

# Formulario del Grupo del Empleador 2017 *(Lista de Medicamentos Cubiertos)*

**IMPORTANTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

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

N.º de Identificación de Presentación de Archivo del Formulario Aprobado de HPMS 17409, Número de versión 21.

Este formulario se actualizó el 12/01/2017. Para obtener información más reciente o si tiene alguna otra pregunta, comuníquese con Health Net a los siguientes teléfonos:

**Planes de Arizona:** 1-800-977-7522

**Planes HMO de California:** 1-800-275-4737

o bien, para los **usuarios de TTY, 711**, de 8:00 a. m. a 8:00 p. m., los siete días de la semana (en algunos fines de semana y días feriados se utiliza el servicio automático de teléfono), o visite [www.healthnet.com/medicare](http://www.healthnet.com/medicare).

**Nota para los afiliados existentes:** Este formulario cambió con respecto al año pasado. Consulte este documento para asegurarse de que todavía incluye los medicamentos que usted toma.

Cuando en esta lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro”, se refiere a Health Net. Cuando dice “plan” o “nuestro plan”, se refiere a Health Net CoCare Plan B (Employer HMO) y a Health Net Seniority Plus (Employer HMO).

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan que tiene vigencia desde la fecha que figura en las páginas del frente y del reverso. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en las páginas del frente y del reverso.

Generalmente, debe usar farmacias de la red para usar su beneficio de medicamentos que requieren receta médica. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguro pueden modificarse el 1.º de enero de 2018 y ocasionalmente durante el año.

### *¿Qué es el formulario del Grupo del Empleador de Health Net CoCare Plan B (Employer HMO) y de Health Net Seniority Plus (Employer HMO)?*

Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan en consulta con un equipo de proveedores de cuidado de la salud, que incluye las terapias que requieren receta médica consideradas como una parte necesaria de un programa de tratamiento de calidad. Por lo general, cubriremos los medicamentos que figuran en nuestro formulario siempre que el medicamento sea necesario a nivel médico, que surta la receta en una farmacia de la red del plan y que se cumplan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su *Evidencia de Cobertura*.

### *¿Puede cambiar el formulario (lista de medicamentos)?*

Generalmente, si usted está tomando un medicamento del formulario 2017 que estaba cubierto al comienzo del año, no interrumpiremos ni reduciremos la cobertura de dicho medicamento durante el año de cobertura 2017, excepto cuando un nuevo medicamento genérico, menos costoso, se encuentre disponible o cuando se divulgue nueva información de efectos adversos sobre la seguridad o la eficacia de un medicamento. Otros tipos de cambios en el formulario, como la eliminación de un medicamento, no afectarán a los afiliados que estén actualmente tomando el medicamento. Continuará estando disponible con el mismo costo compartido para aquellos afiliados que lo estén tomando durante el resto del año de cobertura. Creemos que es importante que usted tenga un acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, excepto en los casos en que usted pueda ahorrar dinero adicional o cuando podamos garantizar su seguridad.

Si eliminamos medicamentos de nuestro formulario, agregamos restricciones de autorización previa, límites de cantidad y/o de terapia escalonada para un medicamento o trasladamos un medicamento a un nivel de costo compartido más alto, deberemos notificar sobre el cambio a los afiliados afectados al menos 60 días antes de que el cambio se haga efectivo, o en el momento en que el afiliado solicite una repetición de la receta del medicamento, en cuyo momento el afiliado recibirá un suministro de 60 días del medicamento. Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro formulario no es seguro o

si el fabricante del medicamento lo retira del mercado, nosotros retiraremos de inmediato dicho medicamento de nuestro formulario y enviaremos un aviso a los afiliados que lo toman. El formulario que se adjunta tiene vigencia a partir de la fecha del formulario. Para obtener información actualizada sobre los medicamentos que cubre nuestro plan, comuníquese con nosotros. Nuestra información de contacto figura en las páginas del frente y del reverso.

Si realizamos cualquier otro cambio negativo con respecto a un medicamento que esté tomando, se lo informaremos por correo. También publicaremos los cambios en nuestro sitio web.

### *¿Cómo uso el formulario?*

Hay dos maneras de buscar su medicamento en el formulario:

#### **Afección médica**

El formulario comienza en la página 1. Los medicamentos que figuran en este formulario se agrupan en categorías según el tipo de afecciones médicas que traten. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran bajo la categoría “AGENTES CARDIOVASCULARES, VARIOS”. Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego busque su medicamento debajo del nombre de la categoría.

#### **Listado alfabético**

Si no está seguro en qué categoría buscar, deberá buscar su medicamento en el Índice que comienza en la página 1 del Índice. El Índice proporciona una lista alfabética de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos de marca como los medicamentos genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página en la que podrá encontrar información de la cobertura. Consulte la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

### *¿Qué son los medicamentos genéricos?*

Nuestro plan cubre los medicamentos de marca y los medicamentos genéricos. Un medicamento genérico que, según la Administración de Medicamentos y Alimentos (por sus siglas en inglés, FDA), tiene los mismos principios activos que el medicamento de marca. Por lo general, los medicamentos genéricos son más económicos que los medicamentos de marca.

### *¿Hay alguna restricción en mi cobertura?*

Es posible que algunos medicamentos cubiertos tengan requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir lo siguiente:

- **Autorización previa:** Nuestro plan exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que tendrá que obtener nuestra aprobación antes de surtir sus recetas. Si no obtiene aprobación, es posible que no cubramos el medicamento.

- **Límites de cantidad:** Para determinados medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona dos tabletas por día por receta para *simvastatin 40 mg*. Esto puede proporcionarse además de un suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, nuestro plan le exige que primero pruebe determinados medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, posiblemente no cubramos el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no es eficaz para usted, entonces cubriremos el medicamento B.

Para averiguar si su medicamento tiene algún requisito o límite adicional, consulte el formulario que comienza en la página 1. También puede visitar nuestro sitio web para obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos. Publicamos documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitarnos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en las páginas del frente y del reverso.

Puede pedirnos que hagamos una excepción a estas restricciones o límites o para una lista de otros medicamentos similares que podrían tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al formulario del Grupo del Empleador de Health Net CoCare Plan B (Employer HMO) y Health Net Seniority Plus (Employer HMO)?” en la página iii para obtener información sobre cómo solicitar una excepción.

### *¿Qué sucede si mi medicamento no está en el formulario?*

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero deberá comunicarse con Servicios al Afiliado y preguntar si su medicamento tiene cobertura.

Si se entera de que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios al Afiliado una lista de medicamentos similares que cubra nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede pedirnos que hagamos una excepción y que cubramos su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

### *¿Cómo solicito una excepción al formulario del Grupo del Empleador de Health Net CoCare Plan B (Employer HMO) y de Health Net Seniority Plus (Employer HMO)?*

Puede pedirnos que hagamos una excepción a las reglas de nuestra cobertura. Existen varios tipos de excepciones que puede solicitar.

- Nos puede pedir que cubramos un medicamento, aunque no esté en nuestro formulario. Si obtiene aprobación, este medicamento tendrá cobertura con un nivel de costo compartido predeterminado y usted no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo si este medicamento no está en el nivel de especialidad. Si obtiene la aprobación, esto reduciría la cantidad que usted debe pagar por su medicamento.
- Puede pedirnos que anulemos las restricciones o los límites de la cobertura con respecto a su medicamento. Por ejemplo, para determinados medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que anulemos dicho límite y que cubramos una cantidad mayor.

Generalmente, solo aprobaremos su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con el costo compartido más bajo o las restricciones adicionales de utilización no fuesen tan eficaces en el tratamiento de su afección y/o le ocasionaran efectos médicos adversos.

Deberá contactarse con nosotros para pedirnos que tomemos una decisión de cobertura inicial para una excepción del formulario, de nivel o de las restricciones de utilización. **Cuando solicite una excepción del formulario, de nivel o de las restricciones de utilización, deberá enviar una declaración de la persona que receta o de su médico que respalde su solicitud.** Generalmente, debemos tomar una decisión dentro de las 72 horas de haber recibido la declaración de respaldo de la persona que recetó el medicamento. Puede solicitar una excepción acelerada (rápida) si usted o su médico cree que su salud podría verse gravemente perjudicada al esperar las 72 horas para obtener una decisión. Si se otorga su solicitud de excepción acelerada, debemos informarle de la decisión en un lapso de 24 horas como máximo después de haber recibido la declaración de respaldo de su médico u otra persona que recete.

