

Formulario Valor 2017

(Lista de Medicamentos Cubiertos)

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

Bridgeway Health Solutions Medicare Advantage (HMO), Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO SNP), Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Plus (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Amber II Premier (HMO SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO), Health Net Seniority Plus Sapphire Premier (HMO), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO) y Health Net Violet Option 3 (PPO)

N.º de Identificación de Presentación de Archivo del Formulario Aprobado de HPMS 17405, 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

Planes HMO SNP de California: 1-800-431-9007

Planes de Oregón/Washington: 1-888-445-8913

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.

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 Bridgeway Health Solutions Medicare Advantage (HMO), Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO SNP), Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Plus (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Amber II Premier (HMO SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO SNP), Health Net Seniority Plus Sapphire Premier (HMO SNP), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO) y Health Net Violet Option 3 (PPO).

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 Valor de Bridgeway Health Solutions Medicare Advantage (HMO), Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO SNP), Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Plus (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Amber II Premier (HMO SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO SNP), Health Net Seniority Plus Sapphire Premier (HMO SNP), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO) y Health Net Violet Option 3 (PPO)?

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 del formulario Valor de Bridgeway Health Solutions Medicare Advantage (HMO), Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO SNP), Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Plus (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Amber II Premier (HMO SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO SNP), Health Net Seniority Plus Sapphire Premier (HMO SNP), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO) y Health Net Violet Option 3 (PPO)?” en la página iv 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, muéstrésela 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 Valor de Bridgeway Health Solutions Medicare Advantage (HMO), Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO SNP), Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Plus (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Amber II Premier (HMO SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO SNP), Health Net Seniority Plus Sapphire Premier (HMO SNP), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO) y Health Net Violet Option 3 (PPO)?

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 Valor de Bridgeway Health Solutions Medicare Advantage (HMO), Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO SNP), Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Plus (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Amber II Premier (HMO SNP), Health Net Seniority Plus Ruby (HMO), Health Net Seniority Plus Sapphire (HMO SNP), Health Net Seniority Plus Sapphire Premier (HMO SNP), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO) y Health Net Violet Option 3 (PPO)

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.
2	Copago del nivel 2	Medicamentos genéricos.
3	Copago del nivel 3	Incluye medicamentos de marca preferidos y puede incluir algunos medicamentos genéricos. Los medicamentos de este nivel no son elegibles para excepciones de pago en un nivel inferior.
4	Copago del nivel 4	Incluye medicamentos de marca no preferidos y puede incluir algunos medicamentos genéricos.
5 (Nivel de Especialidades)	Copago o coseguro del Nivel 5	Medicamentos de alto costo. Los medicamentos de este nivel no son elegibles para excepciones de pago en un nivel inferior.

6 (Medicamentos para la Atención Seleccionada)	Copago de \$0	Algunos medicamentos de marca y medicamentos genéricos se utilizan para tratar afecciones crónicas específicas.
NF	Medicamentos fuera del formulario: Si se aprueba una solicitud de excepción para un medicamento fuera del formulario, se aplicará el copago del Nivel 4. 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 Valor de Health Net Medicare Parte D?"

Abreviaturas

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

<i>Abreviatura</i>	<i>Definición</i>	<i>Descripción</i>
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"> ▪ La FDA ha restringido la distribución de un medicamento a determinados centros, farmacias o médicos. ▪ 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. Puede hablar con su médico, otra persona que receta o el farmacéutico acerca de los detalles sobre conseguir medicamentos de acceso limitado.

<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.
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 80 mg. 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	Solo para los planes Health Net Gold Select (HMO), Health Net Healthy Heart (HMO) en los condados de Los Angeles, Orange, Riverside y San Bernardino, y para Health Net Jade (HMO SNP) en California: 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> .

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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Amphetamine-Dextroamphetamine)	NF	MO
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.25mg-1.25mg-1.25mg-1.25mg, 6.25mg-6.25mg-6.25mg-6.25mg	4	MO
amphetamine-dextroamphetamine tabs 3.125mg-3.125mg-3.125mg-3.125mg, 1.875mg-1.875mg-1.875mg-1.875mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.25mg-1.25mg-1.25mg-1.25mg, 7.5mg-7.5mg-7.5mg-7.5mg, 5mg-5mg-5mg-5mg	2	MO; *
DESOXYN TABS (Methamphetamine HCl)	NF	PA; MO
DEXEDRINE CP24 (Dextroamphetamine Sulfate)	NF	MO
dextroamphetamine sulfate cp24 15 mg, 5 mg, 10 mg	4	MO
dextroamphetamine sulfate tabs 10 mg, 5 mg	4	MO
methamphetamine hcl tabs	4	PA; MO
VYVANSE CAPS 10 MG	4	SL(7 ea daily); MO
VYVANSE CAPS 20 MG	4	SL(3.5 ea daily); MO
VYVANSE CAPS 30 MG	4	SL(2.33 ea daily); MO
VYVANSE CAPS 40 MG	4	SL(1.75 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS 50 MG	4	SL(1.4 ea daily); MO
VYVANSE CAPS 60 MG	4	SL(1.16 ea daily); MO
VYVANSE CAPS 70 MG	4	SL(1 ea daily); MO
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps 10 mg	2	SL(10 ea daily); MO; *
atomoxetine hcl caps 100 mg	2	SL(1 ea daily); MO; *
atomoxetine hcl caps 18 mg	2	SL(5.55 ea daily); MO; *
atomoxetine hcl caps 25 mg	2	SL(4 ea daily); MO; *
atomoxetine hcl caps 40 mg	2	SL(2.5 ea daily); MO; *
atomoxetine hcl caps 60 mg	2	SL(1.66 ea daily); MO; *
atomoxetine hcl caps 80 mg	2	SL(1.25 ea daily); MO; *
clonidine hcl (adhd) tb12	4	MO
guanfacine hcl (adhd) tb24	2	AL; Up to 64 yrs old; MO; *
INTUNIV TB24 (Guanfacine HCl (ADHD))	NF	AL; Up to 64 yrs old; MO
KAPVAY TB12 (Clonidine HCl (ADHD))	NF	MO
STRATTERA CAPS 10 MG (Atomoxetine HCl)	3	SL(10 ea daily); MO
STRATTERA CAPS 100 MG (Atomoxetine HCl)	3	SL(1 ea daily); MO
STRATTERA CAPS 18 MG (Atomoxetine HCl)	3	SL(5.55 ea daily); MO
STRATTERA CAPS 25 MG (Atomoxetine HCl)	3	SL(4 ea daily); MO
STRATTERA CAPS 40 MG (Atomoxetine HCl)	3	SL(2.5 ea daily); MO
STRATTERA CAPS 60 MG (Atomoxetine HCl)	3	SL(1.66 ea daily); MO
STRATTERA CAPS 80 MG (Atomoxetine HCl)	3	SL(1.25 ea daily); MO
Stimulants - Misc.		

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

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tabs</i>	4	PA; MO
CONCERTA TBCR (<i>Methylphenidate HCl</i>)	NF	MO
DAYTRANA PTCH 30 MG/9HR	4	MO
<i>dexmethylphenidate hcl cp24 20 mg, 15 mg, 10 mg</i>	4	MO
<i>dexmethylphenidate hcl tabs 5 mg, 2.5 mg, 10 mg</i>	3	MO
FOCALIN TABS (<i>Dexmethylphenidate HCl</i>)	NF	MO
FOCALIN XR CP24 15 MG, 10 MG, 20 MG (<i>Dexmethylphenidate HCl</i>)	NF	MO
METADATE CD CPCR (<i>Methylphenidate HCl</i>)	NF	MO
<i>methylphenidate hcl cp24 or 20 mg, 30 mg, 40 mg</i>	4	MO
<i>methylphenidate hcl cp24 or 60 mg</i>	2	MO; *
<i>methylphenidate hcl cpcr or 50 mg, 60 mg, 20 mg, 30 mg, 10 mg, 40 mg</i>	4	MO
<i>methylphenidate hcl tabs or 5 mg, 10 mg, 20 mg</i>	3	MO
<i>methylphenidate hcl tb24 or 27 mg, 18 mg, 36 mg, 54 mg</i>	3	Non-Osmotic Release
<i>methylphenidate hcl tbcR or 10 mg, 20 mg</i>	4	MO
<i>methylphenidate hcl tbcR or 54 mg, 27 mg, 36 mg, 18 mg</i>	3	MO
<i>modafinil tabs</i>	2	PA; MO; *
NUVIGIL TABS (<i>Armodafinil</i>)	4	PA; MO
PROVIGIL TABS (<i>Modafinil</i>)	5	PA; MO
RITALIN LA CP24 10 MG	4	MO
RITALIN LA CP24 30 MG, 20 MG, 40 MG (<i>Methylphenidate HCl</i>)	NF	MO
RITALIN TABS (<i>Methylphenidate HCl</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	4	PA; MO
ORALAIR SUBL	4	PA
RAGWITEK SUBL	4	PA; MO
Biologicals Misc		
ADAGEN SOLN	5	LA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln ij 500 mg/2ml, 1 gm/4ml</i>	3	MO
BETHKIS NEBU	5	B/D
<i>gentamicin in saline soln 0.9%-1mg/ml</i>	2	*
<i>gentamicin sulfate soln ij 40 mg/ml</i>	2	MO; *
KITABIS PAK NEBU	5	B/D
<i>neomycin sulfate tabs or</i>	3	MO
<i>paromomycin sulfate caps</i>	3	MO
TOBI NEBU (<i>Tobramycin</i>)	5	B/D
TOBI PODHALER CAPS	5	
<i>tobramycin nebu in</i>	2	B/D; *
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	3	MO
<i>tobramycin sulfate solr ij 1.2 gm</i>	1	*
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	5	PA
HUMIRA PEN PNKT	5	PA
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	5	PA
HUMIRA PEN-PSORIASIS STARTER PNKT	5	PA
HUMIRA PSKT	5	PA
SIMPONI ARIA SOLN	5	PA
SIMPONI SOAJ	5	PA
SIMPONI SOSY	5	PA
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	5	PA
XELJANZ XR TB24	5	PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ	4	PA
RASUVO SOAJ 22.5 MG/0.45ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 10 MG/0.2ML, 7.5 MG/0.15ML, 20 MG/0.4ML, 25 MG/0.5ML, 30 MG/0.6ML, 12.5 MG/0.25ML	4	PA
RHEUMATREX TABS	3	MO
Gold Compounds		
RIDAURA CAPS	5	MO
Interleukin-1 Blockers		
ARCALYST SOLR	5	LA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	5	PA
Interleukin-1beta Blockers		
ILARIS SOLN 150 MG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
ILARIS SOLR 180 MG	5	LA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	5	PA
ACTEMRA SOSY	5	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Naproxen Sodium</i>)	NF	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>	4	MO
DAYPRO TABS (<i>Oxaprozin</i>)	NF	MO
<i>diclofenac potassium tabs</i>	3	MO
<i>diclofenac sodium tb24 or 100 mg</i>	3	MO
<i>diclofenac sodium tbec or 50 mg, 75 mg, 25 mg</i>	3	MO
<i>diclofenac w/ misoprostol tbec</i>	4	MO
DUEXIS TABS	5	PA; MO
EC-NAPROSYN TBEC (<i>Naproxen</i>)	NF	MO
<i>etodolac caps 200 mg, 300 mg</i>	3	MO
<i>etodolac tabs 500 mg, 400 mg</i>	3	MO
<i>etodolac tb24 600 mg, 500 mg, 400 mg</i>	4	MO
FELDENE CAPS (<i>Piroxicam</i>)	NF	MO
<i>flurbiprofen tabs or 100 mg, 50 mg</i>	3	MO
<i>ibuprofen susp or 100 mg/5ml</i>	2	RX/OTC; MO; *
<i>ibuprofen tabs or 400 mg</i>	1	SL(8 ea daily); MO; *

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>piroxicam caps or 10 mg, 20 mg</i>	3	MO
PONSTEL CAPS (<i>Mefenamic Acid</i>)	4	MO
<i>sulindac tabs or 150 mg, 200 mg</i>	2	MO; *
<i>tolmetin sodium caps 400 mg</i>	3	MO
<i>tolmetin sodium tabs 200 mg</i>	1	*
VIMOVO TBEC	5	PA; MO
ZIPSOR CAPS	4	MO
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	5	PA
OTEZLA TBPB	5	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Leflunomide</i>)	NF	MO
<i>leflunomide tabs</i>	3	MO
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	5	PA
ORENCIA SOLR	5	PA
ORENCIA SOSY	5	PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	5	PA
ENBREL SOSY	5	PA
ENBREL SURECLICK SOAJ	5	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Salicylates		
<i>diflunisal tabs</i>	1	MO; *
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/ Limits
Opioid Agonists		
ABSTRAL SUBL 100 MCG	4	PA; QL(16 ea daily)
ABSTRAL SUBL 200 MCG	5	PA; QL(8 ea daily)
ABSTRAL SUBL 300 MCG	5	PA; QL(5.34 ea daily)
ABSTRAL SUBL 400 MCG, 800 MCG, 600 MCG	5	PA; QL(4 ea daily)
ACTIQ LPOP 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>Fentanyl Citrate</i>)	5	PA; QL(4 ea daily); MO
ACTIQ LPOP 200 MCG (<i>Fentanyl Citrate</i>)	5	PA; QL(8 ea daily); MO
<i>codeine sulfate tabs 15 mg</i>	2	SL(24 ea daily); MO; *
CODEINE SULFATE TABS 15 MG (<i>Codeine Sulfate</i>)	4	SL(24 ea daily); MO
<i>codeine sulfate tabs 30 mg</i>	2	SL(12 ea daily); MO; *
<i>codeine sulfate tabs 60 mg</i>	2	SL(6 ea daily); MO; *
DEMEROL TABS OR 100 MG (<i>Meperidine HCl</i>)	NF	AL; Up to 64 yrs old; QL(20 ea daily); MO
DEMEROL TABS OR 50 MG (<i>Meperidine HCl</i>)	NF	AL; Up to 64 yrs old; QL(40 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 (<i>Hydromorphone HCl</i>)	NF	MO
DILAUDID TABS OR 2 MG (<i>Hydromorphone HCl</i>)	NF	QL(25 ea daily); MO
DILAUDID TABS OR 4 MG (<i>Hydromorphone HCl</i>)	NF	QL(12.5 ea daily); MO
DILAUDID TABS OR 8 MG (<i>Hydromorphone HCl</i>)	NF	QL(6.25 ea daily); MO
DILAUDID-HP SOLN (<i>Hydromorphone HCl</i>)	NF	
DOLOPHINE TABS 10 MG (<i>Methadone HCl</i>)	NF	QL(6.67 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
DOLOPHINE TABS 5 MG (<i>Methadone HCl</i>)	NF	QL(13.34 ea daily); MO
DURAGESIC PT72 100 MCG/HR (<i>Fentanyl</i>)	NF	QL(0.5 ea daily); MO
DURAGESIC PT72 12 MCG/HR (<i>Fentanyl</i>)	NF	Limit 43 patches per month; QL(1.44 ea daily); MO
DURAGESIC PT72 25 MCG/HR (<i>Fentanyl</i>)	NF	Limit 28 patches per month; QL(0.94 ea daily); MO
DURAGESIC PT72 50 MCG/HR, 75 MCG/HR (<i>Fentanyl</i>)	NF	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>)	4	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, 800 mcg, 1200 mcg, 400 mcg, 600 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>	4	QL(0.5 ea daily); MO
<i>fentanyl pt72 12 mcg/hr</i>	4	Limit 43 patches per month; QL(1.44 ea daily); MO
<i>fentanyl pt72 25 mcg/hr</i>	4	Limit 28 patches per month; QL(0.94 ea daily); MO
<i>fentanyl pt72 75 mcg/hr, 50 mcg/hr</i>	4	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

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

Drug Name	Drug Tier	Requirements/ Limits
FENTORA TABS 800 MCG, 600 MCG, 400 MCG	5	PA; QL(4 ea daily); MO
<i>hydromorphone hcl liqd or 1 mg/ml</i>	3	QL(50 ml daily); MO
<i>hydromorphone hcl soln ij 2 mg/ml</i>	3	MO
<i>hydromorphone hcl soln ij 50 mg/5ml, 10 mg/ml, 500 mg/50ml</i>	3	
<i>hydromorphone hcl t24a or 12 mg</i>	2	QL(4.17 ea daily); MO; *
<i>hydromorphone hcl t24a or 16 mg</i>	2	QL(3.14 ea daily); MO; *
<i>hydromorphone hcl t24a or 32 mg</i>	2	QL(1.57 ea daily); MO; *
<i>hydromorphone hcl t24a or 8mg, 8 mg</i>	2	QL(6.27 ea daily); MO; *
<i>hydromorphone hcl tabs or 2 mg</i>	3	QL(25 ea daily); MO
<i>hydromorphone hcl tabs or 4 mg</i>	3	QL(12.5 ea daily); MO
<i>hydromorphone hcl tabs or 8 mg</i>	3	QL(6.25 ea daily); MO
HYSINGLA ER T24A 120 MG, 100 MG	4	PA; QL(1 ea daily)
HYSINGLA ER T24A 30 MG	4	PA; QL(4 ea daily); MO
HYSINGLA ER T24A 40 MG	4	PA; QL(2.67 ea daily); MO
HYSINGLA ER T24A 60 MG, 20 MG	4	PA; QL(2 ea daily); MO
HYSINGLA ER T24A 80 MG	4	PA; QL(1.34 ea daily); MO
KADIAN CP24 10 MG (<i>Morphine Sulfate</i>)	NF	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>)	NF	QL(10 ea daily); MO
KADIAN CP24 30 MG (<i>Morphine Sulfate</i>)	NF	QL(6.67 ea daily); MO
KADIAN CP24 40 MG	4	PA; QL(5 ea daily); MO
KADIAN CP24 50 MG (<i>Morphine Sulfate</i>)	NF	QL(4 ea daily); MO

Drug Name	Drug Tier	Requirements/ Limits
KADIAN CP24 60 MG (<i>Morphine Sulfate</i>)	NF	QL(3.34 ea daily); MO
KADIAN CP24 80 MG (<i>Morphine Sulfate</i>)	NF	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(0.27 ea daily); MO
<i>meperidine hcl tabs or 100 mg</i>	4	AL; Up to 64 yrs old; QL(20 ea daily); MO
<i>meperidine hcl tabs or 50 mg</i>	4	AL; Up to 64 yrs old; QL(40 ea daily); MO
<i>methadone hcl soln or 10 mg/5ml</i>	2	QL(33.34 ml daily); MO; *
<i>methadone hcl soln or 5 mg/5ml</i>	2	QL(66.67 ml daily); MO; *
<i>methadone hcl tabs or 10 mg</i>	3	QL(6.67 ea daily); MO
<i>methadone hcl tabs or 5 mg</i>	3	QL(13.34 ea daily); MO
<i>morphine sulfate beads cp24 120 mg</i>	2	QL(1.67 ea daily); MO; *
<i>morphine sulfate beads cp24 30 mg</i>	2	QL(6.67 ea daily); MO; *
<i>morphine sulfate beads cp24 45 mg</i>	2	QL(4.44 ea daily); MO; *
<i>morphine sulfate beads cp24 60 mg</i>	2	QL(3.34 ea daily); MO; *
<i>morphine sulfate beads cp24 75 mg</i>	2	QL(2.67 ea daily); MO; *
<i>morphine sulfate beads cp24 90 mg</i>	2	QL(2.24 ea daily); MO; *
<i>morphine sulfate cp24 or 10 mg</i>	4	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>	4	QL(10 ea daily); MO
<i>morphine sulfate cp24 or 30 mg</i>	4	QL(6.67 ea daily); MO
<i>morphine sulfate cp24 or 50 mg</i>	4	QL(4 ea daily); MO

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

2017 Value Formulary Updated 12/1/2017

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

Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA TABS 75 MG	4	QL(8.88 ea daily); MO
OPANA ER (CRUSH RESISTANT) T12A 40 MG	5	QL(2 ea daily); MO
OPANA TABS OR 10 MG (Oxymorphone HCl)	NF	QL(6.67 ea daily); MO
OPANA TABS OR 5 MG (Oxymorphone HCl)	NF	QL(13.34 ea daily); MO
<i>oxycodone hcl caps or 5 mg</i>	4	QL(26.67 ea daily); MO
<i>oxycodone hcl conc or 100 mg/5ml</i>	4	QL(6.67 ml daily); MO
OXYCODONE HCL ER T12A 10 MG	3	QL(13.34 ea daily); MO
OXYCODONE HCL ER T12A 15 MG	3	QL(8.9 ea daily); MO
OXYCODONE HCL ER T12A 20 MG	3	QL(6.67 ea daily); MO
OXYCODONE HCL ER T12A 30 MG	3	QL(4.44 ea daily); MO
OXYCODONE HCL ER T12A 40 MG, 60 MG, 80 MG	3	QL(2 ea daily); MO
<i>oxycodone hcl tabs or 10 mg</i>	3	QL(11.2 ea daily); MO
<i>oxycodone hcl tabs or 15 mg</i>	3	QL(8.9 ea daily); MO
<i>oxycodone hcl tabs or 20 mg</i>	3	QL(6.67 ea daily); MO
<i>oxycodone hcl tabs or 30 mg</i>	3	QL(4.44 ea daily); MO
<i>oxycodone hcl tabs or 5 mg</i>	3	QL(26.67 ea daily); MO
OXYCONTIN T12A 10 MG	3	QL(13.34 ea daily); MO
OXYCONTIN T12A 15 MG	3	QL(8.9 ea daily); MO
OXYCONTIN T12A 20 MG	3	QL(6.67 ea daily); MO
OXYCONTIN T12A 30 MG	3	QL(4.44 ea daily); MO
OXYCONTIN T12A 40 MG, 60 MG, 80 MG	3	QL(2 ea daily); MO
<i>oxymorphone hcl tabs 10 mg</i>	4	QL(6.67 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tabs 5 mg</i>	4	QL(13.34 ea daily); MO
<i>oxymorphone hcl tb12 10 mg</i>	4	QL(5.6 ea daily); MO
<i>oxymorphone hcl tb12 15 mg</i>	4	QL(4.44 ea daily); MO
<i>oxymorphone hcl tb12 20 mg</i>	4	QL(3.34 ea daily); MO
<i>oxymorphone hcl tb12 30 mg</i>	4	QL(2.22 ea daily); MO
<i>oxymorphone hcl tb12 40 mg</i>	4	QL(2 ea daily); MO
<i>oxymorphone hcl tb12 5 mg</i>	4	QL(13.34 ea daily); MO
<i>oxymorphone hcl tb12 7.5 mg</i>	4	QL(8.89 ea daily); MO
ROXICODONE TABS 15 MG (<i>Oxycodone HCl</i>)	NF	QL(8.9 ea daily); MO
ROXICODONE TABS 30 MG (<i>Oxycodone HCl</i>)	NF	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 600 MCG, 1600 MCG, 800 MCG, 400 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>	4	SL(3 ea daily); MO
<i>tramadol hcl tb24 or 200 mg</i>	4	SL(1.5 ea daily); MO
<i>tramadol hcl tb24 or 300 mg</i>	4	SL(1 ea daily); MO
ULTRAM ER TB24 100 MG (<i>Tramadol HCl</i>)	NF	SL(3 ea daily); MO
ULTRAM ER TB24 200 MG (<i>Tramadol HCl</i>)	NF	SL(1.5 ea daily); MO
ULTRAM ER TB24 300 MG (<i>Tramadol HCl</i>)	NF	SL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
ULTRAM TABS (<i>Tramadol HCl</i>)	NF	SL(8 ea daily); MO
ZOHYDRO ER C12A 10 MG	4	PA; QL(16.8 ea daily); MO
ZOHYDRO ER C12A 15 MG	4	PA; QL(11.2 ea daily); MO
ZOHYDRO ER C12A 20 MG	4	PA; QL(8.4 ea daily); MO
ZOHYDRO ER C12A 30 MG	4	PA; QL(5.6 ea daily); MO
ZOHYDRO ER C12A 40 MG	4	PA; QL(4.2 ea daily); MO
ZOHYDRO ER C12A 50 MG	4	PA; QL(3.37 ea daily); MO
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	Limit 4500mls per month; SL(150 ml daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	2	SL(13.3 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	2	SL(12 ea daily); MO; *
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	2	SL(6 ea daily); MO; *
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	4	AL; Up to 64 yrs old; SL(12 ea daily); MO
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	4	AL; Up to 64 yrs old; SL(6 ea daily); MO
<i>butalbital-aspirin-caffeine w/cod caps</i>	4	AL; Up to 64 yrs old; SL(6 ea daily); MO
FIORINAL/CODEINE #3 CAPS (<i>Butalbital-Aspirin-Caffeine w/Cod</i>)	NF	AL; Up to 64 yrs old; SL(6 ea daily); MO
<i>hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml</i>	2	Limit 5535mls per month; SL(184.5 ml daily); MO; *
<i>hydrocodone-acetaminophen soln 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml, 2.5mg/5ml-108mg/5ml</i>	3	Limit 5535mls per month; SL(184.5 ml daily); MO

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

2017 Value Formulary Updated 12/1/2017

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

Drug Name	Drug Tier	Requirements/Limits
BUPRENORPHINE PTWK 10 MCG/HR	3	Limit 8 patches per 28 days; SL(0.29 ea daily); MO
BUPRENORPHINE PTWK 15 MCG/HR	3	Limit 5 patches per 28 days; SL(0.19 ea daily); MO
BUPRENORPHINE PTWK 20 MCG/HR	3	Limit 4 patches per 28 days; SL(0.15 ea daily); MO
BUPRENORPHINE PTWK 5 MCG/HR	3	Limit 16 patches per 28 days; SL(0.58 ea daily); MO
BUPRENORPHINE PTWK 7.5 MCG/HR	3	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>	4	Limit 210mls per month; QL(7 ml daily); MO
BUTRANS PTWK 10 MCG/HR	3	Limit 8 patches per 28 days; SL(0.29 ea daily); MO
BUTRANS PTWK 15 MCG/HR	3	Limit 5 patches per 28 days; SL(0.19 ea daily); MO
BUTRANS PTWK 20 MCG/HR	3	Limit 4 patches per 28 days; SL(0.15 ea daily); MO
BUTRANS PTWK 5 MCG/HR	3	Limit 16 patches per 28 days; SL(0.58 ea daily); MO
BUTRANS PTWK 7.5 MCG/HR	3	Limit 10 patches per 28 days; SL(0.39 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine w/ naloxone tabs</i>	4	AL; Up to 64 yrs old; QL(9.07 ea daily); MO
SUBOXONE FILM	4	PA; MO
TALWIN SOLN	4	AL; Up to 64 yrs old
ZUBSOLV SUBL 0.7MG-0.18MG	4	MO
ZUBSOLV SUBL 8.6MG-2.1MG, 1.4MG-0.36MG, 5.7MG-1.4MG, 11.4MG-2.9MG, 2.9MG-0.71MG	4	PA; MO
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	5	MO
<i>oxandrolone tabs or 10 mg</i>	5	MO
<i>oxandrolone tabs or 2.5 mg</i>	2	MO; *
Androgens		
ANDRODERM PT24	3	MO
ANDROGEL GEL 20.25 MG/1.25GM, 40.5 MG/2.5GM	3	MO
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (<i>Testosterone</i>)	3	MO
ANDROGEL PUMP GEL	3	MO
AVEED SOLN	4	LA
AXIRON SOLN (<i>Testosterone</i>)	4	MO
<i>danazol caps or 100 mg, 50 mg, 200 mg</i>	4	MO
<i>fluoymesterone tabs or</i>	2	MO; *
FORTESTA GEL	4	MO
<i>methyltestosterone caps or</i>	2	MO; *

