	1	SL(4 ea daily); MO; *
perindopril erbumine tabs 8 mg	1	SL(2 ea daily); MO; *
PRINIVIL TABS (Lisinopril)	3	MO; +
quinapril hcl tabs	1	MO; *
ramipril caps	1	MO; *
trandolapril tabs 1 mg, 2 mg, 4 mg	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
VASOTEC TABS 10 MG (Enalapril Maleate)	3	SL(4 ea daily); MO; +
VASOTEC TABS 2.5 MG (Enalapril Maleate)	3	SL(16 ea daily); MO; +
VASOTEC TABS 20 MG (Enalapril Maleate)	3	SL(2 ea daily); MO; +
VASOTEC TABS 5 MG (Enalapril Maleate)	3	SL(8 ea daily); MO; +
ZESTRIL TABS (Lisinopril)	3	MO; +
Agents for Pheochromocytoma		
DEMSEER CAPS	5	MO; +
DIBENZYLINE CAPS (Phenoxybenzamine HCl)	3	MO; +
phenoxybenzamine hcl caps or	1	MO; *
Angiotensin II Receptor Antagonists		
ATACAND TABS (Candesartan Cilexetil)	NF	MO
AVAPRO TABS (Irbesartan)	3	MO; +
BENICAR TABS (Olmesartan Medoxomil)	2	MO; +
candesartan cilexetil tabs	1	MO; *
COZAAR TABS (Losartan Potassium)	3	MO; +
DIOVAN TABS (Valsartan)	NF	MO
EDARBI TABS	3	MO; +
eprosartan mesylate tabs	1	MO; *
irbesartan tabs	1	MO; *
losartan potassium tabs	1	MO; *
MICARDIS TABS (Telmisartan)	NF	MO
olmesartan medoxomil tabs	1	MO; *
telmisartan tabs	1	MO; *
valsartan tabs	1	MO; *
Antiadrenergic Antihypertensives		

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Drug Name	Drug Tier	Requirements/Limits
CARDURA TABS (Doxazosin Mesylate)	3	MO; +
CATAPRES TABS (Clonidine HCl)	3	MO; +
CATAPRES-TTS-1 PTWK (Clonidine HCl)	3	MO; +
CATAPRES-TTS-2 PTWK (Clonidine HCl)	3	MO; +
CATAPRES-TTS-3 PTWK (Clonidine HCl)	3	MO; +
clonidine hcl ptwk td 0.3 mg/24hr, 0.1 mg/24hr, 0.2 mg/24hr	1	MO; *
clonidine hcl tabs or 0.1 mg, 0.3 mg, 0.2 mg	1	MO; *
doxazosin mesylate tabs	1	MO; *
guanfacine hcl tabs	1	AL; Up to 64 yrs old; MO; *
methyldopa tabs	1	AL; Up to 64 yrs old; MO; *
MINIPRESS CAPS (Prazosin HCl)	3	MO; +
prazosin hcl caps	1	MO; *
TENEX TABS (Guanfacine HCl)	3	AL; Up to 64 yrs old; MO; +
terazosin hcl caps	1	MO; *
Antihypertensive Combinations		
ACCURETIC TABS (Quinapril-Hydrochlorothiazide)	3	MO; +
amlodipine besylate-benazepril hcl caps	1	MO; *
amlodipine besylate-olmesartan medoxomil tabs	1	MO; *
amlodipine besylate-valsartan tabs	1	MO; *
amlodipine-valsartan-hydrochlorothiazide tabs	1	MO; *
ATACAND HCT TABS (Candesartan Cilexetil-Hydrochlorothiazide)	3	MO; +
atenolol & chlorthalidone tabs	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
AVALIDE TABS (Irbesartan-Hydrochlorothiazide)	3	MO; +
AZOR TABS (Amlodipine Besylate-Olmesartan Medoxomil)	2	MO; +
benazepril & hydrochlorothiazide tabs	1	MO; *
BENICAR HCT TABS (Olmesartan Medoxomil-Hydrochlorothiazide)	2	MO; +
bisoprolol & hydrochlorothiazide tabs	1	MO; *
BYVALSON TABS	3	MO; +
candesartan cilexetil-hydrochlorothiazide tabs	1	MO; *
captopril & hydrochlorothiazide tabs	1	MO; *
CORZIDE TABS (Nadolol & Bendroflumethiazide)	3	MO; +
DIOVAN HCT TABS (Valsartan-Hydrochlorothiazide)	3	MO; +
EDARBYCLOR TABS	3	MO; +
enalapril maleate & hydrochlorothiazide tabs	1	MO; *
EXFORGE HCT TABS (Amlodipine-Valsartan-Hydrochlorothiazide)	NF	MO
EXFORGE TABS (Amlodipine Besylate-Valsartan)	NF	MO
fosinopril sodium & hydrochlorothiazide tabs	1	MO; *
HYZAAR TABS (Losartan Potassium & Hydrochlorothiazide)	3	MO; +
irbesartan-hydrochlorothiazide tabs	1	MO; *
lisinopril & hydrochlorothiazide tabs	1	MO; *
LOPRESSOR HCT TABS (Metoprolol & Hydrochlorothiazide)	3	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	MO; *
LOTENSIN HCT TABS (Benazepril & Hydrochlorothiazide)	3	MO; +
LOTREL CAPS (Amlodipine Besylate-Benazepril HCl)	3	MO; +
<i>metoprolol & hydrochlorothiazide tabs 50mg-25mg, 100mg-50mg, 100mg-25mg</i>	1	MO; *
MICARDIS HCT TABS (Telmisartan-Hydrochlorothiazide)	NF	MO
<i>moexipril-hydrochlorothiazide tabs</i>	1	MO; *
<i>nadolol & bendroflumethiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	MO; *
<i>propranolol & hydrochlorothiazide tabs</i>	1	MO; *
<i>quinapril-hydrochlorothiazide tabs</i>	1	MO; *
TARKA TBCR 4MG-240MG, 2MG-240MG (Trandolapril-Verapamil HCl)	3	MO; +
TEKTURNA HCT TABS	2	MO; +
<i>telmisartan-amlodipine tabs</i>	1	MO; *
<i>telmisartan-hydrochlorothiazide tabs</i>	1	MO; *
TENORETIC 100 TABS (Atenolol & Chlorthalidone)	3	MO; +
TENORETIC 50 TABS (Atenolol & Chlorthalidone)	3	MO; +
<i>trandolapril-verapamil hcl tbc 2mg-240mg, 4mg-240mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR TABS (Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	2	MO; +
TWYNSTA TABS (Telmisartan-Amlodipine)	NF	MO
<i>valsartan-hydrochlorothiazide tabs</i>	1	MO; *
VASERETIC TABS (Enalapril Maleate & Hydrochlorothiazide)	3	MO; +
ZESTORETIC TABS (Lisinopril & Hydrochlorothiazide)	3	MO; +
ZIAC TABS (Bisoprolol & Hydrochlorothiazide)	3	MO; +
Direct Renin Inhibitors		
TEKTURNA TABS	2	MO; +
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	MO; *
INSPIRA TABS (Eplerenone)	3	MO; +
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 50 mg, 25 mg, 100 mg</i>	1	MO; *
<i>minoxidil tabs or 10 mg, 2.5 mg</i>	1	MO; *
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	MO; *
COARTEM TABS	3	MO; +
MALARONE TABS (Atovaquone-Proguanil HCl)	3	MO; +
Antimalarials		
<i>chloroquine phosphate tabs or 500 mg, 250 mg</i>	1	MO; *
DARAPRIM TABS	3	+

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tabs or</i>	1	MO; *
<i>mefloquine hcl tabs</i>	1	MO; *
PLAQUENIL TABS (<i>Hydroxychloroquine Sulfate</i>)	3	MO; +
<i>primaquine phosphate tabs</i>	1	MO; *
QUALAQUIN CAPS (<i>Quinine Sulfate</i>)	2	PA; MO; +
<i>quinine sulfate caps or</i>	1	PA; MO; *

ANTIMYASTHENIC/CHOLINERGIC AGENTS

Antimyasthenic/Cholinergic Agents

GUANIDINE HCL TABS	2	+
MESTINON TABS 60 MG (<i>Pyridostigmine Bromide</i>)	3	MO; +
MESTINON TIMESPAN TBCR (<i>Pyridostigmine Bromide</i>)	NF	MO
<i>pyridostigmine bromide tabs or 60 mg</i>	1	MO; *
<i>pyridostigmine bromide tbc or 180 mg</i>	1	MO; *

ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

Anti TB Combinations

<i>isoniazid & rifampin caps</i>	1	MO; *
RIFATER TABS	3	MO; +

Antimycobacterial Agents

<i>aminosalicylic acid pack or</i>	1	MO; *
CAPASTAT SULFATE SOLR	4	+
<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	1	MO; *
<i>isoniazid tabs or 300 mg, 100 mg</i>	1	MO; *
MYAMBUTOL TABS 100 MG (<i>Ethambutol HCl</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
MYAMBUTOL TABS 400 MG (<i>Ethambutol HCl</i>)	3	MO; +
MYCOBUTIN CAPS (<i>Rifabutin</i>)	NF	MO
PRIFTIN TABS	3	MO; +
<i>pyrazinamide tabs or</i>	1	MO; *
<i>rifabutin caps</i>	1	MO; *
RIFADIN CAPS OR 300 MG (<i>Rifampin</i>)	3	MO; +
RIFADIN SOLR IV 600 MG (<i>Rifampin</i>)	4	MO; +
<i>rifampin caps or 300 mg, 150 mg</i>	1	MO; *
<i>rifampin solr iv 600 mg</i>	4	MO; +
SIRTURO TABS	5	+
TRECTOR TABS	3	MO; +

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer

Alkylating Agents

ALKERAN SOLR IV 50 MG (<i>Melphalan HCl</i>)	4	+
ALKERAN TABS OR 2 MG (<i>Melphalan</i>)	3	B/D; MO; +
BENDEKA SOLN	5	+
BICNU SOLR	4	+
<i>busulfan soln</i>	4	+
BUSULFEX SOLN (<i>Busulfan</i>)	4	+
<i>carboplatin soln</i>	1	*
CISPLATIN SOLN 200 MG/200ML	4	+
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	4	+
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG	2	B/D; MO; +
EVOMELA SOLR	5	+

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPS	3	+
HEXALEN CAPS	5	MO; +
IFEX SOLR 1 GM (Ifosfamide)	4	+
IFEX SOLR 3 GM	4	+
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	+
<i>ifosfamide solr 1 gm</i>	4	+
IFOSFAMIDE SOLR 3 GM	4	+
LEUKERAN TABS	3	MO; +
<i>melphalan hcl solr</i>	4	+
<i>melphalan tabs</i>	1	B/D; MO; *
MUSTARGEN SOLR	4	+
<i>oxaliplatin soln 100 mg/20ml</i>	1	*
<i>oxaliplatin soln 50 mg/10ml</i>	5	+
<i>oxaliplatin solr 50 mg, 100 mg</i>	5	+
TEMODAR SOLR IV 100 MG	5	+
<i>thiotepa solr ij</i>	5	+
TREANDA SOLR 100 MG, 25 MG	5	+
YONDELIS SOLR	5	LA; +
ZANOSAR SOLR	4	MO; +
Antimetabolites		
ALIMTA SOLR 100 MG	5	+
ALIMTA SOLR 500 MG	5	MO; +
ARRANON SOLN	5	+
<i>azacitidine susr</i>	5	+

Drug Name	Drug Tier	Requirements/Limits
<i>cladribine soln</i>	4	PA; +
<i>clofarabine soln</i>	4	+
CLOLAR SOLN (Clofarabine)	4	+
<i>cytarabine soln</i>	4	PA; +
DACOGEN SOLR (Decitabine)	NF	
<i>decitabine solr</i>	1	*
<i>fludarabine phosphate solr 50 mg</i>	1	*
<i>fluorouracil soln iv 1 gm/20ml, 5 gm/100ml</i>	4	+
<i>fluorouracil soln iv 2.5 gm/50ml, 500 mg/10ml</i>	4	PA; +
FOLOTYN SOLN	5	+
<i>gemcitabine hcl soln 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	5	+
<i>gemcitabine hcl solr 2 gm, 1 gm</i>	1	*
<i>gemcitabine hcl solr 200 mg</i>	5	+
GEMZAR SOLR 1 GM (Gemcitabine HCl)	NF	
GEMZAR SOLR 200 MG (Gemcitabine HCl)	5	+
<i>mercaptopurine tabs or</i>	1	MO; *
<i>methotrexate sodium soln ij 200 mg/8ml, 250 mg/10ml, 100 mg/4ml, 50 mg/2ml, 1 gm/40ml</i>	4	+
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	4	+
<i>methotrexate sodium solr ij 1 gm</i>	4	+
<i>methotrexate sodium tabs or 10 mg, 2.5 mg, 7.5 mg, 5 mg, 15 mg</i>	1	MO; *
PURIXAN SUSP	5	PA; +

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Drug Name	Drug Tier	Requirements/Limits
TABLOID TABS	2	MO; +
VIDAZA SUSR (Azacitidine)	5	+
XATMEP SOLN	5	PA; +
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	5	+
CYRAMZA SOLN	5	LA; +
ZALTRAP SOLN	5	+
Antineoplastic - Antibodies		
ARZERRA CONC	5	+
BAVENCIO SOLN	5	LA; +
BESPONSA SOLR	5	+
BLINCYTO SOLR	5	+
CAMPATH SOLN	5	+
DARZALEX SOLN	5	LA; +
EMPLICITI SOLR	5	+
ERBITUX SOLN	5	+
GAZYVA SOLN	5	LA; +
HERCEPTIN SOLR	5	+
IMFINZI SOLN	5	LA; +
KADCYLA SOLR	5	+
KEYTRUDA SOLN	5	+
KEYTRUDA SOLR	5	+
LARTRUVO SOLN	5	LA; +
MYLOTARG SOLR	5	+
OPDIVO SOLN	5	+

Drug Name	Drug Tier	Requirements/Limits
PERJETA SOLN	5	+
PORTRAZZA SOLN	5	+
RITUXAN SOLN	5	+
TECENTRIQ SOLN	5	+
VECTIBIX SOLN	5	+
YERVOY SOLN	5	+
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	PA; LA; +
VENCLEXTA TABS	3	PA; LA; +
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	5	LA; +
ODOMZO CAPS	5	LA; +
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs or</i>	1	MO; *
ARIMIDEX TABS (Anastrozole)	NF	MO
AROMASIN TABS (Exemestane)	NF	MO
<i>bicalutamide tabs</i>	1	MO; *
CASODEX TABS (Bicalutamide)	NF	MO
DEPO-PROVERA SUSP	4	MO; +
ELIGARD KIT	4	+
EMCYT CAPS	3	MO; +
<i>exemestane tabs</i>	1	MO; *
FARESTON TABS	5	MO; +
FASLODEX SOLN	5	+
FEMARA TABS (<i>Letrozole</i>)	NF	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON SOLR 120 MG	5	+
FIRMAGON SOLR 80 MG	4	+
<i>flutamide caps</i>	1	MO; *
HYDROXYPROGESTERONE CAPROATE SOLN IM	5	+
<i>letrozole tabs</i>	1	MO; *
<i>leuprolide acetate kit ij</i>	4	+
LUPRON DEPOT (1-MONTH) KIT 3.75 MG	4	+
LUPRON DEPOT (1-MONTH) KIT 7.5 MG	5	+
LUPRON DEPOT (3-MONTH) KIT	5	+
LUPRON DEPOT (4-MONTH) KIT	5	+
LUPRON DEPOT (6-MONTH) KIT	5	+
LYSODREN TABS	2	MO; +
MEGACE ORAL SUSP (Megestrol Acetate)	NF	AL; Up to 64 yrs old; MO
<i>megestrol acetate susp or 400 mg/10ml, 40 mg/ml</i>	1	AL; Up to 64 yrs old; MO; *
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	1	AL; Up to 64 yrs old; MO; *
NILANDRON TABS (Nilutamide)	5	MO; +
<i>nilutamide tabs</i>	1	MO; *
SOLTAMOX SOLN	3	MO; +
<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	1	MO; *
TRELSTAR MIXJECT SUSR 22.5 MG	5	+
TRELSTAR MIXJECT SUSR 3.75 MG, 11.25 MG	4	+
TRELSTAR SUSR	4	+
VANTAS KIT	5	+
XTANDI CAPS	5	PA; LA; +

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX IMPL	3	+
ZYTIGA TABS	5	+
Antineoplastic - Immunomodulators		
POMALYST CAPS	5	LA; +
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr 15 unit</i>	4	+
<i>bleomycin sulfate solr 30 unit</i>	4	PA; +
COSMEGEN SOLR	4	+
<i>daunorubicin hcl inj</i>	4	+
DOXIL INJ (Doxorubicin HCl Liposomal)	NF	
<i>doxorubicin hcl liposomal inj</i>	1	*
<i>doxorubicin hcl soln 2 mg/ml</i>	4	+
DOXORUBICIN HCL SOLR 50 MG, 10 MG	4	+
ELLECE SOLN (Epirubicin HCl)	4	+
<i>epirubicin hcl soln</i>	4	+
IDAMYCIN PFS SOLN (Idarubicin HCl)	4	+
<i>idarubicin hcl soln</i>	4	+
<i>mitomycin solr iv 40 mg, 20 mg</i>	4	MO; +
MITOMYCIN SOLR IV 5 MG	4	MO; +
<i>mitoxantrone hcl conc</i>	1	*
VALSTAR SOLN	5	+
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPK	5	PA; +
KISQALI FEMARA 400 DOSE TBPK	5	PA; +

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE TBPB	5	PA; +
LONSURF TABS	5	PA; +
RITUXAN HYCELA SOLN	5	+
VYXEOS SUSR	5	+
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	5	+
AFINITOR TABS	5	+
ALECENSA CAPS	5	PA; LA; +
ALIQOPA SOLR	5	+
ALUNBRIG TABS	5	PA; LA; +
BELEODAQ SOLR	5	+
BOSULIF TABS	5	PA; +
CABOMETYX TABS	5	PA; +
CAPRELSA TABS	5	LA; +
COMETRIQ KIT	5	LA; +
COTELLIC TABS	5	LA; +
FARYDAK CAPS	5	PA; LA; +
GILOTRIF TABS	5	LA; +
GLEEVEC TABS (<i>Imatinib Mesylate</i>)	2	+
IBRANCE CAPS	5	LA; +
ICLUSIG TABS	5	LA; +
<i>imatinib mesylate tabs</i>	1	*
IMBRUVICA CAPS	5	PA; LA; +
INLYTA TABS	5	PA; LA; +
IRESSA TABS	5	LA; MO; +

Drug Name	Drug Tier	Requirements/Limits
ISTODAX (<i>OVERFILL</i>) SOLR	5	+
ISTODAX SOLR	5	+
JAKAFI TABS	5	LA; +
KISQALI TABS	5	PA; +
KYPROLIS SOLR	5	+
LENVIMA 10 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 14 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 18 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 20 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 24 MG DAILY DOSE CPPK	5	PA; +
LENVIMA 8 MG DAILY DOSE CPPK	5	PA; +
LYNPARZA CAPS	5	PA; LA; +
MEKINIST TABS	5	+
NERLYNX TABS	5	PA; LA; +
NEXAVAR TABS	5	LA; +
NINLARO CAPS	5	PA; +
RUBRACA TABS	5	PA; LA; +
RYDAPT CAPS	5	PA; +
SPRYCEL TABS	5	+
STIVARGA TABS	5	PA; LA; +
SUTENT CAPS	5	+
TAFINLAR CAPS	5	+
TAGRISSE TABS	5	LA; +
TARCEVA TABS	2	+

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS	5	+
TORISEL SOLN	5	+
TYKERB TABS	5	+
VELCADE SOLR	5	+
VOTRIENT TABS	5	+
XALKORI CAPS	5	+
ZEJULA CAPS	5	PA; +
ZELBORAF TABS	5	LA; +
ZOLINZA CAPS	5	+
ZYDELIG TABS	5	PA; LA; +
ZYKADIA CAPS	5	PA; LA; +
Antineoplastic Enzymes		
ERWINAZE SOLR	5	+
ONCASPAR SOLN	5	+
Antineoplastics Misc.		
ACTIMMUNE SOLN	5	LA; +
<i>bexarotene caps</i>	5	+
DACARBAZINE SOLR 100 MG	4	+
<i>dacarbazine solr 200 mg</i>	4	+
HYDREA CAPS (<i>Hydroxyurea</i>)	NF	MO
<i>hydroxyurea caps or</i>	1	MO; *
INTRON A SOLN 10 MU/ML	5	+
INTRON A SOLN 6000000 UNIT/ML	4	+
INTRON A SOLR 50 MU, 18 MU, 10 MU	5	+
INTRON A W/DILUENT SOLR	5	+

Drug Name	Drug Tier	Requirements/Limits
MATULANE CAPS	5	LA; +
NIPENT SOLR	4	+
PROLEUKIN SOLR	5	+
SYLATRON KIT	5	+
SYNRIBO SOLR	5	+
TARGRETIN CAPS OR 75 MG (<i>Bexarotene</i>)	5	+
TICE BCG SUSR	5	+
<i>tretinoin (chemotherapy) caps</i>	5	MO; +
TRISENOX SOLN	4	+
UVADEX SOLN	4	+
Chemotherapy Adjuncts		
ELITEK SOLR	5	+
KEPIVANCE SOLR	5	+
Chemotherapy Rescue/Antidote Agents		
<i>amifostine solr</i>	1	MO; *
<i>dexrazoxane solr 500 mg, 250 mg</i>	4	+
FUSILEV SOLR (<i>Levoleucovorin Calcium</i>)	4	+
<i>leucovorin calcium solr ij 200 mg, 50 mg</i>	4	+
<i>leucovorin calcium solr ij 350 mg, 100 mg</i>	4	MO; +
LEUCOVORIN CALCIUM SOLR IJ 500 MG	4	+
<i>leucovorin calcium tabs or 15 mg, 5 mg, 10 mg, 25 mg</i>	1	MO; *
<i>levoleucovorin calcium soln 175 mg/17.5ml</i>	5	+
<i>levoleucovorin calcium solr 50 mg</i>	4	+
LEVOLEUCOVORIN SOLN	5	+

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Drug Name	Drug Tier	Requirements/Limits
LEVOLEUCOVORIN SOLR	5	+
<i>mesna soln</i>	4	MO; +
MESNEX SOLN IV 100 MG/ML (<i>Mesna</i>)	4	MO; +
MESNEX TABS OR 400 MG	5	MO; +
ZINECARD SOLR (<i>Dexrazoxane</i>)	4	+
Mitotic Inhibitors		
ABRAXANE SUSR	5	MO; +
DOCETAXEL CONC 80 MG/4ML, 20 MG/ML	5	+
<i>docetaxel conc 80 mg/4ml, 20 mg/ml</i>	5	+
DOCETAXEL SOLN 80 MG/8ML, 160 MG/16ML, 20 MG/2ML	5	+
ETOPOPHOS SOLR	4	+
<i>etoposide soln iv 500 mg/25ml, 1 gm/50ml, 100 mg/5ml</i>	4	+
HALAVEN SOLN	5	+
IXEMPRA KIT SOLR	5	+
JEVTANA SOLN	5	+
MARQIBO SUSP	5	+
NAVELBINE SOLN (<i>Vinorelbine Tartrate</i>)	4	MO; +
<i>paclitaxel conc 100 mg/16.7ml</i>	4	+
PACLITAXEL CONC 150 MG/25ML	4	+
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml</i>	4	MO; +
TAXOTERE CONC (<i>Docetaxel</i>)	5	+
VINBLASTINE SULFATE SOLN	4	PA; MO; +
<i>vincristine sulfate soln</i>	4	PA; MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate soln</i>	4	MO; +
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (<i>Irinotecan HCl</i>)	NF	
HYCANTIN SOLR IV 4 MG (<i>Topotecan HCl</i>)	5	MO; +
<i>irinotecan hcl soln</i>	1	*
ONIVYDE INJ	5	+
<i>topotecan hcl solr 4 mg</i>	5	MO; +
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs or</i>	1	MO; *
LODOSYN TABS (<i>Carbidopa</i>)	NF	MO
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln ij 1 mg/ml</i>	4	MO; +
<i>benztropine mesylate tabs or 2 mg, 1 mg, 0.5 mg</i>	1	AL; Up to 64 yrs old; MO; *
COGENTIN SOLN (<i>Benztropine Mesylate</i>)	4	MO; +
<i>trihexyphenidyl hcl elix</i>	1	AL; Up to 64 yrs old; MO; *
<i>trihexyphenidyl hcl tabs</i>	1	AL; Up to 64 yrs old; MO; *
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Entacapone</i>)	NF	SL(8 ea daily); MO
<i>entacapone tabs</i>	1	SL(8 ea daily); MO; *
TASMAR TABS (<i>Tolcapone</i>)	2	MO; +
<i>tolcapone tabs</i>	1	MO; *
Antiparkinson Dopaminergics		
<i>amantadine hcl caps or 100 mg</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl syrp or 50 mg/5ml</i>	1	MO; *
<i>amantadine hcl tabs or 100 mg</i>	1	MO; *
APOKYN SOCT	5	LA; +
<i>bromocriptine mesylate caps or 5 mg</i>	1	MO; *
<i>bromocriptine mesylate tabs or 2.5 mg</i>	1	MO; *
<i>carbidopa-levodopa tabs</i>	1	MO; *
<i>carbidopa-levodopa tbcr</i>	1	MO; *
<i>carbidopa-levodopa tbdp</i>	1	MO; *
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	3	MO; +
DUOPA SUSP	3	B/D; +
MIRAPEX ER TB24 3 MG, 0.375 MG, 2.25 MG, 1.5 MG, 4.5 MG, 0.75 MG (<i>Pramipexole Dihydrochloride</i>)	NF	MO
MIRAPEX ER TB24 3.75 MG (<i>Pramipexole Dihydrochloride</i>)	3	MO; +
MIRAPEX TABS (<i>Pramipexole Dihydrochloride</i>)	NF	MO
NEUPRO PT24	3	MO; +
PARLODEL CAPS (<i>Bromocriptine Mesylate</i>)	NF	MO
PARLODEL TABS (<i>Bromocriptine Mesylate</i>)	NF	MO
<i>pramipexole dihydrochloride tabs</i>	1	MO; *
<i>pramipexole dihydrochloride tb24</i>	1	MO; *
REQUIP TABS (<i>Ropinirole Hydrochloride</i>)	NF	MO
REQUIP XL TB24 (<i>Ropinirole Hydrochloride</i>)	NF	MO
<i>ropinirole hydrochloride tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tb24</i>	1	MO; *
RYTARY CPR	3	MO; +
SINEMET CR TBCR (<i>Carbidopa-Levodopa</i>)	NF	MO
SINEMET TABS (<i>Carbidopa-Levodopa</i>)	NF	MO
STALEVO 100 TABS	3	MO; +
STALEVO 125 TABS	3	MO; +
STALEVO 150 TABS	3	MO; +
STALEVO 200 TABS	3	MO; +
STALEVO 50 TABS	3	MO; +
STALEVO 75 TABS	3	MO; +
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Rasagiline Mesylate</i>)	2	MO; +
ELDEPRYL CAPS (<i>Selegiline HCl</i>)	NF	MO
<i>rasagiline mesylate tabs</i>	1	MO; *
<i>selegiline hcl caps or</i>	1	MO; *
<i>selegiline hcl tabs or</i>	1	MO; *
ZELAPAR TBDP	3	MO; +
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps or 300 mg, 150 mg, 600 mg</i>	1	MO; *
LITHIUM CARBONATE CAPS OR 600 MG (<i>Lithium Carbonate</i>)	NF	MO
<i>lithium carbonate tabs or 300 mg</i>	1	MO; *
<i>lithium carbonate tbcr or 450 mg, 300 mg</i>	1	MO; *
LITHIUM SOLN	2	MO; +