*¿Qué debo hacer antes de hablar con mi médico sobre cambiar de medicamentos o solicitar una excepción?*

Como afiliado nuevo o existente en nuestro plan, es posible que esté tomando medicamentos que no estén en nuestro formulario. O bien, es posible que esté tomando un medicamento que está incluido en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite nuestra autorización previa antes de que pueda surtir su receta. Le recomendamos que hable con su médico para decidir si debe cambiar a un medicamento adecuado que cubramos o solicitar una excepción del formulario para que le cubramos el medicamento que toma. Mientras determina con su médico la forma de proceder correcta para usted, es posible que cubramos su medicamento en determinados casos durante los primeros 90 días en que sea afiliado de nuestro plan.

Por cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal para 30 días (a menos que tenga una receta

hecha para menos días) cuando vaya a una farmacia de la red. Después de su primer suministro para 30 días, no pagaremos estos medicamentos, aunque haya sido afiliado del plan menos de 90 días.

Si es residente de un centro de atención a largo plazo, le permitiremos que repita su receta hasta que le hayamos proporcionando un suministro de transición para 98 días, que concuerde con el incremento de entrega (a menos que usted tenga una receta hecha por menos días). Cubriremos más de una repetición de estos medicamentos durante los primeros 90 días que sea afiliado de nuestro plan. Si necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya transcurrieron los primeros 90 días de su membresía en nuestro plan, cubriremos un suministro de emergencia de ese medicamento para 31 días (a menos que tenga una receta hecha para menos días) mientras solicita una excepción del formulario.

### **Cambios en el nivel de atención**

Si experimenta un cambio en su nivel de atención, cubriremos un suministro de transición de sus medicamentos. Un cambio en el nivel de atención ocurre cuando se le da de alta de un hospital o se le traslada desde o hacia un centro de atención a largo plazo.

- Si usted se traslada de un centro de atención a largo plazo o un hospital y necesita un suministro de transición, cubriremos un suministro para 30 días. Si en su receta se establecen menos días, permitiremos varias repeticiones de recetas hasta alcanzar el total de un suministro para un período de 30 días.
- Si se traslada de su hogar o de un hospital a un centro de atención a largo plazo y necesita un suministro de transición, cubriremos un suministro para 31 días. Si en su receta se establecen menos días, permitiremos varias repeticiones de recetas hasta alcanzar el total de un suministro para un período de 31 días.

Comprendemos que existen otras circunstancias en las que se puede otorgar una anulación. Estas situaciones se tratan según cada caso mediante la comunicación entre la farmacia que provee el medicamento y Health Net.

### ***Para obtener más información***

Para obtener información más detallada sobre la cobertura de medicamentos que requieren receta médica de su plan, consulte la *Evidencia de Cobertura* y demás documentos del plan.

Si tiene alguna pregunta sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en las páginas del frente y del reverso.

Si tiene preguntas generales sobre la cobertura de medicamentos que requieren receta médica de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien visite <http://www.medicare.gov>.

### *Formulario del Grupo del Empleador de Health Net CoCare Plan B (Employer HMO) y de Health Net Seniority Plus (Employer HMO)*

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos que cubre nuestro plan. Si tiene problemas para ubicar su medicamento en la lista, consulte el Índice que comienza en la página 1.

La primera columna del cuadro detalla el nombre del medicamento. Los medicamentos de marca están escritos en letra mayúscula (por ejemplo, LIPITOR) y los medicamentos genéricos, en letra minúscula y cursiva (por ejemplo, *atorvastatina cálcica*).

La información que se detalla en la columna Requisitos/Límites le indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

### *Descripciones de los niveles del formulario*

Para averiguar cuánto paga por un medicamento, las abreviaciones a continuación aparecen en la columna Nivel de medicamentos en el formulario. El nivel de copago o de coseguro figura en la columna Copago/Coseguro. Para averiguar su copago o coseguro para cada nivel, consulte su *Evidencia de Cobertura*.

<i>Abreviatura</i>	<i>Copago/Coseguro</i>	<i>Descripción</i>
1	Copago del nivel 1	Medicamentos genéricos preferidos (los de la Parte D y los que no están incluidos en la Parte D)
2	Copago del nivel 2	Medicamentos de marca preferidos (los de la Parte D y los que no están incluidos en la Parte D)  Estos medicamentos no son elegibles para excepciones de pago en un nivel inferior.
3	Copago del nivel 3	Medicamentos de marca no preferidos (los de la Parte D y los que no están incluidos en la Parte D)
4	Copago del nivel 4	Los medicamentos inyectables que no cumplen con el límite de costo mínimo de los Centros de Servicios de Medicare y Medicaid (por sus siglas en inglés, CMS) que se requiere para que sean incluidos en el Nivel 5 (tanto los de la Parte D como los que no están incluidos en la Parte D)

5 (Especialidades)	Copago o coseguro del Nivel 5	Medicamentos de alto costo. (los incluidos en la Parte D y los que no están incluidos en la Parte D)  Estos medicamentos no son elegibles para excepciones de pago en un nivel inferior.
NF	Medicamentos fuera del formulario: Si se aprueba una solicitud de excepción para un medicamento fuera del formulario, se aplicará el copago del Nivel 3. No podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.	Medicamentos que no están cubiertos en el formulario de Medicare Parte D de Health Net. Usted puede solicitar una excepción por parte de Health Net para que cubra estos medicamentos. Consulte la sección "¿Cómo solicito una excepción del formulario del Grupo del Empleador de Health Net Medicare Parte D?"

## Abreviaturas

Las siguientes abreviaturas pueden aparecer en la columna Requisitos/Límites en el formulario.

Abreviatura	Definición	Descripción
AL	Límite de Edad	Es posible que este medicamento requiera una autorización previa si su edad no está dentro de las recomendaciones clínicas, del fabricante o de la FDA.
B/D	Medicare Parte B frente a Medicare Parte D	Este medicamento puede tener cobertura de Medicare Parte B o Parte D según las circunstancias. Es posible que se deba presentar información que describa el uso y las circunstancias de empleo del medicamento para tomar una decisión.
GL	Límite de Género	Este medicamento solo está cubierto para hombres o mujeres según las recomendaciones clínicas, del fabricante o de la FDA.
LA	Acceso limitado	Este medicamento podría estar sujeto a un acceso limitado o acceso restringido. Esto significa que el medicamento solo podría estar disponible en una farmacia o en una cantidad limitada de farmacias. El acceso limitado puede deberse a los siguientes motivos: <ul style="list-style-type: none"> <li>▪ La FDA ha restringido la distribución de un medicamento a determinados centros, farmacias o médicos.</li> <li>▪ Determinados medicamentos requieren un manejo especial, una coordinación de la atención o una educación del paciente que no pueden proporcionarse en una farmacia de venta minorista.</li> </ul> <p>Puede hablar con su médico, otra persona que receta o el farmacéutico acerca de los detalles sobre conseguir medicamentos de acceso limitado.</p>



<i>Abreviatura</i>	<i>Definición</i>	<i>Descripción</i>
MO	Receta de suministro para 90 días	Este medicamento está disponible en la farmacia de compra por correo de Health Net además de otras farmacias de la red.
NT	Fuera del Costo de Desembolso Real	Por lo general, este medicamento que requiere receta médica no tiene cobertura en el Medicare Prescription Drug Plan. El monto que usted paga cuando surte una receta por este medicamento no se aplica a los costos totales del medicamento (es decir, el monto que paga no ayuda a que califique para recibir cobertura catastrófica). Además, si recibe ayuda adicional para pagar sus recetas, no recibirá ninguna ayuda adicional para pagar este medicamento.
PA	Autorización Previa	Este medicamento requiere autorización previa. Esto significa que usted o la persona que receta deben obtener nuestra aprobación antes de surtir su receta. Si no obtiene aprobación, es posible que no cubramos el medicamento.
QL	Límite de Cantidad	Este medicamento tiene un límite en la cantidad que Health Net cubrirá. Por ejemplo, cubrimos dos tabletas por día por receta para <i>simvastatin 40 mg</i> . Esto puede ser además de un límite de suministro estándar para un mes o para tres meses.
RX/OTC	Medicamentos que requieren receta médica y de venta libre (OTC)	Este medicamento está disponible en una presentación que requiere receta médica y en presentación OTC. Además de algunas insulinas y suministros de insulina, solo los medicamentos que requieren receta médica están cubiertos por los planes de Health Net Medicare Parte D.
SL	Límite de seguridad	Este medicamento tiene un límite de dosis diaria máxima por motivos de seguridad respaldado por la Administración de Medicamentos y Alimentos (por sus siglas en inglés, FDA). Esto significa que Health Net no cubrirá más que la dosis diaria máxima. Por ejemplo, la dosis diaria máxima de la FDA para <i>simvastatin</i> es de <i>80 mg</i> . Por lo tanto, solo cubriremos hasta dos tabletas por día para <i>simvastatin 40 mg</i> .
ST	Terapia Escalonada	Este medicamento requiere una terapia escalonada. Esto significa que primero debe probar ciertos medicamentos para tratar su afección médica antes de que Health Net cubra otro medicamento para esa afección.  Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, posiblemente no cubramos el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no es eficaz para usted, entonces cubriremos el medicamento B.
*	Cobertura adicional en la brecha	Proporcionamos cobertura adicional de este medicamento que requiere receta médica en la brecha de cobertura. Si desea más información sobre esta cobertura, consulte la <i>Evidencia de Cobertura</i> .