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

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
Anthelmintics		
ALBENZA TABS	4	MO
BILTRICIDE TABS	3	MO
<i>ivermectin tabs or</i>	3	MO
STROMEKTOL TABS (<i>Ivermectin</i>)	4	MO
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AZACTAM SOLR (<i>Aztreonam</i>)	NF	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>)	NF	MO
FLAGYL CAPS 375 MG (<i>Metronidazole</i>)	NF	SL(10.6 ea daily); MO
FLAGYL TABS 250 MG (<i>Metronidazole</i>)	NF	SL(16 ea daily); MO
FLAGYL TABS 500 MG (<i>Metronidazole</i>)	NF	SL(8 ea daily); MO
<i>metronidazole caps or 375 mg</i>	4	SL(10.6 ea daily); MO
<i>metronidazole in nacl soln</i>	2	*
<i>metronidazole tabs or 250 mg</i>	2	SL(16 ea daily); MO; *
<i>metronidazole tabs or 500 mg</i>	2	SL(8 ea daily); MO; *
NEBUPENT SOLR	3	B/D; MO
ORBACTIV SOLR	5	
PENTAM 300 SOLR	4	MO
PRIMSOL SOLN	3	MO
TINDAMAX TABS (<i>Tinidazole</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole tabs or 250 mg, 500 mg</i>	3	MO
<i>trimethoprim tabs or</i>	2	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 500MG/100ML-5%, 1GM/200ML-5%, 5%- 750MG/150ML	4	
<i>vancomycin hcl solr iv 10 gm, 5000 mg, 1000 mg</i>	3	
<i>vancomycin hcl solr iv 500 mg</i>	3	MO
XIFAXAN TABS	5	MO
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Sulfamethoxazole-Trimethoprim</i>)	NF	MO
BACTRIM TABS (<i>Sulfamethoxazole-Trimethoprim</i>)	NF	MO
<i>sulfamethoxazole-trimethoprim soln iv 80mg/5ml-400mg/5ml</i>	2	MO; *
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	4	MO
<i>sulfamethoxazole-trimethoprim tabs or 160mg-800mg, 80mg-400mg</i>	1	MO; *
Antiprotozoal Agents		
ALINIA TABS 500 MG	4	MO
<i>atovaquone susp</i>	5	MO
MEPRON SUSP (<i>Atovaquone</i>)	5	MO
Carbapenems		
DORIBAX SOLR 500 MG	4	

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
DORIPENEM SOLR 500 MG	4	
<i>imipenem-cilastatin solr 250mg-250mg</i>	1	MO; *
<i>imipenem-cilastatin solr 500mg-500mg</i>	3	MO
INVANZ SOLR IJ	4	MO
<i>meropenem solr</i>	4	MO
MERREM SOLR 1 GM (Meropenem)	4	MO
MERREM SOLR 500 MG (Meropenem)	NF	MO
PRIMAXIN IV SOLR (Imipenem-Cilastatin)	NF	MO
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	2	*
Cyclic Lipopeptides		
CUBICIN RF SOLR (Daptomycin)	5	
CUBICIN SOLR (Daptomycin)	5	
<i>daptomycin solr</i>	5	
Glycylcyclines		
TIGECYCLINE SOLR	5	
TYGACIL SOLR	5	
Leprostatics		
<i>dapsone tabs or 100 mg, 25 mg</i>	2	MO; *
Lincosamides		
CLEOCIN CAPS OR 150 MG, 75 MG, 300 MG (Clindamycin HCl)	NF	MO
CLEOCIN IN D5W SOLN (Clindamycin Phosphate in D5W)	4	
CLEOCIN PHOSPHATE SOLN IJ 900 MG/6ML, 600 MG/4ML (Clindamycin Phosphate)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PHOSPHATE SOLN IV 300MG/50ML-5%, 600MG/50ML-5%, 900MG/50ML-5% (Clindamycin Phosphate in D5W)	4	
<i>clindamycin hcl caps or 150 mg, 75 mg, 300 mg</i>	1	MO; *
<i>clindamycin palmitate hydrochloride solr</i>	3	MO
<i>clindamycin phosphate in d5w soln</i>	2	*
<i>clindamycin phosphate soln ij 150 mg/ml, 9000 mg/60ml</i>	3	
<i>clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml</i>	3	MO
<i>clindamycin phosphate soln iv 300 mg/2ml, 150 mg/ml, 600 mg/4ml</i>	2	*
LINCOCIN SOLN (Lincomycin HCl)	4	MO
<i>lincomycin hcl soln ij</i>	2	MO; *
Oxazolidinones		
<i>linezolid soln iv 600 mg/300ml</i>	5	
LINEZOLID SOLN IV 600MG/300ML-0.9%	5	
<i>linezolid susr or 100 mg/5ml</i>	5	MO
<i>linezolid tabs or 600 mg</i>	5	MO
SIVEXTRO SOLR IV	5	
SIVEXTRO TABS OR	5	MO
ZYVOX SOLN IV 200 MG/100ML	5	
ZYVOX SOLN IV 600 MG/300ML (Linezolid)	5	
ZYVOX SUSR OR 100 MG/5ML (Linezolid)	5	MO
ZYVOX TABS OR 600 MG (Linezolid)	5	MO
Polymyxins		

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate solr ij</i>	2	*
Streptogramins		
SYNERCID SOLR	5	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12	4	PA; MO
Nitrates		
DILATRATE SR CPR	4	MO
ISORDIL TITRADOSE TABS 40 MG	5	MO
ISORDIL TITRADOSE TABS 5 MG (<i>Isosorbide Dinitrate</i>)	NF	MO
<i>isosorbide dinitrate tabs 10 mg, 5 mg, 20 mg</i>	3	MO
<i>isosorbide dinitrate tabs 30 mg</i>	2	MO; *
<i>isosorbide dinitrate tbc 40 mg</i>	3	MO
<i>isosorbide mononitrate tabs 20 mg, 10 mg</i>	2	MO; *
<i>isosorbide mononitrate tb24 60 mg, 30 mg, 120 mg</i>	2	MO; *
NITRO-DUR PT24 0.2 MG/HR, 0.6 MG/HR, 0.4 MG/HR, 0.1 MG/HR (<i>Nitroglycerin</i>)	NF	MO
NITRO-DUR PT24 0.8 MG/HR, 0.3 MG/HR	4	MO
NITROGLYCERIN LINGUAL AERS	4	MO
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.4 mg/hr, 0.6 mg/hr, 0.2 mg/hr</i>	3	MO
<i>nitroglycerin soln tl 0.4 mg/spray</i>	4	MO
<i>nitroglycerin subl sl 0.4 mg, 0.6 mg, 0.3 mg</i>	2	MO; *
NITROLINGUAL PUMPSPRAY SOLN (<i>Nitroglycerin</i>)	NF	MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate tabs 50 mg</i>	3	SL(8 ea daily); MO
<i>propafenone hcl cp12 325 mg, 225 mg, 425 mg</i>	4	MO
<i>propafenone hcl tabs 225 mg, 300 mg, 150 mg</i>	3	MO
RYTHMOL SR CP12 (Propafenone HCl)	NF	MO
RYTHMOL TABS (Propafenone HCl)	NF	MO
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 400 mg, 200 mg, 100 mg</i>	2	MO; *
CORDARONE TABS (Amiodarone HCl)	NF	MO
<i>dofetilide caps</i>	4	
MULTAQ TABS	3	MO
TIKOSYN CAPS (Dofetilide)	4	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu in</i>	1	B/D; MO; *
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	5	PA; LA
NUCALA SOLR	5	PA; LA
XOLAIR SOLR	5	PA; LA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	4	Limit 2 inhalers per month; QL(0.86 gm daily); MO
INCRUSE ELLIPTA AEPB	3	QL(1 ea daily); MO
<i>ipratropium bromide soln in</i>	3	B/D; MO
SPIRIVA HANDIHALER CAPS	3	QL(1 ea daily); MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA RESPIMAT AERS	3	Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO
TUDORZA PRESSAIR AEPB	3	Limit 2 inhalers per month (30 actuations);QL(0.07 ea daily); MO
TUDORZA PRESSAIR AEPB	3	Limit 1 inhaler per month (60 actuations);QL(0.04 ea daily); MO
Leukotriene Modulators		
ACCOLATE TABS (Zafirlukast)	NF	MO
montelukast sodium chew 4 mg, 5 mg	3	QL(1 ea daily); MO
montelukast sodium tabs 10 mg	3	QL(1 ea daily); MO
SINGULAIR CHEW 5 MG, 4 MG (Montelukast Sodium)	NF	QL(1 ea daily); MO
SINGULAIR TABS 10 MG (Montelukast Sodium)	NF	QL(1 ea daily); MO
zafirlukast tabs	4	MO
zileuton tb12	2	SL(4 ea daily); MO; *
ZYFLO CR TB12 (Zileuton)	5	SL(4 ea daily); MO
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	4	QL(1 ea daily); MO
Steroid Inhalants		
AEROSPAN AERS	3	Limit 2 inhalers per month (120 actuations);SL(0.6 gm daily); MO
AEROSPAN AERS	3	Limit 4 inhalers per month (institutional pack);SL(0.68 gm daily); MO

Drug Name	Drug Tier	Requirements/ Limits
ALVESCO AERS 160 MCG/ACT	4	Limit 2 inhalers per month;SL(0.41 gm daily); MO
ALVESCO AERS 80 MCG/ACT	4	Limit 4 inhalers per month;SL(0.82 gm daily); MO
ARNUIITY ELLIPTA AEPB	3	SL(1 ea daily); MO
ASMANEX HFA AERO 100 MCG/ACT	3	Limit 2 inhalers per month;SL(0.87 gm daily); MO
ASMANEX HFA AERO 200 MCG/ACT	3	Limit 1 inhaler per month;SL(0.44 gm daily); MO
ASMANEX TWISTHALER 120 METERED DOSES AEPB	3	Limit 1 inhaler per month;SL(0.04 ea daily); MO
ASMANEX TWISTHALER 14 METERED DOSES AEPB	3	Limit 8 inhalers per month;SL(0.29 ea daily); MO
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	3	Limit 1 inhaler per month;SL(0.04 ea daily); MO
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	3	Limit 4 inhalers per month;SL(0.14 ea daily); MO
ASMANEX TWISTHALER 60 METERED DOSES AEPB	3	Limit 2 inhalers per month;SL(0.07 ea daily); MO
ASMANEX TWISTHALER 7 METERED DOSES AEPB	3	Limit 4 inhalers per month;SL(0.15 ea daily); MO
budesonide (inhalation) susp 0.25 mg/2ml	4	B/D; QL(8 ml daily); MO
budesonide (inhalation) susp 0.5 mg/2ml	4	B/D; QL(4 ml daily); MO
budesonide (inhalation) susp 1 mg/2ml	4	B/D; QL(2 ml daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 100 MCG/BLIST	3	SL(20 ea daily); MO
FLOVENT DISKUS AEPB 250 MCG/BLIST	3	SL(8 ea daily); MO
FLOVENT DISKUS AEPB 50 MCG/BLIST	3	SL(40 ea daily); MO
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	3	Limit 2 inhalers per month; QL(0.8 gm daily); MO
FLOVENT HFA AERO 44 MCG/ACT	3	Limit 1 inhaler per month; QL(0.36 gm daily); MO
PULMICORT FLEXHALER AEPB 180 MCG/ACT	4	Limit 2 inhalers per month; QL(0.07 ea daily); MO
PULMICORT FLEXHALER AEPB 90 MCG/ACT	4	Limit 8 inhalers per month; QL(0.27 ea daily); MO
PULMICORT SUSP 0.25 MG/2ML (<i>Budesonide (Inhalation)</i>)	NF	B/D; QL(8 ml daily); MO
PULMICORT SUSP 0.5 MG/2ML (<i>Budesonide (Inhalation)</i>)	NF	B/D; QL(4 ml daily); MO
PULMICORT SUSP 1 MG/2ML (<i>Budesonide (Inhalation)</i>)	NF	B/D; QL(2 ml daily); MO
QVAR AERS	3	Limit 3 inhalers per month; QL(0.87 gm daily); MO
Sympathomimetics		
ADVAIR DISKUS AEPB	3	QL(2 ea daily); MO
ADVAIR HFA AERO	3	QL(4 gm daily); MO
<i>albuterol sulfate nebu in 0.5 %, 0.083 %, 1.25 mg/3ml, 0.63 mg/3ml</i>	2	B/D; MO; *
<i>albuterol sulfate syrp or 2 mg/5ml</i>	2	MO; *
<i>albuterol sulfate tabs or 4 mg, 2 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	MO; *
ANORO ELLIPTA AEPB	3	QL(2 ea daily); MO
ARCAPTA NEOHALER CAPS	4	QL(1 ea daily); MO
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	3	Limit 1 inhaler per month; SL(2 ea daily); MO
BREO ELLIPTA AEPB 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	3	Limit 2 inhalers per month (Institutional Pack); SL(2 ea daily); MO
BROVANA NEBU	4	B/D; MO
COMBIVENT RESPIMAT AERS	4	Limit 1 inhaler per month; SL(0.2 gm daily); MO
DULERA AERO	3	QL(4 gm daily); MO
<i>ipratropium-albuterol soln</i>	3	B/D; MO
<i>levalbuterol hcl nebu in 1.25 mg/0.5ml, 0.63 mg/3ml, 1.25 mg/3ml, 0.31 mg/3ml</i>	4	B/D; MO
LEVALBUTEROL TARTRATE HFA AERO	4	MO
PERFOROMIST NEBU	4	B/D; QL(4 ml daily); MO
PROAIR HFA AERS	3	MO
PROAIR RESPICLICK AEPB	3	MO
PROVENTIL HFA AERS	3	MO
SEREVENT DISKUS AEPB	3	QL(2 ea daily); MO
STIOLTO RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.14 gm daily); MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT AERS	3	Limit 1 inhaler per month (60 actuations);SL(0.14 gm daily); MO
SYMBICORT AERO 4.5MCG/ACT-160MCG/ACT	4	Limit 2 inhalers per month (Institutional Pack);QL(0.4 gm daily); MO
SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT	4	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	4	Limit 1 inhaler per month;QL(0.34 gm daily); MO
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	3	MO
VENTOLIN HFA AERS	4	MO
XOPENEX CONCENTRATE NEBU (<i>Levalbuterol HC</i>)	NF	B/D; MO
XOPENEX HFA AERO	4	MO
XOPENEX NEBU (<i>Levalbuterol HC</i>)	NF	B/D; MO
Xanthines		
<i>aminophylline soln</i>	2	*
<i>theophylline tb12 200 mg, 450 mg, 100 mg, 300 mg</i>	2	MO; *
<i>theophylline tb24 400 mg, 600 mg</i>	3	MO
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Warfarin Sodium</i>)	4	MO
<i>warfarin sodium tabs</i>	1	MO; *
Direct Factor Xa Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABS	4	MO
SAVAYSA TABS	4	MO
XARELTO STARTER PACK TBPK	3	MO
XARELTO TABS	3	MO
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>Fondaparinux Sodium</i>)	5	MO
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Fondaparinux Sodium</i>)	NF	MO
<i>enoxaparin sodium soln</i>	4	MO
<i>fondaparinux sodium soln 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	MO
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	MO
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	MO
FRAGMIN SOLN 15000 UNIT/0.6ML, 95000 UNIT/3.8ML, 12500 UNIT/0.5ML, 7500 UNIT/0.3ML, 18000 UNT/0.72ML	5	MO
<i>heparin sodium (porcine) soln</i>	3	MO
LOVENOX SOLN (<i>Enoxaparin Sodium</i>)	NF	MO
Thrombin Inhibitors		
<i>argatroban soln 250 mg/2.5ml</i>	2	MO; *
IPIVASK SOLR	5	
PRADAXA CAPS	3	MO
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		

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

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP	4	MO
FYCOMPA TABS	4	MO
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs or 0.5 mg</i>	1	SL(40 ea daily); MO; *
<i>clonazepam tabs or 1 mg</i>	1	SL(20 ea daily); MO; *
<i>clonazepam tabs or 2 mg</i>	1	SL(10 ea daily); MO; *
<i>clonazepam tbdp or 1 mg, 0.125 mg, 0.25 mg, 2 mg, 0.5 mg</i>	3	MO
DIASTAT ACUDIAL GEL	4	MO
DIASTAT PEDIATRIC GEL	4	MO
DIAZEPAM GEL RE 2.5 MG, 10 MG, 20 MG	4	MO
DIAZEPAM RECTAL GEL GEL	4	MO
KLONOPIN TABS 0.5 MG (<i>Clonazepam</i>)	4	SL(40 ea daily); MO
KLONOPIN TABS 1 MG (<i>Clonazepam</i>)	4	SL(20 ea daily); MO
KLONOPIN TABS 2 MG (<i>Clonazepam</i>)	4	SL(10 ea daily); MO
ONFI SUSP 2.5 MG/ML	4	MO
ONFI TABS 10 MG	4	MO
ONFI TABS 20 MG	5	MO
Anticonvulsants - Misc.		
APTIOM TABS 200 MG	4	MO
APTIOM TABS 600 MG, 400 MG, 800 MG	5	MO
BANZEL SUSP 40 MG/ML	4	MO
BANZEL TABS 200 MG	4	MO
BANZEL TABS 400 MG	5	MO
BRIVIACT SOLN IV 50 MG/5ML	5	SL(20 ml daily)

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOLN OR 10 MG/ML	5	PA; SL(20 ml daily); MO
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>	3	MO
<i>carbamazepine cp12 or 300 mg, 100 mg, 200 mg</i>	3	MO
<i>carbamazepine susp or 100 mg/5ml</i>	2	MO; *
<i>carbamazepine tabs or 200 mg</i>	2	MO; *
<i>carbamazepine tb12 or 100 mg, 200 mg, 400 mg</i>	2	MO; *
CARBATROL CP12 (<i>Carbamazepine</i>)	NF	MO
<i>gabapentin caps or 400 mg, 100 mg, 300 mg</i>	2	MO; *
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	3	MO
<i>gabapentin tabs or 800 mg, 600 mg</i>	3	MO
KEPPRA SOLN (<i>Levetiracetam</i>)	4	MO
KEPPRA TABS (<i>Levetiracetam</i>)	4	MO
KEPPRA XR TB24 (<i>Levetiracetam</i>)	4	MO
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Lamotrigine</i>)	4	MO
LAMICTAL ODT TBDP 200 MG, 50 MG, 25 MG, 100 MG (<i>Lamotrigine</i>)	4	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>Lamotrigine</i>)	4	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>Lamotrigine</i>)	4	MO
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>Lamotrigine</i>)	4	MO
LAMICTAL TABS (<i>Lamotrigine</i>)	4	MO
LAMICTAL XR KIT	4	MO
LAMICTAL XR TB24 250 MG, 100 MG (<i>Lamotrigine</i>)	4	MO
LAMICTAL XR TB24 300 MG, 50 MG, 25 MG, 200 MG (<i>Lamotrigine</i>)	NF	MO
<i>lamotrigine chew 5 mg, 25 mg</i>	2	MO; *
<i>lamotrigine kit 25 mg,</i>	2	MO; *
<i>lamotrigine tabs 100 mg, 200 mg, 150 mg, 25 mg</i>	2	MO; *
<i>lamotrigine tb24 250 mg, 100 mg</i>	2	MO; *
<i>lamotrigine tb24 50 mg, 300 mg, 25 mg, 200 mg</i>	4	MO
<i>lamotrigine tbdp 25 mg, 100 mg, 50 mg, 200 mg</i>	2	MO; *
<i>levetiracetam in sodium chloride soln</i>	3	
<i>levetiracetam soln iv 500 mg/5ml</i>	3	MO
LEVETIRACETAM SOLN IV 500MG/100ML-820MG/100ML, 1000MG/100ML-750MG/100ML, 1500MG/100ML-540MG/100ML (<i>Levetiracetam in Sodium Chloride</i>)	4	
<i>levetiracetam soln or 500 mg/5ml, 100 mg/ml</i>	3	MO
<i>levetiracetam tabs or 1000 mg, 250 mg, 500 mg, 750 mg</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tb24 or 750 mg, 500 mg</i>	3	MO
LYRICA CAPS 100 MG	3	SL(6 ea daily); MO
LYRICA CAPS 150 MG	3	SL(4 ea daily); MO
LYRICA CAPS 200 MG	3	SL(3 ea daily); MO
LYRICA CAPS 225 MG	3	SL(2.66 ea daily); MO
LYRICA CAPS 25 MG	3	SL(24 ea daily); MO
LYRICA CAPS 300 MG	3	SL(2 ea daily); MO
LYRICA CAPS 50 MG	3	SL(12 ea daily); MO
LYRICA CAPS 75 MG	3	SL(8 ea daily); MO
LYRICA SOLN 20 MG/ML	3	SL(30 ml daily); MO
MYSOLINE TABS (<i>Primidone</i>)	4	MO
NEURONTIN CAPS (<i>Gabapentin</i>)	4	MO
NEURONTIN SOLN (<i>Gabapentin</i>)	4	MO
NEURONTIN TABS (<i>Gabapentin</i>)	4	MO
<i>oxcarbazepine susp</i>	3	MO
<i>oxcarbazepine tabs</i>	3	MO
POTIGA TABS 200 MG	5	SL(6 ea daily); MO
POTIGA TABS 300 MG	4	SL(4 ea daily); MO
POTIGA TABS 400 MG	4	SL(3 ea daily); MO
POTIGA TABS 50 MG	4	SL(24 ea daily); MO
<i>primidone tabs or 50 mg, 250 mg</i>	2	MO; *
SPRITAM TB3D 1000 MG	4	PA; SL(3 ea daily); MO
SPRITAM TB3D 250 MG	4	PA; SL(12 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 500 MG	4	PA; SL(6 ea daily); MO
SPRITAM TB3D 750 MG	4	PA; SL(4 ea daily); MO
TEGRETOL SUSP (Carbamazepine)	4	MO
TEGRETOL TABS (Carbamazepine)	4	MO
TEGRETOL-XR TB12 (Carbamazepine)	4	MO
TOPAMAX SPRINKLE CPSP (Topiramate)	4	MO
TOPAMAX TABS (Topiramate)	4	MO
<i>topiramate csp or 15 mg, 25 mg</i>	3	MO
<i>topiramate tabs or 25 mg, 200 mg, 100 mg, 50 mg</i>	2	MO; *
TRILEPTAL SUSP 300 MG/5ML (Oxcarbazepine)	NF	MO
TRILEPTAL TABS 300 MG, 600 MG, 150 MG (Oxcarbazepine)	4	MO
VIMPAT SOLN IV 200 MG/20ML	4	
VIMPAT SOLN OR 10 MG/ML	4	MO
VIMPAT TABS OR 100 MG, 200 MG, 50 MG, 150 MG	4	MO
ZONEGRAN CAPS (Zonisamide)	4	MO
<i>zonisamide caps</i>	3	MO
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	2	MO; *
<i>felbamate tabs 400 mg</i>	2	MO; *
<i>felbamate tabs 600 mg</i>	4	MO
FELBATOL SUSP 600 MG/5ML (Felbamate)	4	MO
FELBATOL TABS 400 MG (Felbamate)	4	MO

Drug Name	Drug Tier	Requirements/Limits
FELBATOL TABS 600 MG (Felbamate)	5	MO
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG	4	MO
GABITRIL TABS 4 MG, 2 MG (Tiagabine HCl)	NF	MO
SABRIL PACK (Vigabatrin)	5	LA
SABRIL TABS	5	LA
<i>tiagabine hcl tabs</i>	4	MO
<i>vigabatrin pack</i>	5	LA
Hydantoins		
CEREBYX SOLN 100 MG PE/2ML (Fosphenytoin Sodium)	4	
CEREBYX SOLN 500 MG PE/10ML (Fosphenytoin Sodium)	4	MO
DILANTIN-125 SUSP (Phenytoin)	4	MO
<i>fosphenytoin sodium soln 100 mg pe/2ml</i>	2	*
<i>fosphenytoin sodium soln 500 mg pe/10ml</i>	2	MO; *
PEGANONE TABS	4	MO
<i>phenytoin chew or 50 mg</i>	2	MO; *
<i>phenytoin sodium extended caps 30 mg, 200 mg, 300 mg, 100 mg</i>	2	MO; *
<i>phenytoin sodium soln ij</i>	2	*
<i>phenytoin susp or 125 mg/5ml</i>	3	MO
Succinimides		
CELONTIN CAPS	4	MO
<i>ethosuximide caps or 250 mg</i>	1	MO; *
<i>ethosuximide soln or 250 mg/5ml</i>	2	MO; *