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Drug Name	Drug Tier	Requirements/Limits
LITHOBID TBCR (<i>Lithium Carbonate</i>)	NF	MO
Antipsychotics - Misc.		
EQUETRO CP12	3	MO; +
GEODON CAPS OR 80 MG, 20 MG, 40 MG, 60 MG (<i>Ziprasidone HCl</i>)	NF	MO
GEODON SOLR IM 20 MG	4	MO; +
LATUDA TABS 120 MG	5	SL(1.33 ea daily); MO; +
LATUDA TABS 20 MG	5	SL(8 ea daily); MO; +
LATUDA TABS 40 MG	5	SL(4 ea daily); MO; +
LATUDA TABS 60 MG	5	SL(2.67 ea daily); MO; +
LATUDA TABS 80 MG	5	SL(2 ea daily); MO; +
NUPLAZID TABS	5	PA; LA; +
VRAYLAR CAPS 1.5 MG	3	PA; SL(4 ea daily); MO; +
VRAYLAR CAPS 3 MG	3	PA; SL(2 ea daily); MO; +
VRAYLAR CAPS 4.5 MG	3	PA; SL(1.4 ea daily); MO; +
VRAYLAR CAPS 6 MG	3	PA; SL(1 ea daily); MO; +
VRAYLAR CPPK	3	PA; MO; +
<i>ziprasidone hcl caps</i>	1	MO; *
Benzisoxazoles		
FANAPT TABS 2 MG, 1 MG, 4 MG, 10 MG	3	MO; +
FANAPT TABS 6 MG, 12 MG, 8 MG	5	MO; +
FANAPT TITRATION PACK TABS	3	+
INVEGA SUSTENNA SUSP	4	MO; +
INVEGA TB24 1.5 MG (<i>Paliperidone</i>)	5	SL(8 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
INVEGA TB24 3 MG (<i>Paliperidone</i>)	5	SL(4 ea daily); MO; +
INVEGA TB24 6 MG (<i>Paliperidone</i>)	5	SL(2 ea daily); MO; +
INVEGA TB24 9 MG (<i>Paliperidone</i>)	5	SL(1.33 ea daily); MO; +
INVEGA TRINZA SUSP	4	+
<i>paliperidone tb24 1.5 mg</i>	5	SL(8 ea daily); MO; +
<i>paliperidone tb24 3 mg</i>	5	SL(4 ea daily); MO; +
<i>paliperidone tb24 6 mg</i>	5	SL(2 ea daily); MO; +
<i>paliperidone tb24 9 mg</i>	5	SL(1.33 ea daily); MO; +
RISPERDAL CONSTA SUSR 12.5 MG	4	Limit 8 vials per 28 days; SL(0.29 ea daily); MO; +
RISPERDAL CONSTA SUSR 25 MG	4	Limit 4 vials per 28 days; SL(0.15 ea daily); MO; +
RISPERDAL CONSTA SUSR 37.5 MG	5	Limit 4 vials per 42 days; SL(0.1 ea daily); MO; +
RISPERDAL CONSTA SUSR 50 MG	5	Limit 2 vials per 28 days; SL(0.08 ea daily); MO; +
RISPERDAL M-TAB TBDP (<i>Risperidone</i>)	NF	MO
RISPERDAL SOLN (<i>Risperidone</i>)	NF	MO
RISPERDAL TABS (<i>Risperidone</i>)	NF	MO
<i>risperidone soln</i>	1	MO; *
<i>risperidone tabs</i>	1	MO; *
<i>risperidone tbdp</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>Haloperidol Decanoate</i>)	NF	MO
HALDOL DECANOATE 50 SOLN (<i>Haloperidol Decanoate</i>)	NF	MO
HALDOL SOLN (<i>Haloperidol Lactate</i>)	NF	MO
<i>haloperidol decanoate soln</i>	1	MO; *
<i>haloperidol lactate conc</i>	1	MO; *
<i>haloperidol lactate soln</i>	1	MO; *
<i>haloperidol tabs</i>	1	MO; *
Dibenzapines		
CLOZAPINE ODT TBDP 150 MG, 12.5 MG	3	+
CLOZAPINE ODT TBDP 200 MG	5	+
<i>clozapine tabs</i>	1	*
<i>clozapine tbdp</i>	1	*
CLOZARIL TABS (<i>Clozapine</i>)	NF	
FAZACLO TBDP 100 MG, 25 MG (<i>Clozapine</i>)	NF	
FAZACLO TBDP 150 MG, 12.5 MG	3	+
FAZACLO TBDP 200 MG	5	+
<i>loxapine succinate caps</i>	1	MO; *
<i>olanzapine solr</i>	1	MO; *
<i>olanzapine tabs</i>	1	MO; *
<i>olanzapine tbdp</i>	1	MO; *
<i>quetiapine fumarate tabs 200 mg, 25 mg, 400 mg, 100 mg, 300 mg, 50 mg</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tb24 300 mg, 400 mg, 50 mg, 150 mg, 200 mg</i>	1	PA; MO; *
SAPHRIS SUBL 10 MG	5	SL(2 ea daily); MO; +
SAPHRIS SUBL 2.5 MG	3	SL(8 ea daily); MO; +
SAPHRIS SUBL 5 MG	3	SL(4 ea daily); MO; +
SEROQUEL TABS 100 MG, 200 MG, 50 MG, 25 MG (<i>Quetiapine Fumarate</i>)	NF	MO
SEROQUEL TABS 400 MG, 300 MG (<i>Quetiapine Fumarate</i>)	3	MO; +
SEROQUEL XR TB24 400 MG (<i>Quetiapine Fumarate</i>)	5	PA; MO; +
SEROQUEL XR TB24 50 MG, 150 MG, 300 MG, 200 MG (<i>Quetiapine Fumarate</i>)	3	PA; MO; +
VERSACLOZ SUSP	5	PA; SL(18 ml daily); +
ZYPREXA RELPREVV SUSR 210 MG	4	+
ZYPREXA SOLR IM 10 MG (<i>Olanzapine</i>)	NF	MO
ZYPREXA TABS OR 20 MG, 15 MG (<i>Olanzapine</i>)	5	MO; +
ZYPREXA TABS OR 7.5 MG, 10 MG, 2.5 MG, 5 MG (<i>Olanzapine</i>)	NF	MO
ZYPREXA ZYDIS TBDP (<i>Olanzapine</i>)	NF	MO
Dihydroindolones		
<i>molindone hcl tabs</i>	1	MO; *
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML	4	MO; +
<i>chlorpromazine hcl soln ij 50 mg/2ml</i>	4	+
<i>chlorpromazine hcl tabs or 50 mg, 100 mg, 200 mg, 25 mg, 10 mg</i>	1	MO; *
<i>fluphenazine decanoate soln ij</i>	4	MO; +

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	MO; *
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	4	MO; +
<i>fluphenazine hcl tabs or 5 mg, 10 mg, 2.5 mg, 1 mg</i>	1	MO; *
<i>perphenazine tabs or 4 mg, 16 mg, 8 mg, 2 mg</i>	1	MO; *
<i>prochlorperazine edisylate soln ij</i>	4	MO; +
<i>prochlorperazine maleate tabs or</i>	1	MO; *
<i>prochlorperazine supp</i>	1	MO; *
<i>thioridazine hcl tabs or 100 mg, 25 mg, 10 mg, 50 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>trifluoperazine hcl tabs</i>	1	MO; *
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	5	+
ABILIFY MAINTENA SRER	5	+
ABILIFY TABS 10 MG (<i>Aripiprazole</i>)	5	SL(3 ea daily); MO; +
ABILIFY TABS 15 MG (<i>Aripiprazole</i>)	5	SL(2 ea daily); MO; +
ABILIFY TABS 2 MG (<i>Aripiprazole</i>)	5	SL(15 ea daily); MO; +
ABILIFY TABS 20 MG (<i>Aripiprazole</i>)	5	SL(1.5 ea daily); MO; +
ABILIFY TABS 30 MG (<i>Aripiprazole</i>)	5	SL(1 ea daily); MO; +
ABILIFY TABS 5 MG (<i>Aripiprazole</i>)	5	SL(6 ea daily); MO; +
<i>aripiprazole soln 1 mg/ml</i>	1	SL(30 ml daily); MO; *
<i>aripiprazole tabs 10 mg</i>	1	SL(3 ea daily); MO; *
<i>aripiprazole tabs 15 mg</i>	1	SL(2 ea daily); MO; *
<i>aripiprazole tabs 2 mg</i>	1	SL(15 ea daily); MO; *
<i>aripiprazole tabs 20 mg</i>	5	SL(1.5 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tabs 30 mg</i>	5	SL(1 ea daily); MO; +
<i>aripiprazole tabs 5 mg</i>	1	SL(6 ea daily); MO; *
<i>aripiprazole tbdp 10 mg</i>	5	SL(3 ea daily); MO; +
<i>aripiprazole tbdp 15 mg</i>	5	SL(2 ea daily); MO; +
ARISTADA PRSY	5	+
REXULTI TABS 0.25 MG	5	PA; SL(16 ea daily); MO; +
REXULTI TABS 0.5 MG	5	PA; SL(8 ea daily); MO; +
REXULTI TABS 1 MG	5	PA; SL(4 ea daily); MO; +
REXULTI TABS 2 MG	5	PA; SL(2 ea daily); MO; +
REXULTI TABS 3 MG	5	PA; SL(1.33 ea daily); MO; +
REXULTI TABS 4 MG	5	PA; SL(1 ea daily); MO; +
Thioxanthenes		
<i>thiothixene caps</i>	1	MO; *
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	1	MO; *
<i>abacavir sulfate tabs</i>	1	MO; *
<i>abacavir sulfate-lamivudine tabs</i>	5	MO; +
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	5	MO; +
APTIVUS CAPS 250 MG	2	MO; +
APTIVUS SOLN 100 MG/ML	2	+
ATRIPLA TABS	2	MO; +
COMBIVIR TABS (<i>Lamivudine-Zidovudine</i>)	5	MO; +
COMPLERA TABS	5	MO; +

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Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN CAPS	3	MO; +
DESCOVY TABS	5	MO; +
<i>didanosine cpdr</i>	1	MO; *
EDURANT TABS	5	MO; +
EMTRIVA CAPS	3	MO; +
EMTRIVA SOLN	3	MO; +
EPIVIR SOLN 10 MG/ML (<i>Lamivudine</i>)	2	MO; +
EPIVIR TABS 300 MG, 150 MG (<i>Lamivudine</i>)	NF	MO
EPZICOM TABS (<i>Abacavir Sulfate-Lamivudine</i>)	5	MO; +
EVOTAZ TABS	5	MO; +
<i>fosamprenavir calcium tabs</i>	5	MO; +
FUZEON SOLR	5	+
GENVOYA TABS	5	MO; +
INTELENCE TABS 100 MG	2	MO; +
INTELENCE TABS 200 MG	5	MO; +
INTELENCE TABS 25 MG	3	+
INVIRASE CAPS	5	MO; +
INVIRASE TABS	5	MO; +
ISENTRESS CHEW 100 MG	2	SL(6 ea daily); MO; +
ISENTRESS CHEW 25 MG	2	SL(24 ea daily); MO; +
ISENTRESS HD TABS	5	+
ISENTRESS PACK 100 MG	3	SL(2 ea daily); +
ISENTRESS TABS 400 MG	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
KALETRA SOLN 400MG/5ML-100MG/5ML (<i>Lopinavir-Ritonavir</i>)	2	MO; +
KALETRA TABS 100MG- 25MG	3	MO; +
KALETRA TABS 200MG- 50MG	2	MO; +
<i>lamivudine soln</i>	1	MO; *
<i>lamivudine tabs</i>	1	MO; *
<i>lamivudine-zidovudine tabs</i>	1	MO; *
LEXIVA SUSP 50 MG/ML	2	MO; +
LEXIVA TABS 700 MG (<i>Fosamprenavir Calcium</i>)	5	MO; +
<i>lopinavir-ritonavir soln</i>	1	MO; *
NEVIRAPINE SUSP 50 MG/5ML	2	MO; +
<i>nevirapine tabs 200 mg</i>	1	MO; *
<i>nevirapine tb24 400 mg, 100 mg</i>	1	MO; *
NORVIR CAPS 100 MG	2	+
NORVIR SOLN 80 MG/ML	2	MO; +
NORVIR TABS 100 MG	2	MO; +
ODEFSEY TABS	5	MO; +
PREZCOBIX TABS	5	MO; +
PREZISTA SUSP	5	MO; +
PREZISTA TABS	5	MO; +
RESCRIPTOR TABS 100 MG	2	MO; +
RESCRIPTOR TABS 200 MG	3	MO; +
RETROVIR CAPS (<i>Zidovudine</i>)	NF	MO
RETROVIR IV INFUSION SOLN	4	+

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Drug Name	Drug Tier	Requirements/Limits
RETROVIR SYRP (<i>Zidovudine</i>)	NF	MO
REYATAZ CAPS	5	MO; +
REYATAZ PACK	5	MO; +
SELZENTRY SOLN 20 MG/ML	2	+
SELZENTRY TABS 300 MG, 150 MG	2	MO; +
SELZENTRY TABS 75 MG, 25 MG	2	+
<i>stavudine caps 30 mg, 20 mg, 40 mg, 15 mg</i>	1	MO; *
STRIBILD TABS	5	MO; +
SUSTIVA CAPS 200 MG, 50 MG	3	MO; +
SUSTIVA TABS 600 MG	5	MO; +
TIVICAY TABS 10 MG	3	MO; +
TIVICAY TABS 50 MG, 25 MG	5	MO; +
TRIUMEQ TABS	5	MO; +
TRIZIVIR TABS (<i>Abacavir Sulfate-Lamivudine- Zidovudine</i>)	5	MO; +
TRUVADA TABS 200MG- 133MG, 250MG-167MG, 150MG-100MG	5	MO; +
TRUVADA TABS 300MG- 200MG	2	MO; +
TYBOST TABS	3	MO; +
VIDEX EC CPDR 125 MG (<i>Didanosine</i>)	3	MO; +
VIDEX EC CPDR 400 MG, 250 MG, 200 MG (<i>Didanosine</i>)	NF	MO
VIDEXPEDIATRIC SOLR	3	MO; +
VIRACEPT TABS	5	MO; +
VIRAMUNE SUSP 50 MG/5ML	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE TABS 200 MG (<i>Nevirapine</i>)	NF	MO
VIRAMUNE XR TB24 100 MG (<i>Nevirapine</i>)	3	MO; +
VIRAMUNE XR TB24 400 MG (<i>Nevirapine</i>)	5	MO; +
VIREAD POWD	5	MO; +
VIREAD TABS	5	MO; +
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (<i>Stavudine</i>)	NF	MO
ZERIT SOLR 1 MG/ML	3	MO; +
ZIAGEN SOLN 20 MG/ML (<i>Abacavir Sulfate</i>)	2	MO; +
ZIAGEN TABS 300 MG (<i>Abacavir Sulfate</i>)	NF	MO
<i>zidovudine caps</i>	1	MO; *
<i>zidovudine syrp</i>	1	MO; *
<i>zidovudine tabs</i>	1	MO; *
CMV Agents		
<i>cidofovir soln</i>	5	+
CYTOVENE SOLR (<i>Ganciclovir Sodium</i>)	4	PA; MO; +
<i>ganciclovir sodium solr</i>	1	PA; MO; *
VALCYTE SOLR (<i>Valganciclovir HCl</i>)	5	MO; +
VALCYTE TABS (<i>Valganciclovir HCl</i>)	5	MO; +
<i>valganciclovir hcl solr</i>	5	MO; +
<i>valganciclovir hcl tabs</i>	5	MO; +
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	5	MO; +
BARACLUDE SOLN 0.05 MG/ML	2	MO; +
BARACLUDE TABS 0.5 MG, 1 MG (<i>Entecavir</i>)	2	MO; +

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Drug Name	Drug Tier	Requirements/Limits
COPEGUS TABS (<i>Ribavirin (Hepatitis C)</i>)	3	+
DAKLINZA TABS	5	PA; +
<i>entecavir tabs</i>	1	MO; *
EPCLUSA TABS	5	PA; +
EPIVIR HBV SOLN 5 MG/ML	2	MO; +
EPIVIR HBV TABS 100 MG (<i>Lamivudine (HBV)</i>)	NF	MO
HARVONI TABS	5	PA; +
HEPSERA TABS (<i>Adefovir Dipivoxil</i>)	5	MO; +
<i>lamivudine (hbv) tabs</i>	1	MO; *
OLYSIO CAPS	5	PA; +
PEG-INTRON REDIPEN KIT	5	+
PEG-INTRON REDIPEN PAK 4 KIT	5	+
PEGASYS PROCLICK SOLN	5	+
PEGASYS SOLN	5	+
PEGINTRON KIT	5	+
REBETOL CAPS 200 MG (<i>Ribavirin (Hepatitis C)</i>)	3	+
REBETOL SOLN 40 MG/ML	2	+
<i>ribavirin (hepatitis c) caps</i>	1	*
<i>ribavirin (hepatitis c) tabs</i>	1	*
<i>ribavirin (hepatitis c) tbpk</i>	1	*
SOVALDI TABS	5	PA; +
TECHNIVIE TABS	5	PA; +
TYZEKA TABS	5	+
VEMLIDY TABS	5	ST; MO; +

Drug Name	Drug Tier	Requirements/Limits
VICTRELIS CAPS	5	PA; +
VIEKIRA PAK TBPK	5	PA; +
ZEPATIER TABS	5	PA; +
Herpes Agents		
<i>acyclovir caps or 200 mg</i>	1	MO; *
<i>acyclovir sodium soln 50 mg/ml</i>	4	PA; +
ACYCLOVIR SODIUM SOLR 500 MG	4	MO; +
<i>acyclovir susp or 200 mg/5ml</i>	1	MO; *
<i>acyclovir tabs or 400 mg, 800 mg</i>	1	MO; *
<i>famciclovir tabs</i>	1	MO; *
FAMVIR TABS (<i>Famciclovir</i>)	3	MO; +
<i>valacyclovir hcl tabs or 1000 mg, 1 gm, 500 mg</i>	1	MO; *
VALTREX TABS (<i>Valacyclovir HCl</i>)	3	MO; +
ZOVIRAX CAPS OR 200 MG (<i>Acyclovir</i>)	3	MO; +
ZOVIRAX SUSP OR 200 MG/5ML (<i>Acyclovir</i>)	3	MO; +
ZOVIRAX TABS OR 800 MG, 400 MG (<i>Acyclovir</i>)	3	MO; +
Influenza Agents		
FLUMADINE TABS (<i>Rimantadine Hydrochloride</i>)	3	MO; +
<i>oseltamivir phosphate caps</i>	1	MO; *
<i>oseltamivir phosphate susr</i>	1	MO; *
RELENZA DISKHALER AEPB	3	MO; +
<i>rimantadine hydrochloride tabs</i>	1	MO; *
TAMIFLU CAPS 45 MG, 30 MG (<i>Oseltamivir Phosphate</i>)	3	MO; +

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Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 75 MG (<i>Oseltamivir Phosphate</i>)	2	MO; +
TAMIFLU SUSR 6 MG/ML (<i>Oseltamivir Phosphate</i>)	3	MO; +
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr in</i>	1	*
VIRAZOLE SOLR (<i>Ribavirin</i>)	3	+
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	1	MO; *
<i>carvedilol tabs 12.5 mg</i>	1	SL(8 ea daily); MO; *
<i>carvedilol tabs 25 mg</i>	1	SL(4 ea daily); MO; *
<i>carvedilol tabs 3.125 mg</i>	1	SL(32 ea daily); MO; *
<i>carvedilol tabs 6.25 mg</i>	1	SL(16 ea daily); MO; *
COREG CR CP24 (<i>Carvedilol Phosphate</i>)	3	MO; +
COREG TABS 12.5 MG (<i>Carvedilol</i>)	3	SL(8 ea daily); MO; +
COREG TABS 25 MG (<i>Carvedilol</i>)	3	SL(4 ea daily); MO; +
COREG TABS 3.125 MG (<i>Carvedilol</i>)	3	SL(32 ea daily); MO; +
COREG TABS 6.25 MG (<i>Carvedilol</i>)	3	SL(16 ea daily); MO; +
<i>labetalol hcl tabs or 300 mg, 100 mg, 200 mg</i>	1	MO; *
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps or 400 mg, 200 mg</i>	1	MO; *
<i>atenolol tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; *
<i>betaxolol hcl tabs</i>	1	MO; *
<i>bisoprolol fumarate tabs</i>	1	MO; *
BYSTOLIC TABS	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR TABS (<i>Metoprolol Tartrate</i>)	3	MO; +
<i>metoprolol succinate tb24</i>	1	MO; *
METOPROLOL TARTRATE TABS OR 37.5 MG, 75 MG	3	MO; +
<i>metoprolol tartrate tabs or 50 mg, 100 mg, 25 mg</i>	1	MO; *
SECTRAL CAPS (<i>Acebutolol HCl</i>)	3	MO; +
TENORMIN TABS (<i>Atenolol</i>)	3	MO; +
TOPROL XL TB24 (<i>Metoprolol Succinate</i>)	3	MO; +
ZEBETA TABS 10 MG (<i>Bisoprolol Fumarate</i>)	NF	MO
Beta Blockers Non-Selective		
BETAPACE AF TABS (<i>Sotalol HCl (AFIB/AFL)</i>)	3	MO; +
BETAPACE TABS (<i>Sotalol HCl</i>)	3	tabs;MO; +
CORGARD TABS (<i>Nadolol</i>)	3	MO; +
HEMANGEOL SOLN	3	AL; Up to 1 yrs old; +
INDERAL LA CP24 (<i>Propranolol HCl</i>)	3	MO; +
<i>nadolol tabs or 20 mg, 80 mg, 40 mg</i>	1	MO; *
<i>pindolol tabs</i>	1	MO; *
<i>propranolol hcl cp24 or 160 mg, 120 mg, 80 mg, 60 mg</i>	1	MO; *
<i>propranolol hcl soln or 40 mg/5ml, 20 mg/5ml</i>	1	MO; *
<i>propranolol hcl tabs or 10 mg, 40 mg, 80 mg, 20 mg, 60 mg</i>	1	MO; *
<i>sotalol hcl (afib/afI) tabs</i>	1	MO; *
Sotalol Hcl IV Soln	NF	
<i>sotalol hcl tabs</i>	1	tabs;MO; *
SOTYLIZE SOLN	3	MO; +

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tabs or 10 mg</i>	1	SL(6 ea daily); MO; *
<i>timolol maleate tabs or 20 mg</i>	1	SL(3 ea daily); MO; *
<i>timolol maleate tabs or 5 mg</i>	1	SL(12 ea daily); MO; *
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (Nifedipine)	3	MO; +
<i>amlodipine besylate tabs or 10 mg</i>	1	SL(1 ea daily); MO; *
<i>amlodipine besylate tabs or 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>amlodipine besylate tabs or 5 mg</i>	1	SL(2 ea daily); MO; *
CALAN SR TBCR (Verapamil HCl)	3	MO; +
CALAN TABS (Verapamil HCl)	3	MO; +
CARDIZEM CD CP24 (Diltiazem HCl Coated Beads)	3	MO; +
CARDIZEM LA TB24 120 MG	2	MO; +
CARDIZEM LA TB24 180 MG, 360 MG, 240 MG, 420 MG, 300 MG (Diltiazem HCl Coated Beads)	3	MO; +
CARDIZEM TABS (Diltiazem HCl)	3	MO; +
<i>diltiazem hcl coated beads cp24</i>	1	MO; *
<i>diltiazem hcl coated beads tb24</i>	1	MO; *
<i>diltiazem hcl cp12 or 90 mg, 60 mg, 120 mg</i>	1	MO; *
<i>diltiazem hcl cp24 or 120 mg, 240 mg, 180 mg</i>	1	MO; *
<i>diltiazem hcl extended release beads cp24</i>	1	MO; *
<i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg</i>	1	MO; *
<i>felodipine tb24</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	1	MO; *
<i>nifedipine caps or 20 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>nifedipine tb24 or 60 mg, 30 mg, 90 mg</i>	1	MO; *
<i>nimodipine caps or 30 mg, 30mg</i>	1	MO; *
<i>nisoldipine tb24</i>	1	MO; *
NORVASC TABS 10 MG (Amlodipine Besylate)	3	SL(1 ea daily); MO; +
NORVASC TABS 2.5 MG (Amlodipine Besylate)	3	SL(4 ea daily); MO; +
NORVASC TABS 5 MG (Amlodipine Besylate)	3	SL(2 ea daily); MO; +
NYMALIZE SOLN	5	+
PROCARDIA XL TB24 (Nifedipine)	3	MO; +
SULAR TB24 (Nisoldipine)	3	MO; +
TIAZAC CP24 (Diltiazem HCl Extended Release Beads)	3	MO; +
<i>verapamil hcl cp24 or 300 mg, 100 mg, 240 mg, 360 mg, 200 mg, 120 mg, 180 mg</i>	1	MO; *
<i>verapamil hcl tabs or 120 mg, 40 mg, 80 mg</i>	1	MO; *
<i>verapamil hcl tbcr or 180 mg, 240 mg, 120 mg</i>	1	MO; *
VERELAN CP24 (Verapamil HCl)	NF	MO
VERELAN PM CP24 (Verapamil HCl)	NF	MO
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	2	MO; +
<i>digoxin tabs or 0.125 mg, 250 mcg, 0.25 mg, 125 mcg</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits
LANOXIN PEDIATRIC SOLN	4	+
LANOXIN TABS OR 125 MCG, 250 MCG (<i>Digoxin</i>)	3	MO; +
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	3	MO; +
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	MO; *
BIDIL TABS	3	MO; +
CADUET TABS (<i>Amlodipine Besylate-Atorvastatin Calcium</i>)	NF	MO
ENTRESTO TABS	3	PA; MO; +
Impotence Agents		
CAVERJECT IMPULSE KIT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +
CAVERJECT SOLR 40 MCG, 20 MCG	2	Check plan for coverage; Limit 4 vials per month ;QL(0.14 49 ea daily); MO; NT; +
CIALIS TABS 2.5 MG, 5 MG	3	PA; Check plan for coverage;MO; +
CIALIS TABS 20 MG, 10 MG	2	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
EDEX KIT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +

Drug Name	Drug Tier	Requirements/Limits
LEVITRA TABS	3	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
MUSE PLLT	2	Check plan for coverage; Limit 4 boxes per month ;QL(0.14 49 ea daily); MO; NT; +
STAXYN TBDP	3	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
VIAGRA TABS 50 MG, 25 MG, 100 MG	2	Check plan for coverage;QL(0.1449 ea daily); MO; NT; +
Prostaglandin Vasodilators		
ORENITRAM TBCR 0.125 MG	3	PA; +
ORENITRAM TBCR 5 MG, 2.5 MG, 1 MG, 0.25 MG	5	PA; +
REMODULIN SOLN	5	B/D; LA; +
TYVASO REFILL SOLN	5	B/D; LA; +
TYVASO SOLN	5	B/D; LA; +
TYVASO STARTER SOLN	5	B/D; LA; +
VENTAVIS SOLN 10 MCG/ML	2	B/D; LA; +
VENTAVIS SOLN 20 MCG/ML	5	B/D; LA; +
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	5	LA; +
OPSUMIT TABS	5	+
TRACLEER TABS	5	LA; +
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	5	PA; +