<i>Abreviatura</i>	<i>Definición</i>	<i>Descripción</i>
+	Cobertura adicional en la brecha	<p><b>Solo para los planes Health Net CoCare Plan B (Employer HMO) y algunos planes Health Net Seniority Plus (Employer HMO):</b></p> <p>Proporcionamos cobertura adicional de este medicamento que requiere receta médica en la brecha de cobertura. Si desea más información sobre esta cobertura, consulte la <i>Evidencia de Cobertura</i>.</p>

**Aviso sobre discriminación:**

Health Net cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Health Net no excluye ni trata diferente a las personas por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Health Net:

- Ofrece ayuda y servicios gratuitos a personas con discapacidades para que puedan comunicarse de manera efectiva con nosotros, tales como intérpretes de lengua de señas calificados e información escrita en otros formatos (letras grandes, formatos electrónicos accesibles, otros formatos).
- Ofrece servicios de idiomas gratuitos a personas cuyo idioma principal no es inglés, tales como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con el Centro de Comunicación con el Cliente de Health Net a los siguientes teléfonos:

Arizona: 1-800-977-7522 (TTY: 711), de 8:00 a. m. a 8:00 p. m., hora de la montaña, los siete días de la semana.

California: 1-800-275-4737 (TTY: 711), de 8:00 a. m. a 8:00 p. m., hora del Pacífico, los siete días de la semana.

Oregón: 1-888-445-8913 (TTY: 711), de 8:00 a. m. a 8:00 p. m., hora del Pacífico, los siete días de la semana.

Si usted considera que Health Net no proporcionó estos servicios o que le discriminó de otro modo por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, podrá llamar al número que figura arriba para presentar una queja formal o para informarles que necesita ayuda para presentar una queja formal. El Centro de Comunicación con el Cliente de Health Net está disponible para ayudarle.

También puede presentar una queja sobre derechos civiles ante el Departamento de Salud y Servicios Humanos de los EE. UU., en la Oficina de Derechos Civiles, por vía electrónica a través del Portal de Quejas de la Oficina de Derechos Civiles disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo postal o por teléfono a 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).

Los formularios de presentación de quejas están disponibles en <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.

**Y0020\_2017\_0001\_A CMS Accepted 08222016**

**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).

**Português:**

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, koji' hódíłnih 1-800-977-7522 (Arizona), 1-800-275-4737 (California), 1-888-445-8913 (Oregon) (TTY: 711).

FLY009594ZO00 (8/16)

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
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; +
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
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; +
<b>Stimulants - Misc.</b>		
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 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; +
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
GRASTEK SUBL	3	PA; MO; +
ORALAIR SUBL	3	PA; +
RAGWITEK SUBL	3	PA; MO; +

Drug Name	Drug Tier	Requirements/Limits
<b>Biologicals Misc</b>		
ADAGEN SOLN	5	LA; +
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<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	+
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA; +
HUMIRA PEN PNKT	5	PA; +
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	5	PA; +

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
HUMIRA PEN-PSORIASIS STARTER PNKT	5	PA; +
HUMIRA PSKT	5	PA; +
SIMPONI ARIA SOLN	5	PA; +
SIMPONI SOAJ	5	PA; +
SIMPONI SOSY	5	PA; +
<b>Antirheumatic - Enzyme Inhibitors</b>		
XELJANZ TABS	5	PA; +
XELJANZ XR TB24	5	PA; +
<b>Antirheumatic Antimetabolites</b>		
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; +
<b>Gold Compounds</b>		
RIDAURA CAPS	5	MO; +
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR	5	LA; +
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET SOSY	5	PA; +
<b>Interleukin-1beta Blockers</b>		
ILARIS SOLN 150 MG/ML	5	PA; +
ILARIS SOLR 180 MG	5	LA; +
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA SOLN	5	PA; +
ACTEMRA SOSY	5	PA; +

Drug Name	Drug Tier	Requirements/Limits
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
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; +
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	5	PA; +
OTEZLA TBPk	5	PA; +
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS ( <i>Leflunomide</i> )	3	MO; +
<i>leflunomide tabs</i>	1	MO; *
<b>Selective Costimulation Modulators</b>		
ORENCIA CLICKJECT SOAJ	5	PA; +
ORENCIA SOLR	5	PA; +
ORENCIA SOSY	5	PA; +
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SOLR	5	PA; +
ENBREL SOSY	5	PA; +
ENBREL SURECLICK SOAJ	5	PA; +
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Salicylates</b>		
<i>diflunisal tabs</i>	1	MO; *
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
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; *

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>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 tbcx or 100 mg, 200 mg</i>	1	QL(2 ea daily); MO; *
<i>morphine sulfate tbcx or 15 mg</i>	1	QL(13.34 ea daily); MO; *
<i>morphine sulfate tbcx or 30 mg</i>	1	QL(6.67 ea daily); MO; *
<i>morphine sulfate tbcx 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; +

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
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; +
<b>Opioid Combinations</b>		
<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; +
<b>Opioid Partial Agonists</b>		
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; +

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
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; +
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
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; *
<b>Androgens</b>		
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; +
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intra-rectal Steroids</b>		
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; +
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) crea 2.5 %, 1 %</i>	1	MO; *
PROCTOCORT CREA 1 % (Hydrocortisone (Rectal))	3	MO; +
<b>Vasodilating Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
RECTIV OINT	3	MO; +
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
ALBENZA TABS	3	MO; +
BILTRICIDE TABS	2	MO; +
<i>ivermectin tabs or</i>	1	MO; *
STROMEKTOL TABS ( <i>Ivermectin</i> )	3	MO; +
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
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; +
<b>Anti-infective Misc. - Combinations</b>		
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; *
<b>Antiprotozoal Agents</b>		
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
<b>Carbapenems</b>		
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; +
<b>Chloramphenicols</b>		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	+
<b>Cyclic Lipopeptides</b>		
CUBICIN RF SOLR (Daptomycin)	5	+
CUBICIN SOLR (Daptomycin)	5	+
<i>daptomycin solr</i>	5	+
<b>Glycylcyclines</b>		
TIGECYCLINE SOLR	5	+
TYGACIL SOLR	5	+
<b>Leprostatics</b>		
<i>dapsone tabs or 100 mg, 25 mg</i>	1	MO; *
<b>Lincosamides</b>		
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; +
<b>Oxazolidinones</b>		
<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; +
<b>Polymyxins</b>		
<i>polymyxin b sulfate solr ij</i>	4	+
<b>Streptogramins</b>		
SYNERCID SOLR	4	+
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12	3	PA; MO; +
<b>Nitrates</b>		
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; +
<b>ANTIANKXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<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; +
<b>Benzodiazepines</b>		
<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; *

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>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; +
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<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; *
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps</i>	1	MO; *
<b>Antiarrhythmics Type I-C</b>		
<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; +
<b>Antiarrhythmics Type III</b>		
<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	+
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu in</i>	1	B/D; MO; *
<b>Antiasthmatic - Monoclonal Antibodies</b>		
CINQAIR SOLN	5	PA; LA; +
NUCALA SOLR	5	PA; LA; +
XOLAIR SOLR	5	PA; LA; +
<b>Bronchodilators - Anticholinergics</b>		
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; +
<b>Leukotriene Modulators</b>		
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; +
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP TABS	3	QL(1 ea daily); MO; +
<b>Steroid Inhalants</b>		
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; +
<b>Sympathomimetics</b>		
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 syrps 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
<b>Xanthines</b>		
<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; *
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS (Warfarin Sodium)	3	MO; +
<i>warfarin sodium tabs</i>	1	MO; *
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS TABS	3	MO; +
SAVAYSA TABS	3	MO; +
XARELTO STARTER PACK TBPK	2	MO; +
XARELTO TABS	2	MO; +
<b>Heparins And Heparinoid-Like Agents</b>		
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
<b>Thrombin Inhibitors</b>		
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; +
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS	3	MO; +
<b>Anticonvulsants - Benzodiazepines</b>		
<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; +
<b>Anticonvulsants - Misc.</b>		
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; *
<b>Carbamates</b>		
<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; +

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
<b>GABA Modulators</b>		
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; +
<b>Hydantoins</b>		
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; *
<b>Succinimides</b>		
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; +
<b>Valproic Acid</b>		