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
ZARONTIN CAPS (Ethosuximide)	4	MO
Valproic Acid		
DEPACON SOLN (Valproate Sodium)	4	
DEPAKENE CAPS (Valproic Acid)	4	MO
DEPAKENE SOLN (Valproate Sodium)	4	MO
DEPAKOTE ER TB24 (Divalproex Sodium)	4	MO
DEPAKOTE SPRINKLES CSDR (Divalproex Sodium)	4	MO
DEPAKOTE TBEC (Divalproex Sodium)	4	MO
divalproex sodium csdr 125 mg	2	MO; *
divalproex sodium tb24 250 mg, 500 mg	3	MO
divalproex sodium tbec 250 mg, 500 mg, 125 mg	3	MO
valproate sodium soln iv 500 mg/5ml, 100 mg/ml	2	*
valproate sodium soln or 250 mg/5ml	2	MO; *
valproic acid caps or	3	MO
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs 45 mg, 15 mg, 30 mg, 7.5 mg	2	MO; *
mirtazapine tbdp 30 mg, 15 mg, 45 mg	3	MO
REMERON SOLTAB TBDP (Mirtazapine)	NF	MO
REMERON TABS (Mirtazapine)	NF	MO
Antidepressants - Misc.		
APLENZIN TB24 174 MG	4	ST; SL(3 ea daily); MO
APLENZIN TB24 348 MG	4	ST; SL(1.5 ea daily); MO
APLENZIN TB24 522 MG	4	ST; SL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tabs or 100 mg	3	SL(4.5 ea daily); MO
bupropion hcl tabs or 75 mg	3	SL(6 ea daily); MO
bupropion hcl tb12 or 100 mg	2	SL(4 ea daily); MO; *
bupropion hcl tb12 or 150 mg	2	SL(2.66 ea daily); MO; *
bupropion hcl tb12 or 200 mg	2	SL(2 ea daily); MO; *
bupropion hcl tb24 or 150 mg	3	SL(3 ea daily); MO
bupropion hcl tb24 or 300 mg	3	SL(1.5 ea daily); MO
FORFIVO XL TB24	4	ST; MO
maprotiline hcl tabs 25 mg, 50 mg	1	MO; *
maprotiline hcl tabs 75 mg	2	MO; *
WELLBUTRIN SR TB12 100 MG (Bupropion HCl)	NF	SL(4 ea daily); MO
WELLBUTRIN SR TB12 150 MG (Bupropion HCl)	NF	SL(2.66 ea daily); MO
WELLBUTRIN SR TB12 200 MG (Bupropion HCl)	NF	SL(2 ea daily); MO
WELLBUTRIN TABS 100 MG (Bupropion HCl)	NF	SL(4.5 ea daily); MO
WELLBUTRIN TABS 75 MG (Bupropion HCl)	NF	SL(6 ea daily); MO
WELLBUTRIN XL TB24 150 MG (Bupropion HCl)	NF	SL(3 ea daily); MO
WELLBUTRIN XL TB24 300 MG (Bupropion HCl)	NF	SL(1.5 ea daily); MO
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	5	MO
MARPLAN TABS	4	MO
NARDIL TABS (Phenelzine Sulfate)	NF	MO
PARNATE TABS (Tranylcypromine Sulfate)	NF	MO
phenelzine sulfate tabs or	2	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate tabs</i>	4	MO
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Citalopram Hydrobromide</i>)	NF	SL(4 ea daily); MO
CELEXA TABS 20 MG (<i>Citalopram Hydrobromide</i>)	NF	SL(2 ea daily); MO
CELEXA TABS 40 MG (<i>Citalopram Hydrobromide</i>)	NF	SL(1 ea daily); MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	4	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 5 mg/5ml</i>	4	MO
<i>escitalopram oxalate tabs 10 mg, 5 mg, 20 mg</i>	1	MO; *
<i>fluoxetine hcl caps or 40 mg, 20 mg, 10 mg</i>	1	MO; *
<i>fluoxetine hcl cpdr or 90 mg</i>	2	MO; *
<i>fluoxetine hcl soln or 20 mg/5ml</i>	2	MO; *
<i>fluoxetine hcl tabs or 20 mg, 10 mg</i>	3	MO
FLUOXETINE HCL TABS OR 60 MG	4	MO
<i>flvoxamine maleate cp24 150 mg, 100 mg</i>	4	MO
<i>flvoxamine maleate tabs 100 mg, 50 mg, 25 mg</i>	2	MO; *
LEXAPRO SOLN (<i>Escitalopram Oxalate</i>)	NF	MO
LEXAPRO TABS (<i>Escitalopram Oxalate</i>)	NF	MO
<i>paroxetine hcl tabs 30 mg, 10 mg, 40 mg, 20 mg</i>	1	MO; *
<i>paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg</i>	4	MO
PAXIL CR TB24 (<i>Paroxetine HCl</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
PAXIL SUSP 10 MG/5ML	4	MO
PAXIL TABS 40 MG, 20 MG, 30 MG, 10 MG (<i>Paroxetine HCl</i>)	NF	MO
PEXEVA TABS	4	ST; MO
PROZAC CAPS (<i>Fluoxetine HCl</i>)	NF	MO
PROZAC WEEKLY CPDR (<i>Fluoxetine HCl</i>)	NF	MO
<i>sertraline hcl conc or 20 mg/ml</i>	3	MO
<i>sertraline hcl tabs or 50 mg, 100 mg, 25 mg</i>	1	MO; *
ZOLOFT CONC (<i>Sertraline HCl</i>)	NF	MO
ZOLOFT TABS (<i>Sertraline HCl</i>)	NF	MO
Serotonin Modulators		
BRINTELLIX TABS 10 MG	4	ST; QL(2 ea daily); MO
BRINTELLIX TABS 20 MG	4	ST; QL(1 ea daily); MO
BRINTELLIX TABS 5 MG	4	ST; QL(4 ea daily); MO
<i>nefazodone hcl tabs 200 mg, 100 mg, 150 mg</i>	2	MO; *
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	3	MO
<i>trazodone hcl tabs or 150 mg, 50 mg, 300 mg, 100 mg</i>	1	MO; *
TRINTELLIX TABS 10 MG	4	ST; QL(2 ea daily); MO
TRINTELLIX TABS 20 MG	4	ST; QL(1 ea daily); MO
TRINTELLIX TABS 5 MG	4	ST; QL(4 ea daily); MO
VIIBRYD STARTER PACK KIT	4	ST; MO
VIIBRYD TABS	4	ST; MO
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Duloxetine HCl</i>)	NF	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
DESVENLAFAXINE ER TB24 100 MG, 50 MG	4	ST; MO
<i>desvenlafaxine succinate tb24</i>	2	MO; *
<i>duloxetine hcl cpep 30 mg, 20 mg, 60 mg</i>	4	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
EFFEXOR XR CP24 75 MG (<i>Venlafaxine HCl</i>)	NF	SL(3 ea daily); MO
FETZIMA CP24 20 MG	4	ST; QL(2 ea daily); MO
FETZIMA CP24 80 MG, 40 MG, 120 MG	4	ST; QL(1 ea daily); MO
FETZIMA TITRATION PACK C4PK	4	ST; MO
KHEDEZLA TB24	4	ST; MO
PRISTIQ TB24 (<i>Desvenlafaxine Succinate</i>)	4	MO
<i>venlafaxine hcl cp24 150 mg</i>	2	SL(1.5 ea daily); MO; *
<i>venlafaxine hcl cp24 37.5 mg</i>	2	SL(6 ea daily); MO; *
<i>venlafaxine hcl cp24 75 mg</i>	2	SL(3 ea daily); MO; *
VENLAFAXINE HCL ER TB24	4	ST; SL(1 ea daily); MO
<i>venlafaxine hcl tabs 100 mg</i>	2	SL(3.75 ea daily); MO; *
<i>venlafaxine hcl tabs 25 mg</i>	2	SL(15 ea daily); MO; *
<i>venlafaxine hcl tabs 37.5 mg</i>	2	SL(10 ea daily); MO; *
<i>venlafaxine hcl tabs 50 mg</i>	2	SL(7.5 ea daily); MO; *
<i>venlafaxine hcl tabs 75 mg</i>	2	SL(5 ea daily); MO; *
<i>venlafaxine hcl tb24 150 mg</i>	2	SL(1.5 ea daily); MO; *
<i>venlafaxine hcl tb24 225 mg</i>	2	ST; SL(1 ea daily); MO; *
<i>venlafaxine hcl tb24 37.5 mg</i>	2	SL(6 ea daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tb24 75 mg</i>	2	SL(3 ea daily); MO; *
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	2	AL; Up to 64 yrs old; MO; *
<i>amoxapine tabs 100 mg, 50 mg, 25 mg</i>	1	MO; *
<i>amoxapine tabs 150 mg</i>	2	MO; *
ANAFRANIL CAPS (<i>Clomipramine HCl</i>)	NF	AL; Up to 64 yrs old; MO
<i>clomipramine hcl caps or 50 mg, 25 mg, 75 mg</i>	4	AL; Up to 64 yrs old; MO
<i>desipramine hcl tabs or 75 mg, 10 mg, 150 mg, 50 mg, 100 mg, 25 mg</i>	3	MO
<i>doxepin hcl caps or 25 mg, 10 mg, 100 mg, 50 mg, 150 mg</i>	3	AL; Up to 64 yrs old; MO
<i>doxepin hcl caps or 75 mg</i>	2	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>)	4	AL; Up to 64 yrs old; MO
<i>imipramine hcl tabs or 50 mg, 10 mg, 25 mg</i>	2	AL; Up to 64 yrs old; MO; *
<i>imipramine pamoate caps</i>	4	AL; Up to 64 yrs old; MO
NORPRAMIN TABS (<i>Desipramine HCl</i>)	NF	MO
<i>nortriptyline hcl caps or 50 mg, 10 mg, 75 mg, 25 mg</i>	2	MO; *
<i>nortriptyline hcl soln or 10 mg/5ml</i>	2	MO; *
PAMELOR CAPS (<i>Nortriptyline HCl</i>)	NF	MO
<i>protriptyline hcl tabs</i>	1	MO; *
SURMONTIL CAPS (<i>Trimipramine Maleate</i>)	4	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</i>	2	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 viii.

Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate caps or 25 mg, 50 mg</i>	4	AL; Up to 64 yrs old; MO
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	6	QL(3 ea daily); MO; *
GLYSET TABS (<i>Miglitol</i>)	3	QL(3 ea daily); MO
<i>miglitol tabs</i>	3	QL(3 ea daily); MO
PRECOSE TABS (<i>Acarbose</i>)	NF	QL(3 ea daily); MO
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	4	Limit 12mls per month;QL(0.4 ml daily); MO
SYMLINPEN 60 SOPN	4	Limit 12mls per month;QL(0.4 ml daily); MO
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Pioglitazone HCl- Metformin HCl</i>)	NF	SL(3 ea daily); MO
ACTOPLUS MET XR TB24 15MG-1000MG	3	QL(2 ea daily); MO
ACTOPLUS MET XR TB24 30MG-1000MG	3	SL(1.5 ea daily); MO
ALOGLIPTIN/METFORMIN HCL TABS	4	PA; SL(2 ea daily); MO
ALOGLIPTIN/PIOGLITAZO NE TABS 12.5MG-15MG	4	PA; SL(2 ea daily); MO
ALOGLIPTIN/PIOGLITAZO NE TABS 12.5MG-30MG	4	PA; SL(1.5 ea daily); MO
ALOGLIPTIN/PIOGLITAZO NE TABS 25MG-15MG, 12.5MG-45MG, 25MG- 45MG, 25MG-30MG	4	PA; SL(1 ea daily); MO
DUETACT TABS (<i>Pioglitazone HCl- Glimepiride</i>)	NF	SL(1.5 ea daily); MO
<i>glipizide-metformin hcl tabs 2.5mg-250mg</i>	6	SL(8 ea daily); MO; *
<i>glipizide-metformin hcl tabs 5mg-500mg, 2.5mg-500mg</i>	6	SL(4 ea daily); MO; *

Drug Name	Drug Tier	Requirements/ Limits
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>	2	AL; Up to 64 yrs old; SL(8 ea daily); MO; *
<i>glyburide-metformin tabs 2.5mg-500mg, 5mg-500mg</i>	2	AL; Up to 64 yrs old; SL(4 ea daily); MO; *
INVOKAMET TABS 150MG-500MG, 50MG- 1000MG, 150MG-1000MG	3	SL(2 ea daily); MO
INVOKAMET TABS 50MG- 500MG	3	SL(4 ea daily); MO
INVOKAMET XR TB24 150MG-1000MG, 150MG- 500MG, 50MG-1000MG	3	SL(2 ea daily); MO
INVOKAMET XR TB24 50MG-500MG	3	SL(4 ea daily); MO
JANUMET TABS	3	SL(2 ea daily); MO
JANUMET XR TB24 100MG-1000MG	3	SL(1 ea daily); MO
JANUMET XR TB24 50MG-1000MG, 50MG- 500MG	3	SL(2 ea daily); MO
JENTADUETO TABS	3	SL(2 ea daily); MO
JENTADUETO XR TB24 2.5MG-1000MG	3	SL(2 ea daily); MO
JENTADUETO XR TB24 5MG-1000MG	3	SL(1 ea daily); MO
KAZANO TABS	4	PA; SL(2 ea daily); MO
KOMBIGLYZE XR TB24 2.5MG-1000MG	4	PA; SL(2 ea daily); MO
KOMBIGLYZE XR TB24 5MG-500MG, 5MG- 1000MG	4	PA; SL(1 ea daily); MO
OSENI TABS 12.5MG- 15MG	4	PA; SL(2 ea daily); MO
OSENI TABS 12.5MG- 30MG	4	PA; SL(1.5 ea daily); MO
OSENI TABS 25MG- 45MG, 12.5MG-45MG, 25MG-15MG, 25MG-30MG	4	PA; SL(1 ea daily); MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl-glimepiride tabs</i>	6	SL(1.5 ea daily); MO; *
<i>pioglitazone hcl-metformin hcl tabs</i>	6	SL(3 ea daily); MO; *
<i>repaglinide-metformin hcl tabs</i>	2	SL(5 ea daily); MO; *
SYNJARDY TABS 12.5MG-1000MG, 5MG-1000MG	3	SL(2 ea daily); MO
SYNJARDY TABS 5MG-500MG, 12.5MG-500MG	3	SL(4 ea daily); MO
SYNJARDY XR TB24 12.5MG-1000MG	3	SL(2 ea daily); MO
SYNJARDY XR TB24 25MG-1000MG	3	SL(1 ea daily)
SYNJARDY XR TB24 5MG-1000MG, 10MG-1000MG	3	SL(2 ea daily)
XIGDUO XR TB24 10MG-1000MG, 10MG-500MG	4	SL(1 ea daily); MO
XIGDUO XR TB24 5MG-500MG, 5MG-1000MG	4	SL(2 ea daily); MO
Biguanides		
FORTAMET TB24 1000 MG (<i>Metformin HCl</i>)	NF	(FORTAMET); SL(2.5 ea daily); MO
FORTAMET TB24 500 MG (<i>Metformin HCl</i>)	NF	(FORTAMET); SL(5 ea daily); MO
GLUCOPHAGE TABS 1000 MG (<i>Metformin HCl</i>)	NF	SL(2.55 ea daily); MO
GLUCOPHAGE TABS 500 MG (<i>Metformin HCl</i>)	NF	SL(5.1 ea daily); MO
GLUCOPHAGE TABS 850 MG (<i>Metformin HCl</i>)	NF	SL(3 ea daily); MO
GLUCOPHAGE XR TB24 500 MG (<i>Metformin HCl</i>)	NF	(GLUCOPHAG E XR);SL(4 ea daily); MO
GLUCOPHAGE XR TB24 750 MG (<i>Metformin HCl</i>)	NF	(GLUCOPHAG E XR);SL(2.66 ea daily); MO
<i>metformin hcl tabs or 1000 mg</i>	6	SL(2.55 ea daily); MO; *
<i>metformin hcl tabs or 500 mg</i>	6	SL(5.1 ea daily); MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl tabs or 850 mg</i>	6	SL(3 ea daily); MO; *
<i>metformin hcl tb24 or 1000 mg</i>	6	(FORTAMET); SL(2.5 ea daily); MO; *
<i>metformin hcl tb24 or 500 mg</i>	6	(GLUCOPHAG E XR);SL(4 ea daily); MO; *
<i>metformin hcl tb24 or 500 mg</i>	6	(FORTAMET); SL(5 ea daily); MO; *
<i>metformin hcl tb24 or 750 mg</i>	6	(GLUCOPHAG E XR);SL(2.66 ea daily); MO; *
RIOMET SOLN	3	Limit 765mls per month;SL(25.5 ml daily); MO
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	3	MO
<i>glucagon (rdna) kit</i>	1	MO; *
KORLYM TABS	4	SL(4 ea daily); LA
PROGLYCEM SUSP	4	MO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS 12.5 MG	4	PA; QL(2 ea daily); MO
ALOGLIPTIN TABS 25 MG	4	PA; QL(1 ea daily); MO
ALOGLIPTIN TABS 6.25 MG	4	PA; QL(4 ea daily); MO
JANUVIA TABS 100 MG	3	QL(1 ea daily); MO
JANUVIA TABS 25 MG	3	QL(4 ea daily); MO
JANUVIA TABS 50 MG	3	QL(2 ea daily); MO
NESINA TABS 12.5 MG	4	PA; QL(2 ea daily); MO
NESINA TABS 25 MG	4	PA; QL(1 ea daily); MO
NESINA TABS 6.25 MG	4	PA; QL(4 ea daily); MO

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

Drug Name	Drug Tier	Requirements/ Limits
ONGLYZA TABS 2.5 MG	4	PA; QL(2 ea daily); MO
ONGLYZA TABS 5 MG	4	PA; QL(1 ea daily); MO
TRADJENTA TABS	3	QL(1 ea daily); MO
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	4	QL(6 ea daily); MO
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON PEN PEN	3	ST; MO
BYDUREON SRER	3	ST; MO
BYETTA SOPN	3	ST; MO
TANZEUM PEN	4	ST; MO
TRULICITY SOPN	4	ST; MO
VICTOZA SOPN	3	ST; MO
Insulin Sensitizing Agents		
ACTOS TABS 15 MG (<i>Pioglitazone HCl</i>)	NF	SL(3 ea daily); MO
ACTOS TABS 30 MG (<i>Pioglitazone HCl</i>)	NF	SL(1.5 ea daily); MO
ACTOS TABS 45 MG (<i>Pioglitazone HCl</i>)	NF	SL(1 ea daily); MO
AVANDIA TABS 2 MG	4	SL(4 ea daily); MO
AVANDIA TABS 4 MG	4	SL(2 ea daily); MO
<i>pioglitazone hcl tabs 15 mg</i>	6	SL(3 ea daily); MO; *
<i>pioglitazone hcl tabs 30 mg</i>	6	SL(1.5 ea daily); MO; *
<i>pioglitazone hcl tabs 45 mg</i>	6	SL(1 ea daily); MO; *
Insulin		
AFREZZA POWD 12 UNIT	5	QL(18 ea daily)
AFREZZA POWD 4 UNIT	4	QL(18 ea daily); MO
AFREZZA POWD 8 UNIT	4	QL(18 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
APIDRA SOLN	4	Limit 45mls per month; QL(1.5 ml daily); MO
APIDRA SOLOSTAR SOPN	4	Limit 45mls per month; QL(1.5 ml daily); MO
FIASP FLEXTOUCH SOPN	4	Limit 45mls per month; QL(1.5 ml daily); MO
FIASP SOLN	4	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG JUNIOR KWIKPEN SOPN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG KWIKPEN SOPN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG MIX 50/50 KWIKPEN SUPN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG MIX 50/50 SUSP	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG MIX 75/25 KWIKPEN SUPN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG MIX 75/25 SUSP	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG SOCT	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMALOG SOLN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMULIN 70/30 KWIKPEN SUPN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMULIN 70/30 SUSP	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMULIN N KWIKPEN SUPN	3	Limit 45mls per month; QL(1.5 ml daily); MO
HUMULIN N SUSP	3	Limit 45mls per month; QL(1.5 ml daily); MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMULIN R U-500 (CONCENTRATED) SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO
HUMULIN R U-500 KWIKPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
LANTUS SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO
LANTUS SOLOSTAR SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
LEVEMIR FLEXTOUCH SOPN	3	Limit 45mls per month;QL(1.5 ml daily); MO
LEVEMIR SOLN	3	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLIN 70/30 RELION SUSP	4	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLIN 70/30 SUSP	4	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLIN N RELION SUSP	4	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLIN N SUSP	4	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLIN R RELION SOLN	4	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLIN R SOLN	4	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLOG FLEXPEN SOPN	4	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	4	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLOG MIX 70/30 SUSP	4	Limit 45mls per month;QL(1.5 ml daily); MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SOCT	4	Limit 45mls per month;QL(1.5 ml daily); MO
NOVOLOG SOLN	4	Limit 45mls per month;QL(1.5 ml daily); MO
TOUJEO SOLOSTAR SOPN	3	Limit 15mls per month;QL(0.5 ml daily); MO
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	3	Limit 45mls per month;QL(1.5 ml daily); MO
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	3	Limit 27mls per month;QL(0.9 ml daily); MO
Meglitinide Analogues		
<i>nateglinide tabs</i>	6	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>	6	SL(32 ea daily); MO; *
<i>repaglinide tabs 1 mg</i>	6	SL(16 ea daily); MO; *
<i>repaglinide tabs 2 mg</i>	6	SL(8 ea daily); MO; *
STARLIX TABS (<i>Nateglinide</i>)	NF	QL(3 ea daily); MO
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	4	MO
INVOKANA TABS	3	MO
JARDIANCE TABS	3	MO
Sulfonylureas		
AMARYL TABS 1 MG (<i>Glimpiride</i>)	NF	SL(8 ea daily); MO
AMARYL TABS 2 MG (<i>Glimpiride</i>)	NF	SL(4 ea daily); MO
AMARYL TABS 4 MG (<i>Glimpiride</i>)	NF	SL(2 ea daily); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpropamide tabs 100 mg</i>	2	AL; Up to 64 yrs old; SL(7.5 ea daily); MO; *
<i>chlorpropamide tabs 250 mg</i>	2	AL; Up to 64 yrs old; SL(3 ea daily); MO; *
DIABETA TABS 1.25 MG (<i>Glyburide</i>)	4	AL; Up to 64 yrs old; SL(16 ea daily); MO
DIABETA TABS 2.5 MG (<i>Glyburide</i>)	4	AL; Up to 64 yrs old; SL(8 ea daily); MO
DIABETA TABS 5 MG (<i>Glyburide</i>)	4	AL; Up to 64 yrs old; SL(4 ea daily); MO
<i>glimepiride tabs 1 mg</i>	6	SL(8 ea daily); MO; *
<i>glimepiride tabs 2 mg</i>	6	SL(4 ea daily); MO; *
<i>glimepiride tabs 4 mg</i>	6	SL(2 ea daily); MO; *
<i>glipizide tabs or 10 mg</i>	6	SL(4 ea daily); MO; *
<i>glipizide tabs or 5 mg</i>	6	SL(8 ea daily); MO; *
<i>glipizide tb24 or 10 mg</i>	6	SL(2 ea daily); MO; *
<i>glipizide tb24 or 2.5 mg</i>	6	SL(8 ea daily); MO; *
<i>glipizide tb24 or 5 mg</i>	6	SL(4 ea daily); MO; *
GLUCOTROL TABS 10 MG (<i>Glipizide</i>)	NF	SL(4 ea daily); MO
GLUCOTROL TABS 5 MG (<i>Glipizide</i>)	NF	SL(8 ea daily); MO
GLUCOTROL XL TB24 10 MG (<i>Glipizide</i>)	NF	SL(2 ea daily); MO
GLUCOTROL XL TB24 2.5 MG (<i>Glipizide</i>)	NF	SL(8 ea daily); MO
GLUCOTROL XL TB24 5 MG (<i>Glipizide</i>)	NF	SL(4 ea daily); MO
<i>glyburide micronized tabs 1.5 mg</i>	2	AL; Up to 64 yrs old; SL(8 ea daily); MO; *
<i>glyburide micronized tabs 3 mg</i>	2	AL; Up to 64 yrs old; SL(4 ea daily); MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>glyburide micronized tabs 6 mg</i>	2	AL; Up to 64 yrs old; SL(2 ea daily); MO; *
<i>glyburide tabs or 1.25 mg</i>	2	AL; Up to 64 yrs old; SL(16 ea daily); MO; *
<i>glyburide tabs or 2.5 mg</i>	2	AL; Up to 64 yrs old; SL(8 ea daily); MO; *
<i>glyburide tabs or 5 mg</i>	2	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
TOLAZAMIDE TABS 250 MG	6	SL(4 ea daily); MO; *
<i>tolazamide tabs 500 mg</i>	6	SL(2 ea daily); MO; *
<i>tolbutamide tabs</i>	6	SL(6 ea daily); MO; *
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
FULYZAQ TBEC	4	PA; QL(2 ea daily); MO
MYTESI TBEC	4	PA; QL(2 ea daily); MO
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	3	MO
LOMOTIL TABS (<i>Diphenoxylate w/ Atropine</i>)	NF	MO
<i>loperamide hcl caps or 2 mg</i>	2	RX/OTC; MO; *
MOTOFEN TABS	4	
<i>opium tincture tinc</i>	5	MO
ANTIDOTES AND SPECIFIC ANTAGONISTS		

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
Antidotes - Chelating Agents		
CHEMET CAPS	4	MO
EXJADE TBSO	5	LA
FERRIPROX TABS 500 MG	5	PA; LA
JADENU TABS	5	
Opioid Antagonists		
EVZIO SOAJ	4	PA; MO
<i>naloxone hcl sosy ij 2 mg/2ml</i>	2	MO; *
<i>naltrexone hcl tabs or</i>	1	MO; *
NARCAN LIQD	4	Limit 4 per month; QL(0.13 4 ea daily); MO
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl tabs or 1 mg</i>	4	B/D; MO
<i>ondansetron hcl soln ij 40 mg/20ml, 4 mg/2ml</i>	4	MO
<i>ondansetron hcl soln or 4 mg/5ml</i>	4	B/D; MO
<i>ondansetron hcl tabs or 8 mg, 24 mg, 4 mg</i>	3	B/D; MO
<i>ondansetron tbdp</i>	2	B/D; MO; *
SANCUSO PTCH	5	MO
ZOFRAN ODT TBDP (<i>Ondansetron</i>)	NF	B/D; MO
ZOFRAN SOLN (<i>Ondansetron HCl</i>)	NF	B/D; MO
ZOFRAN TABS (<i>Ondansetron HCl</i>)	NF	B/D; MO
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs or 25 mg, 12.5 mg</i>	2	RX/OTC; MO; *
<i>scopolamine pt72</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
TIGAN CAPS OR 300 MG (<i>Trimethobenzamide HCl</i>)	NF	AL; Up to 64 yrs old; MO
TRANSDERM-SCOP PT72	4	MO
TRANSDERM-SCOP PT72 (<i>Scopolamine</i>)	4	MO
<i>trimethobenzamide hcl caps or</i>	3	AL; Up to 64 yrs old; MO
Antiemetics - Miscellaneous		
AKYNZEO CAPS	4	B/D; MO
CESAMET CAPS	4	B/D; MO
<i>dronabinol caps 10 mg</i>	5	B/D; MO
<i>dronabinol caps 5 mg, 2.5 mg</i>	4	B/D; MO
MARINOL CAPS 2.5 MG (<i>Dronabinol</i>)	NF	B/D; MO
MARINOL CAPS 5 MG, 10 MG (<i>Dronabinol</i>)	5	B/D; MO
SYNDROS SOLN	5	B/D
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 125 mg, , 80 mg</i>	2	B/D; MO; *
<i>aprepitant caps 40 mg</i>	2	PA; MO; *
EMEND CAPS OR 40 MG (<i>Aprepitant</i>)	4	PA; MO
EMEND CAPS OR 80 MG, 125 MG (<i>Aprepitant</i>)	4	B/D; MO
EMEND TRIPACK CAPS (<i>Aprepitant</i>)	4	B/D; MO
VARUBI TABS	4	B/D
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
ERAXIS SOLR 100 MG	4	
MYCAMINE SOLR 100 MG	5	MO
Antifungals		
ABELCET SUSP	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
AMBISOME SUSR	4	PA
<i>amphotericin b solr ij 50 mg</i>	1	PA; MO; *
ANCOBON CAPS 500 MG (<i>Flucytosine</i>)	NF	MO
<i>flucytosine caps 500 mg</i>	2	MO; *
GRIS-PEG TABS (<i>Griseofulvin Ultramicrosize</i>)	NF	MO
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	MO; *
<i>griseofulvin microsize tabs 500 mg</i>	3	MO
<i>griseofulvin ultramicrosize tabs</i>	4	MO
LAMISIL PACK 125 MG	3	PA; MO
LAMISIL TABS 250 MG (<i>Terbinafine HCl</i>)	NF	MO
<i>nystatin tabs</i>	3	MO
<i>terbinafine hcl tabs or</i>	2	MO; *
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5	MO
CRESEMBA SOLR IV 372 MG	5	
DIFLUCAN SUSR (<i>Fluconazole</i>)	NF	MO
DIFLUCAN TABS (<i>Fluconazole</i>)	NF	MO
<i>fluconazole in dextrose soln</i>	2	*
<i>fluconazole in nacl soln 400mg/200ml-0.9%, 200mg/100ml-0.9%</i>	3	
<i>fluconazole susr or 10 mg/ml, 40 mg/ml</i>	3	MO
<i>fluconazole tabs or 100 mg, 150 mg, 200 mg, 50 mg</i>	2	MO; *
<i>itraconazole caps or</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole tabs or</i>	3	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	4	MO
SPORANOX CAPS 100 MG (<i>Itraconazole</i>)	NF	MO
SPORANOX PULSEPAK CAPS (<i>Itraconazole</i>)	NF	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 200 MG, 50 MG (<i>Voriconazole</i>)	5	MO
<i>voriconazole solr iv 200 mg</i>	2	*
<i>voriconazole susr or 40 mg/ml</i>	2	MO; *
<i>voriconazole tabs or 200 mg, 50 mg</i>	5	MO
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln</i>	2	AL; Up to 64 yrs old; MO; *
<i>carbinoxamine maleate tabs</i>	2	AL; Up to 64 yrs old; MO; *
<i>clemastine fumarate tabs or 2.68 mg</i>	3	AL; Up to 64 yrs old; MO
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	MO; *
Antihistamines - Non-Sedating		
<i>cetirizine hcl soln 1 mg/ml</i>	1	RX/OTC; MO; *
<i>cetirizine hcl syrp 1 mg/ml</i>	1	RX/OTC; MO; *
CLARINEX TABS 5 MG (<i>Desloratadine</i>)	NF	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine tabs</i>	3	MO
<i>desloratadine tbdp</i>	4	MO
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	3	RX/OTC; MO
<i>levocetirizine dihydrochloride tabs 5 mg</i>	2	RX/OTC; MO; *
XYZAL SOLN (<i>Levocetirizine Dihydrochloride</i>)	NF	RX/OTC; MO
XYZAL TABS (<i>Levocetirizine Dihydrochloride</i>)	NF	RX/OTC; MO
Antihistamines - Phenothiazines		
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	2	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 50 mg, 12.5 mg, 25 mg</i>	4	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 50 mg, 12.5 mg, 25 mg</i>	2	AL; Up to 64 yrs old; MO; *
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp or 2 mg/5ml</i>	3	AL; Up to 64 yrs old; MO
<i>cyproheptadine hcl tabs or 4 mg</i>	3	AL; Up to 64 yrs old; MO
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs 10mg-10mg</i>	2	QL(8 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 10mg-20mg</i>	2	QL(4 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 40mg-10mg</i>	2	QL(2 ea daily); MO; *
<i>ezetimibe-simvastatin tabs 80mg-10mg</i>	2	PA; QL(1 ea daily); MO; *
VYTORIN TABS 10MG-10MG (<i>Ezetimibe-Simvastatin</i>)	3	QL(8 ea daily); MO