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Drug Name	Drug Tier	Requirements/Limits
REVATIO SOLN IV 10 MG/12.5ML (<i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	5	PA; +
REVATIO TABS OR 20 MG (<i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	5	PA; +
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	5	PA; +
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	1	PA; *
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	5	PA; LA; +
UPTRAVI TBPk	5	PA; LA; +
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG	5	PA; SL(15 ea daily); +
ADEMPAS TABS 1 MG	5	PA; SL(7.5 ea daily); +
ADEMPAS TABS 1.5 MG	5	PA; SL(5 ea daily); +
ADEMPAS TABS 2 MG	5	PA; SL(3.75 ea daily); +
ADEMPAS TABS 2.5 MG	5	PA; SL(3 ea daily); +
Sinus Node Inhibitors		
CORLANOR TABS 5 MG	3	SL(3 ea daily); MO; +
CORLANOR TABS 7.5 MG	3	SL(2 ea daily); MO; +
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps 500 mg</i>	1	MO; *
<i>cefadroxil susr 500 mg/5ml</i>	1	MO; *
<i>cefadroxil tabs 1 gm</i>	1	MO; *
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin caps</i>	1	MO; *
<i>cephalexin susr</i>	1	MO; *
<i>cephalexin tabs</i>	1	MO; *
KEFLEX CAPS 500 MG, 250 MG (<i>Cephalexin</i>)	3	MO; +
KEFLEX CAPS 750 MG (<i>Cephalexin</i>)	NF	MO
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	MO; *
<i>cefaclor monohydrate tb12</i>	1	MO; *
<i>cefroxitin sodium solr ij 10 gm</i>	4	+
<i>cefroxitin sodium solr iv 1 gm</i>	4	MO; +
<i>cefroxitin sodium solr iv 2 gm</i>	4	+
<i>cefprozil susr 250 mg/5ml</i>	1	MO; *
<i>cefprozil tabs 500 mg, 250 mg</i>	1	MO; *
CEFTIN TABS 250 MG (<i>Cefuroxime Axetil</i>)	3	MO; +
<i>cefuroxime axetil tabs 250 mg, 500 mg</i>	1	MO; *
<i>cefuroxime sodium solr ij 1.5 gm</i>	4	+
ZINACEF SOLR IJ 1.5 GM (<i>Cefuroxime Sodium</i>)	4	+
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	3	SL(1 ea daily); MO; +
<i>cefdinir caps</i>	1	MO; *
<i>cefdinir susr</i>	1	MO; *
<i>cefixime susr</i>	1	MO; *
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	1	MO; *
<i>cefpodoxime proxetil tabs 200 mg, 100 mg</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime solr ij 1 gm, 2 gm</i>	4	MO; +
<i>ceftazidime solr ij 6 gm</i>	4	+
CEFTIBUTEN CAPS 400 MG	3	SL(1 ea daily); MO; +
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE SOLN 20MG/ML	4	SL(200 ml daily); +
<i>ceftriaxone sodium solr ij 1 gm</i>	4	SL(4 ea daily); +
<i>ceftriaxone sodium solr ij 2 gm</i>	4	SL(2 ea daily); MO; +
<i>ceftriaxone sodium solr ij 250 mg</i>	4	SL(16 ea daily); MO; +
<i>ceftriaxone sodium solr ij 500 mg</i>	4	SL(8 ea daily); MO; +
<i>ceftriaxone sodium solr iv 1 gm</i>	4	SL(4 ea daily); +
<i>ceftriaxone sodium solr iv 10 gm</i>	4	MO; +
FORTAZ SOLR IJ 2 GM, 1 GM (<i>Ceftazidime</i>)	4	MO; +
FORTAZ SOLR IJ 6 GM (<i>Ceftazidime</i>)	4	+
SUPRAX CAPS 400 MG	3	MO; +
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	4	MO; +
CEFEPIME SOLN 2 GM/100ML	4	+
MAXIPIME SOLR IJ 1 GM, 2 GM (<i>Cefepime HC</i>)	4	MO; +
Cephalosporins - 5th Generation		
TEFLARO SOLR 600 MG	4	+
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (<i>Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
BREVICON-28 TABS (<i>Norethindrone & Eth Estradiol</i>)	3	MO; +
DESOGEN TABS (<i>Desogestrel & Ethinyl Estradiol</i>)	3	MO; +
<i>desogestrel & ethinyl estradiol tabs</i>	1	MO; *
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	MO; *
<i>drospirenone-ethinyl estradiol tabs</i>	1	MO; *
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	1	MO; *
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM TABS	3	MO; +
<i>ethynodiol diacet & eth estrad tabs 1mg-35mcg</i>	1	MO; *
FEMCON FE CHEW (<i>Norethindrone & Ethinyl Estradiol-Fe</i>)	3	MO; +
GENERESS FE CHEW (<i>Norethindrone & Ethinyl Estradiol-Fe</i>)	3	MO; +
<i>levonorgestrel & eth estradiol tabs</i>	1	MO; *
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	MO; *
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	1	MO; *
LO LOESTRIN FE TABS	3	MO; +
LOSEASONIQUE TABS (<i>Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	3	MO; +
MINASTRIN 24 FE CHEW (<i>Norethin Acet & Estrad-Fe</i>)	3	MO; +
<i>norethin acet & estrad-fe chew 75mg-20mcg-1mg</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet & estrad-fe tabs 75mg-30mcg-1.5mg, 75mg-20mcg-1mg</i>	1	MO; *
<i>norethindrone & eth estradiol tabs</i>	1	MO; *
<i>norethindrone & ethinyl estradiol-fe chew</i>	1	MO; *
<i>norethindrone acet & eth estra tabs 30mcg-1.5mg, 20mcg-1mg</i>	1	MO; *
<i>norethindrone-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	MO; *
<i>norgestimate-ethinyl estradiol tabs</i>	1	MO; *
<i>norgestrel & ethinyl estradiol tabs</i>	1	MO; *
NORINYL 1+35 TABS (Norethindrone & Eth Estradiol)	3	MO; +
ORTHO TRI-CYCLEN LO TABS (Norgestimate-Ethinyl Estradiol (Triphasic))	2	MO; +
ORTHO TRI-CYCLEN TABS (Norgestimate-Ethinyl Estradiol (Triphasic))	3	MO; +
ORTHO-CYCLEN TABS (Norgestimate-Ethinyl Estradiol)	3	MO; +
ORTHO-NOVUM 1/35 TABS (Norethindrone & Eth Estradiol)	3	MO; +
ORTHO-NOVUM 7/7/7 TABS (Norethindrone-Eth Estradiol (Triphasic))	3	MO; +
QUARTETTE TABS (Levonorgestrel-Ethinyl Estradiol (91-Day))	3	MO; +
SAFYRAL TABS	3	MO; +
SEASONIQUE TABS (Levonorgestrel-Ethinyl Estradiol (91-Day))	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
TAYTULLA CAPS	3	MO; +
YASMIN 28 TABS (Drospirenone-Ethinyl Estradiol)	3	MO; +
YAZ TABS (Drospirenone-Ethinyl Estradiol)	3	MO; +
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	1	MO; *
Combination Contraceptives - Vaginal		
NUVARING RING	2	MO; +
Emergency Contraceptives		
ELLA TABS	2	+
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Medroxyprogesterone Acetate (Contraceptive))	4	MO; +
DEPO-PROVERA CONTRACEPTIVE SUSY (Medroxyprogesterone Acetate (Contraceptive))	4	MO; +
DEPO-SUBQ PROVERA 104 SUSY	4	MO; +
<i>medroxyprogesterone acetate (contraceptive) susp</i>	4	MO; +
<i>medroxyprogesterone acetate (contraceptive) susy</i>	4	MO; +
Progestin Contraceptives - Oral		
NOR-QD TABS (Norethindrone (Contraceptive))	3	MO; +
<i>norethindrone (contraceptive) tabs</i>	1	MO; *
ORTHO MICRONOR TABS (Norethindrone (Contraceptive))	3	MO; +
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone sod phosphate & acetate susp</i>	4	MO; +
<i>budesonide cpep or</i>	5	MO; +
CELESTONE-SOLUSPAN SUSP (<i>Betamethasone Sod Phosphate & Acetate</i>)	4	MO; +
CORTEF TABS (<i>Hydrocortisone</i>)	NF	MO
<i>cortisone acetate tabs or</i>	1	MO; *
DEPO-MEDROL SUSP 20 MG/ML	4	MO; +
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (<i>Methylprednisolone Acetate</i>)	NF	MO
<i>dexamethasone elix or 0.5 mg/5ml</i>	1	MO; *
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	4	+
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	4	Preservative Free;MO; +
<i>dexamethasone sodium phosphate soln ij 100 mg/10ml, 20 mg/5ml, 4 mg/ml, 120 mg/30ml</i>	4	MO; +
<i>dexamethasone soln or 0.5 mg/5ml</i>	1	MO; *
<i>dexamethasone tabs or 6 mg, 1 mg, 1.5 mg, 0.75 mg, 4 mg, 2 mg, 0.5 mg</i>	1	MO; *
<i>dexamethasone tbpk or 1.5 mg</i>	1	MO; *
EMFLAZA SUSP	5	PA; LA; +
EMFLAZA TABS	5	PA; LA; +
ENTOCORT EC CPEP (<i>Budesonide</i>)	3	MO; +
<i>hydrocortisone tabs or 5 mg, 10 mg, 20 mg</i>	1	MO; *
KENALOG-10 SUSP	4	MO; +
KENALOG-40 SUSP	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
LOCORT 11-DAY TBPk	5	+
LOCORT 7-DAY TBPk	5	+
MEDROL DOSEPAK TBPk (<i>Methylprednisolone</i>)	NF	MO
MEDROL TABS 16 MG, 8 MG, 4 MG, 32 MG (<i>Methylprednisolone</i>)	NF	MO
MEDROL TABS 2 MG	2	MO; +
<i>methylprednisolone acetate susp ij 40 mg/ml, 80 mg/ml</i>	1	MO; *
<i>methylprednisolone sod succ solr</i>	1	MO; *
<i>methylprednisolone tabs or 32 mg, 4 mg, 8 mg, 16 mg</i>	1	MO; *
<i>methylprednisolone tbpk or 4 mg</i>	1	MO; *
ORAPRED ODT TBPk 10 MG (<i>Prednisolone Sodium Phosphate</i>)	3	MO; +
ORAPRED ODT TBPk 30 MG, 15 MG (<i>Prednisolone Sodium Phosphate</i>)	NF	MO
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 6.7 mg/5ml, 15 mg/5ml, 25 mg/5ml</i>	1	MO; *
<i>prednisolone sodium phosphate tbpk or 30 mg, 10 mg, 15 mg</i>	1	MO; *
<i>prednisolone soln or 15 mg/5ml</i>	1	MO; *
<i>prednisolone syrp or 15 mg/5ml</i>	1	MO; *
<i>prednisolone tabs or 5 mg</i>	1	MO; *
<i>prednisone conc or 5 mg/ml</i>	1	MO; *
<i>prednisone soln or 5 mg/5ml</i>	1	MO; *
<i>prednisone tabs or 2.5 mg, 50 mg, 20 mg, 5 mg, 10 mg, 1 mg</i>	1	MO; *
<i>prednisone tbpk or 5 mg, 10 mg</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
RAYOS TBEC 5 MG, 2 MG	5	MO; +
SOLU-CORTEF SOLR 250 MG, 100 MG	4	MO; +
SOLU-MEDROL SOLR 1000 MG, 125 MG, 40 MG (Methylprednisolone Sod Succ)	NF	MO
SOLU-MEDROL SOLR 2 GM	4	+
UCERIS TB24 OR 9 MG	5	MO; +
ZONACORT 11 DAY TBPk	5	+
ZONACORT 7 DAY TBPk	5	+
Mineralocorticoids		
fludrocortisone acetate tabs or	1	MO; *
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate caps	1	MO; NT; *
TESSALON PERLES CAPS (Benzonatate)	3	MO; NT; +
ZONATUSS CAPS (Benzonatate)	NF	MO; NT
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR TB12	3	MO; +
hydrocodone polistirex-chlorpheniramine polistirex suer	1	AL; Up to 64 yrs old; MO; NT; *
promethazine & phenylephrine soln	1	MO; *
promethazine & phenylephrine syrp	1	MO; *
promethazine-phenylephrine-codeine syrp	1	AL; Up to 64 yrs old; MO; NT; *
pseudoephed-cpm w/ hydrocod soln	1	AL; Up to 64 yrs old; MO; NT; *
REZIRA SOLN	3	MO; NT; +

Drug Name	Drug Tier	Requirements/Limits
SEMPREX-D CAPS	3	MO; +
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (Hydrocodone Polistirex-Chlorpheniramine Polistirex)	3	AL; Up to 64 yrs old; MO; NT; +
ZUTRIPRO SOLN (Pseudoephed-CPM w/ Hydrocod)	3	AL; Up to 64 yrs old; MO; NT; +
Mucolytics		
acetylcysteine soln in 20 %, 10 %	1	B/D; MO; *
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 30 MG (Isotretinoin)	3	+
ABSORICA CAPS 40 MG, 10 MG, 30 MG, 25 MG, 35 MG, 20 MG	3	+
ACANYA GEL	3	MO; +
adapalene crea 0.1 %	1	MO; *
adapalene gel 0.1 %	1	RX/OTC; MO; *
adapalene gel 0.3 %	1	MO; *
adapalene-benzoyl peroxide gel	1	MO; *
ATRALIN GEL (Tretinoin)	3	MO; +
AVAR-E LS CREA (Sulfacetamide Sodium w/ Sulfur)	NF	MO; NT
AZELEX CREA	3	MO; +
BENZAACLIN GEL (Clindamycin Phosphate-Benzoyl Peroxide)	3	MO; +
BENZAACLIN WITH PUMP GEL (Clindamycin Phosphate-Benzoyl Peroxide)	3	MO; +

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Drug Name	Drug Tier	Requirements/Limits
BENZAMYCIN GEL (Benzoyl Peroxide-Erythromycin)	3	MO; +
BENZEFOAM FOAM (Benzoyl Peroxide)	NF	RX/OTC; MO; NT
<i>benzoyl peroxide-erythromycin gel</i>	1	MO; *
CLEOCIN-T GEL (Clindamycin Phosphate Topical)	3	MO; +
CLEOCIN-T LOTN (Clindamycin Phosphate Topical)	3	MO; +
CLEOCIN-T SOLN (Clindamycin Phosphate Topical)	3	MO; +
CLEOCIN-T SWAB (Clindamycin Phosphate Topical)	3	MO; +
CLINDAGEL GEL	3	MO; +
<i>clindamycin phosphate (topical) foam</i>	1	MO; *
<i>clindamycin phosphate (topical) gel</i>	1	MO; *
<i>clindamycin phosphate (topical) lotn</i>	1	MO; *
<i>clindamycin phosphate (topical) soln</i>	1	MO; *
<i>clindamycin phosphate (topical) swab</i>	1	MO; *
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	MO; *
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	MO; *
<i>clindamycin phosphate-tretinoin gel</i>	1	MO; *
DIFFERIN CREA 0.1 % (Adapalene)	3	MO; +
DIFFERIN GEL 0.1 % (Adapalene)	3	RX/OTC; MO; +
DIFFERIN GEL 0.3 % (Adapalene)	NF	MO
DUAC GEL (Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
EPIDUO GEL (<i>Adapalene-Benzoyl Peroxide</i>)	3	MO; +
<i>erythromycin (acne aid) gel</i>	1	MO; *
<i>erythromycin (acne aid) soln</i>	1	MO; *
EVOCLIN FOAM (Clindamycin Phosphate Topical)	3	MO; +
FABIOR FOAM	3	Limit 100gms per month; QL(3.34 gm daily); MO; +
<i>isotretinoin caps or 10 mg, 40 mg, 20 mg, 30 mg</i>	1	*
KLARON LOTN (Sulfacetamide Sodium Acne)	3	MO; +
PLEXION CLEANSER LIQD (Sulfacetamide Sodium w/ Sulfur)	NF	MO; NT
RETIN-A CREA (<i>Tretinoin</i>)	3	MO; +
RETIN-A GEL (<i>Tretinoin</i>)	3	MO; +
RETIN-A MICRO GEL (<i>Tretinoin Microsphere</i>)	NF	MO
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (<i>Tretinoin Microsphere</i>)	NF	MO
RETIN-A MICRO PUMP GEL 0.08 %	3	MO; +
<i>sulfacetamide sodium (acne) lotn</i>	1	MO; *
<i>sulfacetamide sodium (acne) susp</i>	1	MO; *
<i>tretinoin crea ex 0.025 %, 0.05 %, 0.1 %</i>	1	MO; *
<i>tretinoin gel ex 0.025 %, 0.05 %, 0.01 %</i>	1	MO; *
<i>tretinoin microsphere gel</i>	1	MO; *
ZIANA GEL (<i>Clindamycin Phosphate-Tretinoin</i>)	3	MO; +
Anti-inflammatory Agents - Topical		

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (topical) gel</i>	1	MO; *
<i>diclofenac sodium (topical) soln</i>	1	MO; *
FLECTOR PTCH	3	PA; MO; +
PENNSAID SOLN	5	MO; +
VOLTAREN GEL (<i>Diclofenac Sodium (Topical)</i>)	3	MO; +
Antibiotics - Topical		
BACTROBAN CREA (<i>Mupirocin Calcium (Topical)</i>)	NF	MO
CENTANY OINT	3	MO; +
CORTISPORIN CREA	2	MO; +
CORTISPORIN OINT	2	MO; +
<i>gentamicin sulfate (topical) crea</i>	1	MO; *
<i>mupirocin calcium (topical) crea</i>	1	MO; *
<i>mupirocin oint ex</i>	1	MO; *
Antifungals - Topical		
<i>ciclopirox gel 0.77 %</i>	1	MO; *
<i>ciclopirox olamine crea ex</i>	1	MO; *
<i>ciclopirox olamine susp ex</i>	1	MO; *
<i>ciclopirox sham 1 %</i>	1	MO; *
<i>clotrimazole (topical) crea</i>	1	RX/OTC; MO; *
<i>clotrimazole (topical) soln</i>	1	RX/OTC; MO; *
<i>econazole nitrate crea</i>	1	MO; *
ERTACZO CREA	3	MO; +
EXELDERM SOLN	3	MO; +
EXTINA FOAM (<i>Ketoconazole (Topical)</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
JUBLIA SOLN	3	PA; MO; +
KERYDIN SOLN	3	PA; MO; +
<i>ketoconazole (topical) crea</i>	1	MO; *
<i>ketoconazole (topical) foam</i>	1	MO; *
<i>ketoconazole (topical) sham</i>	1	MO; *
LOPROX CREA 0.77 % (<i>Ciclopirox Olamine</i>)	NF	MO
LOPROX SHAMPOO SHAM (<i>Ciclopirox</i>)	3	MO; +
LOPROX SUSP 0.77 % (<i>Ciclopirox Olamine</i>)	3	MO; +
LUZU CREA	3	MO; +
MENTAX CREA	2	RX/OTC; MO; +
<i>naftifine hcl crea</i>	1	MO; *
NAFTIN CREA 2 %, 1 % (<i>Naftifine HCl</i>)	3	MO; +
NAFTIN GEL 2 %, 1 %	3	MO; +
NIZORAL SHAM (<i>Ketoconazole (Topical)</i>)	3	MO; +
<i>nystatin (topical) crea</i>	1	MO; *
<i>nystatin (topical) oint</i>	1	MO; *
<i>nystatin (topical) powd</i>	1	MO; *
<i>nystatin-triamcinolone crea</i>	1	MO; *
<i>nystatin-triamcinolone oint</i>	1	MO; *
<i>oxiconazole nitrate crea</i>	1	MO; *
OXISTAT CREA (<i>Oxiconazole Nitrate</i>)	3	MO; +
OXISTAT LOTN	3	MO; +
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	5	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (actinic keratoses) gel</i>	5	MO; +
EFUDEX CREA (<i>Fluorouracil (Topical)</i>)	NF	MO
<i>fluorouracil (topical) crea</i>	1	MO; *
<i>fluorouracil (topical) soln</i>	1	MO; *
FLUOROURACIL CREA EX 0.5 %	5	MO; +
PANRETIN GEL	2	MO; +
PICATO GEL	5	MO; +
SOLARAZE GEL (<i>Diclofenac Sodium (Actinic Keratoses)</i>)	5	MO; +
TARGRETIN GEL EX 1 %	5	+
VALCHLOR GEL	5	PA; +
Antipruritics - Topical		
DOXEPIN HYDROCHLORIDE CREA	3	MO; +
PRUDOXIN CREA	3	MO; +
ZONALON CREA	3	MO; +
Antipsoriatics		
<i>acitretin caps</i>	5	MO; +
<i>calcipotriene crea</i>	1	MO; *
<i>calcipotriene oint</i>	1	MO; *
<i>calcipotriene soln</i>	1	MO; *
CALCITRIOL OINT EX 3 MCG/GM	3	MO; +
COSENTYX SENSOREADY PEN SOAJ	5	PA; LA; +
COSENTYX SOSY	5	PA; LA; +
DOVONEX CREA (<i>Calcipotriene</i>)	NF	MO
<i>methoxsalen rapid caps</i>	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
OXSORALEN ULTRA CAPS (<i>Methoxsalen Rapid</i>)	5	MO; +
SILIQ SOSY	5	PA; +
SORIATANE CAPS (<i>Acitretin</i>)	5	MO; +
SORILUX FOAM	3	MO; +
STELARA SOSY SC 45 MG/0.5ML, 90 MG/ML	5	PA; +
TALTZ SOAJ	5	PA; +
TALTZ SOSY	5	PA; +
<i>tazarotene crea</i>	1	MO; *
TAZORAC CREA 0.05 %	2	MO; +
TAZORAC CREA 0.1 % (<i>Tazarotene</i>)	2	MO; +
TAZORAC GEL 0.05 %, 0.1 %	2	MO; +
VECTICAL OINT	3	MO; +
Antiseborrheic Products		
OVACE PLUS WASH LIQD (<i>Sulfacetamide Sodium</i>)	NF	MO; NT
OVACE WASH LIQD (<i>Sulfacetamide Sodium</i>)	NF	MO; NT
<i>selenium sulfide lotn ex 2.5 %</i>	1	MO; *
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	MO; *
DENAVIR CREA	5	MO; +
XERESE CREA	3	MO; +
ZOVIRAX CREA EX 5 %	5	MO; +
ZOVIRAX OINT EX 5 % (<i>Acyclovir Topical</i>)	NF	MO
Burn Products		
SILVADENE CREA (<i>Silver Sulfadiazine</i>)	3	MO; +
<i>silver sulfadiazine crea ex</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON CREA 85 MG/GM	3	MO; +
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	MO; *
<i>alclometasone dipropionate oint</i>	1	MO; *
<i>amcinonide crea</i>	1	MO; *
<i>betamethasone dipropionate (topical) crea</i>	1	MO; *
<i>betamethasone dipropionate (topical) lotn</i>	1	MO; *
<i>betamethasone dipropionate (topical) oint</i>	1	MO; *
<i>betamethasone dipropionate augmented crea</i>	1	MO; *
<i>betamethasone dipropionate augmented gel</i>	1	MO; *
<i>betamethasone dipropionate augmented lotn</i>	1	MO; *
<i>betamethasone dipropionate augmented oint</i>	1	MO; *
<i>betamethasone valerate crea ex 0.1 %</i>	1	MO; *
<i>betamethasone valerate foam ex 0.12 %</i>	1	MO; *
<i>betamethasone valerate lotn ex 0.1 %</i>	1	MO; *
<i>betamethasone valerate oint ex 0.1 %</i>	1	MO; *
<i>calcipotriene-betamethasone dipropionate oint</i>	1	MO; *
CAPEX SHAM	3	MO; +
<i>clobetasol propionate crea ex</i>	1	MO; *
<i>clobetasol propionate emollient base crea</i>	1	MO; *
<i>clobetasol propionate foam ex</i>	1	Non-emulsion;MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate gel ex</i>	1	MO; *
<i>clobetasol propionate liqd ex</i>	1	MO; *
<i>clobetasol propionate lotn ex</i>	1	MO; *
<i>clobetasol propionate oint ex</i>	1	MO; *
<i>clobetasol propionate sham ex</i>	1	MO; *
<i>clobetasol propionate soln ex</i>	1	MO; *
CLOBEX LIQD (<i>Clobetasol Propionate</i>)	NF	MO
CLOBEX LOTN (<i>Clobetasol Propionate</i>)	3	MO; +
CLOBEX SHAM (<i>Clobetasol Propionate</i>)	3	MO; +
CLOCORTOLONE PIVALATE CREA	3	MO; +
CLOCORTOLONE PIVALATE PUMP CREA	3	MO; +
CLODERM CREA	3	MO; +
CLODERM PUMP CREA	3	MO; +
CORDRAN TAPE 4 MCG/SQCM	3	MO; +
CORDRAN TAPE TAPE	3	MO; +
CUTIVATE CREA (<i>Fluticasone Propionate</i>)	3	MO; +
CUTIVATE LOTN (<i>Fluticasone Propionate</i>)	3	MO; +
DERMA-SMOOTH/FS BODY OIL (<i>Fluocinolone Acetonide</i>)	3	MO; +
DERMA-SMOOTH/FS SCALP OIL (<i>Fluocinolone Acetonide</i>)	3	MO; +
DERMATOP CREA (<i>Prednicarbate</i>)	3	MO; +
DESONATE GEL	3	MO; +
<i>desonide crea ex</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>desonide lotn ex</i>	1	MO; *
<i>desonide oint ex</i>	1	MO; *
DESOWEN CREA (Desonide)	3	MO; +
<i>desoximetasone crea ex 0.25 %, 0.05 %</i>	1	MO; *
<i>desoximetasone gel ex 0.05 %</i>	1	MO; *
<i>desoximetasone oint ex 0.25 %, 0.05 %</i>	1	MO; *
<i>diflorasone diacetate crea</i>	1	MO; *
<i>diflorasone diacetate oint</i>	1	MO; *
DIPROLENE AF CREA (Betamethasone Dipropionate Augmented)	3	MO; +
DIPROLENE LOTN (Betamethasone Dipropionate Augmented)	3	MO; +
DIPROLENE OINT (Betamethasone Dipropionate Augmented)	3	MO; +
ELOCON CREA (Mometasone Furoate)	3	MO; +
ELOCON LOTN (Mometasone Furoate)	3	MO; +
ELOCON OINT (Mometasone Furoate)	3	MO; +
ENSTILAR FOAM	5	MO; +
<i>fluocinolone acetonide crea ex 0.025 %, 0.01 %</i>	1	MO; *
<i>fluocinolone acetonide oil ex 0.01 %</i>	1	MO; *
<i>fluocinolone acetonide oint ex 0.025 %</i>	1	MO; *
<i>fluocinolone acetonide soln ex 0.01 %</i>	1	MO; *
<i>fluocinonide crea ex 0.1 %, 0.05 %</i>	1	MO; *
<i>fluocinonide emulsified base crea</i>	1	MO; *
<i>fluocinonide gel ex 0.05 %</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide oint ex 0.05 %</i>	1	MO; *
<i>fluocinonide soln ex 0.05 %</i>	1	MO; *
<i>flurandrenolide crea</i>	1	MO; *
<i>flurandrenolide lotn</i>	1	MO; *
<i>fluticasone propionate crea ex 0.05 %</i>	1	MO; *
<i>fluticasone propionate lotn ex 0.05 %</i>	1	MO; *
<i>fluticasone propionate oint ex 0.005 %</i>	1	MO; *
<i>halobetasol propionate crea</i>	1	MO; *
<i>halobetasol propionate oint</i>	1	MO; *
HALOG CREA	3	MO; +
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) crea 2.5 %</i>	1	MO; *
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	MO; *
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC; MO; *
<i>hydrocortisone (topical) oint 2.5 %</i>	1	MO; *
<i>hydrocortisone butyrate crea</i>	1	MO; *
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	MO; *
<i>hydrocortisone butyrate oint</i>	1	MO; *
<i>hydrocortisone butyrate soln</i>	1	MO; *
<i>hydrocortisone valerate crea</i>	1	MO; *
<i>hydrocortisone valerate oint</i>	1	MO; *
KENALOG AERS (Triamcinolone Acetonide (Topical))	NF	MO
LOCOID CREA (Hydrocortisone Butyrate)	3	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
LOCOID LIPOCREAM CREA (<i>Hydrocortisone Butyrate Hydrophilic Lipo Base</i>)	NF	MO
LOCOID LOTN	3	MO; +
LOCOID OINT (<i>Hydrocortisone Butyrate</i>)	3	MO; +
LOCOID SOLN (<i>Hydrocortisone Butyrate</i>)	3	MO; +
LUXIQ FOAM (<i>Betamethasone Valerate</i>)	NF	MO
<i>mometasone furoate crea ex</i>	1	MO; *
<i>mometasone furoate oint ex</i>	1	MO; *
<i>mometasone furoate soln ex</i>	1	MO; *
OLUX FOAM (<i>Clobetasol Propionate</i>)	3	Non-emulsion;MO; +
<i>prednicarbate crea</i>	1	MO; *
SYNALAR CREA (<i>Fluocinolone Acetonide</i>)	3	MO; +
SYNALAR OINT (<i>Fluocinolone Acetonide</i>)	3	MO; +
SYNALAR SOLN (<i>Fluocinolone Acetonide</i>)	3	MO; +
TACLONEX OINT (<i>Calcipotriene-Betamethasone Dipropionate</i>)	5	MO; +
TACLONEX SUSP	5	MO; +
TEMOVATE CREA (<i>Clobetasol Propionate</i>)	3	MO; +
TEMOVATE GEL (<i>Clobetasol Propionate</i>)	3	MO; +
TEMOVATE OINT (<i>Clobetasol Propionate</i>)	3	MO; +
TEMOVATE SOLN (<i>Clobetasol Propionate</i>)	3	MO; +
TOPICORT LIQD 0.25 %	3	MO; +
TOPICORT OINT 0.05 % (<i>Desoximetasone</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	1	MO; *
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	MO; *
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	MO; *
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %</i>	1	MO; *
TRIDESILON CREA (<i>Desonide</i>)	3	MO; +
ULTRAVATE CREA (<i>Halobetasol Propionate</i>)	3	MO; +
ULTRAVATE LOTN	5	PA; MO; +
ULTRAVATE OINT (<i>Halobetasol Propionate</i>)	3	MO; +
VANOS CREA (<i>Fluocinonide</i>)	5	MO; +
Emollient/Keratolytic Agents		
URAMAXIN GEL 45 % (<i>Urea</i>)	NF	MO; NT
URAMAXIN GT GEL (<i>Urea</i>)	NF	MO; NT
URAMAXIN LOTN 45 % (<i>Urea</i>)	NF	MO; NT
Emollients		
LAC-HYDRIN CREA (<i>Lactic Acid (Ammonium Lactate)</i>)	3	RX/OTC; MO; +
LAC-HYDRIN LOTN (<i>Lactic Acid (Ammonium Lactate)</i>)	3	RX/OTC; MO; +
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC; MO; *
Enzymes - Topical		
SANTYL OINT	2	MO; +
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Imiquimod</i>)	NF	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod crea ex</i>	1	MO; *
ZYCLARA CREA	5	MO; +
ZYCLARA PUMP CREA	5	MO; +
Immunosuppressive Agents - Topical		
ELIDEL CREA	3	MO; +
PROTOPIC OINT (<i>Tacrolimus (Topical)</i>)	NF	MO
<i>tacrolimus (topical) oint</i>	1	MO; *
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	3	MO; +
CONDYLOX SOLN (<i>Podofilox</i>)	3	MO; +
<i>podofilox soln ex</i>	1	MO; *
VIRASAL LIQD (<i>Salicylic Acid</i>)	NF	MO
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC; MO; *
<i>lidocaine hcl soln ex 4 %</i>	1	MO; *
<i>lidocaine oint ex 5 %</i>	1	MO; *
<i>lidocaine ptch ex 5 %</i>	1	PA; MO; *
<i>lidocaine-prilocaine crea</i>	1	MO; *
LIDODERM PTCH (<i>Lidocaine</i>)	NF	PA; MO
XYLOCAINE SOLN EX 4 % (<i>Lidocaine HCl</i>)	3	MO; +
Rosacea Agents		
DOXYCYCLINE CPDR	3	MO; +
FINACEA FOAM	3	MO; +
FINACEA GEL	3	MO; +
METROCREAM CREA (<i>Metronidazole (Topical)</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
METROGEL GEL (<i>Metronidazole (Topical)</i>)	NF	MO
METROLOTION LOTN (<i>Metronidazole (Topical)</i>)	3	MO; +
<i>metronidazole (topical) crea</i>	1	MO; *
<i>metronidazole (topical) gel</i>	1	MO; *
<i>metronidazole (topical) lotn</i>	1	MO; *
MIRVASO GEL	3	PA; MO; +
NORITATE CREA	5	MO; +
ORACEA CPDR	3	MO; +
SOOLANTRA CREA	3	MO; +
Scabicides & Pediculicides		
EURAX CREA	3	MO; +
EURAX LOTN	3	MO; +
<i>malathion lotn</i>	1	MO; *
<i>permethrin crea ex 5 %</i>	1	MO; *
Wound Care Products		
REGANEX GEL	5	MO; +
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	MO; +
PANCREAZE CPEP	2	MO; +
PERTZYE CPEP 28750UNIT-8000UNIT- 30250UNIT, 14375UNIT- 4000UNIT-15125UNIT, 57500UNIT-16000UNIT- 60500UNIT	3	MO; +
PERTZYE CPEP 86250UNIT-24000UNIT- 90750UNIT	3	+