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; *
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<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
<b>Antidepressants - Misc.</b>		
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
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
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 sulfate tabs or</i>	1	MO; *
<i>tranylcypromine sulfate tabs</i>	1	MO; *
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
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

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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
<b>Serotonin Modulators</b>		
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; +
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
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; *
<b>Tricyclic Agents</b>		
<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 ( <i>Amitriptyline HCl</i> )	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 ( <i>Desipramine HCl</i> )	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 ( <i>Nortriptyline HCl</i> )	NF	MO
<i>protriptyline hcl tabs</i>	1	MO; *
SURMONTIL CAPS ( <i>Trimipramine Maleate</i> )	3	AL; Up to 64 yrs old; MO; +
TOFRANIL-PM CAPS ( <i>Imipramine Pamoate</i> )	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 ( <i>Acarbose</i> )	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; +
<b>Antidiabetic Combinations</b>		
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/PIOGLITAZONE TABS 12.5MG-15MG	3	PA; SL(2 ea daily); MO; +
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG-30MG	3	PA; SL(1.5 ea daily); MO; +
ALOGLIPTIN/PIOGLITAZONE 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; +
<b>Biguanides</b>		
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; *

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Drug Name	Drug Tier	Requirements/ Limits
RIOMET SOLN	2	Limit 765mls per month;SL(25.5 ml daily); MO; +
<b>Diabetic Other</b>		
GLUCAGEN HYPOKIT SOLR	2	MO; +
GLUCAGON EMERGENCY KIT KIT	2	MO; +
KORLYM TABS	3	SL(4 ea daily); LA; +
PROGLYCEM SUSP	3	MO; +
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
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; +
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TABS	3	QL(6 ea daily); MO; +
<b>Incretin Mimetic Agents (GLP-1 Receptor</b>		
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; +
<b>Insulin Sensitizing Agents</b>		
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; *
<b>Insulin</b>		
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; +

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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; +
<b>Meglitinide Analogues</b>		
<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; +
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA TABS	3	MO; +
INVOKANA TABS	2	MO; +
JARDIANCE TABS	2	MO; +
<b>Sulfonylureas</b>		

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; *
<b>ANTIDIARRHEALS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
FULYZAQ TBEC	3	PA; QL(2 ea daily); MO; +
MYTESI TBEC	3	PA; QL(2 ea daily); MO; +
<b>Antiperistaltic Agents</b>		
<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; +
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS	3	MO; +
EXJADE TBSO	5	LA; +
FERRIPROX TABS 500 MG	5	PA; LA; +
JADENU TABS	5	+
<b>Opioid Antagonists</b>		
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; +
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<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 (Ondansetron HCl)	3	B/D; MO; +
ZOFRAN TABS (Ondansetron HCl)	3	B/D; MO; +
<b>Antiemetics - Anticholinergic</b>		
<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 (Trimethobenzamide HCl)	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 (Scopolamine)	3	MO; +
<i>trimethobenzamide hcl caps or</i>	1	AL; Up to 64 yrs old; MO; *
<b>Antiemetics - Miscellaneous</b>		
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 (Dronabinol)	5	B/D; MO; +
MARINOL CAPS 2.5 MG (Dronabinol)	3	B/D; MO; +
SYNDROS SOLN	5	B/D; +
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<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 (Aprepitant)	3	PA; MO; +
EMEND CAPS OR 80 MG, 125 MG (Aprepitant)	3	B/D; MO; +
EMEND TRIPACK CAPS (Aprepitant)	3	B/D; MO; +

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

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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; +
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Ethanolamines</b>		
<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; +
<b>Antihistamines - Non-Sedating</b>		
<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; +
<b>Antihistamines - Phenothiazines</b>		
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; *
<b>Antihistamines - Piperidines</b>		
<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; *
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		

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
<b>Antihyperlipidemics - Combinations</b>		
<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; *
VYTORIN TABS 10MG-10MG ( <i>Ezetimibe-Simvastatin</i> )	2	QL(8 ea daily); MO; +
VYTORIN TABS 10MG-20MG ( <i>Ezetimibe-Simvastatin</i> )	2	QL(4 ea daily); MO; +
VYTORIN TABS 40MG-10MG ( <i>Ezetimibe-Simvastatin</i> )	2	QL(2 ea daily); MO; +
VYTORIN TABS 80MG-10MG ( <i>Ezetimibe-Simvastatin</i> )	2	PA; QL(1 ea daily); MO; +
<b>Antihyperlipidemics - Misc.</b>		
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; +
<b>Bile Acid Sequestrants</b>		
<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; +
<b>Fibric Acid Derivatives</b>		
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
<b>HMG CoA Reductase Inhibitors</b>		
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; +
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	1	MO; *
ZETIA TABS ( <i>Ezetimibe</i> )	2	MO; +
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		
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; +
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc</i>	1	MO; *
NIASPAN TBCR ( <i>Niacin (Antihyperlipidemic)</i> )	NF	MO
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
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; +

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
REPATHA SURECLICK SOAJ	5	PA; +
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
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; +
<b>Agents for Pheochromocytoma</b>		
DEMSEER CAPS	5	MO; +
DIBENZYLINE CAPS (Phenoxybenzamine HCl)	3	MO; +
phenoxybenzamine hcl caps or	1	MO; *
<b>Angiotensin II Receptor Antagonists</b>		
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; *
<b>Antiadrenergic Antihypertensives</b>		

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
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; *
<b>Antihypertensive Combinations</b>		
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 &amp; hydrochlorothiazide tabs</i>	1	MO; *
LOTENSIN HCT TABS (Benazepril & Hydrochlorothiazide)	3	MO; +
LOTREL CAPS (Amlodipine Besylate-Benazepril HCl)	3	MO; +
<i>metoprolol &amp; 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 &amp; bendroflumethiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	MO; *
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	MO; *
<i>propranolol &amp; 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; +
<b>Direct Renin Inhibitors</b>		
TEKTURNA TABS	2	MO; +
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	1	MO; *
INSPIRA TABS (Eplerenone)	3	MO; +
<b>Vasodilators</b>		
<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; *
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs</i>	1	MO; *
COARTEM TABS	3	MO; +
MALARONE TABS (Atovaquone-Proguanil HCl)	3	MO; +
<b>Antimalarials</b>		
<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 tbcr or 180 mg</i>	1	MO; *

### ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

#### Anti TB Combinations

<i>isoniazid &amp; 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; +
<b>Antimetabolites</b>		
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; +
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
AVASTIN SOLN	5	+
CYRAMZA SOLN	5	LA; +
ZALTRAP SOLN	5	+
<b>Antineoplastic - Antibodies</b>		
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	+
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPK	3	PA; LA; +
VENCLEXTA TABS	3	PA; LA; +
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
ERIVEDGE CAPS	5	LA; +
ODOMZO CAPS	5	LA; +
<b>Antineoplastic - Hormonal and Related Agents</b>		
<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	+
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS	5	LA; +
<b>Antineoplastic Antibiotics</b>		
<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	+
<b>Antineoplastic Combinations</b>		
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	+
<b>Antineoplastic Enzyme Inhibitors</b>		
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; +
<b>Antineoplastic Enzymes</b>		
ERWINAZE SOLR	5	+
ONCASPAR SOLN	5	+
<b>Antineoplastics Misc.</b>		
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	+
<b>Chemotherapy Adjuncts</b>		
ELITEK SOLR	5	+
KEPIVANCE SOLR	5	+
<b>Chemotherapy Rescue/Antidote Agents</b>		
<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	+
<b>Mitotic Inhibitors</b>		
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; +
<b>Topoisomerase I Inhibitors</b>		
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; +
<b>ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa tabs or</i>	1	MO; *
LODOSYN TABS ( <i>Carbidopa</i> )	NF	MO
<b>Antiparkinson Anticholinergics</b>		
<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; *
<b>Antiparkinson COMT Inhibitors</b>		
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; *
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps or 100 mg</i>	1	MO; *

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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; +
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
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; +
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<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
<b>Antipsychotics - Misc.</b>		
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; *
<b>Benzisoxazoles</b>		
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
<b>Butyrophenones</b>		
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; *
<b>Dibenzapines</b>		
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
<b>Dihydroindolones</b>		
<i>molindone hcl tabs</i>	1	MO; *
<b>Phenothiazines</b>		
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; *
<b>Quinolinone Derivatives</b>		
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; +
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1	MO; *
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<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; +