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

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

Drug Name	Drug Tier	Requirements/Limits
Fibric Acid Derivatives		
ANTARA CAPS 30 MG	4	SL(4.33 ea daily); MO
ANTARA CAPS 90 MG	4	SL(1.44 ea daily); MO
<i>choline fenofibrate cpdr</i>	4	MO
FENOFIBRATE CAPS 50 MG, 150 MG	4	MO
<i>fenofibrate micronized caps 130 mg</i>	3	SL(1 ea daily); MO
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	2	MO; *
<i>fenofibrate micronized caps 43 mg</i>	3	SL(3.02 ea daily); MO
<i>fenofibrate tabs 120 mg, 54 mg, 160 mg, 40 mg</i>	2	MO; *
<i>fenofibrate tabs 48 mg, 145 mg</i>	3	MO
FENOGLIDE TABS (<i>Fenofibrate</i>)	4	MO
<i>gemfibrozil tabs or</i>	2	MO; *
LIPOFEN CAPS	4	MO
LOPID TABS (<i>Gemfibrozil</i>)	NF	MO
TRICOR TABS (<i>Fenofibrate</i>)	NF	MO
TRILIPIX CPDR (<i>Choline Fenofibrate</i>)	NF	MO
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	4	MO
<i>atorvastatin calcium tabs</i>	6	MO; *
CRESTOR TABS (<i>Rosuvastatin Calcium</i>)	NF	MO
<i>fluvastatin sodium caps 40 mg, 20 mg</i>	6	MO; *
<i>fluvastatin sodium tb24 80 mg</i>	4	MO
LESCOL XL TB24 (<i>Fluvastatin Sodium</i>)	NF	MO
LIPITOR TABS (<i>Atorvastatin Calcium</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
LIVALO TABS	4	MO
<i>lovastatin tabs</i>	6	MO; *
MEVACOR TABS (<i>Lovastatin</i>)	NF	MO
PRAVACHOL TABS (<i>Pravastatin Sodium</i>)	NF	MO
<i>pravastatin sodium tabs</i>	6	MO; *
<i>rosuvastatin calcium tabs</i>	4	MO
<i>simvastatin tabs or 10 mg</i>	6	SL(8 ea daily); MO; *
<i>simvastatin tabs or 20 mg</i>	6	SL(4 ea daily); MO; *
<i>simvastatin tabs or 40 mg</i>	6	SL(2 ea daily); MO; *
<i>simvastatin tabs or 5 mg</i>	6	SL(16 ea daily); MO; *
<i>simvastatin tabs or 80 mg</i>	6	SL(1 ea daily); MO; *
ZOCOR TABS 10 MG (<i>Simvastatin</i>)	NF	SL(8 ea daily); MO
ZOCOR TABS 20 MG (<i>Simvastatin</i>)	NF	SL(4 ea daily); MO
ZOCOR TABS 40 MG (<i>Simvastatin</i>)	NF	SL(2 ea daily); MO
ZOCOR TABS 5 MG (<i>Simvastatin</i>)	NF	SL(16 ea daily); MO
ZOCOR TABS 80 MG (<i>Simvastatin</i>)	NF	SL(1 ea daily); MO
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	2	MO; *
ZETIA TABS (<i>Ezetimibe</i>)	3	MO
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG	5	PA; SL(6 ea daily); LA
JUXTAPID CAPS 20 MG	5	PA; SL(3 ea daily); LA
JUXTAPID CAPS 30 MG	5	PA; SL(2 ea daily); LA
JUXTAPID CAPS 40 MG	5	PA; SL(1.5 ea daily); LA

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPS 5 MG	5	PA; SL(12 ea daily); LA
JUXTAPID CAPS 60 MG	5	PA; SL(1 ea daily); LA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	4	MO
NIASPAN TBCR (<i>Niacin (Antihyperlipidemic)</i>)	NF	MO
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN 150 MG/ML	5	PA; Limit 2mls per 28 days;SL(0.08 ml daily)
PRALUENT SOPN 75 MG/ML	5	PA; Limit 4mls per 28 days;SL(0.15 ml daily)
PRALUENT SOSY 150 MG/ML	5	PA; Limit 2mls per 28 days;SL(0.08 ml daily)
PRALUENT SOSY 75 MG/ML	5	PA; Limit 4mls per 28 days;SL(0.15 ml daily)
REPATHA PUSHTRONEX SYSTEM SOCT	5	PA
REPATHA SOSY	5	PA
REPATHA SURECLICK SOAJ	5	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Quinapril HCl</i>)	NF	MO
ACEON TABS 4 MG (<i>Perindopril Erbumine</i>)	NF	SL(4 ea daily); MO
ACEON TABS 8 MG (<i>Perindopril Erbumine</i>)	NF	SL(2 ea daily); MO
ALTACE CAPS (<i>Ramipril</i>)	NF	MO
<i>benazepril hcl tabs or 40 mg, 5 mg, 10 mg, 20 mg</i>	6	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs or 12.5 mg, 50 mg, 100 mg, 25 mg</i>	6	MO; *
<i>enalapril maleate tabs or 10 mg</i>	6	SL(4 ea daily); MO; *
<i>enalapril maleate tabs or 2.5 mg</i>	6	SL(16 ea daily); MO; *
<i>enalapril maleate tabs or 20 mg</i>	6	SL(2 ea daily); MO; *
<i>enalapril maleate tabs or 5 mg</i>	6	SL(8 ea daily); MO; *
<i>enalaprilat inj</i>	6	*
<i>fosinopril sodium tabs</i>	6	MO; *
<i>lisinopril tabs or 5 mg, 10 mg, 2.5 mg, 20 mg, 40 mg, 30 mg</i>	6	MO; *
LOTENSIN TABS (<i>Benazepril HCl</i>)	NF	MO
MAVIK TABS (<i>Trandolapril</i>)	NF	MO
<i>moexipril hcl tabs</i>	6	MO; *
<i>perindopril erbumine tabs 2 mg</i>	6	SL(8 ea daily); MO; *
<i>perindopril erbumine tabs 4 mg</i>	6	SL(4 ea daily); MO; *
<i>perindopril erbumine tabs 8 mg</i>	6	SL(2 ea daily); MO; *
PRINIVIL TABS (<i>Lisinopril</i>)	NF	MO
<i>quinapril hcl tabs</i>	6	MO; *
<i>ramipril caps</i>	6	MO; *
<i>trandolapril tabs</i>	6	MO; *
VASOTEC TABS 10 MG (<i>Enalapril Maleate</i>)	NF	SL(4 ea daily); MO
VASOTEC TABS 2.5 MG (<i>Enalapril Maleate</i>)	NF	SL(16 ea daily); MO
VASOTEC TABS 20 MG (<i>Enalapril Maleate</i>)	NF	SL(2 ea daily); MO
VASOTEC TABS 5 MG (<i>Enalapril Maleate</i>)	NF	SL(8 ea daily); MO
ZESTRIL TABS (<i>Lisinopril</i>)	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
Agents for Pheochromocytoma		
DEMSEER CAPS	5	MO
DIBENZYLINE CAPS (Phenoxybenzamine HCl)	4	MO
<i>phenoxybenzamine hcl caps or</i>	2	MO; *
Angiotensin II Receptor Antagonists		
ATACAND TABS (Candesartan Cilexetil)	NF	MO
AVAPRO TABS (Irbesartan)	NF	MO
BENICAR TABS (Olmesartan Medoxomil)	3	MO
<i>candesartan cilexetil tabs</i>	6	MO; *
COZAAR TABS (Losartan Potassium)	NF	MO
DIOVAN TABS (Valsartan)	NF	MO
EDARBI TABS	4	MO
EPROSARTAN MESYLATE TABS	6	MO; *
<i>irbesartan tabs</i>	6	MO; *
<i>losartan potassium tabs</i>	6	MO; *
MICARDIS TABS (Telmisartan)	NF	MO
<i>olmesartan medoxomil tabs</i>	2	MO; *
<i>telmisartan tabs</i>	4	MO
<i>valsartan tabs</i>	6	MO; *
Antiadrenergic Antihypertensives		
CARDURA TABS (Doxazosin Mesylate)	NF	MO
CATAPRES TABS (Clonidine HCl)	NF	MO
CATAPRES-TTS-1 PTWK (Clonidine HCl)	NF	MO
CATAPRES-TTS-2 PTWK (Clonidine HCl)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-3 PTWK (Clonidine HCl)	NF	MO
<i>clonidine hcl ptwk td 0.2 mg/24hr, 0.3 mg/24hr, 0.1 mg/24hr</i>	4	MO
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	2	MO; *
<i>doxazosin mesylate tabs</i>	3	MO
<i>guanfacine hcl tabs</i>	2	AL; Up to 64 yrs old; MO; *
<i>methyldopa tabs</i>	2	AL; Up to 64 yrs old; MO; *
MINIPRESS CAPS (Prazosin HCl)	NF	MO
<i>prazosin hcl caps</i>	3	MO
TENEX TABS (Guanfacine HCl)	NF	AL; Up to 64 yrs old; MO
<i>terazosin hcl caps</i>	1	MO; *
Antihypertensive Combinations		
ACCURETIC TABS (Quinapril-Hydrochlorothiazide)	NF	MO
<i>amlodipine besylate-benazepril hcl caps</i>	6	MO; *
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	2	MO; *
<i>amlodipine besylate-valsartan tabs</i>	3	MO
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	4	MO
ATACAND HCT TABS (Candesartan Cilexetil-Hydrochlorothiazide)	NF	MO
<i>atenolol & chlorthalidone tabs</i>	2	MO; *
AVALIDE TABS (Irbesartan-Hydrochlorothiazide)	NF	MO
AZOR TABS (Amlodipine Besylate-Olmesartan Medoxomil)	3	MO
<i>benazepril & hydrochlorothiazide tabs</i>	6	MO; *

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT TABS (Olmesartan Medoxomil-Hydrochlorothiazide)	3	MO
bisoprolol & hydrochlorothiazide tabs	2	MO; *
BYVALSON TABS	4	MO
candesartan cilexetil-hydrochlorothiazide tabs	6	MO; *
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS	6	MO; *
CORZIDE TABS (Nadolol & Bendroflumethiazide)	NF	MO
DIOVAN HCT TABS (Valsartan-Hydrochlorothiazide)	NF	MO
EDARBYCLOR TABS	4	MO
enalapril maleate & hydrochlorothiazide tabs	6	MO; *
EXFORGE HCT TABS (Amlodipine-Valsartan-Hydrochlorothiazide)	NF	MO
EXFORGE TABS (Amlodipine Besylate-Valsartan)	NF	MO
fosinopril sodium & hydrochlorothiazide tabs	6	MO; *
HYZAAR TABS (Losartan Potassium & Hydrochlorothiazide)	NF	MO
irbesartan-hydrochlorothiazide tabs	6	MO; *
lisinopril & hydrochlorothiazide tabs	6	MO; *
LOPRESSOR HCT TABS (Metoprolol & Hydrochlorothiazide)	NF	MO
losartan potassium & hydrochlorothiazide tabs	6	MO; *
LOTENSIN HCT TABS (Benazepril & Hydrochlorothiazide)	NF	MO
LOTREL CAPS (Amlodipine Besylate-Benazepril HCl)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tabs 100mg-50mg, 50mg-25mg, 100mg-25mg	3	MO
MICARDIS HCT TABS (Telmisartan-Hydrochlorothiazide)	NF	MO
moexipril-hydrochlorothiazide tabs	6	MO; *
nadolol & bendroflumethiazide tabs 40mg-5mg	1	MO; *
nadolol & bendroflumethiazide tabs 80mg-5mg	2	MO; *
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	2	MO; *
olmesartan medoxomil-hydrochlorothiazide tabs	2	MO; *
quinapril-hydrochlorothiazide tabs	6	MO; *
TEKTURNA HCT TABS	3	MO
telmisartan-amlodipine tabs	4	MO
telmisartan-hydrochlorothiazide tabs	4	MO
TENORETIC 100 TABS (Atenolol & Chlorthalidone)	NF	MO
TENORETIC 50 TABS (Atenolol & Chlorthalidone)	NF	MO
TRIBENZOR TABS (Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	3	MO
TWYNSTA TABS (Telmisartan-Amlodipine)	NF	MO
valsartan-hydrochlorothiazide tabs	6	MO; *
VASERETIC TABS (Enalapril Maleate & Hydrochlorothiazide)	NF	MO
ZESTORETIC TABS (Lisinopril & Hydrochlorothiazide)	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
ZIAC TABS (<i>Bisoprolol & Hydrochlorothiazide</i>)	NF	MO
Direct Renin Inhibitors		
TEKTURNA TABS	3	MO
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	4	MO
INSPRA TABS (<i>Eplerenone</i>)	NF	MO
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 50 mg, 100 mg, 25 mg</i>	2	MO; *
<i>minoxidil tabs or 2.5 mg, 10 mg</i>	2	MO; *
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	4	MO
COARTEM TABS	3	MO
MALARONE TABS 250MG-100MG (<i>Atovaquone-Proguanil HCl</i>)	NF	MO
MALARONE TABS 62.5MG-25MG (<i>Atovaquone-Proguanil HCl</i>)	4	MO
Antimalarials		
<i>chloroquine phosphate tabs or 250 mg, 500 mg</i>	2	MO; *
DARAPRIM TABS	4	
<i>hydroxychloroquine sulfate tabs or</i>	4	MO
<i>mefloquine hcl tabs</i>	3	MO
PLAQUENIL TABS (<i>Hydroxychloroquine Sulfate</i>)	NF	MO
<i>primaquine phosphate tabs</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS	4	MO
QUALAQUIN CAPS (<i>Quinine Sulfate</i>)	NF	PA; MO
<i>quinine sulfate caps or</i>	3	PA; MO
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	3	
MESTINON TABS 60 MG (<i>Pyridostigmine Bromide</i>)	NF	MO
MESTINON TIMESPAN TBCR (<i>Pyridostigmine Bromide</i>)	NF	MO
<i>pyridostigmine bromide tabs or 60 mg</i>	3	MO
<i>pyridostigmine bromide tbc or 180 mg</i>	4	MO
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	4	MO
RIFATER TABS	4	MO
Antimycobacterial Agents		
<i>aminosalicylic acid pack or</i>	2	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 (<i>Ethambutol HCl</i>)	NF	MO
MYCOBUTIN CAPS (<i>Rifabutin</i>)	NF	MO
PRIFTIN TABS	4	MO
<i>pyrazinamide tabs or</i>	1	MO; *
<i>rifabutin caps</i>	4	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
RIFADIN CAPS (<i>Rifampin</i>)	NF	MO
RIFADIN SOLR (<i>Rifampin</i>)	NF	MO
<i>rifampin caps or 150 mg</i>	2	MO; *
<i>rifampin caps or 300 mg</i>	3	MO
<i>rifampin solr iv 600 mg</i>	2	MO; *
SIRTURO TABS	5	
TRECTOR TABS	4	MO
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (<i>Melphalan HCl</i>)	NF	
ALKERAN TABS OR 2 MG (<i>Melphalan</i>)	4	B/D; MO
BENDEKA SOLN	5	
BICNU SOLR	4	
<i>busulfan soln</i>	2	*
BUSULFEX SOLN (<i>Busulfan</i>)	4	
<i>carboplatin soln</i>	4	
CISPLATIN SOLN 200 MG/200ML	4	
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	4	
CYCLOPHOSPHAMIDE CAPS OR 50 MG, 25 MG	3	B/D; MO
<i>cyclophosphamide solr ij 1 gm, 500 mg</i>	4	
EVOMELA SOLR	5	
GLEOSTINE CAPS	3	
HEXALEN CAPS	5	MO
IFEX SOLR 1 GM (<i>Ifosfamide</i>)	4	

Drug Name	Drug Tier	Requirements/Limits
IFEX SOLR 3 GM	4	
<i>ifosfamide soln 3 gm/60ml, 1 gm/20ml</i>	2	*
<i>ifosfamide solr 1 gm</i>	2	*
IFOSFAMIDE SOLR 3 GM	4	
LEUKERAN TABS	4	MO
<i>melphalan hcl solr</i>	2	*
<i>melphalan tabs</i>	2	B/D; MO; *
MUSTARGEN SOLR	4	
<i>oxaliplatin soln 100 mg/20ml</i>	2	*
<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 25 MG, 100 MG	5	
YONDELIS SOLR	5	LA
ZANOSAR SOLR	4	MO
Antimetabolites		
ALIMTA SOLR 100 MG	5	
ALIMTA SOLR 500 MG	5	MO
ARRANON SOLN	5	
<i>azacitidine susr</i>	5	
<i>cladribine soln</i>	2	PA; *
<i>clofarabine soln</i>	2	*
CLOLAR SOLN (<i>Clofarabine</i>)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine soln 100 mg/ml</i>	1	PA; *
<i>cytarabine soln 20 mg/ml</i>	2	PA; *
<i>cytarabine soln 20 mg/ml</i>	1	PA; Preservative Free; *
DACOGEN SOLR (Decitabine)	NF	
<i>decitabine solr</i>	2	*
<i>fludarabine phosphate solr 50 mg</i>	2	*
<i>fluorouracil soln iv 1 gm/20ml</i>	4	
<i>fluorouracil soln iv 2.5 gm/50ml, 500 mg/10ml</i>	4	PA
FOLOTYN SOLN	5	
<i>gemcitabine hcl soln 2 gm/52.6ml, 200 mg/5.26ml, 1 gm/26.3ml</i>	5	
<i>gemcitabine hcl solr 1 gm</i>	1	*
<i>gemcitabine hcl solr 2 gm</i>	2	*
<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>	4	MO
<i>methotrexate sodium soln ij 200 mg/8ml, 50 mg/2ml, 1 gm/40ml, 100 mg/4ml, 250 mg/10ml</i>	1	Preservative Free; *
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	2	*
<i>methotrexate sodium solr ij 1 gm</i>	2	*
<i>methotrexate sodium tabs or 10 mg, 15 mg</i>	1	MO; *
<i>methotrexate sodium tabs or 5 mg, 7.5 mg, 2.5 mg</i>	2	MO; *
PURIXAN SUSP	5	PA

Drug Name	Drug Tier	Requirements/Limits
TABLOID TABS	3	MO
VIDAZA SUSR (Azacitidine)	5	
XATMEP SOLN	5	PA
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	5	
CYRAMZA SOLN	5	LA
ZALTRAP SOLN	5	
Antineoplastic - Antibodies		
ARZERRA CONC	5	
BAVENCIO SOLN	5	LA
BESPONSA SOLR	5	
BLINCYTO SOLR	5	
CAMPATH SOLN	5	
DARZALEX SOLN	5	LA
EMPLICITI SOLR	5	
ERBITUX SOLN	5	
GAZYVA SOLN	5	LA
HERCEPTIN SOLR	5	
IMFINZI SOLN	5	LA
KADCYLA SOLR	5	
KEYTRUDA SOLN	5	
KEYTRUDA SOLR	5	
LARTRUVO SOLN	5	LA
MYLOTARG SOLR	5	
OPDIVO SOLN	5	

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

2017 Value Formulary Updated 12/1/2017

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

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

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

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Immunomodulators		
POMALYST CAPS	5	LA
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr 15 unit</i>	2	*
<i>bleomycin sulfate solr 30 unit</i>	2	PA; *
COSMEGEN SOLR	4	
<i>daunorubicin hcl inj</i>	2	*
DOXIL INJ (<i>Doxorubicin HCl Liposomal</i>)	NF	
<i>doxorubicin hcl liposomal inj</i>	2	*
<i>doxorubicin hcl soln 2 mg/ml</i>	4	
<i>doxorubicin hcl solr 50 mg, 10 mg</i>	1	*
ELLENCES SOLN (<i>Epirubicin HCl</i>)	4	
<i>epirubicin hcl soln 200 mg/100ml</i>	4	
<i>epirubicin hcl soln 50 mg/25ml</i>	2	*
IDAMYCIN PFS SOLN (<i>Idarubicin HCl</i>)	4	
<i>idarubicin hcl soln</i>	2	*
<i>mitomycin solr iv 5 mg, 40 mg, 20 mg</i>	2	MO; *
<i>mitoxantrone hcl conc</i>	2	*
VALSTAR SOLN	5	
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPK	5	PA
KISQALI FEMARA 400 DOSE TBPK	5	PA
KISQALI FEMARA 600 DOSE TBPK	5	PA
LONSURF TABS	5	PA

Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA SOLN	5	
VYXEOS SUSR	5	
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	5	
AFINITOR TABS	5	
ALECENSA CAPS	5	PA; LA
ALIQOPA SOLR	5	
ALUNBRIG TABS	5	PA; LA
BELEODAQ SOLR	5	
BOSULIF TABS	5	PA
CABOMETYX TABS	5	PA
CAPRELSA TABS	5	LA
COMETRIQ KIT	5	LA
COTELLIC TABS	5	LA
FARYDAK CAPS	5	PA; LA
GILOTRIF TABS	5	LA
GLEEVEC TABS (<i>Imatinib Mesylate</i>)	5	
IBRANCE CAPS	5	LA
ICLUSIG TABS	5	LA
<i>imatinib mesylate tabs</i>	5	
IMBRUVICA CAPS	5	PA; LA
INLYTA TABS	5	PA; LA
IRESSA TABS	3	LA; MO
ISTODAX (<i>OVERFILL</i>) SOLR	5	
ISTODAX SOLR	5	

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
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 50 MG	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	5	
TASIGNA CAPS	5	
TORISEL SOLN	5	

Drug Name	Drug Tier	Requirements/Limits
TYKERB TABS	5	
VELCADE SOLR	5	
VOTRIENT TABS	5	
XALKORI CAPS	5	
ZEJULA CAPS	5	PA
ZELBORAF TABS	5	LA
ZOLINZA CAPS	5	
ZYDELIG TABS	5	PA; LA
ZYKADIA CAPS	5	PA; LA
Antineoplastic Enzymes		
ERWINAZE SOLR	5	
ONCASPAR SOLN	5	
Antineoplastics Misc.		
ACTIMMUNE SOLN	5	LA
<i>bexarotene caps</i>	5	
<i>dacarbazine solr</i>	2	*
HYDREA CAPS (<i>Hydroxyurea</i>)	NF	MO
<i>hydroxyurea caps or</i>	3	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	
MATULANE CAPS	5	LA
NIPENT SOLR	4	
PROLEUKIN SOLR	5	

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
SYLATRON KIT	5	
SYNRIBO SOLR	5	
TARGRETIN CAPS OR 75 MG (<i>Bexarotene</i>)	5	
TICE BCG SUSR	5	
<i>tretinoin (chemotherapy) caps</i>	5	MO
TRISENOX SOLN	4	
UVADEX SOLN	4	
Chemotherapy Adjuncts		
ELITEK SOLR	5	
KEPIVANCE SOLR	5	
Chemotherapy Rescue/Antidote Agents		
<i>amifostine solr</i>	2	MO; *
<i>dexrazoxane solr 250 mg, 500 mg</i>	2	*
FUSILEV SOLR (<i>Levoleucovorin Calcium</i>)	4	
<i>leucovorin calcium solr ij 200 mg</i>	3	
<i>leucovorin calcium solr ij 350 mg, 100 mg</i>	3	MO
<i>leucovorin calcium solr ij 500 mg, 50 mg</i>	2	*
<i>leucovorin calcium tabs or 5 mg, 15 mg, 25 mg, 10 mg</i>	2	MO; *
<i>levoleucovorin calcium soln 175 mg/17.5ml</i>	5	
<i>levoleucovorin calcium solr 50 mg</i>	2	*
LEVOLEUCOVORIN SOLN	5	
LEVOLEUCOVORIN SOLR	5	
<i>mesna soln</i>	2	MO; *
MESNEX SOLN IV 100 MG/ML (<i>Mesna</i>)	4	MO