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID SOLN	3	LA; +
VIOKACE TABS	3	MO; +
ZENPEP CPEP 10000UNIT-3000UNIT- 16000UNIT, 17000UNIT- 5000UNIT-27000UNIT, 68000UNIT-20000UNIT- 109000UNIT, 34000UNIT- 10000UNIT-55000UNIT, 51000UNIT-15000UNIT- 82000UNIT, 85000UNIT- 25000UNIT-136000UNIT	3	MO; +
ZENPEP CPEP 136000UNIT-40000UNIT- 218000UNIT	5	MO; +
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 or 500 mg</i>	1	MO; *
<i>acetazolamide tabs or 250 mg</i>	1	MO; *
DIAMOX CP12 (Acetazolamide)	3	MO; +
KEVEYIS TABS	5	PA; SL(4 ea daily); +
<i>methazolamide tabs or 25 mg, 50 mg</i>	1	MO; *
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Spironolactone & Hydrochlorothiazide)	3	MO; +
ALDACTAZIDE TABS 50MG-50MG	2	MO; +
<i>amiloride & hydrochlorothiazide tabs</i>	1	MO; *
DYAZIDE CAPS (Triamterene & Hydrochlorothiazide)	3	MO; +
MAXZIDE TABS (Triamterene & Hydrochlorothiazide)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
MAXZIDE-25 TABS (Triamterene & Hydrochlorothiazide)	3	MO; +
<i>spironolactone & hydrochlorothiazide tabs</i>	1	MO; *
<i>triamterene & hydrochlorothiazide caps</i>	1	MO; *
<i>triamterene & hydrochlorothiazide tabs</i>	1	MO; *
Loop Diuretics		
<i>bumetanide tabs or 1 mg, 2 mg, 0.5 mg</i>	1	MO; *
BUMEX TABS (Bumetanide)	NF	MO
DEMADEX TABS (Torsemide)	3	MO; +
EDECIN TABS (Ethacrynic Acid)	5	MO; +
<i>ethacrynic acid tabs</i>	5	MO; +
<i>furosemide soln ij 10 mg/ml</i>	4	MO; +
<i>furosemide soln or 10 mg/ml</i>	1	MO; *
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; *
LASIX TABS (Furosemide)	3	MO; +
<i>torsemide tabs 20 mg, 10 mg, 100 mg, 5 mg</i>	1	MO; *
Potassium Sparing Diuretics		
ALDACTONE TABS (Spironolactone)	3	MO; +
<i>amiloride hcl tabs or</i>	1	MO; *
DYRENIUM CAPS	3	MO; +
<i>spironolactone tabs or 100 mg, 50 mg, 25 mg</i>	1	MO; *
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs</i>	1	MO; *
<i>chlorthalidone tabs</i>	1	MO; *
<i>hydrochlorothiazide caps or 12.5 mg</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tabs or 12.5 mg, 25 mg, 50 mg</i>	1	MO; *
<i>indapamide tabs</i>	1	MO; *
<i>metolazone tabs</i>	1	MO; *
MICROZIDE CAPS (<i>Hydrochlorothiazide</i>)	3	MO; +
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Risedronate Sodium</i>)	NF	QL(0.04 ea daily); MO
ACTONEL TABS 30 MG, 5 MG (<i>Risedronate Sodium</i>)	NF	QL(1 ea daily); MO
ACTONEL TABS 35 MG (<i>Risedronate Sodium</i>)	NF	QL(0.15 ea daily); MO
<i>alendronate sodium tabs 10 mg, 5 mg</i>	1	MO; *
<i>alendronate sodium tabs 70 mg, 35 mg</i>	1	QL(0.15 ea daily); MO; *
ADELVIA TBEC (<i>Risedronate Sodium</i>)	NF	QL(0.15 ea daily); MO
BONIVA SOLN IV 3 MG/3ML (<i>Ibandronate Sodium</i>)	4	QL(0.04 ml daily); MO; +
BONIVA TABS OR 150 MG (<i>Ibandronate Sodium</i>)	3	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO; +
<i>calcitonin (salmon) soln</i>	1	MO; *
FORTEO SOLN	5	Limit 2.4mls per 28 days; QL(0.09 ml daily); +
FORTICAL SOLN	3	MO; +
FOSAMAX PLUS D TABS	3	QL(0.15 ea daily); MO; +
FOSAMAX TABS (<i>Alendronate Sodium</i>)	3	QL(0.15 ea daily); MO; +
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	QL(0.04 ml daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium tabs or 150 mg</i>	1	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO; *
MIACALCIN SOLN IJ 200 UNIT/ML	4	MO; +
NATPARA CART	5	PA; LA; +
PROLIA SOLN	2	QL(0.01 ml daily); +
RECLAST SOLN (<i>Zoledronic Acid</i>)	NF	QL(0.28 ml daily)
<i>risedronate sodium tabs 150 mg</i>	1	QL(0.04 ea daily); MO; *
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	QL(1 ea daily); MO; *
<i>risedronate sodium tabs 35 mg</i>	1	QL(0.15 ea daily); MO; *
<i>risedronate sodium tbec 35 mg</i>	1	QL(0.15 ea daily); MO; *
TYMLOS SOPN	5	PA; +
XGEVA SOLN	5	Limit 6.8mls per 28 days; QL(0.243 ml daily); +
<i>zoledronic acid conc 4 mg/5ml</i>	4	+
<i>zoledronic acid soln 5 mg/100ml</i>	1	QL(0.28 ml daily); *
ZOMETA CONC 4 MG/5ML (<i>Zoledronic Acid</i>)	5	+
Corticotropin		
H.P. ACTHAR GEL	5	PA; LA; +
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR IM	4	PA; +
NOVAREL SOLR	4	PA; +
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; +
Growth Hormone Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SOLR	5	LA; +
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	5	+
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.4 MG	4	PA; +
GENOTROPIN SOLR 5 MG	4	PA; +
HUMATROPE COMBO PACK SOLR	5	PA; +
HUMATROPE SOLR 12 MG, 24 MG	5	PA; +
HUMATROPE SOLR 6 MG	4	PA; +
NORDITROPIN FLEXPRO SOLN 10 MG/1.5ML, 5 MG/1.5ML	5	PA; +
NUTROPIN AQ NUSPIN 20 SOLN	5	PA; +
OMNITROPE SOLN 10 MG/1.5ML, 5 MG/1.5ML	5	PA; +
SEROSTIM SOLR 6 MG, 4 MG	5	PA; +
ZOMACTON SOLR 5 MG	4	PA; +
Hormone Receptor Modulators		
EVISTA TABS (<i>Raloxifene HCl</i>)	NF	QL(1 ea daily); MO
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily); MO; *
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	LA; +
LHRH/GnRH Agonist Analog Pituitary		
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG, 15 MG	4	+
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	+
LUPRON DEPOT-PED (3-MONTH) KIT	5	3 Month Kit; +
SYNAREL SOLN	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
Metabolic Modifiers		
<i>calcitriol caps or 0.5 mcg, 0.25 mcg</i>	1	MO; *
<i>calcitriol soln or 1 mcg/ml</i>	1	MO; *
CARBAGLU TABS	3	LA; +
CARNITOR TABS OR 330 MG (<i>Levocarnitine (Metabolic Modifiers)</i>)	3	RX/OTC; MO; +
CYSTADANE POWD	3	LA; +
<i>doxercalciferol caps or 1 mcg, 0.5 mcg, 2.5 mcg</i>	1	MO; *
FABRAZYME SOLR 35 MG	5	LA; +
HECTOROL CAPS OR 1 MCG (<i>Doxercalciferol</i>)	5	MO; +
HECTOROL CAPS OR 2.5 MCG, 0.5 MCG (<i>Doxercalciferol</i>)	NF	MO
KANUMA SOLN	5	LA; +
KUVAN PACK	5	LA; +
KUVAN TBSO	5	LA; +
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	RX/OTC; MO; *
LUMIZYME SOLR	5	LA; +
MYALEPT SOLR	5	LA; +
NAGLAZYME SOLN	5	LA; +
ORFADIN CAPS 10 MG, 2 MG, 20 MG, 5 MG	2	LA; +
<i>paricalcitol caps or 2 mcg, 1 mcg, 4 mcg</i>	1	MO; *
RAVICTI LIQD	3	LA; +
RAYALDEE CPCR	3	PA; MO; +
ROCALTROL CAPS (<i>Calcitriol</i>)	3	MO; +
ROCALTROL SOLN (<i>Calcitriol</i>)	3	MO; +

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Drug Name	Drug Tier	Requirements/Limits
SENSIPAR TABS	2	+
STRENSIQ SOLN	5	PA; LA; +
VIMIZIM SOLN	5	LA; +
ZEMPLAR CAPS OR 1 MCG, 2 MCG (<i>Paricalcitol</i>)	NF	MO
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Desmopressin Acetate</i>)	4	MO; +
DDAVP SOLN NA 0.01 % (<i>Desmopressin Acetate Refrigerated</i>)	3	MO; +
DDAVP SOLN NA 0.01 % (<i>Desmopressin Acetate Spray</i>)	3	MO; +
DDAVP TABS OR 0.2 MG, 0.1 MG (<i>Desmopressin Acetate</i>)	3	MO; +
<i>desmopressin acetate refrigerated soln</i>	1	MO; *
<i>desmopressin acetate soln ij 4 mcg/ml</i>	4	MO; +
<i>desmopressin acetate spray refrigerated soln</i>	1	MO; *
<i>desmopressin acetate spray soln</i>	1	MO; *
<i>desmopressin acetate tabs or 0.2 mg, 0.1 mg</i>	1	MO; *
STIMATE SOLN	3	+
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	MO; *
Somatostatic Agents		
<i>octreotide acetate soln 200 mcg/ml, 100 mcg/ml, 50 mcg/ml</i>	4	+
SANDOSTATIN LAR DEPOT KIT 30 MG, 20 MG	5	+
SANDOSTATIN SOLN 100 MCG/ML (<i>Octreotide Acetate</i>)	5	+

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN SOLN 50 MCG/ML, 200 MCG/ML (<i>Octreotide Acetate</i>)	4	+
SIGNIFOR LAR SRER 20 MG	5	Limit 3 vials per 28 days; SL(0.11 ea daily); LA; +
SIGNIFOR LAR SRER 40 MG	5	Limit 3 vials per 56 days; SL(0.054 ea daily); LA; +
SIGNIFOR LAR SRER 60 MG	5	Limit 1 vial per 28 days; SL(0.036 ea daily); LA; +
SIGNIFOR SOLN	5	LA; +
SOMATULINE DEPOT SOLN	5	+
Vasopressin Receptor Antagonists		
SAMSCA TABS	5	+
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Estradiol & Norethindrone Acetate</i>)	3	AL; Up to 64 yrs old; MO; +
CLIMARA PRO PTWK	3	AL; Up to 64 yrs old; MO; +
COMBIPATCH PTTW	3	AL; Up to 64 yrs old; MO; +
DUAVEE TABS	3	AL; Up to 64 yrs old; MO; +
<i>estradiol & norethindrone acetate tabs</i>	1	AL; Up to 64 yrs old; MO; *
FEMHRT LOW DOSE TABS (<i>Norethindrone Acetate-Ethinyl Estradiol</i>)	3	AL; Up to 64 yrs old; MO; +
<i>norethindrone acetate-ethinyl estradiol tabs 2.5mcg-0.5mg</i>	1	AL; Up to 64 yrs old; MO; *
PREMPHASE TABS	3	AL; Up to 64 yrs old; MO; +
PREMPRO TABS	3	AL; Up to 64 yrs old; MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/ Limits
Estrogens		
CLIMARA PTWK (Estradiol)	3	AL; Up to 64 yrs old; MO; +
DELESTROGEN OIL 10 MG/ML	4	MO; +
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Estradiol Valerate)	4	MO; +
DIVIGEL GEL	3	AL; Up to 64 yrs old; MO; +
ELESTRIN GEL	3	AL; Up to 64 yrs old; MO; +
<i>estradiol pttw td 0.075 mg/24hr, 0.0375 mg/24hr, 0.025 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr</i>	1	AL; Up to 64 yrs old; MO; *
<i>estradiol ptwk td 37.5 mcg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.025 mg/24hr, 0.1 mg/24hr</i>	1	AL; Up to 64 yrs old; MO; *
<i>estradiol tabs or 1 mg, 2 mg, 0.5 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>estradiol valerate oil im 20 mg/ml, 40 mg/ml</i>	4	MO; +
<i>estropipate tabs 1.5 mg, 0.75 mg</i>	1	AL; Up to 64 yrs old; MO; *
EVAMIST SOLN	3	AL; Up to 64 yrs old; MO; +
MENOSTAR PTWK	3	AL; Up to 64 yrs old; MO; +
PREMARIN TABS OR 0.3 MG, 0.9 MG, 0.45 MG, 1.25 MG, 0.625 MG	3	AL; Up to 64 yrs old; MO; +
VIVELLE-DOT PTTW (Estradiol)	NF	AL; Up to 64 yrs old; MO
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (Moxifloxacin HCl)	NF	MO
AVELOX TABS OR 400 MG (Moxifloxacin HCl)	NF	MO
CIPRO I.V.-IN D5W SOLN (Ciprofloxacin in D5W)	4	MO; +

Drug Name	Drug Tier	Requirements/ Limits
CIPRO SUSR (Ciprofloxacin)	3	MO; +
CIPRO TABS (Ciprofloxacin HCl)	3	MO; +
CIPRO XR TB24 (Ciprofloxacin-Ciprofloxacin HCl)	3	MO; +
<i>ciprofloxacin hcl tabs or 100 mg, 250 mg, 750 mg, 500 mg</i>	1	MO; *
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	4	+
<i>ciprofloxacin in d5w soln 400mg/200ml-5%</i>	4	MO; +
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	MO; *
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	MO; *
LEVAQUIN TABS (Levofloxacin)	3	MO; +
<i>levofloxacin in d5w soln</i>	4	+
<i>levofloxacin soln iv 25 mg/ml</i>	4	+
<i>levofloxacin soln or 25 mg/ml</i>	1	MO; *
<i>levofloxacin tabs or 500 mg, 750 mg, 250 mg</i>	1	MO; *
<i>moxifloxacin hcl tabs or 400 mg</i>	1	MO; *
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS 10 MG	5	PA; SL(1 ea daily); +
OCALIVA TABS 5 MG	5	PA; SL(2 ea daily); +
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Ursodiol)	3	MO; +
CHENODAL TABS	5	LA; +
URSO 250 TABS (Ursodiol)	3	MO; +

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Drug Name	Drug Tier	Requirements/Limits
URSO FORTE TABS (<i>Ursodiol</i>)	3	MO; +
<i>ursodiol caps or 300 mg</i>	1	MO; *
<i>ursodiol tabs or 250 mg, 500 mg</i>	1	MO; *
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	1	MO; *
GASTROCROM CONC (<i>Cromolyn Sodium (Mastocytosis)</i>)	3	MO; +
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	MO; +
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	4	MO; +
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	MO; *
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	MO; *
REGLAN TABS (<i>Metoclopramide HCl</i>)	3	MO; +
Inflammatory Bowel Agents		
APRISO CP24	2	MO; +
ASACOL HD TBEC	2	MO; +
AZULFIDINE EN-TABS TBEC (<i>Sulfasalazine</i>)	3	MO; +
AZULFIDINE TABS (<i>Sulfasalazine</i>)	3	MO; +
<i>balsalazide disodium caps</i>	1	MO; *
CANASA SUPP	5	MO; +
CIMZIA KIT	5	PA; +
CIMZIA STARTER KIT KIT	5	PA; +
COLAZAL CAPS (<i>Balsalazide Disodium</i>)	3	MO; +
DELZICOL CPDR	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
DIPENTUM CAPS	5	MO; +
ENTYVIO SOLR	5	PA; +
INFLECTRA SOLR	5	PA; +
LIALDA TBEC (<i>Mesalamine</i>)	2	MO; +
MESALAMINE DR TBEC	2	MO; +
<i>mesalamine enem re 4 gm</i>	1	MO; *
<i>mesalamine tbec or 1.2 gm</i>	1	MO; *
<i>mesalamine w/ cleanser kit</i>	1	MO; *
PENTASA CPCR 250 MG	3	MO; +
PENTASA CPCR 500 MG	5	MO; +
REMICADE SOLR	5	PA; +
ROWASA KIT (<i>Mesalamine w/ Cleanser</i>)	5	MO; +
STELARA SOLN IV 130 MG/26ML	5	PA; +
<i>sulfasalazine tabs or</i>	1	MO; *
<i>sulfasalazine tbec or</i>	1	MO; *
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	MO; *
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	5	MO; +
LINZESS CAPS	2	MO; +
LOTRONEX TABS (<i>Alosetron HCl</i>)	5	MO; +
VIBERZI TABS	5	PA; MO; +
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABS	3	MO; +
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	5	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
RELISTOR TABS OR 150 MG	5	PA; MO; +
Phosphate Binder Agents		
AURYXIA TABS	5	MO; +
<i>calcium acetate (phosphate binder) caps</i>	1	MO; *
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC; MO; *
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Lanthanum Carbonate)	2	MO; +
<i>lanthanum carbonate chew</i>	1	MO; *
PHOSLYRA SOLN	3	MO; +
RENAGEL TABS 800 MG	5	MO; +
RENVELA PACK (Sevelamer Carbonate)	5	MO; +
RENVELA TABS (Sevelamer Carbonate)	5	MO; +
<i>sevelamer carbonate pack</i>	5	MO; +
<i>sevelamer carbonate tabs</i>	5	MO; +
VELPHORO CHEW	5	MO; +
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	5	PA; LA; +
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	5	PA; LA; +
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 540 mg, 1080 mg</i>	1	MO; *
UROKIT-K 10 TBCR (Potassium Citrate (Alkalinizer))	NF	MO

Drug Name	Drug Tier	Requirements/Limits
UROKIT-K 5 TBCR (Potassium Citrate (Alkalinizer))	NF	MO
Cystinosis Agents		
CYSTAGON CAPS	3	+
PROCYSBI CPDR	3	LA; +
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	MO; *
<i>neomycin/polymyxin b gu soln</i>	1	MO; *
<i>sodium chloride (gu irrigant) soln</i>	1	MO; *
Interstitial Cystitis Agents		
ELMIRON CAPS	3	MO; +
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	MO; *
AVODART CAPS (Dutasteride)	NF	MO
CARDURA XL TB24	3	MO; +
<i>dutasteride caps</i>	1	MO; *
<i>dutasteride-tamsulosin hcl caps</i>	1	MO; *
<i>finasteride tabs or</i>	1	MO; *
FLOMAX CAPS (Tamsulosin HCl)	3	MO; +
JALYN CAPS (Dutasteride-Tamsulosin HCl)	NF	MO
PROSCAR TABS (Finasteride)	3	MO; +
RAPAFLO CAPS	3	MO; +
<i>tamsulosin hcl caps</i>	1	MO; *
UROXATRAL TB24 (Alfuzosin HCl)	3	MO; +
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		

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Drug Name	Drug Tier	Requirements/Limits
<i>colchicine w/ probenecid tabs</i>	1	MO; *
Gout Agents		
<i>allopurinol tabs or 100 mg</i>	1	SL(8 ea daily); MO; *
<i>allopurinol tabs or 300 mg</i>	1	SL(2.66 ea daily); MO; *
COLCHICINE CAPS OR	3	MO; +
COLCHICINE TABS OR	2	MO; +
COLCRYS TABS	2	MO; +
MITIGARE CAPS	3	MO; +
ULORIC TABS	2	MO; +
ZURAMPIC TABS	3	PA; SL(1 ea daily); MO; +
ZYLOPRIM TABS 100 MG (<i>Allopurinol</i>)	3	SL(8 ea daily); MO; +
ZYLOPRIM TABS 300 MG (<i>Allopurinol</i>)	3	SL(2.66 ea daily); MO; +
Uricosurics		
<i>probenecid tabs</i>	1	MO; *
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	5	+
Complement Inhibitors		
BERINERT KIT	5	LA; +
CINRYZE SOLR	5	LA; +
RUCONEST SOLR	5	+
Hematorheologic Agents		
<i>pentoxifylline tbcr or</i>	1	MO; *
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	5	+
Platelet Aggregation Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
AGGRENOX CP12 (<i>Aspirin-Dipyridamole</i>)	2	MO; +
AGRYLIN CAPS (<i>Anagrelide HCl</i>)	3	MO; +
<i>anagrelide hcl caps</i>	1	MO; *
<i>aspirin-dipyridamole cp12</i>	1	MO; *
BRILINTA TABS	2	MO; +
<i>cilostazol tabs</i>	1	MO; *
<i>clopidogrel bisulfate tabs 300 mg</i>	1	*
<i>clopidogrel bisulfate tabs 75 mg</i>	1	MO; *
<i>dipyridamole tabs or 50 mg, 75 mg, 25 mg</i>	1	AL; Up to 64 yrs old; MO; *
EFFIENT TABS (<i>Prasugrel HCl</i>)	2	MO; +
PERSANTINE TABS (<i>Dipyridamole</i>)	3	AL; Up to 64 yrs old; MO; +
PLAVIX TABS 300 MG (<i>Clopidogrel Bisulfate</i>)	3	+
PLAVIX TABS 75 MG (<i>Clopidogrel Bisulfate</i>)	3	MO; +
PLETAL TABS 50 MG (<i>Cilostazol</i>)	3	MO; +
<i>prasugrel hcl tabs</i>	1	MO; *
ZONTIVITY TABS	2	MO; +
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	5	PA; +
CEREZYME SOLR	5	LA; +
ELELYSO SOLR	5	+
VPRIV SOLR	5	+
ZAVESCA CAPS	5	LA; +
Agents for Sickle Cell Anemia		

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
DROXIA CAPS	3	MO; +
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	4	MO; NT; +
NASCOBAL SOLN	3	MO; NT; +
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC; MO; NT; *
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 60 MCG/ML, 25 MCG/ML, 40 MCG/ML	4	PA; +
ARANESP ALBUMIN FREE SOLN 200 MCG/ML, 300 MCG/ML	5	PA; +
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML, 25 MCG/0.42ML	4	PA; +
ARANESP ALBUMIN FREE SOSY 300 MCG/0.6ML, 200 MCG/0.4ML, 150 MCG/0.3ML, 500 MCG/ML	5	PA; +
EPOGEN SOLN 10000 UNIT/ML	3	PA; +
EPOGEN SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; +
EPOGEN SOLN 20000 UNIT/ML	5	PA; +
GRANIX SOSY	5	PA; +
LEUKINE SOLR	5	PA; +
MIRCERA SOSY 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	3	PA; +
MIRCERA SOSY 200 MCG/0.3ML	5	PA; +

Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO KIT PSKT	5	PA; +
NEULASTA SOSY	5	PA; +
NEUPOGEN SOLN	5	PA; +
NEUPOGEN SOSY	5	PA; +
PROCRIT SOLN 4000 UNIT/ML, 2000 UNIT/ML, 10000 UNIT/ML, 3000 UNIT/ML	2	PA; +
PROCRIT SOLN 40000 UNIT/ML, 20000 UNIT/ML	5	PA; +
PROMACTA TABS 12.5 MG	5	SL(12 ea daily); LA; +
PROMACTA TABS 25 MG	5	SL(6 ea daily); LA; +
PROMACTA TABS 50 MG	5	SL(3 ea daily); LA; +
PROMACTA TABS 75 MG	5	SL(2 ea daily); LA; +
ZARXIO SOSY	5	PA; +
Stem Cell Mobilizers		
MOZOBIL SOLN	5	+
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	5	MO; +
AMICAR TABS 1000 MG	5	+
AMICAR TABS 500 MG	3	MO; +
CYKLOKAPRON SOLN (<i>Tranexamic Acid</i>)	3	+
LYSTEDA TABS (<i>Tranexamic Acid</i>)	NF	MO
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	*
<i>tranexamic acid tabs or 650 mg</i>	1	MO; *
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		