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
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 (Zidovudine)	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	+
stavudine caps 30 mg, 20 mg, 40 mg, 15 mg	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 (Abacavir Sulfate-Lamivudine- Zidovudine)	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 (Didanosine)	3	MO; +
VIDEX EC CPDR 400 MG, 250 MG, 200 MG (Didanosine)	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 (Nevirapine)	NF	MO
VIRAMUNE XR TB24 100 MG (Nevirapine)	3	MO; +
VIRAMUNE XR TB24 400 MG (Nevirapine)	5	MO; +
VIREAD POWD	5	MO; +
VIREAD TABS	5	MO; +
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Stavudine)	NF	MO
ZERIT SOLR 1 MG/ML	3	MO; +
ZIAGEN SOLN 20 MG/ML (Abacavir Sulfate)	2	MO; +
ZIAGEN TABS 300 MG (Abacavir Sulfate)	NF	MO
zidovudine caps	1	MO; *
zidovudine syrp	1	MO; *
zidovudine tabs	1	MO; *
<b>CMV Agents</b>		
cidofovir soln	5	+
CYTOVENE SOLR (Ganciclovir Sodium)	4	PA; MO; +
ganciclovir sodium solr	1	PA; MO; *
VALCYTE SOLR (Valganciclovir HCl)	5	MO; +
VALCYTE TABS (Valganciclovir HCl)	5	MO; +
valganciclovir hcl solr	5	MO; +
valganciclovir hcl tabs	5	MO; +
<b>Hepatitis Agents</b>		
adefovir dipivoxil tabs	5	MO; +
BARACLUDE SOLN 0.05 MG/ML	2	MO; +
BARACLUDE TABS 0.5 MG, 1 MG (Entecavir)	2	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
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; +
<b>Herpes Agents</b>		
<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; +
<b>Influenza Agents</b>		
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; +
<b>Respiratory Syncytial Virus (RSV) Agents</b>		
<i>ribavirin solr in</i>	1	*
VIRAZOLE SOLR ( <i>Ribavirin</i> )	3	+
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<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; *
<b>Beta Blockers Cardio-Selective</b>		
<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
<b>Beta Blockers Non-Selective</b>		
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/af) tabs</i>	1	MO; *
Sotalol Hcl IV Soln	NF	
<i>sotalol hcl tabs</i>	1	tabs;MO; *
SOTYLIZE SOLN	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>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; *
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC TB24 ( <i>Nifedipine</i> )	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 ( <i>Verapamil HCl</i> )	3	MO; +
CALAN TABS ( <i>Verapamil HCl</i> )	3	MO; +
CARDIZEM CD CP24 ( <i>Diltiazem HCl Coated Beads</i> )	3	MO; +
CARDIZEM LA TB24 120 MG	2	MO; +
CARDIZEM LA TB24 180 MG, 360 MG, 240 MG, 420 MG, 300 MG ( <i>Diltiazem HCl Coated Beads</i> )	3	MO; +
CARDIZEM TABS ( <i>Diltiazem HCl</i> )	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 ( <i>Amlodipine Besylate</i> )	3	SL(1 ea daily); MO; +
NORVASC TABS 2.5 MG ( <i>Amlodipine Besylate</i> )	3	SL(4 ea daily); MO; +
NORVASC TABS 5 MG ( <i>Amlodipine Besylate</i> )	3	SL(2 ea daily); MO; +
NYMALIZE SOLN	5	+
PROCARDIA XL TB24 ( <i>Nifedipine</i> )	3	MO; +
SULAR TB24 ( <i>Nisoldipine</i> )	3	MO; +
TIAZAC CP24 ( <i>Diltiazem HCl Extended Release Beads</i> )	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 ( <i>Verapamil HCl</i> )	NF	MO
VERELAN PM CP24 ( <i>Verapamil HCl</i> )	NF	MO
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
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; +
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<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; +
<b>Impotence Agents</b>		
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; +
<b>Prostaglandin Vasodilators</b>		
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; +
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
LETAIRIS TABS	5	LA; +
OPSUMIT TABS	5	+
TRACLEER TABS	5	LA; +
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA TABS	5	PA; +

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
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; *
<b>Pulmonary Hypertension - Prostacyclin Receptor</b>		
UPTRAVI TABS	5	PA; LA; +
UPTRAVI TBPk	5	PA; LA; +
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
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); +
<b>Sinus Node Inhibitors</b>		
CORLANOR TABS 5 MG	3	SL(3 ea daily); MO; +
CORLANOR TABS 7.5 MG	3	SL(2 ea daily); MO; +
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<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
<b>Cephalosporins - 2nd Generation</b>		
<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	+
<b>Cephalosporins - 3rd Generation</b>		
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; +
<b>Cephalosporins - 4th Generation</b>		
<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; +
<b>Cephalosporins - 5th Generation</b>		
TEFLARO SOLR 600 MG	4	+
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BEYAZ TABS ( <i>Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i> )	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
BREVICON-28 TABS ( <i>Norethindrone &amp; Eth Estradiol</i> )	3	MO; +
DESOGEN TABS ( <i>Desogestrel &amp; Ethinyl Estradiol</i> )	3	MO; +
<i>desogestrel &amp; 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 &amp; eth estrad tabs 1mg-35mcg</i>	1	MO; *
FEMCON FE CHEW ( <i>Norethindrone &amp; Ethinyl Estradiol-Fe</i> )	3	MO; +
GENERESS FE CHEW ( <i>Norethindrone &amp; Ethinyl Estradiol-Fe</i> )	3	MO; +
<i>levonorgestrel &amp; 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 &amp; Estrad-Fe</i> )	3	MO; +
<i>norethin acet &amp; estrad-fe chew 75mg-20mcg-1mg</i>	1	MO; *

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Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet &amp; estrad-fe tabs 75mg-30mcg-1.5mg, 75mg-20mcg-1mg</i>	1	MO; *
<i>norethindrone &amp; eth estradiol tabs</i>	1	MO; *
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	1	MO; *
<i>norethindrone acet &amp; 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 &amp; 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; +
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	1	MO; *
<b>Combination Contraceptives - Vaginal</b>		
NUVARING RING	2	MO; +
<b>Emergency Contraceptives</b>		
ELLA TABS	2	+
<b>Progestin Contraceptives - Injectable</b>		
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; +
<b>Progestin Contraceptives - Oral</b>		
NOR-QD TABS (Norethindrone (Contraceptive))	3	MO; +
<i>norethindrone (contraceptive) tabs</i>	1	MO; *
ORTHO MICRONOR TABS (Norethindrone (Contraceptive))	3	MO; +
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone sod phosphate &amp; acetate susp</i>	4	MO; +
<i>budesonide cpep or</i>	5	MO; +
CELESTONE-SOLUSPAN SUSP ( <i>Betamethasone Sod Phosphate &amp; 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 tbdp 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	+
<b>Mineralocorticoids</b>		
fludrocortisone acetate tabs or	1	MO; *
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
benzonatate caps	1	MO; NT; *
TESSALON PERLES CAPS (Benzonatate)	3	MO; NT; +
ZONATUSS CAPS (Benzonatate)	NF	MO; NT
<b>Cough/Cold/Allergy Combinations</b>		
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; +
<b>Mucolytics</b>		
acetylcysteine soln in 20 %, 10 %	1	B/D; MO; *
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
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
benzoyl peroxide-erythromycin gel	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; +
clindamycin phosphate (topical) foam	1	MO; *
clindamycin phosphate (topical) gel	1	MO; *
clindamycin phosphate (topical) lotn	1	MO; *
clindamycin phosphate (topical) soln	1	MO; *
clindamycin phosphate (topical) swab	1	MO; *
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	MO; *
clindamycin phosphate-benzoyl peroxide gel	1	MO; *
clindamycin phosphate-tretinoin gel	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 (Adapalene-Benzoyl Peroxide)	3	MO; +
erythromycin (acne aid) gel	1	MO; *
erythromycin (acne aid) soln	1	MO; *
EVOCLIN FOAM (Clindamycin Phosphate Topical)	3	MO; +
FABIOR FOAM	3	Limit 100gms per month; QL(3.34 gm daily); MO; +
isotretinoin caps or 10 mg, 40 mg, 20 mg, 30 mg	1	*
KLARON LOTN (Sulfacetamide Sodium Acne)	3	MO; +
PLEXION CLEANSER LIQD (Sulfacetamide Sodium w/ Sulfur)	NF	MO; NT
RETIN-A CREA (Tretinoin)	3	MO; +
RETIN-A GEL (Tretinoin)	3	MO; +
RETIN-A MICRO GEL (Tretinoin Microsphere)	NF	MO
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (Tretinoin Microsphere)	NF	MO
RETIN-A MICRO PUMP GEL 0.08 %	3	MO; +
sulfacetamide sodium (acne) lotn	1	MO; *
sulfacetamide sodium (acne) susp	1	MO; *
tretinoin crea ex 0.025 %, 0.05 %, 0.1 %	1	MO; *
tretinoin gel ex 0.025 %, 0.05 %, 0.01 %	1	MO; *
tretinoin microsphere gel	1	MO; *
ZIANA GEL (Clindamycin Phosphate-Tretinoin)	3	MO; +
<b>Anti-inflammatory Agents - Topical</b>		