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

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
CAMPTOSAR SOLN 300 MG/15ML	4	
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Irinotecan HCl)	4	
HYCAMTIN SOLR IV 4 MG (Topotecan HCl)	4	MO
<i>irinotecan hcl soln</i>	2	*
ONIVYDE INJ	5	
<i>topotecan hcl solr 4 mg</i>	2	MO; *
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs or</i>	4	MO
LODOSYN TABS (Carbidopa)	NF	MO
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln ij 1 mg/ml</i>	2	MO; *
<i>benztropine mesylate tabs or 2 mg, 1 mg, 0.5 mg</i>	2	AL; Up to 64 yrs old; MO; *
COGENTIN SOLN (Benztropine Mesylate)	4	MO
<i>trihexyphenidyl hcl elix 0.4 mg/ml</i>	3	AL; Up to 64 yrs old; MO
<i>trihexyphenidyl hcl tabs 5 mg, 2 mg</i>	1	AL; Up to 64 yrs old; MO; *
Antiparkinson COMT Inhibitors		
COMTAN TABS (Entacapone)	NF	SL(8 ea daily); MO
<i>entacapone tabs</i>	4	SL(8 ea daily); MO
TASMAR TABS (Tolcapone)	4	MO
<i>tolcapone tabs</i>	2	MO; *
Antiparkinson Dopaminergics		
<i>amantadine hcl caps or 100 mg</i>	4	MO
<i>amantadine hcl syrp or 50 mg/5ml</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl tabs or 100 mg</i>	2	MO; *
APOKYN SOCT	5	LA
<i>bromocriptine mesylate caps or 5 mg</i>	4	MO
<i>bromocriptine mesylate tabs or 2.5 mg</i>	4	MO
<i>carbidopa-levodopa tabs 25mg-250mg, 25mg-100mg, 10mg-100mg</i>	2	MO; *
<i>carbidopa-levodopa tbcr 50mg-200mg, 25mg-100mg</i>	3	MO
<i>carbidopa-levodopa tbdp 25mg-250mg, 25mg-100mg, 10mg-100mg</i>	2	MO; *
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	4	MO
DUOPA SUSP	4	B/D
MIRAPEX ER TB24 0.75 MG, 0.375 MG, 2.25 MG, 1.5 MG, 3 MG, 4.5 MG (Pramipexole Dihydrochloride)	NF	MO
MIRAPEX ER TB24 3.75 MG (Pramipexole Dihydrochloride)	4	MO
MIRAPEX TABS (Pramipexole Dihydrochloride)	NF	MO
NEUPRO PT24	4	MO
PARLODEL CAPS (Bromocriptine Mesylate)	NF	MO
PARLODEL TABS (Bromocriptine Mesylate)	NF	MO
<i>pramipexole dihydrochloride tabs 1 mg, 0.125 mg, 0.5 mg, 0.25 mg, 0.75 mg, 1.5 mg</i>	2	MO; *
<i>pramipexole dihydrochloride tb24 0.75 mg, 0.375 mg, 1.5 mg, 4.5 mg, 2.25 mg, 3 mg</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	2	MO; *
REQUIP TABS (<i>Ropinirole Hydrochloride</i>)	NF	MO
REQUIP XL TB24 (<i>Ropinirole Hydrochloride</i>)	NF	MO
<i>ropinirole hydrochloride tabs 1 mg, 0.5 mg, 2 mg, 0.25 mg, 3 mg, 5 mg, 4 mg</i>	2	MO; *
<i>ropinirole hydrochloride tb24 8 mg, 2 mg, 12 mg, 6 mg, 4 mg</i>	3	MO
RYTARY CPCR	4	MO
SINEMET CR TBCR (<i>Carbidopa-Levodopa</i>)	NF	MO
SINEMET TABS (<i>Carbidopa-Levodopa</i>)	NF	MO
STALEVO 100 TABS	4	MO
STALEVO 125 TABS	4	MO
STALEVO 150 TABS	4	MO
STALEVO 200 TABS	4	MO
STALEVO 50 TABS	4	MO
STALEVO 75 TABS	4	MO
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Rasagiline Mesylate</i>)	3	MO
ELDEPRYL CAPS (<i>Selegiline HCl</i>)	NF	MO
<i>rasagiline mesylate tabs</i>	2	MO; *
<i>selegiline hcl caps or</i>	2	MO; *
<i>selegiline hcl tabs or</i>	4	MO
ZELAPAR TBDP	4	MO
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate caps or 300 mg</i>	1	MO; *
LITHIUM CARBONATE CAPS OR 600 MG (<i>Lithium Carbonate</i>)	NF	MO
<i>lithium carbonate caps or 600 mg, 150 mg</i>	2	MO; *
<i>lithium carbonate tabs or 300 mg</i>	2	MO; *
<i>lithium carbonate tbcr or 300 mg, 450 mg</i>	2	MO; *
<i>lithium soln</i>	1	MO; *
LITHOBID TBCR (<i>Lithium Carbonate</i>)	NF	MO
Antipsychotics - Misc.		
EQUETRO CP12	4	MO
GEODON CAPS OR 80 MG, 60 MG, 20 MG, 40 MG (<i>Ziprasidone HCl</i>)	NF	MO
GEODON SOLR IM 20 MG	4	MO
LATUDA TABS 120 MG	5	PA; SL(1.33 ea daily); MO
LATUDA TABS 20 MG	5	PA; SL(8 ea daily); MO
LATUDA TABS 40 MG	5	PA; SL(4 ea daily); MO
LATUDA TABS 60 MG	5	PA; SL(2.67 ea daily); MO
LATUDA TABS 80 MG	5	PA; SL(2 ea daily); MO
NUPLAZID TABS	5	PA; LA
VRAYLAR CAPS 1.5 MG	4	PA; SL(4 ea daily); MO
VRAYLAR CAPS 3 MG	4	PA; SL(2 ea daily); MO
VRAYLAR CAPS 4.5 MG	4	PA; SL(1.4 ea daily); MO
VRAYLAR CAPS 6 MG	4	PA; SL(1 ea daily); MO
VRAYLAR CPPK	4	PA; MO
<i>ziprasidone hcl caps</i>	4	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/ Limits
Benzisoxazoles		
FANAPT TABS 1 MG, 10 MG, 4 MG, 2 MG	4	MO
FANAPT TABS 6 MG, 8 MG, 12 MG	5	MO
FANAPT TITRATION PACK TABS	4	
INVEGA SUSTENNA SUSP 156 MG/ML, 117 MG/0.75ML, 234 MG/1.5ML	5	MO
INVEGA SUSTENNA SUSP 78 MG/0.5ML, 39 MG/0.25ML	4	MO
INVEGA TB24 1.5 MG (<i>Paliperidone</i>)	5	SL(8 ea daily); MO
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	5	
<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

Drug Name	Drug Tier	Requirements/ Limits
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 1 mg/ml</i>	4	MO
<i>risperidone tabs 0.5 mg, 2 mg, 3 mg, 4 mg, 0.25 mg, 1 mg</i>	2	MO; *
<i>risperidone tbdp 2 mg, 0.25 mg, 4 mg, 3 mg, 0.5 mg, 1 mg</i>	4	MO
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>Haloperidol Decanoate</i>)	NF	MO
HALDOL DECANOATE 50 SOLN (<i>Haloperidol Decanoate</i>)	NF	MO
HALDOL SOLN (<i>Haloperidol Lactate</i>)	NF	MO
<i>haloperidol decanoate soln</i>	2	MO; *
<i>haloperidol lactate conc or 2 mg/ml</i>	2	MO; *
<i>haloperidol lactate soln ij 5 mg/ml</i>	3	MO
<i>haloperidol tabs</i>	3	MO
Dibenzapines		
CLOZAPINE ODT TBDP 150 MG, 12.5 MG	4	
CLOZAPINE ODT TBDP 200 MG	5	
<i>clozapine tabs 25 mg, 200 mg, 100 mg, 50 mg</i>	3	
<i>clozapine tbdp 25 mg, 100 mg</i>	4	
CLOZARIL TABS (<i>Clozapine</i>)	NF	
FAZACLO TBDP 150 MG, 12.5 MG	4	
FAZACLO TBDP 200 MG	5	

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
FAZACLO TBDP 25 MG, 100 MG (<i>Clozapine</i>)	NF	
<i>loxapine succinate caps 10 mg, 5 mg</i>	2	MO; *
<i>loxapine succinate caps 50 mg, 25 mg</i>	3	MO
<i>olanzapine solr im 10 mg</i>	4	MO
<i>olanzapine tabs or 15 mg, 7.5 mg, 5 mg, 10 mg, 2.5 mg, 20 mg</i>	2	MO; *
<i>olanzapine tbdp or 20 mg, 15 mg, 10 mg, 5 mg</i>	4	MO
<i>quetiapine fumarate tabs 300 mg, 200 mg, 400 mg, 50 mg, 100 mg, 25 mg</i>	3	MO
<i>quetiapine fumarate tb24 300 mg, 150 mg, 50 mg, 200 mg, 400 mg</i>	2	PA; MO; *
SAPHRIS SUBL 10 MG	5	SL(2 ea daily); MO
SAPHRIS SUBL 2.5 MG	4	SL(8 ea daily); MO
SAPHRIS SUBL 5 MG	4	SL(4 ea daily); MO
SEROQUEL TABS (<i>Quetiapine Fumarate</i>)	NF	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>)	4	PA; MO
VERSACLOZ SUSP	5	PA; SL(18 ml daily)
ZYPREXA RELPREVV SUSR 210 MG	4	
ZYPREXA SOLR (<i>Olanzapine</i>)	NF	MO
ZYPREXA TABS (<i>Olanzapine</i>)	NF	MO
ZYPREXA ZYDIS TBDP (<i>Olanzapine</i>)	NF	MO
Dihydroindolones		
<i>molindone hcl tabs</i>	4	MO
Phenothiazines		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl soln ij 25 mg/ml</i>	2	MO; *
<i>chlorpromazine hcl soln ij 50 mg/2ml</i>	2	*
<i>chlorpromazine hcl tabs or 25 mg, 10 mg, 50 mg, 200 mg, 100 mg</i>	4	MO
<i>fluphenazine decanoate soln ij</i>	3	MO
<i>fluphenazine hcl conc or 5 mg/ml</i>	2	MO; *
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	2	MO; *
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 2.5 mg, 10 mg</i>	2	MO; *
<i>perphenazine tabs or 4 mg, 2 mg, 8 mg, 16 mg</i>	4	MO
<i>prochlorperazine edisylate soln ij</i>	2	MO; *
<i>prochlorperazine maleate tabs or</i>	2	MO; *
<i>prochlorperazine supp</i>	4	MO
<i>thioridazine hcl tabs or 50 mg, 10 mg, 100 mg, 25 mg</i>	3	AL; Up to 64 yrs old; MO
<i>trifluoperazine hcl tabs</i>	3	MO
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	5	
ABILIFY MAINTENA SRER	5	
ABILIFY TABS 10 MG (<i>Aripiprazole</i>)	5	SL(3 ea daily); MO
ABILIFY TABS 15 MG (<i>Aripiprazole</i>)	5	SL(2 ea daily); MO
ABILIFY TABS 2 MG (<i>Aripiprazole</i>)	5	SL(15 ea daily); MO
ABILIFY TABS 20 MG (<i>Aripiprazole</i>)	5	SL(1.5 ea daily); MO
ABILIFY TABS 30 MG (<i>Aripiprazole</i>)	5	SL(1 ea daily); MO
ABILIFY TABS 5 MG (<i>Aripiprazole</i>)	5	SL(6 ea daily); MO
<i>aripiprazole soln 1 mg/ml</i>	2	SL(30 ml daily); MO; *

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole tabs 10 mg</i>	2	SL(3 ea daily); MO; *
<i>aripiprazole tabs 15 mg</i>	2	SL(2 ea daily); MO; *
<i>aripiprazole tabs 2 mg</i>	2	SL(15 ea daily); MO; *
<i>aripiprazole tabs 20 mg</i>	5	SL(1.5 ea daily); MO
<i>aripiprazole tabs 30 mg</i>	5	SL(1 ea daily); MO
<i>aripiprazole tabs 5 mg</i>	2	SL(6 ea daily); MO; *
<i>aripiprazole tbdp 10 mg</i>	5	SL(3 ea daily); MO
<i>aripiprazole tbdp 15 mg</i>	5	SL(2 ea daily); MO
ARISTADA PRSY	5	
REXULTI TABS 0.25 MG	5	PA; SL(16 ea daily); MO
REXULTI TABS 0.5 MG	5	PA; SL(8 ea daily); MO
REXULTI TABS 1 MG	5	PA; SL(4 ea daily); MO
REXULTI TABS 2 MG	5	PA; SL(2 ea daily); MO
REXULTI TABS 3 MG	5	PA; SL(1.33 ea daily); MO
REXULTI TABS 4 MG	5	PA; SL(1 ea daily); MO
Thioxanthenes		
<i>thiothixene caps</i>	3	MO
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	2	MO; *
<i>abacavir sulfate tabs 300 mg</i>	4	MO
<i>abacavir sulfate-lamivudine tabs</i>	5	MO
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	5	MO
APTIVUS CAPS 250 MG	5	MO

Drug Name	Drug Tier	Requirements/ Limits
APTIVUS SOLN 100 MG/ML	3	
ATRIPLA TABS	5	MO
COMBIVIR TABS (<i>Lamivudine-Zidovudine</i>)	5	MO
COMPLERA TABS	5	MO
CRIXIVAN CAPS	4	MO
DESCOVY TABS	5	MO
<i>didanosine cpdr 125 mg</i>	2	MO; *
<i>didanosine cpdr 250 mg, 400 mg, 200 mg</i>	1	MO; *
EDURANT TABS	5	MO
EMTRIVA CAPS	4	MO
EMTRIVA SOLN	4	MO
EPIVIR SOLN 10 MG/ML (<i>Lamivudine</i>)	3	MO
EPIVIR TABS 150 MG, 300 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, 200 MG	5	MO
INTELENCE TABS 25 MG	4	
INVIRASE CAPS	5	MO
INVIRASE TABS	5	MO
ISENTRESS CHEW 100 MG	3	SL(6 ea daily); MO
ISENTRESS CHEW 25 MG	3	SL(24 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD TABS	5	
ISENTRESS PACK 100 MG	4	SL(2 ea daily)
ISENTRESS TABS 400 MG	5	MO
KALETRA SOLN 400MG/5ML-100MG/5ML (Lopinavir-Ritonavir)	5	MO
KALETRA TABS 100MG-25MG	4	MO
KALETRA TABS 200MG-50MG	5	MO
<i>lamivudine soln 10 mg/ml</i>	2	MO; *
<i>lamivudine tabs 150 mg, 300 mg</i>	4	MO
<i>lamivudine-zidovudine tabs</i>	2	MO; *
LEXIVA SUSP 50 MG/ML	3	MO
LEXIVA TABS 700 MG (Fosamprenavir Calcium)	5	MO
<i>lopinavir-ritonavir soln</i>	5	MO
NEVIRAPINE SUSP 50 MG/5ML	4	MO
<i>nevirapine tabs 200 mg</i>	2	MO; *
<i>nevirapine tb24 100 mg, 400 mg</i>	2	MO; *
NORVIR CAPS 100 MG	4	
NORVIR SOLN 80 MG/ML	4	MO
NORVIR TABS 100 MG	4	MO
ODEFSEY TABS	5	MO
PREZCOBIX TABS	5	MO
PREZISTA SUSP	5	MO
PREZISTA TABS	5	MO
RESCRIPTOR TABS 100 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
RESCRIPTOR TABS 200 MG	4	MO
RETROVIR CAPS (Zidovudine)	NF	MO
RETROVIR IV INFUSION SOLN	4	
RETROVIR SYRP (Zidovudine)	NF	MO
REYATAZ CAPS	5	MO
REYATAZ PACK	5	MO
SELZENTRY SOLN 20 MG/ML	3	
SELZENTRY TABS 300 MG, 150 MG	3	MO
SELZENTRY TABS 75 MG, 25 MG	3	
<i>stavudine caps 15 mg</i>	2	MO; *
<i>stavudine caps 20 mg, 40 mg, 30 mg</i>	1	MO; *
STRIBILD TABS	5	MO
SUSTIVA CAPS 50 MG, 200 MG	4	MO
SUSTIVA TABS 600 MG	5	MO
TIVICAY TABS 10 MG	4	MO
TIVICAY TABS 50 MG, 25 MG	5	MO
TRIUMEQ TABS	5	MO
TRIZIVIR TABS (Abacavir Sulfate-Lamivudine-Zidovudine)	5	MO
TRUVADA TABS	5	MO
TYBOST TABS	4	MO
VIDEX EC CPDR 125 MG (Didanosine)	4	MO
VIDEX EC CPDR 400 MG, 200 MG, 250 MG (Didanosine)	NF	MO
VIDEXPEDIATRIC SOLR	4	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS	5	MO
VIRAMUNE SUSP 50 MG/5ML	4	MO
VIRAMUNE TABS 200 MG (Nevirapine)	NF	MO
VIRAMUNE XR TB24 100 MG (Nevirapine)	4	MO
VIRAMUNE XR TB24 400 MG (Nevirapine)	5	MO
VIREAD POWD	5	MO
VIREAD TABS	5	MO
ZERIT CAPS 15 MG, 40 MG, 20 MG, 30 MG (Stavudine)	NF	MO
ZERIT SOLR 1 MG/ML	4	MO
ZIAGEN SOLN 20 MG/ML (Abacavir Sulfate)	3	MO
ZIAGEN TABS 300 MG (Abacavir Sulfate)	NF	MO
<i>zidovudine caps 100 mg</i>	1	MO; *
<i>zidovudine syrp 50 mg/5ml</i>	2	MO; *
<i>zidovudine tabs 300 mg</i>	1	MO; *
CMV Agents		
<i>cidofovir soln</i>	5	
CYTOVENE SOLR (Ganciclovir Sodium)	NF	PA; MO
<i>ganciclovir sodium solr</i>	2	PA; MO; *
VALCYTE SOLR (Valganciclovir HCl)	5	MO
VALCYTE TABS (Valganciclovir HCl)	5	MO
<i>valganciclovir hcl solr</i>	5	MO
<i>valganciclovir hcl tabs</i>	5	MO
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	5	MO

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN 0.05 MG/ML	4	MO
BARACLUDE TABS 1 MG, 0.5 MG (Entecavir)	5	MO
COPEGUS TABS (Ribavirin (Hepatitis C))	NF	
DAKLINZA TABS	5	PA
<i>entecavir tabs</i>	5	MO
EPIVIR HBV SOLN 5 MG/ML	3	MO
EPIVIR HBV TABS 100 MG (Lamivudine (HBV))	NF	MO
HARVONI TABS	5	PA
HEPSERA TABS (Adefovir Dipivoxil)	5	MO
<i>lamivudine (hbv) tabs</i>	4	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 (Ribavirin (Hepatitis C))	NF	
REBETOL SOLN 40 MG/ML	3	
<i>ribavirin (hepatitis c) caps 200 mg</i>	4	
<i>ribavirin (hepatitis c) tabs 200 mg</i>	4	
<i>ribavirin (hepatitis c) tabs 400 mg, 600 mg</i>	2	*
<i>ribavirin (hepatitis c) tbpk</i>	2	*
SOVALDI TABS	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
TECHNIVIE TABS	5	PA
TYZEKA TABS	5	
VEMLIDY TABS	5	ST; MO
VICTRELIS CAPS	5	PA
VIEKIRA PAK TBPB	5	PA
ZEPATIER TABS	5	PA
Herpes Agents		
<i>acyclovir caps or 200 mg</i>	2	MO; *
<i>acyclovir sodium soln 50 mg/ml</i>	2	PA; *
<i>acyclovir sodium solr 500 mg</i>	2	MO; *
<i>acyclovir susp or 200 mg/5ml</i>	4	MO
<i>acyclovir tabs or 400 mg, 800 mg</i>	2	MO; *
<i>famciclovir tabs</i>	3	MO
FAMVIR TABS (<i>Famciclovir</i>)	NF	MO
<i>valacyclovir hcl tabs or 1000 mg, 1 gm, 500 mg</i>	3	MO
VALTREX TABS (<i>Valacyclovir HCl</i>)	NF	MO
ZOVIRAX CAPS OR 200 MG (<i>Acyclovir</i>)	NF	MO
ZOVIRAX SUSP OR 200 MG/5ML (<i>Acyclovir</i>)	NF	MO
ZOVIRAX TABS OR 400 MG, 800 MG (<i>Acyclovir</i>)	NF	MO
Influenza Agents		
FLUMADINE TABS (<i>Rimantadine Hydrochloride</i>)	NF	MO
<i>oseltamivir phosphate caps</i>	2	MO; *
<i>oseltamivir phosphate susr</i>	2	MO; *
RELENZA DISKHALER AEPB	4	MO

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

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TABS	4	MO
LOPRESSOR TABS (Metoprolol Tartrate)	NF	MO
<i>metoprolol succinate tb24</i>	2	MO; *
<i>metoprolol tartrate tabs or 100 mg, 50 mg, 25 mg</i>	1	MO; *
SECTRAL CAPS (Acebutolol HCl)	NF	MO
TENORMIN TABS (Atenolol)	NF	MO
TOPROL XL TB24 (Metoprolol Succinate)	NF	MO
ZEBETA TABS (Bisoprolol Fumarate)	NF	MO
Beta Blockers Non-Selective		
BETAPACE AF TABS (Sotalol HCl (AFIB/AFL))	NF	MO
BETAPACE TABS (Sotalol HCl)	NF	tabs;MO
CORGARD TABS (Nadolol)	NF	MO
HEMANGEOL SOLN	4	AL; Up to 1 yrs old
INDERAL LA CP24 (Propranolol HCl)	NF	MO
INNOPRAN XL CP24	4	MO
<i>nadolol tabs or 20 mg, 40 mg, 80 mg</i>	3	MO
<i>pindolol tabs</i>	1	MO; *
<i>propranolol hcl cp24 or 160 mg, 80 mg, 120 mg, 60 mg</i>	3	MO
<i>propranolol hcl tabs or 40 mg, 10 mg, 60 mg, 80 mg, 20 mg</i>	3	MO
<i>sotalol hcl (afib/af) tabs</i>	3	MO
Sotalol Hcl IV Soln	NF	
<i>sotalol hcl tabs</i>	2	tabs;MO; *
SOTYLIZE SOLN	4	MO

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

2017 Value Formulary Updated 12/1/2017

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

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS OR 250 MCG, 125 MCG (<i>Digoxin</i>)	4	MO
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	4	MO
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate- atorvastatin calcium tabs</i>	4	MO
BIDIL TABS	4	MO
CADUET TABS (<i>Amlodipine Besylate- Atorvastatin Calcium</i>)	NF	MO
ENTRESTO TABS	4	PA; MO
Prostaglandin Vasodilators		
ORENITRAM TBCR 0.125 MG	4	PA
ORENITRAM TBCR 0.25 MG, 5 MG, 1 MG, 2.5 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	3	B/D; LA
VENTAVIS SOLN 20 MCG/ML	5	B/D; LA
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	5	LA
OPSUMIT TABS	5	
TRACLEER TABS	5	LA
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	5	PA

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

2017 Value Formulary Updated 12/1/2017

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>	2	PA; *
Pulmonary Hypertension - Prostaglandin Receptor		
UPTRAVI TABS	5	PA; LA
UPTRAVI TBPK	5	PA; LA
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG	5	PA; SL(15 ea daily)
ADEMPAS TABS 1 MG	5	PA; SL(7.5 ea daily)
ADEMPAS TABS 1.5 MG	5	PA; SL(5 ea daily)
ADEMPAS TABS 2 MG	5	PA; SL(3.75 ea daily)
ADEMPAS TABS 2.5 MG	5	PA; SL(3 ea daily)
Sinus Node Inhibitors		
CORLANOR TABS 5 MG	4	SL(3 ea daily); MO
CORLANOR TABS 7.5 MG	4	SL(2 ea daily); MO
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps 500 mg</i>	2	MO; *
<i>cefadroxil susr 500 mg/5ml</i>	1	MO; *
<i>cefadroxil tabs 1 gm</i>	1	MO; *
<i>cefazolin sodium solr ij 10 gm, 1 gm, 500 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin caps 750 mg, 500 mg, 250 mg</i>	1	MO; *
<i>cephalexin susr 250 mg/5ml, 125 mg/5ml</i>	3	MO
KEFLEX CAPS (<i>Cephalexin</i>)	NF	MO
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	3	MO
<i>cefoxitin sodium solr ij 10 gm</i>	2	*
<i>cefoxitin sodium solr iv 1 gm</i>	2	MO; *
<i>cefoxitin sodium solr iv 2 gm</i>	2	*
<i>cefprozil susr 250 mg/5ml</i>	1	MO; *
<i>cefprozil tabs 250 mg, 500 mg</i>	3	MO
CEFTIN TABS 250 MG, 500 MG (<i>Cefuroxime Axetil</i>)	NF	MO
<i>cefuroxime axetil tabs</i>	3	MO
<i>cefuroxime sodium solr ij 1.5 gm</i>	1	*
ZINACEF SOLR IJ 1.5 GM (<i>Cefuroxime Sodium</i>)	NF	
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	4	SL(1 ea daily); MO
<i>cefdinir caps</i>	3	MO
<i>cefdinir susr</i>	3	MO
<i>cefpodoxime proxetil susr 100 mg/5ml</i>	2	MO; *
<i>cefpodoxime proxetil tabs 100 mg, 200 mg</i>	4	MO
<i>ceftazidime solr ij 1 gm, 2 gm</i>	4	MO
<i>ceftazidime solr ij 6 gm</i>	4	
CEFTIBUTEN CAPS 400 MG	4	SL(1 ea daily); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium solr ij 1 gm</i>	3	SL(4 ea daily)
<i>ceftriaxone sodium solr ij 2 gm</i>	3	SL(2 ea daily); MO
<i>ceftriaxone sodium solr ij 250 mg</i>	3	SL(16 ea daily); MO
<i>ceftriaxone sodium solr ij 500 mg</i>	3	SL(8 ea daily); MO
<i>ceftriaxone sodium solr iv 1 gm</i>	3	SL(4 ea daily)
<i>ceftriaxone sodium solr iv 10 gm</i>	3	MO
FORTAZ SOLR IJ 2 GM, 1 GM (<i>Ceftazidime</i>)	NF	MO
FORTAZ SOLR IJ 6 GM (<i>Ceftazidime</i>)	NF	
SUPRAX CAPS 400 MG	4	MO
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	4	MO
CEFEPIME SOLN 2 GM/100ML	4	
MAXIPIME SOLR IJ 2 GM, 1 GM (<i>Cefepime HCl</i>)	NF	MO
Cephalosporins - 5th Generation		
TEFLARO SOLR 600 MG	4	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (<i>Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	4	MO
BREVICON-28 TABS (<i>Norethindrone & Eth Estradiol</i>)	NF	MO
DESOGEN TABS (<i>Desogestrel & Ethinyl Estradiol</i>)	NF	MO
<i>desogestrel & ethinyl estradiol tabs</i>	2	MO; *
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	MO; *

Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol tabs</i>	3	MO
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	2	MO; *
DROSPIRENONE/ETHINY L ESTRADIOL/LEVOMEFOLATE CALCIUM TABS	4	MO
<i>ethynodiol diacet & eth estrad tabs 1mg-35mcg</i>	2	MO; *
FEMCON FE CHEW (<i>Norethindrone & Ethinyl Estradiol-Fe</i>)	NF	MO
GENERESS FE CHEW (<i>Norethindrone & Ethinyl Estradiol-Fe</i>)	4	MO
<i>levonorgestrel & eth estradiol tabs</i>	2	MO; *
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	MO; *
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	3	MO
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	2	(QUARTETTE); MO; *
LO LOESTRIN FE TABS	4	MO
LOSEASONIQUE TABS (<i>Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	NF	MO
MINASTRIN 24 FE CHEW (<i>Norethin Acet & Estrad-Fe</i>)	4	MO
MODICON TABS (<i>Norethindrone & Eth Estradiol</i>)	NF	MO
<i>norethin acet & estrad-fe chew 75mg-20mcg-1mg</i>	2	MO; *
<i>norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	1	MO; *
<i>norethindrone & eth estradiol tabs 0.4mg-35mcg</i>	1	MO; *
<i>norethindrone & eth estradiol tabs 1mg-35mcg, 0.5mg-35mcg</i>	2	MO; *

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew</i>	2	MO; *
<i>norethindrone acet & eth estra tabs 20mcg-1mg, 30mcg-1.5mg</i>	1	MO; *
<i>norethindrone-eth estradiol (triphasic) tabs</i>	2	MO; *
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	2	MO; *
<i>norgestimate-ethinyl estradiol tabs</i>	2	MO; *
<i>norgestrel & ethinyl estradiol tabs</i>	2	MO; *
NORINYL 1+35 TABS (Norethindrone & Eth Estradiol)	NF	MO
ORTHO TRI-CYCLEN LO TABS (Norgestimate-Ethinyl Estradiol (Triphasic))	NF	MO
ORTHO TRI-CYCLEN TABS (Norgestimate-Ethinyl Estradiol (Triphasic))	NF	MO
ORTHO-CYCLEN TABS (Norgestimate-Ethinyl Estradiol)	NF	MO
ORTHO-NOVUM 1/35 TABS (Norethindrone & Eth Estradiol)	NF	MO
ORTHO-NOVUM 7/7/7 TABS (Norethindrone-Eth Estradiol (Triphasic))	NF	MO
QUARTETTE TABS (Levonorgestrel-Ethinyl Estradiol (91-Day))	4	(QUARTETTE); MO
SAFYRAL TABS	4	MO
SEASONIQUE TABS (Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	MO
TAYTULLA CAPS	4	MO
YASMIN 28 TABS (Drospirenone-Ethinyl Estradiol)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
YAZ TABS (<i>Drospirenone-Ethinyl Estradiol</i>)	NF	MO
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	2	MO; *
Combination Contraceptives - Vaginal		
NUVARING RING	3	MO
Emergency Contraceptives		
ELLA TABS	3	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	MO
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	MO
DEPO-SUBQ PROVERA 104 SUSY	4	MO
<i>medroxyprogesterone acetate (contraceptive) susp</i>	2	MO; *
<i>medroxyprogesterone acetate (contraceptive) susy</i>	2	MO; *
Progestin Contraceptives - Oral		
NOR-QD TABS (<i>Norethindrone (Contraceptive)</i>)	NF	MO
<i>norethindrone (contraceptive) tabs</i>	2	MO; *
ORTHO MICRONOR TABS (<i>Norethindrone (Contraceptive)</i>)	NF	MO
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>betamethasone sod phosphate & acetate susp</i>	1	MO; *
<i>budesonide cpep or</i>	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
CELESTONE-SOLUSPAN SUSP (<i>Betamethasone Sod Phosphate & Acetate</i>)	4	MO
CORTEF TABS (<i>Hydrocortisone</i>)	NF	MO
<i>cortisone acetate tabs or</i>	1	MO; *
DEPO-MEDROL SUSP 20 MG/ML	4	MO
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML (<i>Methylprednisolone Acetate</i>)	NF	MO
<i>dexamethasone elix or 0.5 mg/5ml</i>	3	MO
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	1	Preservative Free;MO; *
<i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>	1	*
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</i>	2	MO; *
<i>dexamethasone soln or 0.5 mg/5ml</i>	2	MO; *
<i>dexamethasone tabs or 0.5 mg, 6 mg, 0.75 mg, 4 mg, 1.5 mg, 1 mg, 2 mg</i>	1	MO; *
<i>dexamethasone tbpk or 1.5 mg</i>	2	MO; *
EMFLAZA SUSP	5	PA; LA
EMFLAZA TABS	5	PA; LA
ENTOCORT EC CPEP (<i>Budesonide</i>)	5	MO
<i>hydrocortisone tabs or 5 mg, 20 mg, 10 mg</i>	3	MO
KENALOG-10 SUSP	4	MO
KENALOG-40 SUSP	4	MO
LOCORT 11-DAY TBPK	5	
LOCORT 7-DAY TBPK	5	
MEDROL DOSEPAK TBPK (<i>Methylprednisolone</i>)	NF	MO