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Drug Name	Drug Tier	Requirements/ Limits
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	2	AL; Up to 64 yrs old; MO; +
<i>phenobarbital elix or 20 mg/5ml</i>	1	AL; Up to 64 yrs old; MO; *
<i>phenobarbital soln or 20 mg/5ml</i>	1	AL; Up to 64 yrs old; MO; *
<i>phenobarbital tabs or 97.2 mg, 30 mg, 16.2 mg, 15 mg, 32.4 mg, 64.8 mg, 60 mg, 100 mg</i>	1	AL; Up to 64 yrs old; MO; *
Hypnotics - Tricyclic Agents		
SILENOR TABS 3 MG	3	QL(2 ea daily); MO; +
SILENOR TABS 6 MG	3	QL(1 ea daily); MO; +
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR 12.5 MG (<i>Zolpidem Tartrate</i>)	3	AL; Up to 64 yrs old; SL(1 ea daily); MO; +
AMBIEN CR TBCR 6.25 MG (<i>Zolpidem Tartrate</i>)	3	AL; Up to 64 yrs old; SL(2 ea daily); MO; +
AMBIEN TABS 10 MG (<i>Zolpidem Tartrate</i>)	3	AL; Up to 64 yrs old; SL(1 ea daily); MO; +
AMBIEN TABS 5 MG (<i>Zolpidem Tartrate</i>)	3	AL; Up to 64 yrs old; SL(2 ea daily); MO; +
EDLUAR SUBL 10 MG	3	AL; Up to 64 yrs old; SL(1 ea daily); MO; +
EDLUAR SUBL 5 MG	3	AL; Up to 64 yrs old; SL(2 ea daily); MO; +
<i>eszopiclone tabs</i>	1	AL; Up to 64 yrs old; MO; *
INTERMEZZO SUBL 1.75 MG (<i>Zolpidem Tartrate</i>)	3	AL; Up to 64 yrs old; SL(2 ea daily); MO; +
INTERMEZZO SUBL 3.5 MG (<i>Zolpidem Tartrate</i>)	3	AL; Up to 64 yrs old; SL(1 ea daily); MO; +
LUNESTA TABS (<i>Eszopiclone</i>)	NF	AL; Up to 64 yrs old; MO

Drug Name	Drug Tier	Requirements/ Limits
RESTORIL CAPS (<i>Temazepam</i>)	3	MO; +
SONATA CAPS (<i>Zaleplon</i>)	3	AL; Up to 64 yrs old; MO; +
<i>temazepam caps</i>	1	MO; *
<i>zaleplon caps</i>	1	AL; Up to 64 yrs old; MO; *
<i>zolpidem tartrate subl sl 1.75 mg</i>	1	AL; Up to 64 yrs old; SL(2 ea daily); MO; *
<i>zolpidem tartrate subl sl 3.5 mg</i>	1	AL; Up to 64 yrs old; SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 10 mg</i>	1	AL; Up to 64 yrs old; SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 5 mg</i>	1	AL; Up to 64 yrs old; SL(2 ea daily); MO; *
<i>zolpidem tartrate tbc or 12.5 mg</i>	1	AL; Up to 64 yrs old; SL(1 ea daily); MO; *
<i>zolpidem tartrate tbc or 6.25 mg</i>	1	AL; Up to 64 yrs old; SL(2 ea daily); MO; *
ZOLPIMIST SOLN	3	AL; Up to 64 yrs old; SL(0.26 ml daily); MO; +
Orexin Receptor Antagonists		
BELSOMRA TABS 10 MG	3	PA; SL(2 ea daily); MO; +
BELSOMRA TABS 15 MG	3	PA; SL(1.33 ea daily); MO; +
BELSOMRA TABS 20 MG	3	PA; SL(1 ea daily); MO; +
BELSOMRA TABS 5 MG	3	PA; SL(4 ea daily); MO; +
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	5	PA; +
ROZEREM TABS	3	MO; +
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		

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Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	1	*
COLYTE-FLAVOR PACKS SOLR (PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	NF	MO
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	3	MO; +
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	NF	MO
MOVIPREP SOLR	3	MO; +
NULYTELY/FLAVOR PACKS SOLR (PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	NF	MO
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	1	MO; *
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1	MO; *
PREPOPIK PACK	3	MO; +
SUPREP BOWEL PREP KIT SOLN	3	MO; +
Laxatives - Miscellaneous		
<i>lactulose soln</i>	1	MO; *
<i>polyethylene glycol 3350 pack or</i>	1	RX/OTC; MO; *
<i>polyethylene glycol 3350 powd or</i>	1	RX/OTC; MO; *
Saline Laxatives		
OSMOPREP TABS	3	MO; +
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln 1 %, 2 %</i>	4	+

Drug Name	Drug Tier	Requirements/Limits
XYLOCAINE SOLN IJ 1 %, 2 % (Lidocaine HCl (Local Anesth.))	4	+
XYLOCAINE-MPF SOLN 1 % (Lidocaine HCl (Local Anesth.))	4	+
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	2	MO; +
<i>azithromycin solr iv 500 mg</i>	4	MO; +
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	MO; *
<i>azithromycin tabs or 250 mg, 500 mg, 600 mg</i>	1	MO; *
ZITHROMAX PACK OR 1 GM	2	MO; +
ZITHROMAX SOLR IV 500 MG (Azithromycin)	4	MO; +
ZITHROMAX SUSR OR 200 MG/5ML, 100 MG/5ML (Azithromycin)	3	MO; +
ZITHROMAX TABS OR 600 MG, 500 MG, 250 MG (Azithromycin)	3	MO; +
ZITHROMAX TRI-PAK TABS (Azithromycin)	3	MO; +
ZITHROMAX Z-PAK TABS (Azithromycin)	3	MO; +
Clarithromycin		
<i>clarithromycin susr or 250 mg/5ml</i>	1	MO; *
<i>clarithromycin tabs or 500 mg, 250 mg</i>	1	MO; *
<i>clarithromycin tb24 or 500 mg</i>	1	MO; *
Erythromycins		
E.E.S. GRANULES SUSR (Erythromycin Ethylsuccinate)	3	SL(100 ml daily); MO; +
ERYPED 200 SUSR (Erythromycin Ethylsuccinate)	3	SL(100 ml daily); MO; +

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Drug Name	Drug Tier	Requirements/ Limits
ERYPED 400 SUSR	3	SL(50 ml daily); MO; +
ERYTHROCIN LACTOBIONATE SOLR	4	SL(8 ea daily); +
<i>erythromycin base cpep 250 mg</i>	1	SL(16 ea daily); MO; *
<i>erythromycin base tabs 250 mg</i>	1	SL(16 ea daily); MO; *
<i>erythromycin base tabs 500 mg</i>	1	SL(8 ea daily); MO; *
<i>erythromycin ethylsuccinate susr or 200 mg/5ml</i>	1	SL(100 ml daily); MO; *
<i>erythromycin ethylsuccinate tabs or 400 mg</i>	1	SL(10 ea daily); MO; *
PCE TBEC 333 MG	3	SL(12 ea daily); MO; +
Fidaxomicin		
DIFICID TABS	5	MO; +
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO; *
Misc. Devices		
ALCOHOL PADS	2	RX/OTC; MO; +
Parenteral Therapy Supplies		
INSULIN SYRINGES AND PEN NEEDLES	2	RX/OTC; MO; +
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Ergotamine w/ Caffeine</i>)	3	MO; +
<i>ergotamine w/ caffeine supp</i>	1	MO; *
<i>ergotamine w/ caffeine tabs</i>	1	MO; *
TREXIMET TABS	3	MO; +
Migraine Products - NSAIDs		

Drug Name	Drug Tier	Requirements/ Limits
CAMBIA PACK	3	MO; +
Migraine Products		
D.H.E. 45 SOLN (<i>Dihydroergotamine Mesylate</i>)	NF	MO
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	MO; *
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	5	MO; +
<i>ergotamine tartrate subl sl</i>	1	*
MIGRANAL SOLN	5	MO; +
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	QL(0.4 ea daily); MO; *
AMERGE TABS (<i>Naratriptan HCl</i>)	3	QL(0.3 ea daily); MO; +
AXERT TABS (<i>Almotriptan Malate</i>)	NF	QL(0.4 ea daily); MO
<i>eletriptan hydrobromide tabs</i>	1	QL(0.2 ea daily); MO; *
FROVA TABS (<i>Frovatriptan Succinate</i>)	3	QL(0.6 ea daily); MO; +
<i>frovatriptan succinate tabs</i>	1	QL(0.6 ea daily); MO; *
IMITREX SOLN NA 20 MG/ACT (<i>Sumatriptan</i>)	3	Limit 12 inhalers per month; QL(0.4 ea daily); MO; +
IMITREX SOLN NA 5 MG/ACT (<i>Sumatriptan</i>)	3	Limit 18 inhalers per month; QL(0.6 ea daily); MO; +
IMITREX SOLN SC 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	4	Limit 8mls per month; QL(0.27 ml daily); MO; +
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>Sumatriptan Succinate</i>)	4	Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	4	Solution cartridge; Limit 8mls per month; QL(0.27 ml daily); MO; +
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>Sumatriptan Succinate</i>)	4	Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO; +
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Auto-injector; Limit 8mls per month; QL(0.27 ml daily); MO
IMITREX TABS OR 100 MG (<i>Sumatriptan Succinate</i>)	3	QL(0.3 ea daily); MO; +
IMITREX TABS OR 25 MG (<i>Sumatriptan Succinate</i>)	3	QL(0.9 ea daily); MO; +
IMITREX TABS OR 50 MG (<i>Sumatriptan Succinate</i>)	3	QL(0.6 ea daily); MO; +
MAXALT TABS 10 MG (<i>Rizatriptan Benzoate</i>)	3	QL(0.4 ea daily); MO; +
MAXALT TABS 5 MG (<i>Rizatriptan Benzoate</i>)	3	QL(0.8 ea daily); MO; +
MAXALT-MLT TBDP 10 MG (<i>Rizatriptan Benzoate</i>)	3	QL(0.4 ea daily); MO; +
MAXALT-MLT TBDP 5 MG (<i>Rizatriptan Benzoate</i>)	3	QL(0.8 ea daily); MO; +
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); MO; *
RELPAK TABS (<i>Eletriptan Hydrobromide</i>)	3	QL(0.2 ea daily); MO; +
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.4 ea daily); MO; *
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.8 ea daily); MO; *
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.4 ea daily); MO; *
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.8 ea daily); MO; *
<i>sumatriptan soln 20 mg/act</i>	1	Limit 12 inhalers per month; QL(0.4 ea daily); MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan soln 5 mg/act</i>	1	Limit 18 inhalers per month; QL(0.6 ea daily); MO; *
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	4	Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO; +
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	1	Auto-injector; Limit 8mls per month; QL(0.27 ml daily); MO; *
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	4	Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO; +
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	4	Solution cartridge; Limit 8mls per month; QL(0.27 ml daily); MO; +
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	4	Limit 8mls per month; QL(0.27 ml daily); MO; +
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	4	Prefilled syringe; Limit 8mls per month; QL(0.27 ml daily); +
<i>sumatriptan succinate tabs or 100 mg</i>	1	QL(0.3 ea daily); MO; *
<i>sumatriptan succinate tabs or 25 mg</i>	1	QL(0.9 ea daily); MO; *
<i>sumatriptan succinate tabs or 50 mg</i>	1	QL(0.6 ea daily); MO; *
SUMAVEL DOSEPRO SOTJ	4	Limit 4mls per month; QL(0.14 ml daily); MO; +
ZEMBRACE SYMTOUCH SOAJ	4	SL(2 ml daily); MO; +
<i>zolmitriptan tabs 2.5 mg</i>	1	SL(4 ea daily); MO; *
<i>zolmitriptan tabs 5 mg</i>	1	SL(2 ea daily); MO; *
<i>zolmitriptan tbdp 2.5 mg</i>	1	SL(4 ea daily); MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan tbdp 5 mg</i>	1	SL(2 ea daily); MO; *
ZOMIG SOLN NA 2.5 MG	3	SL(4 ea daily); MO; +
ZOMIG SOLN NA 5 MG	3	SL(2 ea daily); MO; +
ZOMIG TABS OR 2.5 MG (<i>Zolmitriptan</i>)	NF	SL(4 ea daily); MO
ZOMIG TABS OR 5 MG (<i>Zolmitriptan</i>)	NF	SL(2 ea daily); MO
ZOMIG ZMT TBDP 2.5 MG (<i>Zolmitriptan</i>)	NF	SL(4 ea daily); MO
ZOMIG ZMT TBDP 5 MG (<i>Zolmitriptan</i>)	NF	SL(2 ea daily); MO

MINERALS & ELECTROLYTES

Electrolyte Mixtures

DEXTROSE 2.5%/NACL 0.45% SOLN	4	+
<i>dextrose in lactated ringers soln</i>	4	+
<i>dextrose w/ sodium chloride soln 0.45%-2.5%, 0.45%-5%</i>	4	+
<i>dextrose w/ sodium chloride soln 0.9%-5%</i>	4	MO; +
<i>lactated ringer's soln</i>	4	+
<i>parenteral electrolytes conc</i>	4	B/D; +
<i>parenteral electrolytes soln</i>	4	B/D; +
<i>potassium chloride in dextrose & sodium chloride soln 0.45%-20meq/l-5%</i>	4	+

Magnesium

<i>magnesium sulfate soln ij 50 %</i>	4	MO; +
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Potassium

K-TAB TBCR 10 MEQ (<i>Potassium Chloride</i>)	3	MO; +
K-TAB TBCR 8 MEQ, 20 MEQ	3	MO; +
MICRO-K CPCR (<i>Potassium Chloride</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	MO; *
POTASSIUM CHLORIDE ER TBCR	3	MO; +
<i>potassium chloride microencapsulated crystals er tbc</i>	1	MO; *
<i>potassium chloride soln iv 2 meq/ml</i>	4	MO; +
<i>potassium chloride soln or 20 %, 10 %</i>	1	MO; *
<i>potassium chloride tbc</i> or 20 meq, 8 meq, 10 meq	1	MO; *

Sodium

<i>sodium chloride soln iv 0.45 %</i>	4	+
<i>sodium chloride soln iv 0.9 %</i>	4	MO; +

Zinc

GALZIN CAPS 25 MG	3	MO; NT; +
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MISCELLANEOUS THERAPEUTIC CLASSES

Chelating Agents

DEPEN TITRATABS TABS	3	MO; +
SYPRINE CAPS	5	MO; +

Enzymes

XIAFLEX SOLR	5	+
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Immunomodulators

REVLIMID CAPS	5	LA; +
THALOMID CAPS	2	+

Immunosuppressive Agents

ASTAGRAF XL CP24	3	B/D; MO; +
ATGAM INJ	4	B/D; +
AZATHIOPRINE SOLR IJ 100 MG	4	B/D; +
<i>azathioprine tabs or 75 mg, 100 mg, 50 mg</i>	1	B/D; MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT CAPS (<i>Mycophenolate Mofetil</i>)	5	B/D; MO; +
CELLCEPT INTRAVENOUS SOLR (<i>Mycophenolate Mofetil HCl</i>)	4	B/D; +
CELLCEPT SUSR (<i>Mycophenolate Mofetil</i>)	5	B/D; MO; +
CELLCEPT TABS (<i>Mycophenolate Mofetil</i>)	5	B/D; MO; +
<i>cyclosporine caps or 100 mg, 25 mg</i>	1	B/D; MO; *
<i>cyclosporine modified (for microemulsion) caps 100 mg, 25 mg, 50 mg</i>	1	B/D; MO; *
<i>cyclosporine soln iv 50 mg/ml</i>	4	B/D; +
ENVARUSUS XR TB24	3	B/D; MO; +
IMURAN TABS (<i>Azathioprine</i>)	3	B/D; MO; +
<i>mycophenolate mofetil caps 250 mg</i>	1	B/D; MO; *
<i>mycophenolate mofetil hcl solr</i>	4	B/D; +
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	B/D; MO; +
<i>mycophenolate mofetil tabs 500 mg</i>	1	B/D; MO; *
<i>mycophenolate sodium tbec</i>	1	B/D; MO; *
MYFORTIC TBEC 180 MG (<i>Mycophenolate Sodium</i>)	3	B/D; MO; +
MYFORTIC TBEC 360 MG (<i>Mycophenolate Sodium</i>)	5	B/D; MO; +
NEORAL CAPS 25 MG, 100 MG (<i>Cyclosporine Modified (For Microemulsion)</i>)	3	B/D; MO; +
NULOJIX SOLR	5	B/D; +
PROGRAF CAPS OR 1 MG, 0.5 MG (<i>Tacrolimus</i>)	3	B/D; MO; +
PROGRAF CAPS OR 5 MG (<i>Tacrolimus</i>)	5	B/D; MO; +
PROGRAF SOLN IV 5 MG/ML	4	B/D; +

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE SOLN 1 MG/ML	2	B/D; MO; +
RAPAMUNE TABS 1 MG (<i>Sirolimus</i>)	5	B/D; MO; +
RAPAMUNE TABS 2 MG, 0.5 MG (<i>Sirolimus</i>)	2	B/D; MO; +
SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Cyclosporine</i>)	3	B/D; MO; +
SANDIMMUNE SOLN IV 50 MG/ML (<i>Cyclosporine</i>)	4	B/D; +
SANDIMMUNE SOLN OR 100 MG/ML	3	B/D; MO; +
SIMULECT SOLR	5	B/D; +
<i>sirolimus tabs</i>	1	B/D; MO; *
<i>tacrolimus caps or 1 mg, 5 mg, 0.5 mg</i>	1	B/D; MO; *
THYMOGLOBULIN SOLR	2	B/D; +
ZORTRESS TABS 0.25 MG	2	B/D; MO; +
ZORTRESS TABS 0.75 MG, 0.5 MG	5	B/D; MO; +
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	*
<i>water for irrigation, sterile soln</i>	1	MO; *
Potassium Removing Agents		
KAYEXALATE POWD (<i>Sodium Polystyrene Sulfonate</i>)	3	MO; +
<i>sodium polystyrene sulfonate powd or</i>	1	MO; *
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	MO; *
VELTASSA PACK 16.8 GM	3	ST; SL(1.5 ea daily); LA; MO; +
VELTASSA PACK 25.2 GM	3	ST; SL(1 ea daily); LA; MO; +

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Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 8.4 GM	3	ST; SL(3 ea daily); LA; MO; +
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR IV 120 MG, 400 MG	5	+
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	MO; *
Anti-infectives - Throat		
<i>clotrimazole lozgt mt</i>	1	MO; *
<i>clotrimazole troc mt</i>	1	MO; *
<i>nystatin (mouth-throat) susp</i>	1	MO; *
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	MO; *
PERIDEX SOLN (Chlorhexidine Gluconate (Mouth-Throat))	NF	MO; NT
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	1	MO; *
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	MO; *
EVOXAC CAPS (Cevimeline HCl)	NF	MO
<i>pilocarpine hcl (oral) tabs</i>	1	MO; *
SALAGEN TABS (Pilocarpine HCl (Oral))	3	MO; +
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24	3	AL; Up to 64 yrs old; MO; +
<i>baclofen tabs or 10 mg</i>	1	SL(8 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tabs or 20 mg</i>	1	SL(4 ea daily); MO; *
<i>carisoprodol tabs or 250 mg, 350 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>chlorzoxazone tabs 500 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>cyclobenzaprine hcl tabs or 5 mg, 10 mg, 7.5 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>metaxalone tabs</i>	1	AL; Up to 64 yrs old; MO; *
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>orphenadrine citrate tb12 or 100 mg</i>	1	AL; Up to 64 yrs old; MO; *
ROBAXIN TABS OR 500 MG (Methocarbamol)	3	AL; Up to 64 yrs old; MO; +
ROBAXIN-750 TABS (Methocarbamol)	3	AL; Up to 64 yrs old; MO; +
SKELAXIN TABS (Metaxalone)	3	AL; Up to 64 yrs old; MO; +
SOMA TABS (Carisoprodol)	3	AL; Up to 64 yrs old; MO; +
<i>tizanidine hcl caps or 2 mg</i>	1	SL(18 ea daily); MO; *
<i>tizanidine hcl caps or 4 mg</i>	1	SL(9 ea daily); MO; *
<i>tizanidine hcl caps or 6 mg</i>	1	SL(6 ea daily); MO; *
<i>tizanidine hcl tabs or 2 mg</i>	1	SL(18 ea daily); MO; *
<i>tizanidine hcl tabs or 4 mg</i>	1	SL(9 ea daily); MO; *
ZANAFLEX CAPS 2 MG (Tizanidine HCl)	3	SL(18 ea daily); MO; +
ZANAFLEX CAPS 4 MG (Tizanidine HCl)	3	SL(9 ea daily); MO; +
ZANAFLEX CAPS 6 MG (Tizanidine HCl)	3	SL(6 ea daily); MO; +
ZANAFLEX TABS 4 MG (Tizanidine HCl)	3	SL(9 ea daily); MO; +
Direct Muscle Relaxants		
DANTRIUM CAPS (Dantrolene Sodium)	3	MO; +
<i>dantrolene sodium caps or 50 mg, 25 mg, 100 mg</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	AL; Up to 64 yrs old; MO; *
<i>carisoprodol w/ aspirin tabs</i>	1	AL; Up to 64 yrs old; MO; *
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	3	MO; +
Nasal Anti-infectives		
BACTROBAN NASAL OINT	3	MO; +
Nasal Antiallergy		
ASTEPRO SOLN (<i>Azelastine HCl</i>)	NF	MO
<i>azelastine hcl soln</i>	1	MO; *
<i>olopatadine hcl (nasal) soln</i>	1	MO; *
PATANASE SOLN (<i>Olopatadine HCl (Nasal)</i>)	NF	MO
Nasal Anticholinergics		
ATROVENT SOLN (<i>Ipratropium Bromide (Nasal)</i>)	3	MO; +
<i>ipratropium bromide (nasal) soln</i>	1	MO; *
Nasal Steroids		
BECONASE AQ SUSP	3	MO; +
<i>budesonide (nasal) susp</i>	1	RX/OTC; MO; *
<i>flunisolide (nasal) soln</i>	1	MO; *
<i>fluticasone propionate (nasal) susp</i>	1	RX/OTC; MO; *
<i>mometasone furoate (nasal) susp</i>	1	MO; *
NASONEX SUSP (<i>Mometasone Furoate (Nasal)</i>)	2	MO; +
OMNARIS SUSP	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
QNASL AERS	3	MO; +
QNASL CHILDRENS AERS	3	MO; +
<i>triamcinolone acetonide (nasal) aero</i>	1	RX/OTC; MO; *
VERAMYST SUSP	3	RX/OTC; MO; +
ZETONNA AERS	3	MO; +
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA SOLN	5	PA; +
RILUTEK TABS (<i>Riluzole</i>)	5	MO; +
<i>riluzole tabs</i>	1	MO; *
Muscular Dystrophy Agents		
EXONDYS 51 SOLN	5	PA; LA; +
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR 100 UNIT	4	PA; +
BOTOX SOLR 200 UNIT	3	PA; +
XEOMIN SOLR	4	PA; +
NUTRIENTS		
Carbohydrates		
<i>dextrose soln iv 10 %</i>	4	B/D; +
<i>dextrose soln iv 5 %</i>	4	B/D; MO; +
Lipids		
<i>fat emulsion emul</i>	4	B/D; +
Proteins		
<i>amino acid infusion 15%</i>	4	B/D; +
AMINOSYN II 15% (<i>Use amino acid infusion</i>)	4	B/D; +