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; +
<b>Antibiotics - Topical</b>		
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; *
<b>Antifungals - Topical</b>		
<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; +
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA	5	MO; +

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (actinic keratoses) gel</i>	5	MO; +
EFUDEX CREA (Fluorouracil (Topical))	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 (Diclofenac Sodium (Actinic Keratoses))	5	MO; +
TARGRETIN GEL EX 1 %	5	+
VALCHLOR GEL	5	PA; +
<b>Antipruritics - Topical</b>		
DOXEPIN HYDROCHLORIDE CREA	3	MO; +
PRUDOXIN CREA	3	MO; +
ZONALON CREA	3	MO; +
<b>Antipsoriatics</b>		
<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 (Calcipotriene)	NF	MO
<i>methoxsalen rapid caps</i>	5	MO; +

Drug Name	Drug Tier	Requirements/Limits
OXSORALEN ULTRA CAPS (Methoxsalen Rapid)	5	MO; +
SILIQ SOSY	5	PA; +
SORIATANE CAPS (Acitretin)	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 % (Tazarotene)	2	MO; +
TAZORAC GEL 0.05 %, 0.1 %	2	MO; +
VECTICAL OINT	3	MO; +
<b>Antiseborrheic Products</b>		
OVACE PLUS WASH LIQD (Sulfacetamide Sodium)	NF	MO; NT
OVACE WASH LIQD (Sulfacetamide Sodium)	NF	MO; NT
<i>selenium sulfide lotn ex 2.5 %</i>	1	MO; *
<b>Antivirals - Topical</b>		
<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 % (Acyclovir Topical)	NF	MO
<b>Burn Products</b>		
SILVADENE CREA (Silver Sulfadiazine)	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; +
<b>Corticosteroids - Topical</b>		
<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; +
<b>Emollient/Keratolytic Agents</b>		
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
<b>Emollients</b>		
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; *
<b>Enzymes - Topical</b>		
SANTYL OINT	2	MO; +
<b>Immunomodulating Agents - Topical</b>		
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; +
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA	3	MO; +
PROTOPIC OINT ( <i>Tacrolimus (Topical)</i> )	NF	MO
<i>tacrolimus (topical) oint</i>	1	MO; *
<b>Keratolytic/Antimitotic Agents</b>		
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
<b>Local Anesthetics - Topical</b>		
<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; +
<b>Rosacea Agents</b>		
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; +
<b>Scabicides &amp; Pediculicides</b>		
EURAX CREA	3	MO; +
EURAX LOTN	3	MO; +
<i>malathion lotn</i>	1	MO; *
<i>permethrin crea ex 5 %</i>	1	MO; *
<b>Wound Care Products</b>		
REGANEX GEL	5	MO; +
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
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	+

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
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; +
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 or 500 mg</i>	1	MO; *
<i>acetazolamide tabs or 250 mg</i>	1	MO; *
DIAMOX CP12 ( <i>Acetazolamide</i> )	3	MO; +
KEVEYIS TABS	5	PA; SL(4 ea daily); +
<i>methazolamide tabs or 25 mg, 50 mg</i>	1	MO; *
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25MG-25MG ( <i>Spironolactone &amp; Hydrochlorothiazide</i> )	3	MO; +
ALDACTAZIDE TABS 50MG-50MG	2	MO; +
<i>amiloride &amp; hydrochlorothiazide tabs</i>	1	MO; *
DYAZIDE CAPS ( <i>Triamterene &amp; Hydrochlorothiazide</i> )	3	MO; +
MAXZIDE TABS ( <i>Triamterene &amp; Hydrochlorothiazide</i> )	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
MAXZIDE-25 TABS ( <i>Triamterene &amp; Hydrochlorothiazide</i> )	3	MO; +
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	1	MO; *
<i>triamterene &amp; hydrochlorothiazide caps</i>	1	MO; *
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	MO; *
<b>Loop Diuretics</b>		
<i>bumetanide tabs or 1 mg, 2 mg, 0.5 mg</i>	1	MO; *
BUMEX TABS ( <i>Bumetanide</i> )	NF	MO
DEMADEX TABS ( <i>Torsemide</i> )	3	MO; +
EDECIN TABS ( <i>Ethacrynic Acid</i> )	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 ( <i>Furosemide</i> )	3	MO; +
<i>torsemide tabs 20 mg, 10 mg, 100 mg, 5 mg</i>	1	MO; *
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS ( <i>Spironolactone</i> )	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; *
<b>Thiazides and Thiazide-Like Diuretics</b>		
<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; +
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
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	+
<b>Corticotropin</b>		
H.P. ACTHAR GEL	5	PA; LA; +
<b>Fertility Regulators</b>		
CHORIONIC GONADOTROPIN SOLR IM	4	PA; +
NOVAREL SOLR	4	PA; +
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; +
<b>Growth Hormone Receptor Antagonists</b>		

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
SOMAVERT SOLR	5	LA; +
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA SOLR	5	+
<b>Growth Hormones</b>		
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; +
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>Raloxifene HCl</i> )	NF	QL(1 ea daily); MO
<i>raloxifene hcl tabs</i>	1	QL(1 ea daily); MO; *
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN	4	LA; +
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
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
<b>Metabolic Modifiers</b>		
<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
<b>Posterior Pituitary Hormones</b>		
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	+
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1	MO; *
<b>Somatostatic Agents</b>		
<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	+
<b>Vasopressin Receptor Antagonists</b>		
SAMSCA TABS	5	+
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVELLA TABS ( <i>Estradiol &amp; 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 &amp; 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
<b>Estrogens</b>		
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; +
estradiol pttw td 0.075 mg/24hr, 0.0375 mg/24hr, 0.025 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr	1	AL; Up to 64 yrs old; MO; *
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	1	AL; Up to 64 yrs old; MO; *
estradiol tabs or 1 mg, 2 mg, 0.5 mg	1	AL; Up to 64 yrs old; MO; *
estradiol valerate oil im 20 mg/ml, 40 mg/ml	4	MO; +
estropipate tabs 1.5 mg, 0.75 mg	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
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
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; +
ciprofloxacin hcl tabs or 100 mg, 250 mg, 750 mg, 500 mg	1	MO; *
ciprofloxacin in d5w soln 200mg/100ml-5%	4	+
ciprofloxacin in d5w soln 400mg/200ml-5%	4	MO; +
ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml	1	MO; *
ciprofloxacin-ciprofloxacin hcl tb24	1	MO; *
LEVAQUIN TABS (Levofloxacin)	3	MO; +
levofloxacin in d5w soln	4	+
levofloxacin soln iv 25 mg/ml	4	+
levofloxacin soln or 25 mg/ml	1	MO; *
levofloxacin tabs or 500 mg, 750 mg, 250 mg	1	MO; *
moxifloxacin hcl tabs or 400 mg	1	MO; *
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OCALIVA TABS 10 MG	5	PA; SL(1 ea daily); +
OCALIVA TABS 5 MG	5	PA; SL(2 ea daily); +
<b>Gallstone Solubilizing Agents</b>		
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; *
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium (mastocytosis) conc</i>	1	MO; *
GASTROCROM CONC ( <i>Cromolyn Sodium (Mastocytosis)</i> )	3	MO; +
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAPS	2	MO; +
<b>Gastrointestinal Stimulants</b>		
<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; +
<b>Inflammatory Bowel Agents</b>		
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; *
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy) soln</i>	1	MO; *
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<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; +
<b>Peripheral Opioid Receptor Antagonists</b>		
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; +
<b>Phosphate Binder Agents</b>		
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; +
<b>Short Bowel Syndrome (SBS) Agents</b>		
GATTEX KIT	5	PA; LA; +
<b>Tryptophan Hydroxylase Inhibitors</b>		
XERMELO TABS	5	PA; LA; +
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<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
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	+
PROCYSBI CPDR	3	LA; +
<b>Genitourinary Irrigants</b>		
<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; *
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	3	MO; +
<b>Prostatic Hypertrophy Agents</b>		
<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; +
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		

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>colchicine w/ probenecid tabs</i>	1	MO; *
<b>Gout Agents</b>		
<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; +
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1	MO; *
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SOLN	5	+
<b>Complement Inhibitors</b>		
BERINERT KIT	5	LA; +
CINRYZE SOLR	5	LA; +
RUCONEST SOLR	5	+
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbcr or</i>	1	MO; *
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SOLN	5	+
<b>Platelet Aggregation Inhibitors</b>		

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; +
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS	5	PA; +
CEREZYME SOLR	5	LA; +
ELELYSO SOLR	5	+
VPRIV SOLR	5	+
ZAVESCA CAPS	5	LA; +
<b>Agents for Sickle Cell Anemia</b>		