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

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF SOLR 250 MG, 100 MG	4	MO
SOLU-MEDROL SOLR 125 MG, 40 MG, 1000 MG (Methylprednisolone Sod Succ)	NF	MO
SOLU-MEDROL SOLR 2 GM	4	
UCERIS TB24 OR 9 MG	5	MO
ZONACORT 11 DAY TBPk	5	
ZONACORT 7 DAY TBPk	5	
Mineralocorticoids		
fludrocortisone acetate tabs or	3	MO
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR TB12	4	MO
promethazine & phenylephrine soln	3	AL; Up to 64 yrs old; MO
promethazine & phenylephrine syrp	3	AL; Up to 64 yrs old; MO
SEMPREX-D CAPS	4	MO
Mucolytics		
acetylcysteine soln in 10 %, 20 %	3	B/D; MO
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 30 MG (Isotretinoin)	NF	
ACANYA GEL	4	MO
adapalene crea 0.1 %	4	MO
adapalene gel 0.1 %	4	RX/OTC; MO
adapalene gel 0.3 %	4	MO
adapalene-benzoyl peroxide gel	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
ATRALIN GEL (Tretinoin)	4	MO
AZELEX CREA	4	MO
BENZAACLIN GEL (Clindamycin Phosphate-Benzoyl Peroxide)	NF	MO
BENZAACLIN WITH PUMP GEL (Clindamycin Phosphate-Benzoyl Peroxide)	NF	MO
BENZAMYCIN GEL (Benzoyl Peroxide-Erythromycin)	NF	MO
benzoyl peroxide-erythromycin gel	4	MO
CLEOCIN-T GEL (Clindamycin Phosphate (Topical))	NF	MO
CLEOCIN-T LOTN (Clindamycin Phosphate (Topical))	NF	MO
CLEOCIN-T SOLN (Clindamycin Phosphate (Topical))	NF	MO
CLEOCIN-T SWAB (Clindamycin Phosphate (Topical))	NF	MO
clindamycin phosphate (topical) foam	3	MO
clindamycin phosphate (topical) gel	3	MO
clindamycin phosphate (topical) lotn	4	MO
clindamycin phosphate (topical) soln	3	MO
clindamycin phosphate (topical) swab	3	MO
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	4	MO
clindamycin phosphate-benzoyl peroxide gel	4	MO
clindamycin phosphate-tretinoin gel	2	MO; *
DIFFERIN CREA 0.1 % (Adapalene)	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
DIFFERIN GEL 0.1 % (Adapalene)	NF	RX/OTC; MO
DIFFERIN GEL 0.3 % (Adapalene)	NF	MO
DUAC GEL (Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	NF	MO
EPIDUO GEL (Adapalene-Benzoyl Peroxide)	4	MO
erythromycin (acne aid) gel	1	MO; *
erythromycin (acne aid) soln	3	MO
EVOCLIN FOAM (Clindamycin Phosphate Topical))	NF	MO
FABIOR FOAM	4	Limit 100gms per month; QL (3.34 gm daily); MO
isotretinoin caps or 30 mg	2	*
isotretinoin caps or 40 mg, 10 mg, 20 mg	4	
KLARON LOTN (Sulfacetamide Sodium Acne)	NF	MO
RETIN-A CREA (Tretinoin)	NF	MO
RETIN-A GEL (Tretinoin)	NF	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 %	4	MO
sulfacetamide sodium (acne) lotn	3	MO
sulfacetamide sodium (acne) susp	3	MO
tretinoin crea ex 0.05 %, 0.025 %, 0.1 %	4	MO
tretinoin gel ex 0.025 %, 0.05 %, 0.01 %	4	MO

Drug Name	Drug Tier	Requirements/Limits
tretinoin microsphere gel	4	MO
ZIANA GEL (Clindamycin Phosphate-Tretinoin)	4	MO
Agents for External Genital and Perianal Warts		
VEREGEN OINT	4	MO
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel 1 %	2	MO; *
diclofenac sodium (topical) soln 1.5 %	4	MO
FLECTOR PTCH	4	PA; MO
PENNSAID SOLN	5	MO
VOLTAREN GEL (Diclofenac Sodium Topical)	4	MO
Antibiotics - Topical		
BACTROBAN CREA (Mupirocin Calcium Topical)	NF	MO
BACTROBAN OINT (Mupirocin)	NF	MO
CORTISPORIN CREA	3	MO
CORTISPORIN OINT	3	MO
gentamicin sulfate (topical) crea	1	MO; *
mupirocin calcium (topical) crea	4	MO
mupirocin oint ex	2	MO; *
Antifungals - Topical		
ciclopirox gel 0.77 %	4	MO
ciclopirox olamine crea ex	4	MO
ciclopirox olamine susp ex	3	MO
ciclopirox sham 1 %	4	MO
ciclopirox soln 8 %	3	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical) crea</i>	2	RX/OTC; MO; *
<i>clotrimazole (topical) soln</i>	2	RX/OTC; MO; *
<i>clotrimazole w/ betamethasone crea</i>	3	MO
<i>clotrimazole w/ betamethasone lotn</i>	4	MO
<i>econazole nitrate crea</i>	4	MO
EXELDERM SOLN	4	MO
EXTINA FOAM (<i>Ketoconazole (Topical)</i>)	NF	MO
JUBLIA SOLN	4	PA; MO
KERYDIN SOLN	4	PA; MO
<i>ketoconazole (topical) crea</i>	3	MO
<i>ketoconazole (topical) foam</i>	4	MO
<i>ketoconazole (topical) sham</i>	2	MO; *
LOPROX CREA 0.77 % (<i>Ciclopirox Olamine</i>)	NF	MO
LOPROX SHAMPOO SHAM (<i>Ciclopirox</i>)	NF	MO
LOPROX SUSP 0.77 % (<i>Ciclopirox Olamine</i>)	NF	MO
LOTRISONE CREA (<i>Clotrimazole w/ Betamethasone</i>)	NF	MO
LUZU CREA	4	MO
<i>naftifine hcl crea</i>	2	MO; *
NAFTIN CREA 1 %, 2 % (<i>Naftifine HCl</i>)	4	MO
NAFTIN GEL 1 %, 2 %	4	MO
NIZORAL SHAM (<i>Ketoconazole (Topical)</i>)	NF	MO
<i>nystatin (topical) crea</i>	3	MO
<i>nystatin (topical) oint</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (topical) powd</i>	3	MO
<i>nystatin-triamcinolone crea</i>	4	MO
<i>nystatin-triamcinolone oint</i>	4	MO
<i>oxiconazole nitrate crea</i>	2	MO; *
OXISTAT CREA (<i>Oxiconazole Nitrate</i>)	4	MO
OXISTAT LOTN	4	MO
PENLAC NAIL LACQUER SOLN (<i>Ciclopirox</i>)	NF	MO
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	5	MO
<i>diclofenac sodium (actinic keratoses) gel</i>	5	MO
EFUDEX CREA (<i>Fluorouracil (Topical)</i>)	NF	MO
<i>fluorouracil (topical) crea 5 %</i>	4	MO
<i>fluorouracil (topical) soln 5 %, 2 %</i>	3	MO
FLUOROURACIL CREA EX 0.5 %	5	MO
PANRETIN GEL	5	MO
PICATO GEL	5	MO
SOLARAZE GEL (<i>Diclofenac Sodium (Actinic Keratoses)</i>)	5	MO
TARGRETIN GEL EX 1 %	5	
VALCHLOR GEL	5	PA
Antipsoriatics		
<i>acitretin caps</i>	5	MO
<i>calcipotriene crea</i>	4	MO
<i>calcipotriene oint</i>	4	MO
<i>calcipotriene soln</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
CALCITRIOL OINT EX 3 MCG/GM	4	MO
COSENTYX SENSOREADY PEN SOAJ	5	PA; LA
COSENTYX SOSY	5	PA; LA
DOVONEX CREA (<i>Calcipotriene</i>)	NF	MO
<i>methoxsalen rapid caps</i>	5	MO
OXSORALEN ULTRA CAPS (<i>Methoxsalen Rapid</i>)	5	MO
SILIQ SOSY	5	PA
SORIATANE CAPS (<i>Acitretin</i>)	5	MO
SORILUX FOAM	4	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>	2	MO; *
TAZORAC CREA 0.05 %	3	MO
TAZORAC CREA 0.1 % (<i>Tazarotene</i>)	3	MO
TAZORAC GEL 0.05 %, 0.1 %	3	MO
VECTICAL OINT	4	MO
Antiseborrheic Products		
<i>selenium sulfide lotn ex 2.5 %</i>	2	MO; *
Antivirals - Topical		
<i>acyclovir topical oint</i>	4	MO
DENAVIR CREA	5	MO
XERESE CREA	4	MO
ZOVIRAX CREA EX 5 %	5	MO

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX OINT EX 5 % (<i>Acyclovir Topical</i>)	NF	MO
Burn Products		
SILVADENE CREA (<i>Silver Sulfadiazine</i>)	NF	MO
<i>silver sulfadiazine crea ex</i>	2	MO; *
SULFAMYLON CREA 85 MG/GM	4	MO
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	MO; *
<i>alclometasone dipropionate oint</i>	3	MO
<i>amcinonide crea</i>	3	MO
<i>betamethasone dipropionate (topical) crea</i>	4	MO
<i>betamethasone dipropionate (topical) lotn</i>	3	MO
<i>betamethasone dipropionate (topical) oint</i>	4	MO
<i>betamethasone dipropionate augmented crea</i>	3	MO
<i>betamethasone dipropionate augmented gel</i>	4	MO
<i>betamethasone dipropionate augmented lotn</i>	4	MO
<i>betamethasone dipropionate augmented oint</i>	4	MO
<i>betamethasone valerate crea ex 0.1 %</i>	3	MO
<i>betamethasone valerate foam ex 0.12 %</i>	4	MO
<i>betamethasone valerate lotn ex 0.1 %</i>	3	MO
<i>betamethasone valerate oint ex 0.1 %</i>	3	MO
<i>calcipotriene-betamethasone dipropionate oint</i>	2	MO; *

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
CAPEX SHAM	4	MO
<i>clobetasol propionate crea ex</i>	4	MO
<i>clobetasol propionate emollient base crea</i>	4	MO
<i>clobetasol propionate emulsion foam</i>	4	MO
<i>clobetasol propionate foam ex</i>	4	MO
<i>clobetasol propionate gel ex</i>	4	MO
<i>clobetasol propionate liqd ex</i>	4	MO
<i>clobetasol propionate lotn ex</i>	4	MO
<i>clobetasol propionate oint ex</i>	4	MO
<i>clobetasol propionate sham ex</i>	4	MO
<i>clobetasol propionate soln ex</i>	4	MO
CLOBEX LIQD (<i>Clobetasol Propionate</i>)	NF	MO
CLOBEX LOTN (<i>Clobetasol Propionate</i>)	NF	MO
CLOBEX SHAM (<i>Clobetasol Propionate</i>)	NF	MO
CLOCORTOLONE PIVALATE CREA	4	MO
CLOCORTOLONE PIVALATE PUMP CREA	4	MO
CLODERM CREA	4	MO
CLODERM PUMP CREA	4	MO
CORDRAN TAPE 4 MCG/SQCM	4	MO
CORDRAN TAPE TAPE	4	MO
CUTIVATE CREA (<i>Fluticasone Propionate</i>)	NF	MO
CUTIVATE LOTN (<i>Fluticasone Propionate</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
DERMA-SMOOTH/FS BODY OIL (<i>Fluocinolone Acetonide</i>)	NF	MO
DERMA-SMOOTH/FS SCALP OIL (<i>Fluocinolone Acetonide</i>)	NF	MO
DERMATOP CREA (<i>Prednicarbate</i>)	NF	MO
DESONATE GEL	4	MO
<i>desonide crea ex</i>	4	MO
<i>desonide lotn ex</i>	3	MO
<i>desonide oint ex</i>	2	MO; *
DESOWEN CREA (<i>Desonide</i>)	NF	MO
<i>desoximetasone crea ex 0.25 %</i>	3	MO
<i>desoximetasone gel ex 0.05 %</i>	3	MO
<i>desoximetasone oint ex 0.05 %</i>	2	MO; *
<i>desoximetasone oint ex 0.25 %</i>	3	MO
<i>diflorasone diacetate oint</i>	1	MO; *
DIPROLENE AF CREA (<i>Betamethasone Dipropionate Augmented</i>)	NF	MO
DIPROLENE LOTN (<i>Betamethasone Dipropionate Augmented</i>)	NF	MO
DIPROLENE OINT (<i>Betamethasone Dipropionate Augmented</i>)	NF	MO
ELOCON CREA (<i>Mometasone Furoate</i>)	NF	MO
ELOCON OINT (<i>Mometasone Furoate</i>)	NF	MO
ENSTILAR FOAM	5	MO
<i>fluocinolone acetone crea ex 0.01 %, 0.025 %</i>	4	MO
<i>fluocinolone acetone oil ex 0.01 %</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oint ex 0.025 %</i>	4	MO
<i>fluocinolone acetonide soln ex 0.01 %</i>	4	MO
<i>fluocinonide crea ex 0.05 %</i>	4	MO
<i>fluocinonide crea ex 0.1 %</i>	2	MO; *
<i>fluocinonide emulsified base crea</i>	4	MO
<i>fluocinonide gel ex 0.05 %</i>	4	MO
<i>fluocinonide oint ex 0.05 %</i>	4	MO
<i>fluocinonide soln ex 0.05 %</i>	4	MO
<i>flurandrenolide lotn</i>	4	MO
<i>fluticasone propionate crea ex 0.05 %</i>	3	MO
<i>fluticasone propionate lotn ex 0.05 %</i>	4	MO
<i>fluticasone propionate oint ex 0.005 %</i>	2	MO; *
<i>halobetasol propionate crea</i>	4	MO
<i>halobetasol propionate oint</i>	4	MO
HALOG CREA	4	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>	3	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>	4	MO
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	2	MO; *
<i>hydrocortisone butyrate oint</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate soln</i>	4	MO
<i>hydrocortisone valerate crea</i>	4	MO
<i>hydrocortisone valerate oint</i>	4	MO
KENALOG AERS (Triamcinolone Acetonide (Topical))	NF	MO
LOCOID CREA (Hydrocortisone Butyrate)	NF	MO
LOCOID LIPOCREAM CREA (Hydrocortisone Butyrate Hydrophilic Lipo Base)	NF	MO
LOCOID LOTN	4	MO
LOCOID OINT (Hydrocortisone Butyrate)	NF	MO
LOCOID SOLN (Hydrocortisone Butyrate)	NF	MO
LUXIQ FOAM (Betamethasone Valerate)	NF	MO
<i>mometasone furoate crea ex</i>	3	MO
<i>mometasone furoate oint ex</i>	3	MO
<i>mometasone furoate soln ex</i>	3	MO
OLUX FOAM (Clobetasol Propionate)	NF	MO
OLUX-E FOAM (Clobetasol Propionate Emulsion)	NF	MO
<i>pramoxine-hc crea 1%-1%</i>	1	MO; *
<i>prednicarbate crea</i>	3	MO
SYNALAR CREA (Fluocinolone Acetonide)	NF	MO
SYNALAR OINT (Fluocinolone Acetonide)	NF	MO
SYNALAR SOLN (Fluocinolone Acetonide)	NF	MO
TACLONEX OINT (Calcipotriene- Betamethasone Dipropionate)	5	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
TACLONEX SUSP	5	MO
TEMOVATE CREA (Clobetasol Propionate)	NF	MO
TEMOVATE E CREA (Clobetasol Propionate Emollient Base)	NF	MO
TEMOVATE GEL (Clobetasol Propionate)	NF	MO
TEMOVATE OINT (Clobetasol Propionate)	NF	MO
TEMOVATE SOLN (Clobetasol Propionate)	NF	MO
TOPICORT LIQD 0.25 %	4	MO
TOPICORT OINT 0.05 % (Desoximetasone)	4	MO
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	4	MO
<i>triamcinolone acetonide (topical) crea 0.1 %, 0.5 %, 0.025 %</i>	2	MO; *
<i>triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %</i>	3	MO
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %</i>	2	MO; *
TRIDESILON CREA (Desonide)	NF	MO
ULTRAVATE CREA (Halobetasol Propionate)	NF	MO
ULTRAVATE LOTN	5	PA; MO
ULTRAVATE OINT (Halobetasol Propionate)	NF	MO
VANOS CREA (Fluocinonide)	5	MO
WESTCORT OINT (Hydrocortisone Valerate)	NF	MO
Emollients		
LAC-HYDRIN CREA (Lactic Acid (Ammonium Lactate))	NF	RX/OTC; MO
LAC-HYDRIN LOTN (Lactic Acid (Ammonium Lactate))	NF	RX/OTC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) crea 12 %</i>	2	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn 12 %</i>	2	RX/OTC; MO; *
Enzymes - Topical		
SANTYL OINT	3	MO
Immunomodulating Agents - Topical		
ALDARA CREA (Imiquimod)	NF	MO
<i>imiquimod crea ex</i>	4	MO
ZYCLARA CREA	5	MO
ZYCLARA PUMP CREA	5	MO
Immunosuppressive Agents - Topical		
ELIDEL CREA	4	MO
PROTOPIC OINT (Tacrolimus (Topical))	NF	MO
<i>tacrolimus (topical) oint</i>	4	MO
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	4	MO
CONDYLOX SOLN (Podofilox)	NF	MO
<i>podofilox soln ex</i>	3	MO
VIRASAL LIQD (Salicylic Acid)	NF	MO
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	2	RX/OTC; MO; *
<i>lidocaine hcl soln ex 4 %</i>	2	MO; *
<i>lidocaine oint ex 5 %</i>	4	MO
<i>lidocaine ptch ex 5 %</i>	4	PA; MO
<i>lidocaine-prilocaine crea</i>	4	MO
LIDODERM PTCH (Lidocaine)	NF	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
XYLOCAINE SOLN EX 4 % (<i>Lidocaine HCl</i>)	NF	MO
Rosacea Agents		
DOXYCYCLINE CPDR	4	MO
FINACEA FOAM	4	MO
FINACEA GEL	4	MO
METROCREAM CREA (<i>Metronidazole (Topical)</i>)	NF	MO
METROGEL GEL (<i>Metronidazole (Topical)</i>)	NF	MO
METROLOTION LOTN (<i>Metronidazole (Topical)</i>)	NF	MO
<i>metronidazole (topical) crea</i>	4	MO
<i>metronidazole (topical) gel</i>	4	MO
<i>metronidazole (topical) lotn</i>	4	MO
MIRVASO GEL	4	PA; MO
NORITATE CREA	5	MO
ORACEA CPDR	4	MO
SOOLANTRA CREA	4	MO
Scabicides & Pediculicides		
EURAX CREA	4	MO
EURAX LOTN	4	MO
<i>lindane lotn</i>	1	*
<i>malathion lotn</i>	3	MO
<i>permethrin crea ex 5 %</i>	2	MO; *
Wound Care Products		
REGANEX GEL	5	MO
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		

Drug Name	Drug Tier	Requirements/Limits
CREON CPEP	3	MO
PANCREAZE CPEP	3	MO
PERTZYE CPEP 28750UNIT-8000UNIT-30250UNIT, 14375UNIT-4000UNIT-15125UNIT, 57500UNIT-16000UNIT-60500UNIT	4	MO
PERTZYE CPEP 86250UNIT-24000UNIT-90750UNIT	4	
SUCRAID SOLN	4	LA
VIOKACE TABS	4	MO
ZENPEP CPEP 136000UNIT-40000UNIT-218000UNIT	5	MO
ZENPEP CPEP 85000UNIT-25000UNIT-136000UNIT, 51000UNIT-15000UNIT-82000UNIT, 17000UNIT-5000UNIT-27000UNIT, 34000UNIT-10000UNIT-55000UNIT, 10000UNIT-3000UNIT-16000UNIT, 68000UNIT-20000UNIT-109000UNIT	4	MO
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 or 500 mg</i>	4	MO
<i>acetazolamide tabs or 250 mg</i>	4	MO
DIAMOX CP12 (<i>Acetazolamide</i>)	NF	MO
KEVEYIS TABS	5	PA; SL(4 ea daily)
<i>methazolamide tabs or 25 mg, 50 mg</i>	1	MO; *
Diuretic Combinations		

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

2017 Value Formulary Updated 12/1/2017

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

Drug Name	Drug Tier	Requirements/Limits
ALDACTONE TABS (<i>Spironolactone</i>)	NF	MO
<i>amiloride hcl tabs or</i>	3	MO
<i>spironolactone tabs or 50 mg, 100 mg, 25 mg</i>	1	MO; *
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs 500 mg</i>	3	MO
<i>chlorthalidone tabs</i>	2	MO; *
<i>hydrochlorothiazide caps or 12.5 mg</i>	1	MO; *
<i>hydrochlorothiazide tabs or 12.5 mg, 25 mg, 50 mg</i>	1	MO; *
<i>indapamide tabs</i>	2	MO; *
<i>metolazone tabs</i>	3	MO
MICROZIDE CAPS (<i>Hydrochlorothiazide</i>)	NF	MO
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Risedronate Sodium</i>)	NF	QL(0.04 ea daily); MO
ACTONEL TABS 35 MG (<i>Risedronate Sodium</i>)	NF	QL(0.15 ea daily); MO
ACTONEL TABS 5 MG, 30 MG (<i>Risedronate Sodium</i>)	NF	QL(1 ea daily); MO
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	MO; *
<i>alendronate sodium tabs 70 mg, 35 mg</i>	1	QL(0.15 ea daily); MO; *
AELVIA TBEC (<i>Risedronate Sodium</i>)	NF	QL(0.15 ea daily); MO
BONIVA SOLN IV 3 MG/3ML (<i>Ibandronate Sodium</i>)	NF	QL(0.04 ml daily); MO
BONIVA TABS OR 150 MG (<i>Ibandronate Sodium</i>)	NF	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO
<i>calcitonin (salmon) soln</i>	3	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
FORTEO SOLN	5	Limit 2.4mls per 28 days; QL(0.09 ml daily)
FOSAMAX PLUS D TABS	4	QL(0.15 ea daily); MO
FOSAMAX TABS (Alendronate Sodium)	NF	QL(0.15 ea daily); MO
<i>ibandronate sodium soln iv 3 mg/3ml</i>	3	QL(0.04 ml daily); MO
<i>ibandronate sodium tabs or 150 mg</i>	3	Limit 1 tab per 28 days (3 per 84); QL(0.036 ea daily); MO
MIACALCIN SOLN IJ 200 UNIT/ML	4	MO
MIACALCIN SOLN NA 200 UNIT/ACT (Calcitonin (Salmon))	NF	MO
NATPARA CART	5	PA; LA
PROLIA SOLN	3	QL(0.01 ml daily)
RECLAST SOLN (Zoledronic Acid)	NF	QL(0.28 ml daily)
<i>risedronate sodium tabs 150 mg</i>	4	QL(0.04 ea daily); MO
<i>risedronate sodium tabs 35 mg</i>	4	QL(0.15 ea daily); MO
<i>risedronate sodium tabs 5 mg, 30 mg</i>	4	QL(1 ea daily); MO
<i>risedronate sodium tbec 35 mg</i>	4	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>	4	QL(0.28 ml daily)
ZOMETA CONC 4 MG/5ML (Zoledronic Acid)	5	
Corticotropin		

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

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG	5	3 Month Kit
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	5	
SYNAREL SOLN	5	MO
Metabolic Modifiers		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	2	MO; *
<i>calcitriol soln or 1 mcg/ml</i>	4	MO
CARBAGLU TABS	4	LA
CARNITOR TABS OR 330 MG (<i>Levocarnitine (Metabolic Modifiers)</i>)	NF	RX/OTC; MO
CYSTADANE POWD	4	LA
<i>doxercalciferol caps or 1 mcg</i>	2	MO; *
<i>doxercalciferol caps or 2.5 mcg, 0.5 mcg</i>	4	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>	3	RX/OTC; MO
LUMIZYME SOLR	5	LA
MYALEPT SOLR	5	LA
NAGLAZYME SOLN	5	LA
ORFADIN CAPS 2 MG, 5 MG, 20 MG, 10 MG	3	LA
<i>paricalcitol caps or 4 mcg, 2 mcg, 1 mcg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
RAVICTI LIQD	4	LA
RAYALDEE CPCR	4	PA; MO
ROCALTROL CAPS (<i>Calcitriol</i>)	NF	MO
ROCALTROL SOLN (<i>Calcitriol</i>)	NF	MO
SENSIPAR TABS 30 MG	3	
SENSIPAR TABS 60 MG, 90 MG	5	
STRENSIQ SOLN	5	PA; LA
VIMIZIM SOLN	5	LA
ZEMPLAR CAPS OR 1 MCG, 2 MCG (<i>Paricalcitol</i>)	NF	MO
Posterior Pituitary Hormones		
DDAVP SOLN (<i>Desmopressin Acetate Refrigerated</i>)	NF	MO
DDAVP SOLN (<i>Desmopressin Acetate Spray</i>)	NF	MO
DDAVP SOLN (<i>Desmopressin Acetate</i>)	NF	MO
DDAVP TABS (<i>Desmopressin Acetate</i>)	NF	MO
<i>desmopressin acetate refrigerated soln</i>	3	MO
<i>desmopressin acetate soln ij 4 mcg/ml</i>	4	MO
<i>desmopressin acetate spray refrigerated soln</i>	4	MO
<i>desmopressin acetate spray soln</i>	4	MO
<i>desmopressin acetate tabs or 0.2 mg, 0.1 mg</i>	3	MO
STIMATE SOLN	4	
Prolactin Inhibitors		
<i>cabergoline tabs</i>	3	MO
Somatostatic Agents		

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate soln 100 mcg/ml</i>	4	
<i>octreotide acetate soln 200 mcg/ml, 50 mcg/ml</i>	1	*
SANDOSTATIN LAR DEPOT KIT 30 MG, 20 MG	5	
SANDOSTATIN SOLN 100 MCG/ML (<i>Octreotide Acetate</i>)	5	
SANDOSTATIN SOLN 200 MCG/ML, 50 MCG/ML (<i>Octreotide Acetate</i>)	NF	
SIGNIFOR LAR SRER 20 MG	5	Limit 3 vials per 28 days; SL(0.11 ea daily); LA
SIGNIFOR LAR SRER 40 MG	5	Limit 3 vials per 56 days; SL(0.054 ea daily); LA
SIGNIFOR LAR SRER 60 MG	5	Limit 1 vial per 28 days; SL(0.036 ea daily); LA
SIGNIFOR SOLN	5	LA
SOMATULINE DEPOT SOLN	5	
Vasopressin Receptor Antagonists		
SAMSCA TABS	5	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Estradiol & Norethindrone Acetate</i>)	NF	AL; Up to 64 yrs old; MO
ANGELIQ TABS 0.5MG-1MG	4	AL; Up to 64 yrs old; MO
CLIMARA PRO PTWK	4	AL; Up to 64 yrs old; MO
COMBIPATCH PTTW	4	AL; Up to 64 yrs old; MO
DUAVEE TABS	4	AL; Up to 64 yrs old; MO

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tabs</i>	4	AL; Up to 64 yrs old; MO
FEMHRT LOW DOSE TABS (<i>Norethindrone Acetate-Ethinyl Estradiol</i>)	NF	AL; Up to 64 yrs old; MO
<i>norethindrone acetate-ethinyl estradiol tabs 2.5mcg-0.5mg</i>	3	AL; Up to 64 yrs old; MO
PREMPHASE TABS	4	AL; Up to 64 yrs old; MO
PREMPRO TABS	4	AL; Up to 64 yrs old; MO
Estrogens		
CLIMARA PTWK (<i>Estradiol</i>)	NF	AL; Up to 64 yrs old; MO
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (<i>Estradiol Valerate</i>)	NF	MO
DIVIGEL GEL	4	AL; Up to 64 yrs old; MO
ELESTRIN GEL	4	AL; Up to 64 yrs old; MO
<i>estradiol pttw td 0.05 mg/24hr, 0.025 mg/24hr, 0.0375 mg/24hr, 0.1 mg/24hr, 0.075 mg/24hr</i>	3	AL; Up to 64 yrs old; MO
<i>estradiol ptwk td 0.075 mg/24hr, 0.025 mg/24hr, 0.1 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr, 0.05 mg/24hr</i>	3	AL; Up to 64 yrs old; MO
<i>estradiol tabs or 0.5 mg, 2 mg, 1 mg</i>	2	AL; Up to 64 yrs old; MO; *
<i>estradiol valerate oil im 40 mg/ml, 20 mg/ml</i>	3	MO
<i>estropiate tabs 1.5 mg, 0.75 mg</i>	2	AL; Up to 64 yrs old; MO; *
EVAMIST SOLN	4	AL; Up to 64 yrs old; MO
MENOSTAR PTWK	4	AL; Up to 64 yrs old; MO
PREMARIN TABS OR 1.25 MG, 0.9 MG, 0.625 MG, 0.3 MG, 0.45 MG	4	AL; Up to 64 yrs old; MO
VIVELLE-DOT PTTW (<i>Estradiol</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 viii.