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 2.75%/DEXTROSE 5% SOLN	4	B/D; +
PROSOL SOLN	4	B/D; +
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Levobunolol HCl</i>)	3	MO; +
<i>betaxolol hcl (ophth) soln</i>	1	MO; *
BETIMOL SOLN	3	MO; +
BETOPTIC-S SUSP	2	MO; +
<i>carteolol hcl (ophth) soln</i>	1	MO; *
COMBIGAN SOLN	3	MO; +
COSOPT PF SOLN	3	MO; +
COSOPT SOLN (<i>Dorzolamide HCl-Timolol Maleate</i>)	3	MO; +
<i>dorzolamide hcl-timolol maleate soln</i>	1	MO; *
ISTALOL SOLN	2	MO; +
<i>levobunolol hcl soln</i>	1	MO; *
<i>timolol maleate (ophth) solg</i>	1	MO; *
<i>timolol maleate (ophth) soln</i>	1	MO; *
TIMOPTIC OCUDOSE SOLN	3	MO; +
TIMOPTIC SOLN (<i>Timolol Maleate (Ophth)</i>)	3	MO; +
TIMOPTIC-XE SOLG (<i>Timolol Maleate (Ophth)</i>)	3	MO; +
Cycloplegic Mydriatics		
<i>cyclopentolate hcl soln op 2 %, 1 %</i>	1	MO; *
Miotics		
ISOPTO CARPINE SOLN (<i>Pilocarpine HCl</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
PHOSPHOLINE IODIDE SOLR	3	+
<i>pilocarpine hcl soln op 4 %, 1 %, 2 %</i>	1	MO; *
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOLN	5	LA; +
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	MO; +
ALPHAGAN P SOLN 0.15 % (<i>Brimonidine Tartrate</i>)	3	MO; +
<i>apraclonidine hcl soln</i>	1	MO; *
<i>brimonidine tartrate soln</i>	1	MO; *
IOPIDINE SOLN 0.5 % (<i>Apraclonidine HCl</i>)	NF	MO
SIMBRINZA SUSP	3	MO; +
Ophthalmic Anti-infectives		
AZASITE SOLN	3	MO; +
<i>bacitracin (ophthalmic) oint</i>	1	MO; *
<i>bacitracin-polymyxin b (ophth) oint</i>	1	MO; *
BESIVANCE SUSP	3	MO; +
BLEPH-10 SOLN (<i>Sulfacetamide Sodium (Ophth)</i>)	3	MO; +
CILOXAN OINT	3	MO; +
CILOXAN SOLN (<i>Ciprofloxacin HCl (Ophth)</i>)	3	MO; +
<i>ciprofloxacin hcl (ophth) soln</i>	1	MO; *
<i>erythromycin (ophth) oint</i>	1	MO; *
<i>gatifloxacin (ophth) soln</i>	1	MO; *
<i>gentamicin sulfate (ophth) oint</i>	1	MO; *
<i>gentamicin sulfate (ophth) soln</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin (ophth) soln</i>	1	MO; *
MOXEZA SOLN	2	MO; +
<i>moxifloxacin hcl (ophth) soln</i>	1	MO; *
NATACYN SUSP	2	MO; +
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	MO; *
<i>neomycin-polymyxin-gramicidin soln</i>	1	MO; *
OCUFLOX SOLN (Ofloxacin (Ophth))	3	MO; +
<i>ofloxacin (ophth) soln</i>	1	MO; *
<i>polymyxin b-trimethoprim soln</i>	1	MO; *
POLYTRIM SOLN (Polymyxin B-Trimethoprim)	3	MO; +
<i>sulfacetamide sodium (ophth) oint</i>	1	MO; *
<i>sulfacetamide sodium (ophth) soln</i>	1	MO; *
<i>tobramycin (ophth) soln</i>	1	MO; *
TOBREX OINT	3	MO; +
TOBREX SOLN (Tobramycin (Ophth))	3	MO; +
<i>trifluridine soln op</i>	1	MO; *
VIGAMOX SOLN (Moxifloxacin HCl (Ophth))	2	MO; +
VIROPTIC SOLN (Trifluridine)	3	MO; +
ZIRGAN GEL	3	MO; +
ZYMAXID SOLN (Gatifloxacin (Ophth))	NF	MO
Ophthalmic Decongestants		
<i>naphazoline hcl soln op</i>	1	*
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE EMUL	2	MO; +
Ophthalmic Integrin Antagonists		
XIIDRA SOLN	3	PA; MO; +
Ophthalmic Local Anesthetics		
<i>proparacaine hcl soln op</i>	1	MO; *
Ophthalmic Steroids		
ALREX SUSP	3	MO; +
<i>bacitracin-poly-neomycin-hc oint</i>	1	MO; *
BLEPHAMIDE SUSP	3	MO; +
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	MO; *
DUREZOL EMUL	2	MO; +
FLAREX SUSP	2	MO; +
<i>fluorometholone (ophth) susp</i>	1	MO; *
FML FORTE SUSP	2	MO; +
FML LIQUIFILM SUSP (Fluorometholone (Ophth))	3	MO; +
FML OINT	2	MO; +
LOTEMAX GEL	3	MO; +
LOTEMAX OINT	3	MO; +
LOTEMAX SUSP	3	MO; +
MAXIDEX SUSP	3	MO; +
MAXITROL OINT (Neomycin-Polymy-Dexameth)	3	MO; +
MAXITROL SUSP (Neomycin-Polymy-Dexameth)	3	MO; +
<i>neomycin-polymy-dexameth oint</i>	1	MO; *
<i>neomycin-polymy-dexameth susp</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
OMNIPRED SUSP (Prednisolone Acetate (Ophth))	3	MO; +
PRED FORTE SUSP (Prednisolone Acetate (Ophth))	3	MO; +
PRED MILD SUSP	2	MO; +
<i>prednisolone acetate (ophth) susp</i>	1	MO; *
<i>sulfacetamide sod- prednisolone soln</i>	1	MO; *
TOBRADEX OINT	3	MO; +
TOBRADEX ST SUSP	3	MO; +
TOBRADEX SUSP (Tobramycin- Dexamethasone)	3	MO; +
<i>tobramycin- dexamethasone susp</i>	1	MO; *
VEXOL SUSP	3	+
ZYLET SUSP	2	MO; +
Ophthalmics - Misc.		
ACULAR LS SOLN (Ketorolac Tromethamine (Ophth))	3	MO; +
ACULAR SOLN (Ketorolac Tromethamine (Ophth))	3	MO; +
ACUVAIL SOLN	3	MO; +
ALOCRIAL SOLN	3	MO; +
ALOMIDE SOLN	3	MO; +
<i>azelastine hcl (ophth) soln</i>	1	MO; *
AZOPT SUSP	2	MO; +
BEPREVE SOLN	3	MO; +
<i>bromfenac sodium (ophth) soln</i>	1	Once daily dosing; MO; *
<i>cromolyn sodium (ophth) soln</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN SOLN	3	Limit 60mls per 28 days; QL(2.15 ml daily); LA; +
<i>diclofenac sodium (ophth) soln</i>	1	MO; *
<i>dorzolamide hcl soln</i>	1	MO; *
ELESTAT SOLN (Epinastine HCl (Ophth))	3	MO; +
<i>epinastine hcl (ophth) soln</i>	1	MO; *
<i>flurbiprofen sodium soln</i>	1	MO; *
ILEVRO SUSP	2	MO; +
<i>ketorolac tromethamine (ophth) soln</i>	1	MO; *
LASTACFT SOLN	3	MO; +
NEVANAC SUSP	2	MO; +
OCUFEN SOLN (Flurbiprofen Sodium)	3	MO; +
<i>olopatadine hcl soln</i>	1	MO; *
PATADAY SOLN (Olopatadine HCl)	2	MO; +
PATANOL SOLN (Olopatadine HCl)	3	MO; +
PROLENSA SOLN	3	MO; +
TRUSOPT SOLN (Dorzolamide HCl)	3	MO; +
Prostaglandins - Ophthalmic		
BIMATOPROST SOLN	2	MO; +
<i>latanoprost soln</i>	1	MO; *
LUMIGAN SOLN	2	MO; +
TRAVATAN Z SOLN	2	MO; +
<i>travoprost soln</i>	1	*
XALATAN SOLN (Latanoprost)	3	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
ZIOPTAN SOLN	3	MO; +
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	MO; *
<i>acetic acid-aluminum acetate soln</i>	1	MO; *
Otic Anti-infectives		
FLOXIN OTIC SOLN (Ofloxacin (Otic))	3	MO; +
<i>ofloxacin (otic) soln</i>	1	MO; *
Otic Combinations		
CIPRO HC SUSP	3	MO; +
CIPRODEX SUSP	2	MO; +
COLY-MYCIN S SUSP	3	MO; +
CORTISPORIN-TC SUSP	3	MO; +
<i>neomycin-polymyxin-hc (otic) soln</i>	1	MO; *
<i>neomycin-polymyxin-hc (otic) susp</i>	1	MO; *
Otic Steroids		
DERMOTIC OIL (Fluocinolone Acetonide (Otic))	3	MO; +
<i>fluocinolone acetonide (otic) oil</i>	1	MO; *
<i>hydrocortisone w/acetic acid soln</i>	1	MO; *
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	MO; *
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	5	B/D; +

Drug Name	Drug Tier	Requirements/Limits
CUVITRU SOLN 1 GM/5ML	3	B/D; +
CUVITRU SOLN 4 GM/20ML, 2 GM/10ML	4	B/D; +
CUVITRU SOLN 8 GM/40ML	5	B/D; +
FLEBOGAMMA DIF SOLN 10 %	5	B/D; +
GAMASTAN S/D INJ	4	B/D; +
GAMMAGARD LIQUID SOLN	5	B/D; +
GAMMAKED SOLN	5	B/D; +
GAMMAPLEX SOLN 5 GM/50ML, 20 GM/200ML, 10GM/100ML	5	B/D; +
GAMUNEX-C SOLN	5	B/D; +
HIZENTRA SOLN 1 GM/5ML	3	B/D; +
HIZENTRA SOLN 10 GM/50ML	5	B/D; +
HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML	4	B/D; +
OCTAGAM SOLN 5 GM/50ML, 10 GM/100ML, 2 GM/20ML, 20 GM/200ML	5	B/D; +
PRIVIGEN SOLN	5	B/D; +
VARIZIG SOLN	5	+
Monoclonal Antibodies		
SYNAGIS SOLN	5	+
ZINPLAVA SOLN	5	PA; +
Passive Immunizing Agents - Combinations		
HYQVIA KIT	5	B/D; +
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	MO; *
<i>amoxicillin chew</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin susr</i>	1	MO; *
<i>amoxicillin tabs</i>	1	MO; *
<i>ampicillin caps 500 mg, 250 mg</i>	1	MO; *
<i>ampicillin sodium solr ij 2 gm, 1 gm</i>	4	MO; +
<i>ampicillin sodium solr iv 10 gm</i>	4	+
Natural Penicillins		
BICILLIN L-A SUSP 2400000 UNIT/4ML, 1200000 UNIT/2ML	4	MO; +
<i>penicillin g potassium solr</i>	4	MO; +
<i>penicillin v potassium solr 250 mg/5ml</i>	1	MO; *
<i>penicillin v potassium tabs 500 mg, 250 mg</i>	1	MO; *
PFIZERPEN-G SOLR (Penicillin G Potassium)	4	MO; +
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	MO; *
<i>amoxicillin & pot clavulanate susr</i>	1	MO; *
<i>amoxicillin & pot clavulanate tabs</i>	1	MO; *
<i>amoxicillin & pot clavulanate tb12</i>	1	MO; *
<i>ampicillin & sulbactam sodium solr ij 1gm-2gm</i>	4	MO; +
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	4	+
AUGMENTIN ES-600 SUSR (Amoxicillin & Pot Clavulanate)	3	MO; +
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Amoxicillin & Pot Clavulanate)	3	MO; +
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Amoxicillin & Pot Clavulanate)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN XR TB12 (Amoxicillin & Pot Clavulanate)	3	MO; +
<i>piperacillin sodium-tazobactam sodium solr</i>	4	+
PIPERACILLIN/TAZOBAC TAM SOLR	4	+
UNASYN SOLR 1GM-2GM (Ampicillin & Sulbactam Sodium)	4	MO; +
ZOSYN SOLN 0.375GM/50ML-3GM/50ML-5%	4	+
ZOSYN SOLR 0.5GM-4GM, 0.375GM-3GM, 0.25GM-2GM, 4.5GM-36GM (Piperacillin Sodium-Tazobactam Sodium)	4	+
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	MO; *
<i>nafcillin sodium solr ij 10 gm</i>	5	+
<i>nafcillin sodium solr ij 2 gm</i>	5	MO; +
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	MO; *
MEGACE ES SUSP (Megestrol Acetate (Appetite))	5	AL; Up to 64 yrs old; MO; +
<i>megestrol acetate (appetite) susp</i>	1	AL; Up to 64 yrs old; MO; *
<i>norethindrone acetate tabs or</i>	1	MO; *
<i>progesterone micronized caps</i>	1	MO; *
PROMETRIUM CAPS (Progesterone Micronized)	3	MO; +
PROVERA TABS (Medroxyprogesterone Acetate)	3	MO; +

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	MO; *
<i>disulfiram tabs or 250 mg, 500 mg</i>	1	MO; *
Anti-Cataleptic Agents		
XYREM SOLN	5	LA; +
Antidementia Agents		
ARICEPT TABS (<i>Donepezil Hydrochloride</i>)	NF	MO
<i>donepezil hydrochloride tabs</i>	1	MO; *
<i>donepezil hydrochloride tbdp</i>	1	MO; *
EXELON CAPS OR 4.5 MG, 6 MG, 1.5 MG, 3 MG (<i>Rivastigmine Tartrate</i>)	NF	MO
EXELON PT24 TD 9.5 MG/24HR, 13.3 MG/24HR, 4.6 MG/24HR (<i>Rivastigmine</i>)	2	MO; +
<i>galantamine hydrobromide cp24</i>	1	MO; *
<i>galantamine hydrobromide soln</i>	1	MO; *
<i>galantamine hydrobromide tabs</i>	1	MO; *
<i>memantine hcl soln 2 mg/ml</i>	1	AL; At least 60 yrs old; MO; *
<i>memantine hcl tabs 10 mg, 5 mg,</i>	1	MO; *
NAMENDA SOLN 10 MG/5ML (<i>Memantine HCl</i>)	3	AL; At least 60 yrs old; MO; +
NAMENDA TABS 10 MG, 5 MG (<i>Memantine HCl</i>)	3	MO; +
NAMENDA TITRATION PAK TABS (<i>Memantine HCl</i>)	3	MO; +
NAMENDA XR CP24 14 MG	3	AL; At least 60 yrs old; SL(2 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CP24 21 MG	3	AL; At least 60 yrs old; SL(1.33 ea daily); MO; +
NAMENDA XR CP24 28 MG	3	AL; At least 60 yrs old; SL(1 ea daily); MO; +
NAMENDA XR CP24 7 MG	3	AL; At least 60 yrs old; SL(4 ea daily); MO; +
NAMENDA XR TITRATION PACK CP24	3	AL; At least 60 yrs old; MO; +
RAZADYNE ER CP24 (<i>Galantamine Hydrobromide</i>)	NF	MO
RAZADYNE TABS (<i>Galantamine Hydrobromide</i>)	NF	MO
<i>rivastigmine pt24</i>	1	MO; *
<i>rivastigmine tartrate caps</i>	1	MO; *
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	AL; Up to 64 yrs old; MO; *
<i>olanzapine-fluoxetine hcl caps</i>	1	MO; *
<i>perphenazine-amitriptyline tabs</i>	1	AL; Up to 64 yrs old; MO; *
SYMBYAX CAPS (<i>Olanzapine-Fluoxetine HCl</i>)	NF	MO
Fibromyalgia Agents		
SAVELLA TABS	3	PA; MO; +
SAVELLA TITRATION PACK MISC	3	PA; MO; +
Hypoactive Sexual Desire Disorder (HSDD)		
ADDYI TABS	5	PA; Check plan for coverage;NT; +
Movement Disorder Drug Therapy		
AUSTEDO TABS 12 MG	5	SL(4 ea daily); LA; +
AUSTEDO TABS 6 MG	5	SL(8 ea daily); LA; +

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 9 MG	5	SL(5.33 ea daily); LA; +
INGREZZA CAPS	5	PA; LA; +
<i>tetrabenazine tabs</i>	5	+
XENAZINE TABS (<i>Tetrabenazine</i>)	5	LA; +
Multiple Sclerosis Agents		
AMPYRA TB12	5	+
AUBAGIO TABS	5	PA; +
AVONEX KIT	5	PA; +
AVONEX PEN AJKT	5	PA; +
AVONEX PSKT	5	PA; +
BETASERON KIT	5	PA; +
COPAXONE SOSY (<i>Glatiramer Acetate</i>)	5	PA; +
EXTAVIA KIT	5	PA; +
GILENYA CAPS	5	PA; +
<i>glatiramer acetate sosy</i>	5	PA; +
LEMTRADA SOLN	5	PA; LA; +
OCREVUS SOLN	5	PA; +
PLEGRIDY SOPN	5	PA; +
PLEGRIDY SOSY	5	PA; +
PLEGRIDY STARTER PACK SOPN	5	PA; +
PLEGRIDY STARTER PACK SOSY	5	PA; +
REBIF REBIDOSE SOAJ	5	PA; +
REBIF REBIDOSE TITRATIONPACK SOAJ	5	PA; +
REBIF SOSY	5	PA; +

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK SOSY	5	PA; +
TECFIDERA CPDR	5	PA; +
TECFIDERA STARTER PACK MISC	5	PA; +
TYSABRI CONC	5	PA; +
Postherpetic Neuralgia (PHN) Agents		
GRALISE STARTER MISC	3	MO; +
GRALISE TABS	3	MO; +
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) cap 10 mg, 20 mg</i>	NF	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	2	MO; +
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs or</i>	1	AL; Up to 64 yrs old; MO; *
ORAP TABS (<i>Pimozide</i>)	NF	MO
<i>pimozide tabs</i>	1	MO; *
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	MO; +
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	SL(2 ea daily); MO; *
CHANTIX CONTINUING MONTHPAK TABS	3	MO; +
CHANTIX STARTING MONTH PAK TABS	3	MO; +
CHANTIX TABS	3	MO; +
NICOTROL INHALER INHA	3	SL(17 ea daily); MO; +
NICOTROL NS SOLN	2	MO; +
ZYBAN TB12 (<i>Bupropion HCl (Smoking Deterrent)</i>)	3	SL(2 ea daily); MO; +
Vasomotor Symptom Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
BRISDELLE CAPS (<i>Paroxetine Mesylate</i> (<i>Vasomotor</i>))	3	MO; +
<i>paroxetine mesylate</i> (<i>vasomotor</i>) caps	1	MO; *
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	5	LA; +
GLASSIA SOLN	4	LA; +
PROLASTIN-C SOLR	5	LA; +
ZEMAIRA SOLR	5	LA; +
Cystic Fibrosis Agents		
KALYDECO PACK	5	PA; +
KALYDECO TABS	5	PA; +
ORKAMBI TABS	5	PA; LA; +
PULMOZYME SOLN	2	B/D; +
Pulmonary Fibrosis Agents		
ESBRIET CAPS	5	PA; LA; +
ESBRIET TABS	5	PA; LA; +
OFEV CAPS	5	PA; LA; +
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs or</i>	1	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (<i>Doxycycline</i> (<i>Monohydrate</i>))	NF	MO
ADOXA PAK 1/150 TABS (<i>Doxycycline</i> (<i>Monohydrate</i>))	NF	MO

Drug Name	Drug Tier	Requirements/Limits
ADOXA PAK 2/100 TABS (<i>Doxycycline</i> (<i>Monohydrate</i>))	NF	MO
ADOXA TABS 100 MG, 75 MG, 50 MG (<i>Doxycycline</i> (<i>Monohydrate</i>))	NF	MO
<i>demeclocycline hcl tabs</i>	1	MO; *
DORYX TBEC 200 MG (<i>Doxycycline Hyclate</i>)	NF	MO
<i>doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg</i>	1	MO; *
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	MO; *
<i>doxycycline (monohydrate) tabs 150 mg, 75 mg, 50 mg, 100 mg</i>	1	MO; *
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	MO; *
<i>doxycycline hyclate solr iv 100 mg</i>	4	MO; +
<i>doxycycline hyclate tabs or 100 mg, 20 mg</i>	1	MO; *
<i>doxycycline hyclate tbec or 150 mg, 100 mg, 200 mg</i>	1	MO; *
MINOCIN CAPS OR 50 MG, 100 MG (<i>Minocycline HCl</i>)	3	MO; +
MINOCIN CAPS OR 75 MG (<i>Minocycline HCl</i>)	NF	MO
<i>minocycline hcl caps or 75 mg, 100 mg, 50 mg</i>	1	MO; *
<i>minocycline hcl tabs or 50 mg, 100 mg</i>	1	MO; *
<i>tetracycline hcl caps or 250 mg, 500 mg</i>	1	MO; *
TETRACYCLINE HCL CAPS OR 250 MG, 500 MG (<i>Tetracycline HCl</i>)	3	MO; +
VIBRAMYCIN CAPS 100 MG (<i>Doxycycline Hyclate</i>)	3	MO; +
VIBRAMYCIN SUSR 25 MG/5ML (<i>Doxycycline</i> (<i>Monohydrate</i>))	3	MO; +
VIBRAMYCIN SYRP 50 MG/5ML	2	MO; +

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Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs or 5 mg, 10 mg</i>	1	MO; *
<i>propylthiouracil tabs or</i>	1	MO; *
Thyroid Hormones		
CYTOMEL TABS (Liothyronine Sodium)	3	MO; +
<i>levothyroxine sodium tabs or 150 mcg, 75 mcg, 175 mcg, 88 mcg, 125 mcg, 100 mcg, 137 mcg, 300 mcg, 25 mcg, 112 mcg, 200 mcg, 50 mcg</i>	1	MO; *
<i>liothyronine sodium tabs or 5 mcg, 50 mcg, 25 mcg</i>	1	MO; *
SYNTHROID TABS (Levothyroxine Sodium)	3	MO; +
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	4	+
BOOSTRIX SUSP	4	+
DAPTACEL SUSP	4	+
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	+
INFANRIX SUSP	4	+
KINRIX SUSP	4	+
QUADRACEL SUSP	4	+
TENIVAC INJ	4	B/D; +
TETANUS/DIPHThERIA TOXOIDS-ADSORBED SUSP	4	+
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		

Drug Name	Drug Tier	Requirements/Limits
BENTYL CAPS OR 10 MG (Dicyclomine HCl)	3	MO; +
BENTYL TABS OR 20 MG (Dicyclomine HCl)	3	MO; +
<i>dicyclomine hcl caps or 10 mg</i>	1	MO; *
<i>dicyclomine hcl tabs or 20 mg</i>	1	MO; *
<i>glycopyrrolate soln ij 0.2 mg/ml</i>	4	MO; +
<i>glycopyrrolate tabs or 1 mg</i>	1	SL(8 ea daily); MO; *
<i>glycopyrrolate tabs or 2 mg</i>	1	SL(4 ea daily); MO; *
LIBRAX CAPS (Chlordiazepoxide HCl-Clidinium Bromide)	NF	MO
<i>methscopolamine bromide tabs or 2.5 mg, 5 mg</i>	1	MO; *
PAMINE FORTE TABS (Methscopolamine Bromide)	3	MO; +
PAMINE TABS (Methscopolamine Bromide)	3	MO; +
ROBINUL FORTE TABS (Glycopyrrolate)	3	SL(4 ea daily); MO; +
ROBINUL SOLN IJ 0.2 MG/ML (Glycopyrrolate)	4	MO; +
ROBINUL TABS OR 1 MG (Glycopyrrolate)	3	SL(8 ea daily); MO; +
H-2 Antagonists		
<i>cimetidine tabs or 200 mg</i>	1	RX/OTC; MO; *
<i>cimetidine tabs or 300 mg, 400 mg, 800 mg</i>	1	MO; *
<i>famotidine soln iv 40 mg/4ml, 20 mg/2ml, 200 mg/20ml</i>	4	+
<i>famotidine susr or 40 mg/5ml</i>	1	MO; *
<i>famotidine tabs or 20 mg</i>	1	RX/OTC; MO; *
<i>famotidine tabs or 40 mg</i>	1	MO; *

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine caps 300 mg, 150 mg</i>	1	MO; *
PEPCID SUSR (Famotidine)	3	MO; +
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	MO; *
<i>ranitidine hcl syrp or 75 mg/5ml, 15 mg/ml, 150 mg/10ml</i>	1	MO; *
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC; MO; *
<i>ranitidine hcl tabs or 300 mg</i>	1	MO; *
ZANTAC TABS OR 150 MG (Ranitidine HCl)	3	RX/OTC; MO; +
ZANTAC TABS OR 300 MG (Ranitidine HCl)	3	MO; +
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	3	MO; +
CARAFATE TABS 1 GM (Sucralfate)	3	MO; +
<i>sucralfate tabs or</i>	1	MO; *
Proton Pump Inhibitors		
DEXILANT CPDR	2	ST; MO; +
<i>esomeprazole magnesium cpdr 20 mg</i>	1	RX/OTC; MO; *
<i>esomeprazole magnesium cpdr 40 mg</i>	1	MO; *
<i>esomeprazole sodium solr 40 mg</i>	4	+
<i>lansoprazole cpdr or 15 mg</i>	1	RX/OTC; MO; *
<i>lansoprazole cpdr or 30 mg</i>	1	MO; *
NEXIUM CPDR 20 MG (Esomeprazole Magnesium)	NF	RX/OTC; MO
NEXIUM CPDR 40 MG (Esomeprazole Magnesium)	NF	MO
NEXIUM I.V. SOLR (Esomeprazole Sodium)	4	+

Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACK 2.5 MG, 5 MG, 10 MG, 20 MG, 40 MG	3	ST; MO; +
<i>omeprazole cpdr or 10 mg, 20 mg, 40 mg</i>	1	MO; *
<i>pantoprazole sodium solr iv 40 mg</i>	1	*
<i>pantoprazole sodium tbec or 40 mg, 20 mg</i>	1	MO; *
PREVACID CPDR 15 MG (Lansoprazole)	3	RX/OTC; MO; +
PREVACID CPDR 30 MG (Lansoprazole)	3	MO; +
PREVACID SOLUTAB TBP	3	MO; +
PROTONIX PACK OR 40 MG	3	QL(1 ea daily); MO; +
PROTONIX SOLR IV 40 MG (Pantoprazole Sodium)	NF	
PROTONIX TBEC OR 40 MG, 20 MG (Pantoprazole Sodium)	3	MO; +
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Misoprostol)	3	MO; +
<i>misoprostol tabs or 200 mcg, 100 mcg</i>	1	MO; *
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	MO; *
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	1	RX/OTC; MO; *
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	1	MO; *
<i>omeprazole-sodium bicarbonate pack 20mg-1680mg</i>	1	ST; 20MG-1680 MG; MO; *
<i>omeprazole-sodium bicarbonate pack 40mg-1680mg</i>	1	MO; *
PREVPAC MISC (Amoxicillin-Clarithromycin w/ Lansoprazole)	NF	MO
PYLERA CAPS	3	MO; +

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Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAPS 20MG-1100MG (<i>Omeprazole-Sodium Bicarbonate</i>)	3	RX/OTC; MO; +
ZEGERID CAPS 40MG-1100MG (<i>Omeprazole-Sodium Bicarbonate</i>)	3	MO; +
ZEGERID PACK 20MG-1680MG (<i>Omeprazole-Sodium Bicarbonate</i>)	3	ST; 20MG-1680 MG;MO; +
ZEGERID PACK 40MG-1680MG (<i>Omeprazole-Sodium Bicarbonate</i>)	3	MO; +
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (<i>Nitrofurantoin</i>)	5	AL; Up to 64 yrs old; MO; +
HIPREX TABS (<i>Methenamine Hippurate</i>)	3	MO; +
MACROBID CAPS (<i>Nitrofurantoin Monohyd Macro</i>)	3	MO; +
MACRODANTIN CAPS (<i>Nitrofurantoin Macrocrystal</i>)	3	AL; Up to 64 yrs old; MO; +
<i>methenamine hippurate tabs</i>	1	MO; *
<i>nitrofurantoin macrocrystal caps or 100 mg, 25 mg, 50 mg</i>	1	AL; Up to 64 yrs old; MO; *
<i>nitrofurantoin monohyd macro caps</i>	1	MO; *
<i>nitrofurantoin susp or</i>	1	AL; Up to 64 yrs old; MO; *
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	MO; *
DETROL LA CP24 (<i>Tolterodine Tartrate</i>)	NF	MO
DETROL TABS (<i>Tolterodine Tartrate</i>)	NF	MO
DITROPAN XL TB24 (<i>Oxybutynin Chloride</i>)	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
ENABLEX TB24 (<i>Darifenacin Hydrobromide</i>)	3	MO; +
GELNIQUE GEL 10 %	3	MO; +
GELNIQUE GEL 3 %	3	+
GELNIQUE PUMP GEL	3	MO; +
<i>oxybutynin chloride syrup</i>	1	MO; *
<i>oxybutynin chloride tabs</i>	1	MO; *
<i>oxybutynin chloride tb24</i>	1	MO; *
OXYTROL PTTW	3	RX/OTC; MO; +
<i>tolterodine tartrate cp24</i>	1	MO; *
<i>tolterodine tartrate tabs</i>	1	MO; *
TOVIAZ TB24	2	MO; +
<i>trospium chloride cp24</i>	1	MO; *
<i>trospium chloride tabs</i>	1	MO; *
VESICARE TABS	2	MO; +
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	MO; +
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 10 mg, 50 mg, 5 mg, 25 mg</i>	1	MO; *
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	MO; *
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	4	+
BEXSERO SUSY	4	+
MENACTRA INJ	4	+

You can find information on what the symbols and abbreviations on this table mean by going to page vii.