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; +
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	4	MO; NT; +
NASCOBAL SOLN	3	MO; NT; +
<b>Folic Acid/Folates</b>		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC; MO; NT; *
<b>Hematopoietic Growth Factors</b>		
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; +
<b>Stem Cell Mobilizers</b>		
MOZOBIL SOLN	5	+
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
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; *
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		

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
<b>Barbiturate Hypnotics</b>		
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; *
<b>Hypnotics - Tricyclic Agents</b>		
SILENOR TABS 3 MG	3	QL(2 ea daily); MO; +
SILENOR TABS 6 MG	3	QL(1 ea daily); MO; +
<b>Non-Barbiturate Hypnotics</b>		
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 tbcr or 12.5 mg</i>	1	AL; Up to 64 yrs old; SL(1 ea daily); MO; *
<i>zolpidem tartrate tbcr 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; +
<b>Orexin Receptor Antagonists</b>		
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; +
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	5	PA; +
ROZEREM TABS	3	MO; +
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Laxative Combinations</b>		

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>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; +
<b>Laxatives - Miscellaneous</b>		
<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; *
<b>Saline Laxatives</b>		
OSMOPREP TABS	3	MO; +
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<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	+
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
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; +
<b>Clarithromycin</b>		
<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; *
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR (Erythromycin Ethylsuccinate)	3	SL(100 ml daily); MO; +
ERYPED 200 SUSR (Erythromycin Ethylsuccinate)	3	SL(100 ml 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
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; +
<b>Fidaxomicin</b>		
DIFICID TABS	5	MO; +
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO; *
<b>Misc. Devices</b>		
ALCOHOL PADS	2	RX/OTC; MO; +
<b>Parenteral Therapy Supplies</b>		
INSULIN SYRINGES AND PEN NEEDLES	2	RX/OTC; MO; +
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
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; +
<b>Migraine Products - NSAIDs</b>		

Drug Name	Drug Tier	Requirements/Limits
CAMBIA PACK	3	MO; +
<b>Migraine Products</b>		
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; +
<b>Serotonin Agonists</b>		
<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; *

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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 &amp; 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; +
<b>Irrigation Solutions</b>		
<i>irrigation solutions, physiological soln</i>	1	*
<i>water for irrigation, sterile soln</i>	1	MO; *
<b>Potassium Removing Agents</b>		
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; +

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
VELTASSA PACK 8.4 GM	3	ST; SL(3 ea daily); LA; MO; +
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOLR IV 120 MG, 400 MG	5	+
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) soln</i>	1	MO; *
<b>Anti-infectives - Throat</b>		
<i>clotrimazole lozgt mt</i>	1	MO; *
<i>clotrimazole troc mt</i>	1	MO; *
<i>nystatin (mouth-throat) susp</i>	1	MO; *
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	MO; *
PERIDEX SOLN (Chlorhexidine Gluconate (Mouth-Throat))	NF	MO; NT
<b>Steroids - Mouth/Throat</b>		
<i>triamcinolone acetonide (mouth) pste</i>	1	MO; *
<b>Throat Products - Misc.</b>		
<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; +
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
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; +
<b>Direct Muscle Relaxants</b>		
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
<b>Muscle Relaxant Combinations</b>		
<i>carisoprodol w/ aspirin &amp; 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; *
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
DYMISTA SUSP	3	MO; +
<b>Nasal Anti-infectives</b>		
BACTROBAN NASAL OINT	3	MO; +
<b>Nasal Antiallergy</b>		
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
<b>Nasal Anticholinergics</b>		
ATROVENT SOLN ( <i>Ipratropium Bromide (Nasal)</i> )	3	MO; +
<i>ipratropium bromide (nasal) soln</i>	1	MO; *
<b>Nasal Steroids</b>		
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; +
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RADICAVA SOLN	5	PA; +
RILUTEK TABS ( <i>Riluzole</i> )	5	MO; +
<i>riluzole tabs</i>	1	MO; *
<b>Muscular Dystrophy Agents</b>		
EXONDYS 51 SOLN	5	PA; LA; +
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLR 100 UNIT	4	PA; +
BOTOX SOLR 200 UNIT	3	PA; +
XEOMIN SOLR	4	PA; +
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
<i>dextrose soln iv 10 %</i>	4	B/D; +
<i>dextrose soln iv 5 %</i>	4	B/D; MO; +
<b>Lipids</b>		
<i>fat emulsion emul</i>	4	B/D; +
<b>Proteins</b>		
<i>amino acid infusion 15%</i>	4	B/D; +
AMINOSYN II 15% ( <i>Use amino acid infusion</i> )	4	B/D; +

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
CLINIMIX 2.75%/DEXTROSE 5% SOLN	4	B/D; +
PROSOL SOLN	4	B/D; +
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Beta-blockers - Ophthalmic</b>		
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; +
<b>Cycloplegic Mydriatics</b>		
<i>cyclopentolate hcl soln op 2 %, 1 %</i>	1	MO; *
<b>Miotics</b>		
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; *
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
EYLEA SOLN	5	LA; +
<b>Ophthalmic Adrenergic Agents</b>		
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; +
<b>Ophthalmic Anti-infectives</b>		
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
<b>Ophthalmic Decongestants</b>		
<i>naphazoline hcl soln op</i>	1	*
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL	2	MO; +

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE EMUL	2	MO; +
<b>Ophthalmic Integrin Antagonists</b>		
XIIDRA SOLN	3	PA; MO; +
<b>Ophthalmic Local Anesthetics</b>		
<i>proparacaine hcl soln op</i>	1	MO; *
<b>Ophthalmic Steroids</b>		
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.

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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; +
<b>Ophthalmics - Misc.</b>		
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; +
<b>Prostaglandins - Ophthalmic</b>		
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; +
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	1	MO; *
<i>acetic acid-aluminum acetate soln</i>	1	MO; *
<b>Otic Anti-infectives</b>		
FLOXIN OTIC SOLN (Ofloxacin (Otic))	3	MO; +
<i>ofloxacin (otic) soln</i>	1	MO; *
<b>Otic Combinations</b>		
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; *
<b>Otic Steroids</b>		
DERMOTIC OIL (Fluocinolone Acetonide (Otic))	3	MO; +
<i>fluocinolone acetonide (otic) oil</i>	1	MO; *
<i>hydrocortisone w/acetic acid soln</i>	1	MO; *
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	MO; *
<b>PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
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	+
<b>Monoclonal Antibodies</b>		
SYNAGIS SOLN	5	+
ZINPLAVA SOLN	5	PA; +
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA KIT	5	B/D; +
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps</i>	1	MO; *
<i>amoxicillin chew</i>	1	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>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	+
<b>Natural Penicillins</b>		
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; +
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew</i>	1	MO; *
<i>amoxicillin &amp; pot clavulanate susr</i>	1	MO; *
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	MO; *
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	MO; *
<i>ampicillin &amp; sulbactam sodium solr ij 1gm-2gm</i>	4	MO; +
<i>ampicillin &amp; 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	+
<b>Penicillinase-Resistant Penicillins</b>		
<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; +
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
<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
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tbec</i>	1	MO; *
<i>disulfiram tabs or 250 mg, 500 mg</i>	1	MO; *
<b>Anti-Cataleptic Agents</b>		
XYREM SOLN	5	LA; +
<b>Antidementia Agents</b>		
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; *
<b>Combination Psychotherapeutics</b>		
<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
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	3	PA; MO; +
SAVELLA TITRATION PACK MISC	3	PA; MO; +
<b>Hypoactive Sexual Desire Disorder (HSDD)</b>		
ADDYI TABS	5	PA; Check plan for coverage;NT; +
<b>Movement Disorder Drug Therapy</b>		
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; +
<b>Multiple Sclerosis Agents</b>		
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; +
<b>Postherpetic Neuralgia (PHN) Agents</b>		
GRALISE STARTER MISC	3	MO; +
GRALISE TABS	3	MO; +
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) cap 10 mg, 20 mg</i>	NF	
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA CAPS	2	MO; +
<b>Psychotherapeutic and Neurological Agents -</b>		
<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; *
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TBCR	3	MO; +
<b>Smoking Deterrents</b>		
<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; +
<b>Vasomotor Symptom Agents</b>		

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; *
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 1000 MG	5	LA; +
GLASSIA SOLN	4	LA; +
PROLASTIN-C SOLR	5	LA; +
ZEMAIRA SOLR	5	LA; +
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK	5	PA; +
KALYDECO TABS	5	PA; +
ORKAMBI TABS	5	PA; LA; +
PULMOZYME SOLN	2	B/D; +
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS	5	PA; LA; +
ESBRIET TABS	5	PA; LA; +
OFEV CAPS	5	PA; LA; +
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs or</i>	1	MO; *
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
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
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs or 5 mg, 10 mg</i>	1	MO; *
<i>propylthiouracil tabs or</i>	1	MO; *
<b>Thyroid Hormones</b>		
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; +
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
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	+
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		