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (Moxifloxacin HCl)	NF	MO
AVELOX TABS OR 400 MG (Moxifloxacin HCl)	NF	MO
CIPRO I.V.-IN D5W SOLN (Ciprofloxacin in D5W)	NF	MO
CIPRO SUSR 500 MG/5ML, 5 GM/100ML (Ciprofloxacin)	4	MO
CIPRO TABS 250 MG, 500 MG (Ciprofloxacin HCl)	NF	MO
CIPRO XR TB24 (Ciprofloxacin-Ciprofloxacin HCl)	NF	MO
<i>ciprofloxacin hcl tabs or 500 mg, 250 mg, 750 mg, 100 mg</i>	1	MO; *
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	3	
<i>ciprofloxacin in d5w soln 400mg/200ml-5%</i>	3	MO
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	2	MO; *
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	3	MO
LEVAQUIN TABS 250 MG, 750 MG (Levofloxacin)	NF	MO
LEVAQUIN TABS 500 MG (Levofloxacin)	4	MO
<i>levofloxacin in d5w soln</i>	3	
<i>levofloxacin soln iv 25 mg/ml</i>	4	
<i>levofloxacin soln or 25 mg/ml</i>	4	MO
<i>levofloxacin tabs or 500 mg, 250 mg, 750 mg</i>	2	MO; *
<i>moxifloxacin hcl tabs or 400 mg</i>	4	MO
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		

Drug Name	Drug Tier	Requirements/Limits
OCALIVA TABS 10 MG	5	PA; SL(1 ea daily)
OCALIVA TABS 5 MG	5	PA; SL(2 ea daily)
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Ursodiol)	NF	MO
CHENODAL TABS	5	LA
URSO 250 TABS (Ursodiol)	NF	MO
URSO FORTE TABS (Ursodiol)	NF	MO
<i>ursodiol caps or 300 mg</i>	4	MO
<i>ursodiol tabs or 500 mg, 250 mg</i>	4	MO
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	4	MO
GASTROCROM CONC (Cromolyn Sodium (Mastocytosis))	NF	MO
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	3	MO
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	2	MO; *
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	2	MO; *
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1	MO; *
REGLAN TABS (Metoclopramide HCl)	NF	MO
Inflammatory Bowel Agents		
APRISO CP24	3	MO
ASACOL HD TBEC	3	MO
AZULFIDINE EN-TABS TBEC (Sulfasalazine)	NF	MO
AZULFIDINE TABS (Sulfasalazine)	NF	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium caps</i>	4	MO
CANASA SUPP	5	MO
CIMZIA KIT	5	PA
CIMZIA STARTER KIT KIT	5	PA
COLAZAL CAPS (<i>Balsalazide Disodium</i>)	NF	MO
DELZICOL CPDR	3	MO
DIPENTUM CAPS	5	MO
ENTYVIO SOLR	5	PA
INFLECTRA SOLR	5	PA
LIALDA TBEC (<i>Mesalamine</i>)	3	MO
MESALAMINE DR TBEC	3	MO
<i>mesalamine enem re 4 gm</i>	4	MO
<i>mesalamine tbec or 1.2 gm</i>	2	MO; *
<i>mesalamine w/ cleanser kit</i>	4	MO
PENTASA CPCR 250 MG	4	MO
PENTASA CPCR 500 MG	5	MO
REMICADE SOLR	5	PA
ROWASA KIT (<i>Mesalamine w/ Cleanser</i>)	NF	MO
STELARA SOLN IV 130 MG/26ML	5	PA
<i>sulfasalazine tabs or</i>	2	MO; *
<i>sulfasalazine tbec or</i>	3	MO
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	2	MO; *
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	5	MO

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAPS	3	MO
LOTRONEX TABS (<i>Alosetron HCl</i>)	5	MO
VIBERZI TABS	5	PA; MO
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABS	4	MO
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	5	MO
RELISTOR TABS OR 150 MG	5	PA; MO
Phosphate Binder Agents		
AURYXIA TABS	5	MO
<i>calcium acetate (phosphate binder) caps</i>	4	MO
<i>calcium acetate (phosphate binder) tabs</i>	2	RX/OTC; MO; *
FOSRENOL CHEW 750 MG, 1000 MG, 500 MG (<i>Lanthanum Carbonate</i>)	3	MO
<i>lanthanum carbonate chew</i>	2	MO; *
PHOSLYRA SOLN	4	MO
RENAGEL TABS 800 MG	5	MO
REVELA PACK (<i>Sevelamer Carbonate</i>)	5	MO
REVELA TABS (<i>Sevelamer Carbonate</i>)	5	MO
<i>sevelamer carbonate pack</i>	5	MO
<i>sevelamer carbonate tabs</i>	5	MO
VELPHORO CHEW	5	MO
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	5	PA; LA
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	5	PA; LA

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 1080 mg, 540 mg</i>	4	MO
UROKIT-K 10 TBCR (<i>Potassium Citrate (Alkalinizer)</i>)	NF	MO
UROKIT-K 5 TBCR (<i>Potassium Citrate (Alkalinizer)</i>)	NF	MO
Cystinosis Agents		
CYSTAGON CAPS	4	
PROCYSBI CPDR	4	LA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	MO; *
<i>neomycin/polymyxin b gu soln</i>	1	MO; *
<i>sodium chloride (gu irrigant) soln</i>	2	MO; *
Interstitial Cystitis Agents		
ELMIRON CAPS	4	MO
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	2	MO; *
AVODART CAPS (<i>Dutasteride</i>)	NF	MO
CARDURA XL TB24	4	MO
<i>dutasteride caps</i>	4	MO
<i>dutasteride-tamsulosin hcl caps</i>	4	MO
<i>finasteride tabs or</i>	2	MO; *
FLOMAX CAPS (<i>Tamsulosin HCl</i>)	NF	MO
JALYN CAPS (<i>Dutasteride-Tamsulosin HCl</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
PROSCAR TABS (<i>Finasteride</i>)	NF	MO
RAPAFLO CAPS	4	MO
<i>tamsulosin hcl caps</i>	2	MO; *
UROXATRAL TB24 (<i>Alfuzosin HCl</i>)	NF	MO
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	3	MO
Gout Agents		
<i>allopurinol tabs or 100 mg</i>	2	SL(8 ea daily); MO; *
<i>allopurinol tabs or 300 mg</i>	2	SL(2.66 ea daily); MO; *
COLCHICINE CAPS OR	4	MO
COLCHICINE TABS OR	3	MO
COLCRYS TABS	3	MO
MITIGARE CAPS	4	MO
ULORIC TABS	3	MO
ZURAMPIC TABS	4	PA; SL(1 ea daily); MO
ZYLOPRIM TABS 100 MG (<i>Allopurinol</i>)	NF	SL(8 ea daily); MO
ZYLOPRIM TABS 300 MG (<i>Allopurinol</i>)	NF	SL(2.66 ea daily); MO
Uricosurics		
<i>probenecid tabs</i>	3	MO
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	5	
Complement Inhibitors		
BERINERT KIT	5	LA

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
CINRYZE SOLR	5	LA
RUCONEST SOLR	5	
Hematorheologic Agents		
<i>pentoxifylline tbcr or</i>	2	MO; *
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	5	
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (Aspirin-Dipyridamole)	3	MO
AGRYLIN CAPS (Anagrelide HCl)	NF	MO
<i>anagrelide hcl caps</i>	3	MO
<i>aspirin-dipyridamole cp12</i>	2	MO; *
BRILINTA TABS	3	MO
<i>cilostazol tabs</i>	2	MO; *
<i>clopidogrel bisulfate tabs 300 mg</i>	1	*
<i>clopidogrel bisulfate tabs 75 mg</i>	1	MO; *
<i>dipyridamole tabs or 25 mg, 75 mg, 50 mg</i>	3	AL; Up to 64 yrs old; MO
EFFIENT TABS (Prasugrel HCl)	3	MO
PERSANTINE TABS (Dipyridamole)	NF	AL; Up to 64 yrs old; MO
PLAVIX TABS 300 MG (Clopidogrel Bisulfate)	NF	
PLAVIX TABS 75 MG (Clopidogrel Bisulfate)	NF	MO
PLETAL TABS (Cilostazol)	NF	MO
<i>prasugrel hcl tabs</i>	2	MO; *
ZONTIVITY TABS	3	MO
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

Drug Name	Drug Tier	Requirements/Limits
CERDELGA CAPS	5	PA
CEREZYME SOLR	5	LA
ELELYSO SOLR	5	
VPRIV SOLR	5	
ZAVESCA CAPS	5	LA
Agents for Sickle Cell Anemia		
DROXIA CAPS	4	MO
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 300 MCG/ML, 200 MCG/ML	5	PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 60 MCG/ML, 40 MCG/ML	4	PA
ARANESP ALBUMIN FREE SOSY 25 MCG/0.42ML, 40 MCG/0.4ML, 10 MCG/0.4ML, 60 MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 100 MCG/0.5ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 150 MCG/0.3ML	5	PA
EPOGEN SOLN 20000 UNIT/ML	5	PA
EPOGEN SOLN 4000 UNIT/ML, 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML	4	PA
GRANIX SOSY	5	PA
LEUKINE SOLR	5	PA
MIRCERA SOSY 200 MCG/0.3ML	5	PA

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
MIRCERA SOSY 75 MCG/0.3ML, 50 MCG/0.3ML, 100 MCG/0.3ML	4	PA
NEULASTA ONPRO KIT PSKT	5	PA
NEULASTA SOSY	5	PA
NEUPOGEN SOLN	5	PA
NEUPOGEN SOSY	5	PA
PROCRIT SOLN 4000 UNIT/ML, 3000 UNIT/ML, 10000 UNIT/ML, 2000 UNIT/ML	3	PA
PROCRIT SOLN 40000 UNIT/ML, 20000 UNIT/ML	5	PA
PROMACTA TABS 12.5 MG	5	SL(12 ea daily); LA
PROMACTA TABS 25 MG	5	SL(6 ea daily); LA
PROMACTA TABS 50 MG	5	SL(3 ea daily); LA
PROMACTA TABS 75 MG	5	SL(2 ea daily); LA
ZARXIO SOSY	5	PA
Stem Cell Mobilizers		
MOZOBIL SOLN	5	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	5	MO
AMICAR TABS 1000 MG	5	
CYKLOKAPRON SOLN (<i>Tranexamic Acid</i>)	NF	
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>	4	MO

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	4	AL; Up to 64 yrs old; MO
<i>phenobarbital elix or 20 mg/5ml</i>	4	AL; Up to 64 yrs old; MO
<i>phenobarbital soln or 20 mg/5ml</i>	4	AL; Up to 64 yrs old; MO
<i>phenobarbital tabs or 100 mg, 60 mg, 16.2 mg, 32.4 mg, 97.2 mg, 30 mg, 64.8 mg, 15 mg</i>	2	AL; Up to 64 yrs old; MO; *
Hypnotics - Tricyclic Agents		
SILENOR TABS 3 MG	4	QL(2 ea daily); MO
SILENOR TABS 6 MG	4	QL(1 ea daily); MO
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR 12.5 MG (<i>Zolpidem Tartrate</i>)	NF	AL; Up to 64 yrs old; SL(1 ea daily); MO
AMBIEN CR TBCR 6.25 MG (<i>Zolpidem Tartrate</i>)	NF	AL; Up to 64 yrs old; SL(2 ea daily); MO
AMBIEN TABS 10 MG (<i>Zolpidem Tartrate</i>)	NF	AL; Up to 64 yrs old; SL(1 ea daily); MO
AMBIEN TABS 5 MG (<i>Zolpidem Tartrate</i>)	NF	AL; Up to 64 yrs old; SL(2 ea daily); MO
EDLUAR SUBL 10 MG	4	AL; Up to 64 yrs old; SL(1 ea daily); MO
EDLUAR SUBL 5 MG	4	AL; Up to 64 yrs old; SL(2 ea daily); MO
<i>eszopiclone tabs</i>	4	AL; Up to 64 yrs old; MO
<i>flurazepam hcl caps</i>	1	MO; *
HALCION TABS (<i>Triazolam</i>)	NF	MO
INTERMEZZO SUBL 1.75 MG (<i>Zolpidem Tartrate</i>)	4	AL; Up to 64 yrs old; SL(2 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
INTERMEZZO SUBL 3.5 MG (<i>Zolpidem Tartrate</i>)	4	AL; Up to 64 yrs old; SL(1 ea daily); MO
LUNESTA TABS (<i>Eszopiclone</i>)	NF	AL; Up to 64 yrs old; MO
RESTORIL CAPS (<i>Temazepam</i>)	NF	MO
SONATA CAPS (<i>Zaleplon</i>)	NF	AL; Up to 64 yrs old; MO
<i>temazepam caps</i>	2	MO; *
TRIAZOLAM TABS 0.125 MG	4	MO
<i>triazolam tabs 0.25 mg</i>	3	MO
<i>zaleplon caps</i>	3	AL; Up to 64 yrs old; MO
<i>zolpidem tartrate subl sl 1.75 mg</i>	2	AL; Up to 64 yrs old; SL(2 ea daily); MO; *
<i>zolpidem tartrate subl sl 3.5 mg</i>	2	AL; Up to 64 yrs old; SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 10 mg</i>	2	AL; Up to 64 yrs old; SL(1 ea daily); MO; *
<i>zolpidem tartrate tabs or 5 mg</i>	2	AL; Up to 64 yrs old; SL(2 ea daily); MO; *
<i>zolpidem tartrate tbc r or 12.5 mg</i>	4	AL; Up to 64 yrs old; SL(1 ea daily); MO
<i>zolpidem tartrate tbc r or 6.25 mg</i>	4	AL; Up to 64 yrs old; SL(2 ea daily); MO
ZOLPIMIST SOLN	4	AL; Up to 64 yrs old; SL(0.26 ml daily); MO
Orexin Receptor Antagonists		
BELSOMRA TABS 10 MG	4	PA; SL(2 ea daily); MO
BELSOMRA TABS 15 MG	4	PA; SL(1.33 ea daily); MO
BELSOMRA TABS 20 MG	4	PA; SL(1 ea daily); MO
BELSOMRA TABS 5 MG	4	PA; SL(4 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	5	PA
ROZEREM TABS	4	MO
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	3	
COLYTE-FLAVOR PACKS SOLR (<i>PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	MO
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	4	MO
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	MO
MOVIPREP SOLR	4	MO
NULYTELY/FLAVOR PACKS SOLR (<i>PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i>)	NF	MO
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	2	MO; *
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	2	MO; *
PREPOPIK PACK	4	MO
SUPREP BOWEL PREP KIT SOLN	4	MO
Laxatives - Miscellaneous		
<i>lactulose soln</i>	3	MO
<i>polyethylene glycol 3350 pack or</i>	2	RX/OTC; MO; *
<i>polyethylene glycol 3350 powd or</i>	2	RX/OTC; MO; *
Saline Laxatives		

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
OSMOPREP TABS	4	MO
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln 2 %, 1 %</i>	1	*
<i>XYLOCAINE SOLN IJ 2 %, 1 % (Lidocaine HCl (Local Anesth.))</i>	NF	
<i>XYLOCAINE-MPF SOLN 1 % (Lidocaine HCl (Local Anesth.))</i>	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin solr iv 500 mg</i>	2	MO; *
<i>azithromycin susr or 200 mg/5ml, 100 mg/5ml</i>	3	MO
<i>azithromycin tabs or 600 mg, 500 mg, 250 mg</i>	2	MO; *
<i>ZITHROMAX SOLR IV 500 MG (Azithromycin)</i>	NF	MO
<i>ZITHROMAX SUSR OR 200 MG/5ML, 100 MG/5ML (Azithromycin)</i>	NF	MO
<i>ZITHROMAX TABS OR 250 MG, 600 MG, 500 MG (Azithromycin)</i>	NF	MO
<i>ZITHROMAX TRI-PAK TABS (Azithromycin)</i>	NF	MO
<i>ZITHROMAX Z-PAK TABS (Azithromycin)</i>	NF	MO
Clarithromycin		
<i>BIAXIN TABS 250 MG, 500 MG (Clarithromycin)</i>	NF	MO
<i>clarithromycin susr or 250 mg/5ml</i>	3	MO
<i>clarithromycin tabs or 250 mg, 500 mg</i>	3	MO
<i>clarithromycin tb24 or 500 mg</i>	3	MO
Erythromycins		

Drug Name	Drug Tier	Requirements/Limits
<i>E.E.S. GRANULES SUSR (Erythromycin Ethylsuccinate)</i>	4	SL(100 ml daily); MO
<i>ERYPED 200 SUSR (Erythromycin Ethylsuccinate)</i>	4	SL(100 ml daily); MO
<i>ERYPED 400 SUSR</i>	4	SL(50 ml daily); MO
<i>erythromycin base cpep 250 mg</i>	2	SL(16 ea daily); MO; *
<i>erythromycin base tabs 250 mg</i>	2	SL(16 ea daily); MO; *
<i>erythromycin base tabs 500 mg</i>	2	SL(8 ea daily); MO; *
<i>erythromycin ethylsuccinate susr or 200 mg/5ml</i>	2	SL(100 ml daily); MO; *
<i>erythromycin ethylsuccinate tabs or 400 mg</i>	2	SL(10 ea daily); MO; *
<i>erythromycin lactobionate solr</i>	2	SL(8 ea daily); *
<i>PCE TBEC 333 MG</i>	4	SL(12 ea daily); MO
Fidaxomicin		
<i>DIFICID TABS</i>	5	MO
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO; *
Misc. Devices		
<i>ALCOHOL PADS</i>	3	RX/OTC; MO
Parenteral Therapy Supplies		
<i>INSULIN SYRINGES AND PEN NEEDLES</i>	3	RX/OTC; MO
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
<i>MIGERGOT SUPP</i>	4	MO
<i>TREXIMET TABS</i>	4	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/ Limits
Migraine Products - NSAIDs		
CAMBIA PACK	4	MO
Migraine Products		
D.H.E. 45 SOLN (<i>Dihydroergotamine Mesylate</i>)	NF	MO
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	2	MO; *
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	5	MO
ERGOMAR SUBL	4	
MIGRANAL SOLN	5	MO
Serotonin Agonists		
<i>almotriptan malate tabs</i>	4	QL(0.4 ea daily); MO
AMERGE TABS (<i>Naratriptan HCl</i>)	NF	QL(0.3 ea daily); MO
AXERT TABS (<i>Almotriptan Malate</i>)	NF	QL(0.4 ea daily); MO
<i>eletriptan hydrobromide tabs</i>	2	QL(0.2 ea daily); MO; *
FROVA TABS (<i>Frovatriptan Succinate</i>)	4	QL(0.6 ea daily); MO
<i>frovatriptan succinate tabs</i>	4	QL(0.6 ea daily); MO
IMITREX SOLN SC 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Limit 8mls per month; QL(0.27 ml daily); MO
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Solution cartridge; Limit 8mls per month; QL(0.27 ml daily); MO
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>Sumatriptan Succinate</i>)	NF	Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO

Drug Name	Drug Tier	Requirements/ Limits
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>)	NF	QL(0.3 ea daily); MO
IMITREX TABS OR 25 MG (<i>Sumatriptan Succinate</i>)	NF	QL(0.9 ea daily); MO
IMITREX TABS OR 50 MG (<i>Sumatriptan Succinate</i>)	NF	QL(0.6 ea daily); MO
MAXALT TABS 10 MG (<i>Rizatriptan Benzoate</i>)	NF	QL(0.4 ea daily); MO
MAXALT TABS 5 MG (<i>Rizatriptan Benzoate</i>)	NF	QL(0.8 ea daily); MO
MAXALT-MLT TBDP 10 MG (<i>Rizatriptan Benzoate</i>)	NF	QL(0.4 ea daily); MO
MAXALT-MLT TBDP 5 MG (<i>Rizatriptan Benzoate</i>)	NF	QL(0.8 ea daily); MO
<i>naratriptan hcl tabs</i>	4	QL(0.3 ea daily); MO
RELPAK TABS (<i>Eletriptan Hydrobromide</i>)	4	QL(0.2 ea daily); MO
<i>rizatriptan benzoate tabs 10 mg</i>	3	QL(0.4 ea daily); MO
<i>rizatriptan benzoate tabs 5 mg</i>	3	QL(0.8 ea daily); MO
<i>rizatriptan benzoate tbdp 10 mg</i>	3	QL(0.4 ea daily); MO
<i>rizatriptan benzoate tbdp 5 mg</i>	3	QL(0.8 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>	4	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

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
<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
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	2	Prefilled syringe; *
<i>sumatriptan succinate tabs or 100 mg</i>	2	QL(0.3 ea daily); MO; *
<i>sumatriptan succinate tabs or 25 mg</i>	2	QL(0.9 ea daily); MO; *
<i>sumatriptan succinate tabs or 50 mg</i>	2	QL(0.6 ea daily); MO; *
SUMAVEL DOSEPRO SOTJ	4	Limit 4mls per month; QL(0.14 ml daily); MO
<i>zolmitriptan tabs 2.5 mg</i>	4	SL(4 ea daily); MO
<i>zolmitriptan tabs 5 mg</i>	4	SL(2 ea daily); MO
<i>zolmitriptan tbdp 2.5 mg</i>	4	SL(4 ea daily); MO
<i>zolmitriptan tbdp 5 mg</i>	4	SL(2 ea daily); MO
ZOMIG SOLN NA 2.5 MG	4	SL(4 ea daily); MO
ZOMIG SOLN NA 5 MG	4	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		
Bicarbonates		
<i>sodium bicarbonate soln iv 8.4 %</i>	1	MO; *
Electrolyte Mixtures		

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose in lactated ringers soln</i>	1	*
<i>dextrose w/ sodium chloride soln 0.45%-5%, 0.45%-2.5%</i>	2	*
<i>dextrose w/ sodium chloride soln 0.9%-5%</i>	2	MO; *
<i>lactated ringer's soln</i>	2	*
<i>parenteral electrolytes conc</i>	2	B/D; *
<i>parenteral electrolytes soln</i>	2	B/D; *
<i>potassium chloride in dextrose & sodium chloride soln 0.45%-20meq/l-5%</i>	3	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	3	MO
Potassium		
K-TAB TBCR 10 MEQ (<i>Potassium Chloride</i>)	NF	MO
MICRO-K CPCR (<i>Potassium Chloride</i>)	NF	MO
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	3	MO
<i>potassium chloride microencapsulated crystals er tbc</i>	2	MO; *
<i>potassium chloride soln iv 2 meq/ml</i>	3	MO
<i>potassium chloride soln or 10 %, 20 %</i>	3	MO
<i>potassium chloride tbc or 8 meq, 10 meq, 20 meq</i>	2	MO; *
Sodium		
<i>sodium chloride soln iv 0.45 %</i>	2	*
<i>sodium chloride soln iv 0.9 %</i>	3	MO
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
SYPRINE CAPS	5	MO
Enzymes		
XIAFLEX SOLR	5	
Immunomodulators		
REVLIMID CAPS	5	LA
THALOMID CAPS	5	
Immunosuppressive Agents		
ASTAGRAF XL CP24	4	B/D; MO
ATGAM INJ	4	B/D
AZATHIOPRINE SOLR IJ 100 MG	4	B/D
<i>azathioprine tabs or 50 mg</i>	3	B/D; MO
<i>azathioprine tabs or 75 mg, 100 mg</i>	2	B/D; MO; *
CELLCEPT CAPS 250 MG (<i>Mycophenolate Mofetil</i>)	NF	B/D; MO
CELLCEPT INTRAVENOUS SOLR (<i>Mycophenolate Mofetil HCl</i>)	4	B/D
CELLCEPT SUSR 200 MG/ML (<i>Mycophenolate Mofetil</i>)	5	B/D; MO
CELLCEPT TABS 500 MG (<i>Mycophenolate Mofetil</i>)	NF	B/D; MO
<i>cyclosporine caps or 25 mg, 100 mg</i>	4	B/D; MO
<i>cyclosporine modified (for microemulsion) caps 25 mg, 100 mg</i>	4	B/D; MO
<i>cyclosporine modified (for microemulsion) caps 50 mg</i>	2	B/D; MO; *
<i>cyclosporine soln iv 50 mg/ml</i>	2	B/D; *
ENVARUSUS XR TB24	4	B/D; MO
IMURAN TABS (<i>Azathioprine</i>)	4	B/D; MO
<i>mycophenolate mofetil caps 250 mg</i>	3	B/D; MO

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil hcl solr</i>	2	B/D; *
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	B/D; MO
<i>mycophenolate mofetil tabs 500 mg</i>	3	B/D; MO
<i>mycophenolate sodium tbec 180 mg</i>	4	B/D; MO
<i>mycophenolate sodium tbec 360 mg</i>	2	B/D; MO; *
MYFORTIC TBEC 180 MG (<i>Mycophenolate Sodium</i>)	4	B/D; MO
MYFORTIC TBEC 360 MG (<i>Mycophenolate Sodium</i>)	5	B/D; MO
NEORAL CAPS 100 MG, 25 MG (<i>Cyclosporine Modified (For Microemulsion)</i>)	NF	B/D; MO
NULOJIX SOLR	5	B/D
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (<i>Tacrolimus</i>)	NF	B/D; MO
PROGRAF SOLN IV 5 MG/ML	4	B/D
RAPAMUNE SOLN 1 MG/ML	3	B/D; MO
RAPAMUNE TABS 0.5 MG (<i>Sirolimus</i>)	3	B/D; MO
RAPAMUNE TABS 1 MG, 2 MG (<i>Sirolimus</i>)	5	B/D; MO
SANDIMMUNE CAPS OR 100 MG, 25 MG (<i>Cyclosporine</i>)	NF	B/D; MO
SANDIMMUNE SOLN IV 50 MG/ML (<i>Cyclosporine</i>)	4	B/D
SANDIMMUNE SOLN OR 100 MG/ML	4	B/D; MO
SIMULECT SOLR	5	B/D
<i>sirolimus tabs 0.5 mg, 1 mg</i>	2	B/D; MO; *
<i>sirolimus tabs 2 mg</i>	5	B/D; MO
<i>tacrolimus caps or 0.5 mg, 5 mg, 1 mg</i>	3	B/D; MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN SOLR	3	B/D
ZORTRESS TABS 0.25 MG	3	B/D; MO
ZORTRESS TABS 0.75 MG, 0.5 MG	5	B/D; MO
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	2	*
<i>water for irrigation, sterile soln</i>	1	MO; *
Potassium Removing Agents		
KAYEXALATE POWD (Sodium Polystyrene Sulfonate)	NF	MO
<i>sodium polystyrene sulfonate powd or</i>	4	MO
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	2	MO; *
VELTASSA PACK 16.8 GM	4	ST; SL(1.5 ea daily); LA; MO
VELTASSA PACK 25.2 GM	4	ST; SL(1 ea daily); LA; MO
VELTASSA PACK 8.4 GM	4	ST; SL(3 ea daily); LA; MO
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR IV 120 MG, 400 MG	5	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	MO; *
Anti-infectives - Throat		
<i>clotrimazole lozg mt</i>	3	MO
<i>clotrimazole troc mt</i>	3	MO
<i>nystatin (mouth-throat) susp</i>	2	MO; *
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	MO; *

Drug Name	Drug Tier	Requirements/Limits
PERIDEX SOLN (Chlorhexidine Gluconate (Mouth-Throat))	NF	MO
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	4	MO
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	4	MO
EVOXAC CAPS (Cevimeline HCl)	NF	MO
<i>pilocarpine hcl (oral) tabs</i>	4	MO
SALAGEN TABS (Pilocarpine HCl (Oral))	NF	MO
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg</i>	2	SL(8 ea daily); MO; *
<i>baclofen tabs or 20 mg</i>	2	SL(4 ea daily); MO; *
<i>carisoprodol tabs or 250 mg, 350 mg</i>	2	AL; Up to 64 yrs old; MO; *
<i>chlorzoxazone tabs 500 mg</i>	3	AL; Up to 64 yrs old; MO
<i>cyclobenzaprine hcl tabs or 10 mg, 5 mg, 7.5 mg</i>	2	AL; Up to 64 yrs old; MO; *
<i>metaxalone tabs 400 mg</i>	3	AL; Up to 64 yrs old; MO
<i>metaxalone tabs 800 mg</i>	4	AL; Up to 64 yrs old; MO
<i>methocarbamol tabs or 750 mg, 500 mg</i>	2	AL; Up to 64 yrs old; MO; *
<i>orphenadrine citrate soln ij 30 mg/ml</i>	2	AL; Up to 64 yrs old; MO; *
<i>orphenadrine citrate tb12 or 100 mg</i>	3	AL; Up to 64 yrs old; MO
PARAFON FORTE DSC TABS (Chlorzoxazone)	NF	AL; Up to 64 yrs old; MO
ROBAXIN TABS OR 500 MG (Methocarbamol)	NF	AL; Up to 64 yrs old; MO
ROBAXIN-750 TABS (Methocarbamol)	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 viii.