Drug Name	Drug Tier	Requirements/Limits
MENOMUNE-A/C/Y/W-135 INJ	4	+
MENVEO SOLR	4	+
PEDVAX HIB SUSP	4	+
TYPHIM VI SOLN	4	+
Viral Vaccines		
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	4	B/D; +
GARDASIL 9 SUSP	4	+
GARDASIL 9 SUSY	4	+
GARDASIL SUSP	4	+
HAVRIX SUSP	4	+
IMOVAX RABIES (H.D.C.V.) INJ	4	B/D; +
IPOL INACTIVATED IPV INJ	4	+
IXIARO SUSP	4	+
M-M-R II INJ	4	+
PROQUAD INJ	4	+
RABAVERT SUSR	4	B/D; +
RECOMBIVAX HB SUSP	4	B/D; +
ROTARIX SUSR	3	+
ROTATEQ SOLN	2	+
STAMARIL SUSR	4	+
TWINRIX SUSP	4	+
VAQTA SUSP	4	+
VARIVAX INJ	4	+
YF-VAX INJ	4	+
ZOSTAVAX SUSR	4	+

Drug Name	Drug Tier	Requirements/Limits
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Clindamycin Phosphate Vaginal)	3	MO; +
CLEOCIN SUPP VA 100 MG	3	MO; +
<i>clindamycin phosphate vaginal crea</i>	1	MO; *
METROGEL-VAGINAL GEL (Metronidazole Vaginal)	3	MO; +
<i>metronidazole vaginal gel</i>	1	MO; *
<i>miconazole nitrate vaginal supp 200 mg</i>	1	MO; *
TERAZOL 3 CREA (Terconazole Vaginal)	3	MO; +
TERAZOL 7 CREA (Terconazole Vaginal)	3	MO; +
<i>terconazole vaginal crea</i>	1	MO; *
<i>terconazole vaginal supp</i>	1	MO; *
Vaginal Estrogens		
<i>estradiol vaginal tabs</i>	1	MO; *
ESTRING RING	3	MO; +
FEMRING RING	3	MO; +
PREMARIN CREA VA 0.625 MG/GM	2	MO; +
VAGIFEM TABS (Estradiol Vaginal)	3	MO; +
Vaginal Progestins		
CRINONE GEL	3	PA; MO; +
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj</i>	2	MO; +
EPIPEN 2-PAK SOAJ	2	MO; +

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Drug Name	Drug Tier	Requirements/Limits
EPIPEN-JR 2-PAK SOAJ	2	MO; +
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS 100 MG	5	PA; SL(18 ea daily); +
NORTHERA CAPS 200 MG	5	PA; SL(9 ea daily); +
NORTHERA CAPS 300 MG	5	PA; SL(6 ea daily); +
Vasopressors		
<i>dobutamine hcl soln</i>	4	+
<i>midodrine hcl tabs</i>	1	MO; *
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS 50000 UNIT (<i>Ergocalciferol</i>)	3	MO; NT; +
<i>ergocalciferol caps or 50000 unit</i>	1	MO; NT; *
MEPHYTON TABS	3	MO; NT; +

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abacavir sulfate	47	adapalene-benzoyl peroxide	58	ALTACE	34
abacavir sulfate-lamivudine	47	ADCIRCA	53	ALTOPREV	33
abacavir sulfate-lamivudine-zidovudine	47	ADDERALL XR	1	ALUNBRIG	41
ABELCET	30	ADDYI	88	ALVESCO	15
ABILIFY	47	adefovir dipivoxil	49	amantadine hcl	43,44
ABILIFY MAINTENA	47	ADEMPAS	54	AMARYL	28
ABRAXANE	43	ADOXA	90	AMBIEN	75
ABSORICA	58	ADOXA PAK 1/100	90	AMBIEN CR	75
ABSTRAL	4,5	ADOXA PAK 1/150	90	AMBISOME	30
acamprosate calcium	88	ADOXA PAK 2/100	90	amcinonide	62
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acarbose	24	ADVAIR HFA	16	AMICAR	74
ACCOLATE	15	AEROSPAN	15	amifostine	42
ACCUPRIL	34	AFINITOR	41	amikacin sulfate	2
ACCURETIC	35	AFINITOR DISPERZ	41	amiloride & hydrochlorothiazide	66
acebutolol hcl	51	AFREZZA	26	amiloride hcl	66
ACEON	34	AGGRENOLX	73	amino acid infusion 15%	82
acetaminophen w/ codeine	8	AGRYLIN	73	aminophylline	17
acetazolamide	66	AKYNZEO	30	aminosalicylic acid	37
acetic acid	72	ALBENZA	11	AMINOSYN II 15% (Use amino acid infusion)	82
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ACTIQ	5	alfuzosin hcl	72	amlodipine-valsartan-hydrochlorothiazide	35
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ACTONEL	67	ALINIA	11	amoxicillin	86
ACTOPLUS MET	24	ALIQOPA	41	amoxicillin & pot clavulanate	87
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ACULAR	85	almotriptan malate	77	AMPHOTERICIN B	30
ACULAR LS	85	ALOCRIAL	85	ampicillin	87
ACUVAIL	85	ALOGLIPTIN	26	ampicillin & sulbactam sodium	87
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chlorothiazide	66	CLIMARA	70	COLY-MYCIN M	11
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COUMADIN.....	17	darifenacin hydrobromide.....	93	DETROL LA.....	93
COZAAR.....	34	DARZALEX.....	39	dexamethasone.....	57
CREON.....	65	daunorubicin hcl.....	40	DEXAMETHASONE SODIUM PHOSPHATE.....	57
CRESEMBA.....	30	DAYPRO.....	3	dexamethasone sodium phosphate.....	57
CRESTOR.....	33	DAYTRANA.....	1	dexamethasone sodium phosphate (ophth).....	84
CRINONE.....	94	DDAVP.....	69	DEXEDRINE.....	1
CRIXIVAN.....	48	decitabine.....	38	DEXILANT.....	92
cromolyn sodium.....	14	DELESTROGEN.....	70	dexmethylphenidate hcl.....	2
cromolyn sodium (mastocytosis).....	71	DELZICOL.....	71	dextrazoxane.....	42
cromolyn sodium (ophth).....	85	DEMADEX.....	66	dextroamphetamine sulfate.....	1
CUBICIN.....	12	demeclocycline hcl.....	90	dextrose.....	82
CUBICIN RF.....	12	DEM SER.....	34	DEXTROSE 2.5%/NACL 0.45%.....	79
CUTIVATE.....	62	DENAVIR.....	61	dextrose in lactated ringers.....	79
CUVITRU.....	86	DEPACON.....	21		
cyanocobalamin.....	74	DEPAKENE.....	21		
cyclobenzaprine hcl.....	81	DEPAKOTE.....	21		
cyclopentolate hcl.....	83	DEPAKOTE ER.....	21		
CYCLOPHOSPHAMIDE.....	37	DEPAKOTE SPRINKLES.....	21		
CYCLOSET.....	26	DEPEN TITRATABS.....	79		

dextrose w/ sodium chloride	79	disulfiram	88	DUREZOL	84
DIABETA	28	DITROPAN XL	93	dutasteride	72
DIAMOX	66	divalproex sodium	21	dutasteride-tamsulosin hcl	72
DIASTAT ACUDIAL	18	DIVIGEL	70	DYAZIDE	66
DIASTAT PEDIATRIC	18	dobutamine hcl	95	DYMISTA	82
diazepam	13,14	DOCETAXEL	43	DYRENIUM	66
DIAZEPAM	18	docetaxel	43	E.E.S. GRANULES	76
DIAZEPAM RECTAL GEL	18	DOCETAXEL	43	EC-NAPROSYN	3
DIBENZYLIN	34	dofetilide	14	econazole nitrate	60
diclofenac potassium	3	DOLOPHINE	5	EDARBI	34
diclofenac sodium	3	donepezil hydrochloride	88	EDARBYCLOR	35
diclofenac sodium (actinic keratoses)	61	DORIBAX	12	EDECRIN	66
diclofenac sodium (ophth)	85	DORIPENEM	12	EDEX	53
diclofenac sodium (topical)	60	DORYX	90	EDLUAR	75
diclofenac w/ misoprostol	3	dorzolamide hcl	85	EDURANT	48
dicloxacin sodium	87	dorzolamide hcl-timolol maleate	83	EFFEXOR XR	23
dicyclomine hcl	91	DOVONEX	61	EFFIENT	73
didanosine	48	doxazosin mesylate	35	EFUDEX	61
DIFFERIN	59	doxepin hcl	24	EGRIFTA	68
DIFICID	77	DOXEPIN HYDROCHLORIDE	61	ELAVIL	24
diflorasone diacetate	63	doxercalciferol	68	ELDEPRYL	44
DIFLUCAN	30	DOXIL	40	ELELYSO	73
diflunisal	4	doxorubicin hcl	40	ELESTAT	85
DIGOXIN	52	DOXORUBICIN HCL	40	ELESTRIN	70
digoxin	52	doxorubicin hcl liposomal	40	eletriptan hydrobromide	77
dihydroergotamine mesylate	77	DOXYCYCLINE	65	ELIDEL	65
DIHYDROERGOTAMINE MESYLATE	77	doxycycline (monohydrate)	90	ELIGARD	39
DILANTIN-125	21	doxycycline hyclate	90	ELIQUIS	17
DILATRATE SR	13	DRISDOL	95	ELITEK	42
DILAUDID	5	dronabinol	30	ELLA	56
diltiazem hcl	52	drosiprenone-ethinyl estradiol	55	ELLENCE	40
diltiazem hcl coated beads	52	drosiprenone-ethinyl estradiol- levomefolate calcium	55	ELMIRON	72
diltiazem hcl extended release beads	52	DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	55	ELOCON	63
DIOVAN	34	DROXIA	74	EMCYT	39
DIOVAN HCT	35	DUAC	59	EMEND	30
DIPENTUM	71	DUAVEE	69	EMEND TRIPACK	30
diphenhydramine hcl	31	DUETACT	24	EMFLAZA	57
diphenoxylate w/ atropine	29	DUEXIS	3	EMPLICITI	39
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	91	DULERA	16	EMSAM	22
DIPROLENE	63	duloxetine hcl	23	EMTRIVA	48
DIPROLENE AF	63	DUOPA	44	ENABLEX	93
dipyridamole	73	DURAGESIC	5	enalapril maleate	34
disopyramide phosphate	14			enalapril maleate & hydrochlorothiazide	35
				ENBREL	4
				ENBREL SURECLICK	4

ENGERIX-B.....	94	estradiol vaginal.....	94	FAZACLO.....	46
enoxaparin sodium.....	17	estradiol valerate.....	70	felbamate.....	20
ENSTILAR.....	63	ESTRING.....	94	FELBATOL.....	20
entacapone.....	43	estropipate.....	70	FELDENE.....	3
entecavir.....	50	eszopiclone.....	75	felodipine.....	52
ENTOCORT EC.....	57	ethacrynic acid.....	66	FEMARA.....	39
ENTRESTO.....	53	ethambutol hcl.....	37	FEMCON FE.....	55
ENTYVIO.....	71	ethosuximide.....	21	FEMHRT LOW DOSE.....	69
ENVARUSUS XR.....	80	ethynodiol diacet & eth estrad.....	55	FEMRING.....	94
EPCLUSA.....	50	etodolac.....	3	FENOFIBRATE.....	32
EPIDUO.....	59	ETOPOPHOS.....	43	fenofibrate.....	32
epinastine hcl (ophth).....	85	etoposide.....	43	fenofibrate micronized.....	32
epinephrine (anaphylaxis).....	94	EURAX.....	65	FENOFIBRIC ACID.....	32
EPIPEN 2-PAK.....	94	EVAMIST.....	70	FENOGLIDE.....	32
EPIPEN-JR 2-PAK.....	95	EVISTA.....	68	fentanyl.....	5
epirubicin hcl.....	40	EVOCLIN.....	59	fentanyl citrate.....	5
EPIVIR.....	48	EVOMELA.....	37	FENTORA.....	5
EPIVIR HBV.....	50	EVOTAZ.....	48	FERRIPROX.....	29
eplerenone.....	36	EVOXAC.....	81	FETZIMA.....	23
EPOGEN.....	74	EVZIO.....	29	FETZIMA TITRATION PACK.....	23
eprosartan mesylate.....	34	EXALGO.....	5	FIASP.....	26
EPZICOM.....	48	EXELDERM.....	60	FIASP FLEXTOUCH.....	26
EQUETRO.....	45	EXELON.....	88	FIBRICOR.....	32
ERAXIS.....	30	exemestane.....	39	FINACEA.....	65
ERBITUX.....	39	EXFORGE.....	35	finasteride.....	72
ergocalciferol.....	95	EXFORGE HCT.....	35	FIORINAL/CODEINE #3.....	8
ergoloid mesylates.....	89	EXJADE.....	29	FIRAZYR.....	73
ergotamine tartrate.....	77	EXONDYS 51.....	82	FIRMAGON.....	40
ergotamine w/ caffeine.....	77	EXTAVIA.....	89	FLAGYL.....	11
ERIVEDGE.....	39	EXTINA.....	60	FLAREX.....	84
ERTACZO.....	60	EYLEA.....	83	flavoxate hcl.....	93
ERWINAZE.....	42	ezetimibe.....	33	FLEBOGAMMA DIF.....	86
ERYPED 200.....	76	ezetimibe-simvastatin.....	32	flecainide acetate.....	14
ERYPED 400.....	77	FABIOR.....	59	FLECTOR.....	60
ERYTHROCIN LACTOBIONATE.....	77	FABRAZYME.....	68	FLOMAX.....	72
erythromycin (acne aid).....	59	famciclovir.....	50	FLOVENT DISKUS.....	16
erythromycin (ophth).....	83	famotidine.....	91	FLOVENT HFA.....	16
erythromycin base.....	77	FAMVIR.....	50	FLOXIN OTIC.....	86
erythromycin ethylsuccinate.....	77	FANAPT.....	45	fluconazole.....	31
ESBRIET.....	90	FANAPT TITRATION PACK.....	45	fluconazole in dextrose.....	31
escitalopram oxalate.....	22	FARESTON.....	39	fluconazole in nacl.....	31
esomeprazole magnesium.....	92	FARXIGA.....	28	flucytosine.....	30
esomeprazole sodium.....	92	FARYDAK.....	41	fludarabine phosphate.....	38
estradiol.....	70	FASLODEX.....	39	fludrocortisone acetate.....	58
estradiol & norethindrone acetate.....	69	fat emulsion.....	82	FLUMADINE.....	50
				flunisolide (nasal).....	82

fluocinolone acetonide.....	63	FOSRENOL.....	72	glatiramer acetate.....	89
fluocinolone acetonide (otic).....	86	FRAGMIN.....	18	GLEEVEC.....	41
fluocinonide.....	63	FROVA.....	77	GLEOSTINE.....	38
fluocinonide emulsified base.....	63	frovatriptan succinate.....	77	glimepiride.....	28
fluorometholone (ophth).....	84	FULYZAQ.....	29	glipizide.....	28
fluorouracil.....	38	FURADANTIN.....	93	glipizide-metformin hcl.....	24
FLUOROURACIL.....	61	furosemide.....	66	GLUCAGEN HYPOKIT.....	26
fluorouracil (topical).....	61	FUSILEV.....	42	GLUCAGON EMERGENCY KIT.....	26
fluoxetine hcl.....	22	FUZEON.....	48	GLUCOPHAGE.....	25
FLUOXETINE HCL.....	22	FYCOMPA.....	18	GLUCOPHAGE XR.....	25
fluoxetine hcl (PMDD) cap 10 mg, 20 mg.....	89	gabapentin.....	19	GLUCOTROL.....	28
fluoxymesterone.....	10	GABITRIL.....	21	GLUCOTROL XL.....	28,29
fluphenazine decanoate.....	46	galantamine hydrobromide.....	88	GLUCOVANCE.....	24
fluphenazine hcl.....	47	GALZIN.....	79	glyburide.....	29
FLUPHENAZINE HCL.....	47	GAMASTAN S/D.....	86	glyburide micronized.....	29
fluphenazine hcl.....	47	GAMMAGARD LIQUID.....	86	glyburide-metformin.....	24
flurandrenolide.....	63	GAMMAKED.....	86	glycopyrrolate.....	91
flurbiprofen.....	3	GAMMAPLEX.....	86	GLYNASE.....	29
flurbiprofen sodium.....	85	GAMUNEX-C.....	86	GLYSET.....	24
flutamide.....	40	ganciclovir sodium.....	49	GOLYTELY.....	76
fluticasone propionate.....	63	GARDASIL.....	94	GRALISE.....	89
fluticasone propionate (nasal).....	82	GARDASIL 9.....	94	GRALISE STARTER.....	89
fluvastatin sodium.....	33	GASTROCROM.....	71	granisetron hcl.....	29
fluvoxamine maleate.....	22	gatifloxacin (ophth).....	83	GRANIX.....	74
FML.....	84	GATTEX.....	72	GRASTEK.....	2
FML FORTE.....	84	gauze pads 2" X 2".....	77	GRIS-PEG.....	30
FML LIQUIFILM.....	84	GAZYVA.....	39	griseofulvin microsize.....	30
FOCALIN.....	2	GELNIQUE.....	93	griseofulvin ultramicrosize.....	30
FOCALIN XR.....	2	GELNIQUE PUMP.....	93	guanfacine hcl.....	35
folic acid.....	74	gemcitabine hcl.....	38	guanfacine hcl (adhd).....	1
FOLOTYN.....	38	gemfibrozil.....	32	GUANIDINE HCL.....	37
fondaparinux sodium.....	18	GEMZAR.....	38	H.P. ACTHAR.....	67
FORFIVO XL.....	22	GENERESS FE.....	55	HALAVEN.....	43
FORTAMET.....	25	GENOTROPIN.....	68	HALDOL.....	46
FORTAZ.....	55	GENOTROPIN MINIQUICK.....	68	HALDOL DECANOATE 100.....	46
FORTEO.....	67	gentamicin in saline.....	2	HALDOL DECANOATE 50.....	46
FORTESTA.....	10	gentamicin sulfate.....	2	halobetasol propionate.....	63
FORTICAL.....	67	gentamicin sulfate (ophth).....	83	HALOG.....	63
FOSAMAX.....	67	gentamicin sulfate (topical).....	60	haloperidol.....	46
FOSAMAX PLUS D.....	67	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	2	haloperidol decanoate.....	46
fosamprenavir calcium.....	48	GENVOYA.....	48	haloperidol lactate.....	46
fosinopril sodium.....	34	GEODON.....	45	HARVONI.....	50
fosinopril sodium & hydrochlorothiazide.....	35	GILENYA.....	89	HAVRIX.....	94
fosphenytoin sodium.....	21	GILOTRIF.....	41	HECTOROL.....	68
		GLASSIA.....	90	HEMANGEOL.....	51

heparin sodium (porcine).....	18	hydrocortisone butyrate.....	63	INFLECTRA.....	71
HEPSERA.....	50	hydrocortisone butyrate		INGREZZA.....	89
HERCEPTIN.....	39	hydrophilic lipo base.....	63	INLYTA.....	41
HETLIOZ.....	75	hydrocortisone valerate.....	63	INSPRA.....	36
HEXALEN.....	38	hydrocortisone w/acetic		INSULIN SYRINGES AND PEN	
HIPREX.....	93	acid.....	86	NEEDLES.....	77
HIZENTRA.....	86	hydromorphone hcl.....	6	INTELENCE.....	48
HORIZANT.....	89	hydroxychloroquine sulfate	37	INTERMEZZO.....	75
HUMALOG.....	27	HYDROXYPROGESTERONE		INTRON A.....	42
HUMALOG JUNIOR		CAPROATE.....	40	INTRON A W/DILUENT.....	42
KWIKPEN.....	27	hydroxyurea.....	42	INTUNIV.....	1
HUMALOG KWIKPEN.....	27	hydroxyzine hcl.....	13	INVANZ.....	12
HUMALOG MIX 50/50.....	27	hydroxyzine pamoate.....	13	INVEGA.....	45
HUMALOG MIX 50/50		HYQVIA.....	86	INVEGA SUSTENNA.....	45
KWIKPEN.....	27	HYSINGLA ER.....	6	INVEGA TRINZA.....	45
HUMALOG MIX 75/25.....	27	HYZAAR.....	35	INVIRASE.....	48
HUMALOG MIX 75/25		ibandronate sodium.....	67	INVOKAMET.....	24
KWIKPEN.....	27	IBRANCE.....	41	INVOKAMET XR.....	25
HUMATROPE.....	68	ibuprofen.....	3	INVOKANA.....	28
HUMATROPE COMBO		ICLUSIG.....	41	IOPIDINE.....	83
PACK.....	68	IDAMYCIN PFS.....	40	IOL INACTIVATED IPV.....	94
HUMIRA.....	3	idarubicin hcl.....	40	ipratropium bromide.....	14
HUMIRA PEDIATRIC CROHNS		IFEX.....	38	ipratropium bromide (nasal)	82
DISEASE STARTER PACK.....	2	ifosfamide.....	38	ipratropium-albuterol.....	16
HUMIRA PEN.....	2	IFOSFAMIDE.....	38	IPRIVASK.....	18
HUMIRA PEN-CROHNS		ILARIS.....	3	irbesartan.....	34
DISEASESTARTER.....	2	ILEVRO.....	85	irbesartan-hydrochlorothiazide	
HUMIRA PEN-PSORIASIS		imatinib mesylate.....	41	35
STARTER.....	3	IMBRUVICA.....	41	IRESSA.....	41
HUMULIN 70/30.....	27	IMFINZI.....	39	irinotecan hcl.....	43
HUMULIN 70/30 KWIKPEN.....	27	imipenem-cilastatin.....	12	irrigation solutions,	
HUMULIN N.....	27	imipramine hcl.....	24	physiological.....	80
HUMULIN N KWIKPEN.....	27	imipramine pamoate.....	24	ISENTRESS.....	48
HUMULIN R.....	27	imiquimod.....	65	ISENTRESS HD.....	48
HUMULIN R U-500		IMITREX.....	77,78	isoniazid.....	37
(CONCENTRATED).....	27	IMITREX STATDOSE		isoniazid & rifampin.....	37
HUMULIN R U-500		REFILL.....	77,78	ISOPTO CARPINE.....	83
KWIKPEN.....	27	IMITREX STATDOSE		ISORDIL TITRADOSE.....	13
HYCAMTIN.....	43	SYSTEM.....	78	isosorbide dinitrate.....	13
hydralazine hcl.....	36	IMOVAX RABIES		isosorbide mononitrate.....	13
HYDREA.....	42	(H.D.C.V.).....	94	isotretinoin.....	59
hydrochlorothiazide.....	66,67	IMURAN.....	80	ISTALOL.....	83
hydrocodone polistirex-		INCRELEX.....	68	ISTODAX.....	41
chlorpheniramine polistirex.....	58	INCRUSE ELLIPTA.....	14	ISTODAX (OVERFILL).....	41
hydrocodone-		indapamide.....	67	itraconazole.....	31
acetaminophen.....	8,9	INDERAL LA.....	51	ivermectin.....	11
hydrocodone-ibuprofen.....	9	INDOCIN.....	3	IXEMPRA KIT.....	43
hydrocortisone.....	57	indomethacin.....	4		
hydrocortisone (intrarectal).....	10	INFANRIX.....	91		
hydrocortisone (rectal).....	10				
hydrocortisone (topical).....	63				

IXIARO.....	94	KITABIS PAK.....	2	LENVIMA 14 MG DAILY DOSE.....	41
JADENU.....	29	KLARON.....	59	LENVIMA 18 MG DAILY DOSE.....	41
JAKAFI.....	41	KLONOPIN.....	18	LENVIMA 20 MG DAILY DOSE.....	41
JALYN.....	72	KOMBIGLYZE XR.....	25	LENVIMA 24 MG DAILY DOSE.....	41
JANUMET.....	25	KORLYM.....	26	LENVIMA 8 MG DAILY DOSE.....	41
JANUMET XR.....	25	KUVAN.....	68	LESCOL XL.....	33
JANUVIA.....	26	KYNAMRO.....	32	LETAIRIS.....	53
JARDIANCE.....	28	KYPROLIS.....	41	letrozole.....	40
JENTADUETO.....	25	labetalol hcl.....	51	leucovorin calcium.....	42
JENTADUETO XR.....	25	LAC-HYDRIN.....	64	LEUCOVORIN CALCIUM.....	42
JEVTANA.....	43	lactated ringer's.....	79	leucovorin calcium.....	42
JUBLIA.....	60	lactic acid (ammonium lactate).....	64	LEUKERAN.....	38
JUXTAPID.....	33	lactulose.....	76	LEUKINE.....	74
K-TAB.....	79	lactulose (encephalopathy).....	71	leuprolide acetate.....	40
KADCYLA.....	39	LAMICTAL.....	19	levabuterol hcl.....	16
KADIAN.....	6	LAMICTAL CHEWABLE DISPERSIBLE.....	19	LEVALBUTEROL TARTRATE HFA.....	17
KALBITOR.....	73	LAMICTAL ODT.....	19	LEVAQUIN.....	70
KALETRA.....	48	LAMICTAL STARTER/NOT TAKING.....	19	LEVEMIR.....	27
KALYDECO.....	90	CARBAMAZEPINE.....	19	LEVEMIR FLEXTOUCH.....	27
KANUMA.....	68	LAMICTAL STARTER/TAKING.....	19	LEVETIRACETAM.....	19
KAYEXALATE.....	80	CARBAMAZEPINE/NOT TAKING.....	19	levetiracetam.....	19,20
KAZANO.....	25	LAMICTAL STARTER/TAKING.....	19	levetiracetam in sodium chloride.....	19
KEFLEX.....	54	VALPROATE.....	19	LEVITRA.....	53
KENALOG.....	63	LAMICTAL XR.....	19	levobunolol hcl.....	83
KENALOG-10.....	57	LAMISIL.....	30	levocarnitine (metabolic modifiers).....	68
KENALOG-40.....	57	lamivudine.....	48	levocetirizine dihydrochloride.....	31
KEPIVANCE.....	42	lamivudine (hbv).....	50	levofloxacin.....	70
KEPPRA.....	19	lamivudine-zidovudine.....	48	levofloxacin (ophth).....	84
KEPPRA XR.....	19	lamotrigine.....	19	levofloxacin in d5w.....	70
KERYDIN.....	60	LANOXIN.....	53	LEVOLEUCOVORIN.....	42
ketoconazole.....	31	LANOXIN PEDIATRIC.....	53	levoleucovorin calcium.....	42
ketoconazole (topical).....	60	lansoprazole.....	92	levonorgestrel & eth estradiol.....	55
ketoprofen.....	4	lanthanum carbonate.....	72	levonorgestrel-eth estradiol (triphasic).....	55
ketorolac tromethamine.....	4	LANTUS.....	27	levonorgestrel-ethinyl estradiol (91-day).....	55
ketorolac tromethamine (ophth).....	85	LANTUS SOLOSTAR.....	27	levonorgestrel-ethinyl estradiol (continuous).....	55
KEVEYIS.....	66	LARTRUVO.....	39	levothyroxine sodium.....	91
KEYTRUDA.....	39	LASIX.....	66	LEXAPRO.....	22
KHEDEZLA.....	23	LASTACAFT.....	85	LEXIVA.....	48
KINERET.....	3	latanoprost.....	85	LIALDA.....	71
KINRIX.....	91	LATUDA.....	45		
KISQALI.....	41	LAZANDA.....	6		
KISQALI FEMARA 200 DOSE.....	40	leflunomide.....	4		
KISQALI FEMARA 400 DOSE.....	40	LEMTRADA.....	89		
KISQALI FEMARA 600 DOSE.....	41	LENVIMA 10 MG DAILY DOSE.....	41		