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; +
<b>H-2 Antagonists</b>		
<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; *

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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; +
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML	3	MO; +
CARAFATE TABS 1 GM (Sucralfate)	3	MO; +
<i>sucralfate tabs or</i>	1	MO; *
<b>Proton Pump Inhibitors</b>		
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; +
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS (Misoprostol)	3	MO; +
<i>misoprostol tabs or 200 mcg, 100 mcg</i>	1	MO; *
<b>Ulcer Therapy Combinations</b>		
<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; +
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infectives</b>		
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; *
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<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; +
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		
MYRBETRIQ TB24	3	MO; +
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs 10 mg, 50 mg, 5 mg, 25 mg</i>	1	MO; *
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	MO; *
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
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	+
<b>Viral Vaccines</b>		
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
<b>VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones</b>		
<b>Vaginal Anti-infectives</b>		
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; *
<b>Vaginal Estrogens</b>		
<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; +
<b>Vaginal Progestins</b>		
CRINONE GEL	3	PA; MO; +
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj</i>	2	MO; +
EPIPEN 2-PAK SOAJ	2	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
EPIPEN-JR 2-PAK SOAJ	2	MO; +
<b>Neurogenic Orthostatic Hypotension (NOH) -</b>		
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); +
<b>Vasopressors</b>		
<i>dobutamine hcl soln</i>	4	+
<i>midodrine hcl tabs</i>	1	MO; *
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
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; +

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

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DIPENTUM	71	DUAC	59	EMEND TRIPACK	30
diphenhydramine hcl	31	DUAVEE	69	EMFLAZA	57
diphenoxylate w/ atropine	29	DUETACT	24	EMPLICITI	39
DIPHThERIA/TETANUS TOXOIDS ADSORBED		DUEXIS	3	EMSAM	22
PEDIATRIC	91	DULERA	16	EMTRIVA	48
DIPROLENE	63	duloxetine hcl	23	ENABLEX	93
DIPROLENE AF	63	DUOPA	44	enalapril maleate	34
dipyridamole	73	DURAGESIC	5	enalapril maleate & hydrochlorothiazide	35
disopyramide phosphate	14			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	hydrophilic lipo base.....	63	INGREZZA.....	89
HERCEPTIN.....	39	hydrocortisone valerate.....	63	INLYTA.....	41	
HETLIOZ.....	75	hydrocortisone w/acetic acid.....	86	INSPRA.....	36	
HEXALEN.....	38	hydromorphone hcl.....	6	INSULIN SYRINGES AND PEN NEEDLES.....	77	
HIPREX.....	93	hydroxychloroquine sulfate	37	INTELENCE.....	48	
HIZENTRA.....	86	HYDROXYPROGESTERONE CAPROATE.....	40	INTERMEZZO.....	75	
HORIZANT.....	89	hydroxyurea.....	42	INTRON A.....	42	
HUMALOG.....	27	hydroxyzine hcl.....	13	INTRON A W/DILUENT.....	42	
HUMALOG JUNIOR	KWIKPEN.....	27	hydroxyzine pamoate.....	13	INTUNIV.....	1
HUMALOG KWIKPEN.....	27	HYQVIA.....	86	INVANZ.....	12	
HUMALOG MIX 50/50.....	27	HYSINGLA ER.....	6	INVEGA.....	45	
HUMALOG MIX 50/50	KWIKPEN.....	27	HYZAAR.....	35	INVEGA SUSTENNA.....	45
HUMALOG MIX 75/25.....	27	ibandronate sodium.....	67	INVEGA TRINZA.....	45	
HUMALOG MIX 75/25	KWIKPEN.....	27	IBRANCE.....	41	INVIRASE.....	48
HUMATROPE.....	68	ibuprofen.....	3	INVOKAMET.....	24	
HUMATROPE COMBO	PACK.....	68	ICLUSIG.....	41	INVOKAMET XR.....	25
HUMIRA.....	3	IDAMYCIN PFS.....	40	INVOKANA.....	28	
HUMIRA PEDIATRIC CROHNS	DISEASE STARTER	PACK.....	2	IOPIDINE.....	83	
HUMIRA PEN.....	2	idarubicin hcl.....	40	IOL INACTIVATED IPV.....	94	
HUMIRA PEN-CROHNS	DISEASESTARTER.....	2	IFEX.....	38	ipratropium bromide.....	14
HUMIRA PEN-PSORIASIS	STARTER.....	3	ifosfamide.....	38	ipratropium bromide (nasal).....	82
HUMULIN 70/30.....	27	IFOSFAMIDE.....	38	ipratropium-albuterol.....	16	
HUMULIN 70/30 KWIKPEN.....	27	ILARIS.....	3	IPRIVASK.....	18	
HUMULIN N.....	27	ILEVRO.....	85	irbesartan.....	34	
HUMULIN N KWIKPEN.....	27	imatinib mesylate.....	41	irbesartan-hydrochlorothiazide.....	35	
HUMULIN R.....	27	IMBRUVICA.....	41	IRESSA.....	41	
HUMULIN R U-500	(CONCENTRATED).....	27	IMFINZI.....	39	irinotecan hcl.....	43
HUMULIN R U-500	KWIKPEN.....	27	imipenem-cilastatin.....	12	irrigation solutions, physiological.....	80
HYCAMTIN.....	43	imipramine hcl.....	24	ISENTRESS.....	48	
hydralazine hcl.....	36	imipramine pamoate.....	24	ISENTRESS HD.....	48	
HYDREA.....	42	imiquimod.....	65	isoniazid.....	37	
hydrochlorothiazide.....	66,67	IMITREX.....	77,78	isoniazid & rifampin.....	37	
hydrocodone polistirex-	chlorpheniramine polistirex.....	58	IMITREX STATDOSE REFILL.....	77,78	ISOPTO CARPINE.....	83
hydrocodone-	acetaminophen.....	8,9	IMITREX STATDOSE SYSTEM.....	78	ISORDIL TITRADOSE.....	13
hydrocodone-ibuprofen.....	9	IMOVAX RABIES (H.D.C.V.).....	94	isosorbide dinitrate.....	13	
hydrocortisone.....	57	IMURAN.....	80	isosorbide mononitrate.....	13	
hydrocortisone (intrarectal).....	10	INCRELEX.....	68	isotretinoin.....	59	
hydrocortisone (rectal).....	10	INCRUSE ELLIPTA.....	14	ISTALOL.....	83	
hydrocortisone (topical).....	63	indapamide.....	67	ISTODAX.....	41	
		INDERAL LA.....	51	ISTODAX (OVERFILL).....	41	
		INDOCIN.....	3	itraconazole.....	31	
		indomethacin.....	4	ivermectin.....	11	
		INFANRIX.....	91	IXEMPRA KIT.....	43	

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

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
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PREVACID SOLUTAB	92	protriptyline hcl	24	REBIF	89
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PROLEUKIN	42	RABAVERT	94	RESTASIS MULTIDOSE	84
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rivastigmine.....	88	SEROSTIM.....	68	hydrochlorothiazide.....	66
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		SIRTURO.....	37	STRENSIQ.....	69

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STRIVERDI RESPIMAT	17	TAFINLAR	41	TESTOSTERONE	10
STROMECTOL	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
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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
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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
torseamide	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
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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
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TRELSTAR	40	TYZEKA	50	VELPHORO	72
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triamcinolone acetonide (nasal)	82	UPTRAVI	54	VENTOLIN HFA	17
triamcinolone acetonide (topical)	64	URAMAXIN	64	VERAMYST	82
triamterene & hydrochlorothiazide	66	URAMAXIN GT	64	verapamil hcl	52
TRIBENZOR	36	UROCIT-K 10	72	VERELAN	52
TRICOR	32	UROCIT-K 5	72	VERELAN PM	52
TRIDESILON	64	UROXATRAL	72	VERSACLOZ	46
trifluoperazine hcl	47	URSO 250	70	VESICARE	93
trifluridine	84	URSO FORTE	71	VEXOL	85
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VOGELXO PUMP.....	10	YONDELIS.....	38	zoledronic acid.....	67
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voriconazole.....	31	zaleplon.....	75	zolmitriptan.....	78
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VYTORIN.....	32	ZANTAC.....	92	ZOMACTON.....	68
VYVANSE.....	1	ZARONTIN.....	21	ZOMETA.....	67
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**Planes de Arizona:** 1-800-977-7522

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o bien, para los **usuarios de TTY, 711**, de 8:00 a. m. a 8:00 p. m., los siete días de la semana (en algunos fines de semana y días feriados se utiliza el servicio automático de teléfono), o visite **[www.healthnet.com/medicare](http://www.healthnet.com/medicare)**.

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