LIBRAX.....	91	LOTENSIN HCT.....	36	MEDROL DOSEPAK.....	57
lidocaine.....	65	LOTREL.....	36	medroxyprogesterone	
lidocaine hcl.....	65	LOTRONEX.....	71	acetate.....	87
lidocaine hcl (local anesth.).....	76	lovastatin.....	33	medroxyprogesterone acetate	
lidocaine hcl (mouth-throat).....	81	LOVAZA.....	32	(contraceptive).....	56
lidocaine-prilocaine.....	65	LOVENOX.....	18	mefenamic acid.....	4
LIDODERM.....	65	loxapine succinate.....	46	mefloquine hcl.....	37
LINCOCIN.....	12	LUMIGAN.....	85	MEGACE ES.....	87
lincomycin hcl.....	12	LUMIZYME.....	68	MEGACE ORAL.....	40
linezolid.....	12	LUNESTA.....	75	megestrol acetate.....	40
LINEZOLID.....	12	LUPRON DEPOT (1-		megestrol acetate (appetite).....	87
linezolid.....	12	MONTH).....	40	MEKINIST.....	41
LINZESS.....	71	LUPRON DEPOT (3-		meloxicam.....	4
liothyronine sodium.....	91	MONTH).....	40	melphalan.....	38
LIPITOR.....	33	LUPRON DEPOT (4-		melphalan hcl.....	38
LIPOFEN.....	32	MONTH).....	40	memantine hcl.....	88
lisinopril.....	34	LUPRON DEPOT (6-		MENACTRA.....	93
lisinopril &		MONTH).....	40	MENOMUNE-A/C/Y/W-135.....	94
hydrochlorothiazide.....	35	LUPRON DEPOT-PED (1-		MENOSTAR.....	70
LITHIUM.....	44	MONTH).....	68	MENTAX.....	60
lithium carbonate.....	44	LUPRON DEPOT-PED (3-		MENVEO.....	94
LITHIUM CARBONATE.....	44	MONTH).....	68	MEPHYTON.....	95
lithium carbonate.....	44	LUXIQ.....	64	meprobamate.....	13
LITHOBID.....	45	LUZU.....	60	MEPRON.....	11
LIVALO.....	33	LYNPARZA.....	41	mercaptapurine.....	38
LO LOESTRIN FE.....	55	LYRICA.....	20	meropenem.....	12
LOCOID.....	63	LYSODREN.....	40	MERREM.....	12
LOCOID LIPOCREAM.....	64	LYSTEDA.....	74	mesalamine.....	71
LOCORT 11-DAY.....	57	M-M-R II.....	94	MESALAMINE DR.....	71
LOCORT 7-DAY.....	57	MACROBID.....	93	mesalamine w/ cleanser.....	71
LODOSYN.....	43	MACRODANTIN.....	93	mesna.....	43
LOMOTIL.....	29	magnesium sulfate.....	79	MESNEX.....	43
LONSURF.....	41	MALARONE.....	36	MESTINON.....	37
loperamide hcl.....	29	malathion.....	65	MESTINON TIMESPAN.....	37
LOPID.....	32	maprotiline hcl.....	22	METADATE CD.....	2
lopinavir-ritonavir.....	48	MARINOL.....	30	metaproterenol sulfate.....	17
LOPRESSOR.....	51	MARPLAN.....	22	metaxalone.....	81
LOPRESSOR HCT.....	35	MARQIBO.....	43	metformin hcl.....	25
LOPROX.....	60	MATULANE.....	42	methadone hcl.....	6
LOPROX SHAMPOO.....	60	MAXALT.....	78	METHADOSE.....	6
lorazepam.....	14	MAXALT-MLT.....	78	METHADOSE SUGAR-FREE.....	6
losartan potassium.....	34	MAXIDEX.....	84	methazolamide.....	66
losartan potassium &		MAXIPIME.....	55	methenamine hippurate.....	93
hydrochlorothiazide.....	36	MAXITROL.....	84	methimazole.....	91
LOSEASONIQUE.....	55	MAXZIDE.....	66	methocarbamol.....	81
LOTEMAX.....	84	MAXZIDE-25.....	66	methotrexate sodium.....	38
LOTENSIN.....	34	meclizine hcl.....	30	METHOTREXATE SODIUM.....	38
		meclofenamate sodium.....	4		
		MEDROL.....	57		

methotrexate sodium.....	38	MITIGARE.....	73	nafcillin sodium.....	87
methoxsalen rapid.....	61	mitomycin.....	40	naftifine hcl.....	60
methscopolamine bromide.....	91	MITOMYCIN.....	40	NAFTIN.....	60
methyl dopa.....	35	mitoxantrone hcl.....	40	NAGLAZYME.....	68
methylergonovine maleate.....	86	MOBIC.....	4	naloxone hcl.....	29
methylphenidate hcl.....	2	modafinil.....	2	naltrexone hcl.....	29
methylprednisolone.....	57	moexipril hcl.....	34	NAMENDA.....	88
methylprednisolone acetate.....	57	moexipril-hydrochlorothiazide.....	36	NAMENDA TITRATION PAK.....	88
methylprednisolone sod succ.....	57	molindone hcl.....	46	NAMENDA XR.....	88
methyltestosterone.....	10	mometasone furoate.....	64	NAMENDA XR TITRATION PACK.....	88
metoclopramide hcl.....	71	mometasone furoate (nasal).....	82	naphazoline hcl.....	84
metolazone.....	67	montelukast sodium.....	15	NAPRELAN.....	4
metoprolol & hydrochlorothiazide.....	36	morphine sulfate.....	6,7	NAPROSYN.....	4
metoprolol succinate.....	51	MORPHINE SULFATE.....	7	naproxen.....	4
METOPROLOL TARTRATE.....	51	morphine sulfate.....	7	naproxen sodium.....	4
metoprolol tartrate.....	51	morphine sulfate beads.....	6	naratriptan hcl.....	78
METROCREAM.....	65	MOTOFEN.....	29	NARCAN.....	29
METROGEL.....	65	MOVANTIK.....	71	NARDIL.....	22
METROGEL-VAGINAL.....	94	MOVIPREP.....	76	NASCOBAL.....	74
METROLOTION.....	65	MOXEZA.....	84	NASONEX.....	82
metronidazole.....	11	moxifloxacin hcl.....	70	NATACYN.....	84
metronidazole (topical).....	65	moxifloxacin hcl (ophth).....	84	nateglinide.....	28
metronidazole in nacl.....	11	MOZOBIL.....	74	NATESTO.....	10
metronidazole vaginal.....	94	MS CONTIN.....	7	NATPARA.....	67
mexiletine hcl.....	14	MULTAQ.....	14	NAVELBINE.....	43
MIACALCIN.....	67	mupirocin.....	60	NEBUPENT.....	11
MICARDIS.....	34	mupirocin calcium (topical).....	60	nefazodone hcl.....	23
MICARDIS HCT.....	36	MUSE.....	53	neomycin sulfate.....	2
miconazole nitrate vaginal.....	94	MUSTARGEN.....	38	neomycin-bacitracin zn-polymyxin.....	84
MICRO-K.....	79	MYALEPT.....	68	neomycin-polymy-dexameth.....	84
MICROZIDE.....	67	MYAMBUTOL.....	37	neomycin-polymyxin-gramicidin.....	84
midodrine hcl.....	95	MYCAMINE.....	30	neomycin-polymyxin-hc (otic).....	86
miglitol.....	24	MYCOBUTIN.....	37	neomycin/polymyxin b gu.....	72
MIGRANAL.....	77	mycophenolate mofetil.....	80	NEORAL.....	80
MINASTRIN 24 FE.....	55	mycophenolate mofetil hcl.....	80	NERLYNX.....	41
MINIPRESS.....	35	mycophenolate sodium.....	80	NESINA.....	26
MINOCIN.....	90	MYFORTIC.....	80	NEULASTA.....	74
minocycline hcl.....	90	MYLOTARG.....	39	NEULASTA ONPRO KIT.....	74
minoxidil.....	36	MYRBETRIQ.....	93	NEUPOGEN.....	74
MIRAPEX.....	44	MYSOLINE.....	20	NEUPRO.....	44
MIRAPEX ER.....	44	MYTESI.....	29	NEURONTIN.....	20
MIRCERA.....	74	nabumetone.....	4	NEVANAC.....	85
mirtazapine.....	21	nadolol.....	51	NEVIRAPINE.....	48
MIRVASO.....	65	nadolol & bendroflumethiazide.....	36	nevirapine.....	48
misoprostol.....	92				

NEXAVAR.....	41	NORINYL 1+35.....	56	ODOMZO.....	39
NEXIUM.....	92	NORITATE.....	65	OFEV.....	90
NEXIUM I.V.....	92	NORPACE.....	14	ofloxacin (ophth).....	84
niacin (antihyperlipidemic).....	33	NORPACE CR.....	14	ofloxacin (otic).....	86
NIASPAN.....	33	NORPRAMIN.....	24	olanzapine.....	46
nicardipine hcl.....	52	NORTHERA.....	95	olanzapine-fluoxetine hcl.....	88
NICOTROL INHALER.....	89	nortriptyline hcl.....	24	olmesartan medoxomil.....	34
NICOTROL NS.....	89	NORVASC.....	52	olmesartan medoxomil- amlodipine-hydrochlorothiazide	36
nifedipine.....	52	NORVIR.....	48	36
NILANDRON.....	40	NOVAREL.....	67	olmesartan medoxomil- hydrochlorothiazide.....	36
nilutamide.....	40	NOVOLIN 70/30.....	27	olopatadine hcl.....	85
nimodipine.....	52	NOVOLIN 70/30 RELION.....	27	olopatadine hcl (nasal).....	82
NINLARO.....	41	NOVOLIN N.....	27	OLUX.....	64
NIPENT.....	42	NOVOLIN N RELION.....	27	OLYSIO.....	50
nisoldipine.....	52	NOVOLIN R.....	27	omega-3-acid ethyl esters.....	32
NITRO-DUR.....	13	NOVOLIN R RELION.....	27	omeprazole.....	92
nitrofurantoin.....	93	NOVOLOG.....	28	omeprazole-sodium bicarbonate.....	92
nitrofurantoin macrocrystal.....	93	NOVOLOG FLEXPEN.....	27	OMNARIS.....	82
nitrofurantoin monohyd macro.....	93	NOVOLOG MIX 70/30.....	27	OMNIPRED.....	85
nitroglycerin.....	13	NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	27	OMNITROPE.....	68
NITROGLYCERIN LINGUAL.....	13	NOVOLOG PENFILL.....	28	ONCASPAR.....	42
NITROLINGUAL PUMPSPRAY.....	13	NOXAFIL.....	31	ondansetron.....	29
NITROMIST.....	13	NUCALA.....	14	ondansetron hcl.....	29
NITROSTAT.....	13	NUCYNTA.....	7	ONFI.....	18
nizatidine.....	92	NUCYNTA ER.....	7	ONGLYZA.....	26
NIZORAL.....	60	NUDEXTA.....	89	ONIVYDE.....	43
NOR-QD.....	56	NULOJIX.....	80	ONMEL.....	31
NORDITROPIN FLEXPRO.....	68	NULYTELY/FLAVOR PACKS.....	76	OPANA.....	7
norelgestromin-ethinyl estradiol.....	56	NUPLAZID.....	45	OPANA ER (CRUSH RESISTANT).....	7
norethin acet & estrad-fe.....	55,56	NUTROPIN AQ NUSPIN 20.....	68	OPDIVO.....	39
norethindrone & eth estradiol.....	56	NUVARING.....	56	opium tincture.....	29
norethindrone & ethinyl estradiol- fe.....	56	NUVIGIL.....	2	OPSUMIT.....	53
norethindrone (contraceptive).....	56	NYMALIZE.....	52	ORACEA.....	65
norethindrone acet & eth estra.....	56	nystatin.....	30	ORALAIR.....	2
norethindrone acetate.....	87	nystatin (mouth-throat).....	81	ORAP.....	89
norethindrone acetate-ethinyl estradiol.....	69	nystatin (topical).....	60	ORAPRED ODT.....	57
norethindrone-eth estradiol (triphasic).....	56	nystatin-triamcinolone.....	60	ORBACTIV.....	11
norgestimate-ethinyl estradiol.....	56	OCALIVA.....	70	ORENCIA.....	4
norgestimate-ethinyl estradiol (triphasic).....	56	OCREVUS.....	89	ORENCIA CLICKJECT.....	4
norgestrel & ethinyl estradiol.....	56	OCTAGAM.....	86	ORENITRAM.....	53
		octreotide acetate.....	69	ORFADIN.....	68
		OCUFEN.....	85	ORKAMBI.....	90
		OCUFLOX.....	84	orphenadrine citrate.....	81
		ODEFSEY.....	48	ORTHO MICRONOR.....	56

ORTHO TRI-CYCLEN.....	56	PATADAY.....	85	pilocarpine hcl.....	83
ORTHO TRI-CYCLEN LO...	56	PATANASE.....	82	pilocarpine hcl (oral).....	81
ORTHO-CYCLEN.....	56	PATANOL.....	85	pimozide.....	89
ORTHO-NOVUM 1/35.....	56	PAXIL.....	22	pindolol.....	51
ORTHO-NOVUM 7/7/7.....	56	PAXIL CR.....	22	pioglitazone hcl.....	26
oseltamivir phosphate.....	50	PCE.....	77	pioglitazone hcl-glimepiride..	25
OSENI.....	25	PEDVAX HIB.....	94	pioglitazone hcl-metformin	
OSMOPREP.....	76	peg 3350-kcl-sod bicarb-sod		hcl.....	25
OTEZLA.....	4	chloride-sod sulfate.....	76	piperacillin sodium-tazobactam	
OTREXUP.....	3	peg 3350-potassium chloride-		sodium.....	87
OVACE PLUS WASH.....	61	sod bicarbonate-sod		PIPERACILLIN/TAZOBACTAM	
OVACE WASH.....	61	chloride.....	76	87
oxaliplatin.....	38	PEG-INTRON REDIPEN...	50	piroxicam.....	4
OXANDRIN.....	10	PEG-INTRON REDIPEN PAK		PLAQUENIL.....	37
oxandrolone.....	10	4.....	50	PLAVIX.....	73
oxaprozin.....	4	PEGANONE.....	21	PLEGRIDY.....	89
oxcarbazepine.....	20	PEGASYS.....	50	PLEGRIDY STARTER	
oxiconazole nitrate.....	60	PEGASYS PROCLICK...	50	PACK.....	89
OXISTAT.....	60	PEGINTRON.....	50	PLETAL.....	73
OXSORALEN ULTRA.....	61	penicillin g potassium.....	87	PLEXION CLEANSER.....	59
oxybutynin chloride.....	93	penicillin v potassium.....	87	podofilox.....	65
oxycodone hcl.....	7	PENNSAID.....	60	polyethylene glycol 3350....	76
OXYCODONE HCL ER.....	7	PENTAM 300.....	11	polymyxin b sulfate.....	13
oxycodone w/ acetaminophen		PENTASA.....	71	polymyxin b-trimethoprim...	84
oxycodone-aspirin.....	9	pentoxifylline.....	73	POLYTRIM.....	84
OXYCONTIN.....	7,8	PEPCID.....	92	POMALYST.....	40
oxymorphone hcl.....	8	PERFOROMIST.....	17	PONSTEL.....	4
OXYTROL.....	93	PERIDEX.....	81	PORTRAZZA.....	39
paclitaxel.....	43	perindopril erbumine.....	34	potassium chloride.....	79
PACLITAXEL.....	43	PERJETA.....	39	POTASSIUM CHLORIDE	
paclitaxel.....	43	permethrin.....	65	ER.....	79
paliperidone.....	45	perphenazine.....	47	potassium chloride in dextrose &	
PAMELOR.....	24	perphenazine-amitriptyline	88	sodium chloride.....	79
PAMINE.....	91	PERSANTINE.....	73	potassium chloride	
PAMINE FORTE.....	91	PERTZYE.....	65	microencapsulated crystals	
PANCREAZE.....	65	PEXEVA.....	22	er.....	79
PANRETIN.....	61	PFIZERPEN-G.....	87	potassium citrate	
pantoprazole sodium.....	92	phenelzine sulfate.....	22	(alkalinizer).....	72
parenteral electrolytes.....	79	PHENERGAN.....	31	POTIGA.....	20
paricalcitol.....	68	phenobarbital.....	75	PRADAXA.....	18
PARLODEL.....	44	phenoxybenzamine hcl....	34	PRALUENT.....	33
PARNATE.....	22	phenytoin.....	21	pramipexole dihydrochloride	44
paromomycin sulfate.....	2	phenytoin sodium.....	21	PRANDIN.....	28
paroxetine hcl.....	22	phenytoin sodium		prasugrel hcl.....	73
paroxetine mesylate		extended.....	21	PRAVACHOL.....	33
(vasomotor).....	90	PHOSLYRA.....	72	pravastatin sodium.....	33
		PHOSPHOLINE IODIDE..	83	prazosin hcl.....	35
		PICATO.....	61	PRECOSE.....	24
				PRED FORTE.....	85
				PRED MILD.....	85

prednicarbate	64	PROMETRIUM	87	ranitidine hcl	92
prednisolone	57	propafenone hcl	14	RAPAFLO	72
prednisolone acetate (ophth)	85	proparacaine hcl	84	RAPAMUNE	80
prednisolone sodium phosphate	57	propranolol & hydrochlorothiazide	36	rasagiline mesylate	44
prednisone	57	propranolol hcl	51	RASUVO	3
PREGNYL W/DILUENT		propylthiouracil	91	RAVICTI	68
BENZYLALCOHOL/NACL	67	PROQUAD	94	RAYALDEE	68
PREMARIN	70,94	PROSCAR	72	RAYOS	58
PREMPHASE	69	PROSOL	83	RAZADYNE	88
PREMPRO	69	PROTONIX	92	RAZADYNE ER	88
PREPOPIK	76	PROTOPIC	65	REBETOL	50
PREVACID	92	protriptyline hcl	24	REBIF	89
PREVACID SOLUTAB	92	PROVENTIL HFA	17	REBIF REBIDOSE	89
PREVPAC	92	PROVERA	87	REBIF REBIDOSE TITRATIONPACK	89
PREZCOBIX	48	PROVIGIL	2	REBIF TITRATION PACK	89
PREZISTA	48	PROZAC	22	RECLAST	67
PRIFTIN	37	PROZAC WEEKLY	23	RECOMBIVAX HB	94
primaquine phosphate	37	PRUDOXIN	61	RECTIV	11
PRIMAXIN IV	12	pseudoephed-cpm w/ hydrocod	58	REGLAN	71
primidone	20	PULMICORT	16	REGRANEX	65
PRIMSOL	11	PULMICORT FLEXHALER	16	RELENZA DISKHALER	50
PRINIVIL	34	PULMOZYME	90	RELISTOR	71,72
PRISTIQ	23	PURIXAN	38	RELPAK	78
PRIVIGEN	86	PYLERA	92	REMERON	21
PROAIR HFA	17	pyrazinamide	37	REMERON SOLTAB	21
PROAIR RESPICLICK	17	pyridostigmine bromide	37	REMICADE	71
probenecid	73	QNASL	82	REMODULIN	53
PROCARDIA XL	52	QNASL CHILDRENS	82	RENAGEL	72
prochlorperazine	47	QUADRACEL	91	REVELA	72
prochlorperazine edisylate	47	QUALAQUIN	37	repaglinide	28
prochlorperazine maleate	47	QUARTETTE	56	repaglinide-metformin hcl	25
PROCRT	74	quetiapine fumarate	46	REPATHA	33
PROCTOCORT	10	quinapril hcl	34	REPATHA PUSHTRONEX SYSTEM	33
PROCYSBI	72	quinapril-hydrochlorothiazide	36	REPATHA SURECLICK	34
progesterone micronized	87	quinidine gluconate	14	REQUIP	44
PROGLYCEM	26	quinidine sulfate	14	REQUIP XL	44
PROGRAF	80	quinine sulfate	37	RESCRIPTOR	48
PROLASTIN-C	90	QVAR	16	RESTASIS	84
PROLENSA	85	RABAVERT	94	RESTASIS MULTIDOSE	84
PROLEUKIN	42	RADICAVA	82	RESTORIL	75
PROLIA	67	RAGWITEK	2	RETIN-A	59
PROMACTA	74	raloxifene hcl	68	RETIN-A MICRO	59
promethazine & phenylephrine	58	ramipril	34	RETIN-A MICRO PUMP	59
promethazine hcl	31	RANEXA	13	RETROVIR	48
promethazine-phenylephrine-codeine	58			RETROVIR IV INFUSION	48

REVATIO.....	54	SABRIL.....	21	SIVEXTRO.....	12
REVLIMID.....	79	SAFYRAL.....	56	SKELAXIN.....	81
REXULTI.....	47	SALAGEN.....	81	sodium chloride.....	79
REYATAZ.....	49	SAMSCA.....	69	sodium chloride (gu irrigant).....	72
REZIRA.....	58	SANCUSO.....	29	sodium polystyrene	
RHEUMATREX.....	3	SANDIMMUNE.....	80	sulfonate.....	80
ribavirin.....	51	SANDOSTATIN.....	69	SOLARAZE.....	61
ribavirin (hepatitis c).....	50	SANDOSTATIN LAR		SOLTAMOX.....	40
RIDAURA.....	3	DEPOT.....	69	SOLU-CORTEF.....	58
rifabutin.....	37	SANTYL.....	64	SOLU-MEDROL.....	58
RIFADIN.....	37	SAPHRIS.....	46	SOMA.....	81
rifampin.....	37	SAVAYSA.....	17	SOMATULINE DEPOT.....	69
RIFATER.....	37	SAVELLA.....	88	SOMAVERT.....	68
RILUTEK.....	82	SAVELLA TITRATION		SONATA.....	75
riluzole.....	82	PACK.....	88	SOOLANTRA.....	65
rimantadine hydrochloride.....	50	scopolamine.....	30	SORIATANE.....	61
RIOMET.....	26	SEASONIQUE.....	56	SORILUX.....	61
risedronate sodium.....	67	SECTRAL.....	51	sotalol hcl.....	51
RISPERDAL.....	45	selegiline hcl.....	44	sotalol hcl (afib/afI).....	51
RISPERDAL CONSTA.....	45	selenium sulfide.....	61	Sotalol Hcl IV Soln.....	51
RISPERDAL M-TAB.....	45	SELZENTRY.....	49	SOTYLIZE.....	51
risperidone.....	45	SEMPREX-D.....	58	SOVALDI.....	50
RITALIN.....	2	SENSIPAR.....	69	SPIRIVA HANDIHALER.....	14
RITALIN LA.....	2	SEREVENT DISKUS.....	17	SPIRIVA RESPIMAT.....	14
RITUXAN.....	39	SEROQUEL.....	46	spironolactone.....	66
RITUXAN HYCELA.....	41	SEROQUEL XR.....	46	spironolactone &	
rivastigmine.....	88	SEROSTIM.....	68	hydrochlorothiazide.....	66
rivastigmine tartrate.....	88	sertraline hcl.....	23	SPORANOX.....	31
rizatriptan benzoate.....	78	sevelamer carbonate.....	72	SPORANOX PULSEPAK.....	31
ROBAXIN.....	81	SIGNIFOR.....	69	SPRITAM.....	20
ROBAXIN-750.....	81	SIGNIFOR LAR.....	69	SPRYCEL.....	41
ROBINUL.....	91	sildenafil citrate (pulmonary		STALEVO 100.....	44
ROBINUL FORTE.....	91	hypertension).....	54	STALEVO 125.....	44
ROCALTROL.....	68	SILENOR.....	75	STALEVO 150.....	44
ropinirole hydrochloride.....	44	SILIQ.....	61	STALEVO 200.....	44
rosuvastatin calcium.....	33	SILVADENE.....	61	STALEVO 50.....	44
ROTARIX.....	94	silver sulfadiazine.....	61	STALEVO 75.....	44
ROTATEQ.....	94	SIMBRINZA.....	83	STAMARIL.....	94
ROWASA.....	71	SIMPONI.....	3	STARLIX.....	28
ROXICODONE.....	8	SIMPONI ARIA.....	3	stavudine.....	49
ROZEREM.....	75	SIMULECT.....	80	STAXYN.....	53
RUBRACA.....	41	simvastatin.....	33	STELARA.....	61,71
RUCONEST.....	73	SINEMET.....	44	STIMATE.....	69
RYDAPT.....	41	SINEMET CR.....	44	STIOLTO RESPIMAT.....	17
RYTARY.....	44	SINGULAIR.....	15	STIVARGA.....	41
RYTHMOL SR.....	14	sirolimus.....	80	STRATTERA.....	1
		SIRTURO.....	37	STRENSIQ.....	69

STRIBILD	49	tacrolimus (topical)	65	TESTIM	10
STRIVERDI RESPIMAT	17	TAFINLAR	41	TESTOSTERONE	10
STROMEKTOL	11	TAGRISSO	41	testosterone	10
SUBOXONE	10	TALTZ	61	testosterone cypionate	10
SUBSYS	8	TALWIN	10	testosterone enanthate	10
SUCRAID	66	TAMIFLU	50,51	TESTOSTERONE PUMP	10
sucralfate	92	tamoxifen citrate	40	TETANUS/DIPHThERIA	
SULAR	52	tamsulosin hcl	72	TOXOIDS-ADSORBED	91
sulfacetamide sod-		TANZEUM	26	tetrabenazine	89
prednisolone	85	TARCEVA	41	tetracycline hcl	90
sulfacetamide sodium (acne)	59	TARGRETIN	42,61	TETRACYCLINE HCL	90
sulfacetamide sodium		TARKA	36	THALOMID	79
(ophth)	84	TASIGNA	42	theophylline	17
sulfadiazine	90	TASMAR	43	thioridazine hcl	47
sulfamethoxazole-trimethoprim		TAXOTERE	43	thiotepa	38
	11	TAYTULLA	56	thiothixene	47
SULFAMYLON	62	tazarotene	61	THYMOGLOBULIN	80
sulfasalazine	71	TAZORAC	61	tiagabine hcl	21
sulindac	4	TECENTRIQ	39	TIAZAC	52
sumatriptan	78	TECFIDERA	89	TICE BCG	42
sumatriptan succinate	78	TECFIDERA STARTER		TIGAN	30
SUMATRIPTAN		PACK	89	TIGECYCLINE	12
SUCCINATE	78	TECHNIVIE	50	TIKOSYN	14
sumatriptan succinate	78	TEFLARO	55	timolol maleate	52
SUMAVEL DOSEPRO	78	TEGRETOL	20	timolol maleate (ophth)	83
SUPRAX	55	TEGRETOL-XR	20	TIMOPTIC	83
SUPREP BOWEL PREP KIT	76	TEKTURNA	36	TIMOPTIC OCUDOSE	83
SURMONTIL	24	TEKTURNA HCT	36	TIMOPTIC-XE	83
SUSTIVA	49	telmisartan	34	TINDAMAX	11
SUTENT	41	telmisartan-amlodipine	36	tinidazole	11
SYLATRON	42	telmisartan-hydrochlorothiazide	36	TIVICAY	49
SYMBICORT	17		36	tizanidine hcl	81
SYMBYAX	88	temazepam	75	TOBI	2
SYMLINPEN 120	24	TEMODAR	38	TOBI PODHALER	2
SYMLINPEN 60	24	TEMOVATE	64	TOBRADEX	85
SYNAGIS	86	TENEX	35	TOBRADEX ST	85
SYNALAR	64	TENIVAC	91	tobramycin	2
SYNAREL	68	TENORETIC 100	36	tobramycin (ophth)	84
SYNDROS	30	TENORETIC 50	36	tobramycin sulfate	2
SYNERCID	13	TENORMIN	51	tobramycin-dexamethasone	85
SYNJARDY	25	TERAZOL 3	94	TOBEX	84
SYNJARDY XR	25	TERAZOL 7	94	TOFRANIL-PM	24
SYNRIBO	42	terazosin hcl	35	tolazamide	29
SYNTHROID	91	terbutaline hcl	30	tolbutamide	29
SYPRINE	79	terbutaline sulfate	17	tolcapone	43
TABLOID	39	terconazole vaginal	94	tolmetin sodium	4
TACLONEX	64	TESSALON PERLES	58		
tacrolimus	80				

tolterodine tartrate	93	TRILEPTAL	20	valacyclovir hcl	50
TOPAMAX	20	TRILIPIX	33	VALCHLOR	61
TOPAMAX SPRINKLE	20	trimethobenzamide hcl	30	VALCYTE	49
TOPICORT	64	trimethoprim	11	valganciclovir hcl	49
topiramate	20	trimipramine maleate	24	VALIUM	14
topotecan hcl	43	TRINTELLIX	23	valproate sodium	21
TOPROL XL	51	TRISENOX	42	valproic acid	21
TORISEL	42	TRIUMEQ	49	valsartan	34
toremide	66	TRIZIVIR	49	valsartan-hydrochlorothiazide	36
TOUJEO SOLOSTAR	28	tropium chloride	93	VALSTAR	40
TOVIAZ	93	TRULICITY	26	VALTREX	50
TRACLEER	53	TRUSOPT	85	VANCOGIN HCL	11
TRADJENTA	26	TRUVADA	49	vancomycin hcl	11
tramadol hcl	8	TUDORZA PRESSAIR	15	VANCOMYCIN HCL IN DEXTROSE	11
tramadol-acetaminophen	9	TUSSIONEX PENNKINETIC EXTENDED RELEASE	58	VANOS	64
trandolapril	34	TWINRIX	94	VANTAS	40
trandolapril-verapamil hcl	36	TWYNSTA	36	VAQTA	94
tranexamic acid	74	TYBOST	49	VARIVAX	94
TRANSDERM-SCOP	30	TYGACIL	12	VARIZIG	86
TRANXENE T	14	TYKERB	42	VARUBI	30
tranylcypromine sulfate	22	TYMLOS	67	VASCEPA	32
TRAVATAN Z	85	TYPHIM VI	94	VASERETIC	36
travoprost	85	TYSABRI	89	VASOTEC	34
trazodone hcl	23	TYVASO	53	VECTIBIX	39
TREANDA	38	TYVASO REFILL	53	VECTICAL	61
TRECATOR	37	TYVASO STARTER	53	VELCADE	42
TRELSTAR	40	TYZEKA	50	VELPHORO	72
TRELSTAR MIXJECT	40	UCERIS	10,58	VELTASSA	80,81
TRESIBA FLEXTOUCH	28	ULORIC	73	VEMLIDY	50
tretinoin	59	ULTRACET	9	VENCLEXTA	39
tretinoin (chemotherapy)	42	ULTRAM	8	VENCLEXTA STARTING PACK	39
tretinoin microsphere	59	ULTRAM ER	8	venlafaxine hcl	23
TREXIMET	77	ULTRAVATE	64	VENLAFAXINE HCL ER	23
triamcinolone acetonide (mouth)	81	UNASYN	87	VENTAVIS	53
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TRICOR	32	UROCIT-K 5	72	VERELAN PM	52
TRIDESILON	64	UROXATRAL	72	VERSACLOZ	46
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This formulary was updated on 12/01/2017. For more recent information or other questions, please contact Health Net at:

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