Drug Name	Drug Tier	Requirements/ Limits
SKELAXIN TABS (<i>Metaxalone</i>)	NF	AL; Up to 64 yrs old; MO
SOMA TABS (<i>Carisoprodol</i>)	NF	AL; Up to 64 yrs old; MO
<i>tizanidine hcl caps or 2 mg</i>	4	SL(18 ea daily); MO
<i>tizanidine hcl caps or 4 mg</i>	4	SL(9 ea daily); MO
<i>tizanidine hcl caps or 6 mg</i>	4	SL(6 ea daily); MO
<i>tizanidine hcl tabs or 2 mg</i>	3	SL(18 ea daily); MO
<i>tizanidine hcl tabs or 4 mg</i>	3	SL(9 ea daily); MO
ZANAFLEX CAPS 2 MG (<i>Tizanidine HCl</i>)	NF	SL(18 ea daily); MO
ZANAFLEX CAPS 4 MG (<i>Tizanidine HCl</i>)	NF	SL(9 ea daily); MO
ZANAFLEX CAPS 6 MG (<i>Tizanidine HCl</i>)	NF	SL(6 ea daily); MO
ZANAFLEX TABS 4 MG (<i>Tizanidine HCl</i>)	NF	SL(9 ea daily); MO
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>Dantrolene Sodium</i>)	NF	MO
<i>dantrolene sodium caps or 100 mg</i>	1	MO; *
<i>dantrolene sodium caps or 50 mg, 25 mg</i>	4	MO
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	2	AL; Up to 64 yrs old; MO; *
<i>carisoprodol w/ aspirin tabs</i>	3	AL; Up to 64 yrs old; MO
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	4	MO
Nasal Anti-infectives		
BACTROBAN NASAL OINT	4	MO
Nasal Antiallergy		

Drug Name	Drug Tier	Requirements/ Limits
ASTEPRO SOLN (<i>Azelastine HCl</i>)	NF	MO
<i>azelastine hcl soln</i>	3	MO
<i>olopatadine hcl (nasal) soln</i>	4	MO
PATANASE SOLN (<i>Olopatadine HCl (Nasal)</i>)	NF	MO
Nasal Anticholinergics		
ATROVENT SOLN (<i>Ipratropium Bromide (Nasal)</i>)	NF	MO
<i>ipratropium bromide (nasal) soln</i>	3	MO
Nasal Steroids		
BECONASE AQ SUSP	4	MO
<i>budesonide (nasal) susp</i>	4	RX/OTC; MO
<i>flunisolide (nasal) soln</i>	2	MO; *
<i>fluticasone propionate (nasal) susp</i>	2	RX/OTC; MO; *
<i>mometasone furoate (nasal) susp</i>	2	MO; *
NASONEX SUSP (<i>Mometasone Furoate (Nasal)</i>)	3	MO
OMNARIS SUSP	4	MO
QNASL AERS	4	MO
QNASL CHILDRENS AERS	4	MO
<i>triamcinolone acetonide (nasal) aero</i>	2	RX/OTC; MO; *
VERAMYST SUSP	4	RX/OTC; MO
ZETONNA AERS	4	MO
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA SOLN	5	PA
RILUTEK TABS (<i>Riluzole</i>)	5	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole tabs</i>	2	MO; *
Muscular Dystrophy Agents		
EXONDYS 51 SOLN	5	PA; LA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	4	PA
XEOMIN SOLR	4	PA
NUTRIENTS		
Carbohydrates		
<i>dextrose soln iv 10 %</i>	2	B/D; *
<i>dextrose soln iv 5 %</i>	2	B/D; MO; *
Lipids		
<i>fat emulsion emul</i>	4	B/D
Proteins		
<i>amino acid infusion 15%</i>	4	B/D
AMINOSYN II 15% (Use amino acid infusion)	4	B/D
CLINIMIX 2.75%/DEXTROSE 5% SOLN	4	B/D
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Levobunolol HCl</i>)	NF	MO
<i>betaxolol hcl (ophth) soln</i>	3	MO
BETIMOL SOLN	4	MO
BETOPTIC-S SUSP	3	MO
<i>carteolol hcl (ophth) soln</i>	2	MO; *
COMBIGAN SOLN	4	MO
COSOPT PF SOLN	4	MO

Drug Name	Drug Tier	Requirements/Limits
COSOPT SOLN (<i>Dorzolamide HCl-Timolol Maleate</i>)	NF	MO
<i>dorzolamide hcl-timolol maleate soln</i>	2	MO; *
ISTALOL SOLN	3	MO
<i>levobunolol hcl soln</i>	2	MO; *
<i>metipranolol soln</i>	1	*
<i>timolol maleate (ophth) solg 0.5 %, 0.25 %</i>	4	Gel Forming Soln;MO
<i>timolol maleate (ophth) soln 0.5 %, 0.25 %</i>	1	MO; *
TIMOPTIC SOLN (<i>Timolol Maleate (Ophth)</i>)	NF	MO
TIMOPTIC-XE SOLG (<i>Timolol Maleate (Ophth)</i>)	NF	Gel Forming Soln;MO
Cycloplegic Mydriatics		
<i>cyclopentolate hcl soln op 0.5 %</i>	2	MO; *
<i>cyclopentolate hcl soln op 2 %, 1 %</i>	1	MO; *
Miotics		
ISOPTO CARPINE SOLN (<i>Pilocarpine HCl</i>)	4	MO
PHOSPHOLINE IODIDE SOLR	4	
<i>pilocarpine hcl soln op 4 %, 1 %, 2 %</i>	3	MO
Ophthalmic - Angiogenesis Inhibitors		
EYLEA SOLN	5	LA
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	3	MO
ALPHAGAN P SOLN 0.15 % (<i>Brimonidine Tartrate</i>)	NF	MO
<i>apraclonidine hcl soln</i>	3	MO
<i>brimonidine tartrate soln</i>	3	MO
IOPIDINE SOLN 0.5 % (<i>Apraclonidine HCl</i>)	NF	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
IOPIDINE SOLN 1 %	4	MO
SIMBRINZA SUSP	4	MO
Ophthalmic Anti-infectives		
AZASITE SOLN	4	MO
<i>bacitracin (ophthalmic) oint</i>	2	MO; *
<i>bacitracin-polymyxin b (ophth) oint</i>	2	MO; *
BESIVANCE SUSP	4	MO
BLEPH-10 SOLN (Sulfacetamide Sodium (Ophth))	NF	MO
CILOXAN OINT	4	MO
CILOXAN SOLN (Ciprofloxacin HCl (Ophth))	NF	MO
<i>ciprofloxacin hcl (ophth) soln</i>	2	MO; *
<i>erythromycin (ophth) oint</i>	2	MO; *
<i>gatifloxacin (ophth) soln</i>	4	MO
<i>gentamicin sulfate (ophth) oint</i>	2	MO; *
<i>gentamicin sulfate (ophth) soln</i>	2	MO; *
<i>levofloxacin (ophth) soln</i>	3	MO
MOXEZA SOLN	3	MO
<i>moxifloxacin hcl (ophth) soln</i>	2	MO; *
NATACYN SUSP	3	MO
<i>neomycin-bacitracin zn-polymyxin oint</i>	3	MO
<i>neomycin-polymyxin-gramicidin soln</i>	1	MO; *
OCUFLOX SOLN (Ofloxacin (Ophth))	NF	MO
<i>ofloxacin (ophth) soln</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim soln</i>	2	MO; *
POLYTRIM SOLN (Polymyxin B-Trimethoprim)	NF	MO
<i>sulfacetamide sodium (ophth) soln</i>	3	MO
<i>tobramycin (ophth) soln</i>	2	MO; *
TOBEX OINT	4	MO
TOBEX SOLN (Tobramycin (Ophth))	NF	MO
<i>trifluridine soln op</i>	4	MO
VIGAMOX SOLN (Moxifloxacin HCl (Ophth))	3	MO
VIROPTIC SOLN (Trifluridine)	NF	MO
ZIRGAN GEL	4	MO
ZYMAXID SOLN (Gatifloxacin (Ophth))	NF	MO
Ophthalmic Decongestants		
<i>naphazoline hcl soln op</i>	1	*
Ophthalmic Immunomodulators		
RESTASIS EMUL	3	MO
RESTASIS MULTIDOSE EMUL	3	MO
Ophthalmic Integrin Antagonists		
XIIDRA SOLN	4	PA; MO
Ophthalmic Local Anesthetics		
<i>proparacaine hcl soln op</i>	1	MO; *
Ophthalmic Steroids		
ALREX SUSP	4	MO
<i>bacitracin-poly-neomycin-hc oint</i>	3	MO
BLEPHAMIDE SUSP	4	MO
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	MO; *

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
DUREZOL EMUL	3	MO
FLAREX SUSP	3	MO
<i>fluorometholone (ophth) susp</i>	3	MO
FML FORTE SUSP	3	MO
FML LIQUIFILM SUSP (<i>Fluorometholone (Ophth)</i>)	NF	MO
FML OINT	3	MO
LOTEMAX GEL	4	MO
LOTEMAX OINT	4	MO
LOTEMAX SUSP	4	MO
MAXIDEX SUSP	4	MO
MAXITROL OINT (<i>Neomycin-Polymy-Dexameth</i>)	NF	MO
MAXITROL SUSP (<i>Neomycin-Polymy-Dexameth</i>)	NF	MO
<i>neomycin-polymy-dexameth oint</i>	2	MO; *
<i>neomycin-polymy-dexameth susp</i>	2	MO; *
OMNIPRED SUSP (<i>Prednisolone Acetate (Ophth)</i>)	NF	MO
PRED FORTE SUSP (<i>Prednisolone Acetate (Ophth)</i>)	NF	MO
PRED MILD SUSP	3	MO
<i>prednisolone acetate (ophth) susp</i>	3	MO
<i>sulfacetamide sod-prednisolone soln</i>	2	MO; *
TOBRADEX OINT	4	MO
TOBRADEX ST SUSP	4	MO

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX SUSP (<i>Tobramycin-Dexamethasone</i>)	NF	MO
<i>tobramycin-dexamethasone susp</i>	4	MO
VEXOL SUSP	4	
ZYLET SUSP	3	MO
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Ketorolac Tromethamine (Ophth)</i>)	NF	MO
ACULAR SOLN (<i>Ketorolac Tromethamine (Ophth)</i>)	NF	MO
ACUVAIL SOLN	4	MO
ALOCRIAL SOLN	4	MO
ALOMIDE SOLN	4	MO
<i>azelastine hcl (ophth) soln</i>	3	MO
AZOPT SUSP	3	MO
BEPREVE SOLN	4	MO
<i>bromfenac sodium (ophth) soln</i>	4	MO
<i>cromolyn sodium (ophth) soln</i>	1	MO; *
CYSTARAN SOLN	4	Limit 60mls per 28 days; QL(2.15 ml daily); LA
<i>diclofenac sodium (ophth) soln</i>	3	MO
<i>dorzolamide hcl soln</i>	2	MO; *
ELESTAT SOLN (<i>Epinastine HCl (Ophth)</i>)	NF	MO
<i>epinastine hcl (ophth) soln</i>	3	MO
<i>flurbiprofen sodium soln</i>	2	MO; *
ILEVRO SUSP	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth) soln</i>	2	MO; *
LASTACFT SOLN	4	MO
NEVANAC SUSP	3	MO
OCUFEN SOLN (<i>Flurbiprofen Sodium</i>)	NF	MO
<i>olopatadine hcl soln</i>	2	MO; *
PATADAY SOLN (<i>Olopatadine HCl</i>)	3	MO
PATANOL SOLN (<i>Olopatadine HCl</i>)	4	MO
PROLENSA SOLN	4	MO
TRUSOPT SOLN (<i>Dorzolamide HCl</i>)	NF	MO
Prostaglandins - Ophthalmic		
BIMATOPROST SOLN	3	MO
<i>latanoprost soln</i>	2	MO; *
LUMIGAN SOLN	3	MO
TRAVATAN Z SOLN	3	MO
XALATAN SOLN (<i>Latanoprost</i>)	NF	MO
ZIOPTAN SOLN	4	MO
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	2	MO; *
<i>acetic acid-aluminum acetate soln</i>	1	MO; *
Otic Anti-infectives		
FLOXIN OTIC SOLN (<i>Ofloxacin (Otic)</i>)	NF	MO
<i>ofloxacin (otic) soln</i>	4	MO
Otic Combinations		
CIPRO HC SUSP	4	MO

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX SUSP	3	MO
COLY-MYCIN S SUSP	4	MO
CORTISPORIN-TC SUSP	4	MO
<i>neomycin-polymyxin-hc (otic) soln</i>	3	MO
<i>neomycin-polymyxin-hc (otic) susp</i>	3	MO
Otic Steroids		
DERMOTIC OIL (<i>Fluocinolone Acetonide (Otic)</i>)	NF	MO
<i>fluocinolone acetonide (otic) oil</i>	4	MO
<i>hydrocortisone w/acetic acid soln</i>	4	MO
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs or 0.2 mg</i>	3	MO
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	5	B/D
CUVITRU SOLN 1 GM/5ML	4	B/D
CUVITRU SOLN 2 GM/10ML, 8 GM/40ML, 4 GM/20ML	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 10GM/100ML, 5 GM/50ML, 20 GM/200ML	5	B/D
GAMUNEX-C SOLN	5	B/D

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SOLN 1 GM/5ML	4	B/D
HIZENTRA SOLN 2 GM/10ML, 10 GM/50ML, 4 GM/20ML	5	B/D
OCTAGAM SOLN 20 GM/200ML, 10 GM/100ML, 2 GM/20ML, 5 GM/50ML	5	B/D
PRIVIGEN SOLN	5	B/D
VARIZIG SOLN	5	
Monoclonal Antibodies		
SYNAGIS SOLN	5	
ZINPLAVA SOLN	5	PA
Passive Immunizing Agents - Combinations		
HYQVIA KIT	5	B/D
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 500 mg, 250 mg</i>	1	MO; *
<i>amoxicillin susr 400 mg/5ml, 125 mg/5ml, 250 mg/5ml, 200 mg/5ml</i>	2	MO; *
<i>amoxicillin tabs 500 mg, 875 mg</i>	1	MO; *
<i>ampicillin caps 250 mg, 500 mg</i>	1	MO; *
<i>ampicillin sodium solr ij 1 gm</i>	2	MO; *
<i>ampicillin sodium solr ij 2 gm</i>	1	MO; *
<i>ampicillin sodium solr iv 10 gm</i>	2	*
Natural Penicillins		
BICILLIN L-A SUSP 2400000 UNIT/4ML, 1200000 UNIT/2ML	4	MO
<i>penicillin g potassium solr 20000000 unit, 20 mu</i>	1	MO; *
<i>penicillin g potassium solr 5000000 unit</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium solr 250 mg/5ml</i>	2	MO; *
<i>penicillin v potassium tabs 500 mg, 250 mg</i>	1	MO; *
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew 200mg-28.5mg, 400mg-57mg</i>	2	MO; *
<i>amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml, 250mg/5ml-62.5mg/5ml, 600mg/5ml-42.9mg/5ml, 400mg/5ml-57mg/5ml</i>	4	MO
<i>amoxicillin & pot clavulanate tabs 250mg-125mg, 875mg-125mg, 500mg-125mg</i>	2	MO; *
<i>amoxicillin & pot clavulanate tb12 1000mg-62.5mg</i>	3	MO
<i>ampicillin & sulbactam sodium solr ij 1gm-2gm</i>	4	MO
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	4	
AUGMENTIN ES-600 SUSR (Amoxicillin & Pot Clavulanate)	NF	MO
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Amoxicillin & Pot Clavulanate)	NF	MO
AUGMENTIN TABS 875MG-125MG, 500MG-125MG (Amoxicillin & Pot Clavulanate)	NF	MO
AUGMENTIN XR TB12 (Amoxicillin & Pot Clavulanate)	NF	MO
<i>piperacillin sodium-tazobactam sodium solr</i>	4	
UNASYN SOLR 1GM-2GM (Ampicillin & Sulbactam Sodium)	NF	MO
ZOSYN SOLN 0.375GM/50ML-3GM/50ML-5%	4	

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

Drug Name	Drug Tier	Requirements/Limits
ZOSYN SOLR 4.5GM-36GM, 0.375GM-3GM, 0.5GM-4GM, 0.25GM-2GM (Piperacillin Sodium-Tazobactam Sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	2	MO; *
<i>nafcillin sodium solr ij 10 gm</i>	5	
<i>nafcillin sodium solr ij 2 gm</i>	5	MO
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate tabs or 2.5 mg, 5 mg, 10 mg</i>	1	MO; *
MEGACE ES SUSP (Megestrol Acetate (Appetite))	5	AL; Up to 64 yrs old; MO
<i>megestrol acetate (appetite) susp</i>	2	AL; Up to 64 yrs old; MO; *
<i>norethindrone acetate tabs or</i>	1	MO; *
<i>progesterone micronized caps</i>	3	MO
PROMETRIUM CAPS (Progesterone Micronized)	NF	MO
PROVERA TABS (Medroxyprogesterone Acetate)	NF	MO
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	4	MO
<i>disulfiram tabs or 250 mg, 500 mg</i>	3	MO
Anti-Cataleptic Agents		
XYREM SOLN	5	LA
Antidementia Agents		

Drug Name	Drug Tier	Requirements/Limits
ARICEPT TABS (<i>Donepezil Hydrochloride</i>)	NF	MO
<i>donepezil hydrochloride tabs</i>	2	MO; *
<i>donepezil hydrochloride tbdp</i>	2	MO; *
EXELON CAPS OR 4.5 MG, 1.5 MG, 6 MG, 3 MG (Rivastigmine Tartrate)	NF	MO
EXELON PT24 TD 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (Rivastigmine)	3	MO
<i>galantamine hydrobromide cp24 8 mg, 24 mg, 16 mg</i>	3	MO
<i>galantamine hydrobromide soln 4 mg/ml</i>	2	MO; *
<i>galantamine hydrobromide tabs 4 mg, 12 mg, 8 mg</i>	3	MO
<i>memantine hcl soln 2 mg/ml</i>	2	AL; At least 60 yrs old; MO; *
<i>memantine hcl tabs 5 mg, , 10 mg</i>	2	MO; *
NAMENDA SOLN 10 MG/5ML (<i>Memantine HCl</i>)	4	AL; At least 60 yrs old; MO
NAMENDA TABS 5 MG, 10 MG (<i>Memantine HCl</i>)	4	MO
NAMENDA TITRATION PAK TABS (<i>Memantine HCl</i>)	4	MO
NAMENDA XR CP24 14 MG	4	AL; At least 60 yrs old; SL(2 ea daily); MO
NAMENDA XR CP24 21 MG	4	AL; At least 60 yrs old; SL(1.33 ea daily); MO
NAMENDA XR CP24 28 MG	4	AL; At least 60 yrs old; SL(1 ea daily); MO
NAMENDA XR CP24 7 MG	4	AL; At least 60 yrs old; SL(4 ea daily); MO
NAMENDA XR TITRATION PACK CP24	4	AL; At least 60 yrs old; MO
RAZADYNE ER CP24 (<i>Galantamine Hydrobromide</i>)	NF	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
RAZADYNE TABS (Galantamine Hydrobromide)	NF	MO
<i>rivastigmine pt24</i>	2	MO; *
<i>rivastigmine tartrate caps</i>	3	MO
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	2	AL; Up to 64 yrs old; MO; *
<i>olanzapine-fluoxetine hcl caps</i>	4	MO
<i>perphenazine-amitriptyline tabs</i>	2	AL; Up to 64 yrs old; MO; *
SYMBYAX CAPS (Olanzapine-Fluoxetine HCl)	NF	MO
Fibromyalgia Agents		
SAVELLA TABS	4	PA; MO
SAVELLA TITRATION PACK MISC	4	PA; MO
Movement Disorder Drug Therapy		
AUSTEDO TABS 12 MG	5	SL(4 ea daily); LA
AUSTEDO TABS 6 MG	5	SL(8 ea daily); LA
AUSTEDO TABS 9 MG	5	SL(5.33 ea daily); LA
INGREZZA CAPS 40 MG	5	PA; LA
<i>tetrabenazine tabs</i>	5	
XENAZINE TABS (Tetrabenazine)	5	LA
Multiple Sclerosis Agents		
AMPYRA TB12	5	
AUBAGIO TABS	5	PA
AVONEX KIT	5	PA
AVONEX PEN AJKT	5	PA
AVONEX PSKT	5	PA

Drug Name	Drug Tier	Requirements/Limits
BETASERON KIT	5	PA
COPAXONE SOSY (Glatiramer Acetate)	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
REBIF TITRATION PACK SOSY	5	PA
TECFIDERA CPDR	5	PA
TECFIDERA STARTER PACK MISC	5	PA
TYSABRI CONC	5	PA
Postherpetic Neuralgia (PHN) Agents		
GRALISE STARTER MISC	4	MO
GRALISE TABS	4	MO
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) cap 10 mg, 20 mg</i>	NF	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs or</i>	2	AL; Up to 64 yrs old; MO; *
ORAP TABS (<i>Pimozide</i>)	NF	MO
<i>pimozide tabs</i>	3	MO
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	4	MO
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	3	SL(2 ea daily); MO
CHANTIX CONTINUING MONTHPAK TABS	4	MO
CHANTIX STARTING MONTH PAK TABS	4	MO
CHANTIX TABS	4	MO
NICOTROL INHALER INHA	4	SL(17 ea daily); MO
NICOTROL NS SOLN	4	MO
ZYBAN TB12 (<i>Bupropion HCl (Smoking Deterrent)</i>)	NF	SL(2 ea daily); MO
Vasomotor Symptom Agents		
BRISDELLE CAPS (<i>Paroxetine Mesylate (Vasomotor)</i>)	4	MO
<i>paroxetine mesylate (vasomotor) caps</i>	2	MO; *
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	5	LA
GLASSIA SOLN	4	LA
PROLASTIN-C SOLR	5	LA
ZEMAIRA SOLR	5	LA
Cystic Fibrosis Agents		
KALYDECO PACK	5	PA

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS	5	PA
ORKAMBI TABS	5	PA; LA
PULMOZYME SOLN	5	B/D
Pulmonary Fibrosis Agents		
ESBRIET CAPS	5	PA; LA
ESBRIET TABS	5	PA; LA
OFEV CAPS	5	PA; LA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs or</i>	2	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (<i>Doxycycline (Monohydrate)</i>)	NF	MO
ADOXA PAK 1/150 TABS (<i>Doxycycline (Monohydrate)</i>)	NF	MO
ADOXA PAK 2/100 TABS (<i>Doxycycline (Monohydrate)</i>)	NF	MO
ADOXA TABS 75 MG, 100 MG, 50 MG (<i>Doxycycline (Monohydrate)</i>)	NF	MO
<i>demeclocycline hcl tabs</i>	4	MO
DORYX TBEC 200 MG (<i>Doxycycline Hyclate</i>)	NF	MO
<i>doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg</i>	2	MO; *
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	2	MO; *
<i>doxycycline (monohydrate) tabs 150 mg, 50 mg, 100 mg, 75 mg</i>	2	MO; *

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	4	MO
<i>doxycycline hyclate solr iv 100 mg</i>	2	MO; *
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	3	MO
<i>doxycycline hyclate tbec or 150 mg, 100 mg</i>	4	MO
<i>doxycycline hyclate tbec or 200 mg</i>	2	MO; *
MINOCIN CAPS OR 75 MG, 50 MG, 100 MG (<i>Minocycline HCl</i>)	NF	MO
<i>minocycline hcl caps or 100 mg, 75 mg, 50 mg</i>	3	MO
<i>minocycline hcl tabs or 100 mg, 50 mg</i>	4	MO
MONODOX CAPS (<i>Doxycycline Monohydrate</i>)	NF	MO
TETRACYCLINE HCL CAPS OR 250 MG, 500 MG (<i>Tetracycline HCl</i>)	NF	MO
<i>tetracycline hcl caps or 500 mg, 250 mg</i>	1	MO; *
VIBRAMYCIN CAPS 100 MG (<i>Doxycycline Hyclate</i>)	NF	MO
VIBRAMYCIN SUSR 25 MG/5ML (<i>Doxycycline Monohydrate</i>)	4	MO
VIBRAMYCIN SYRP 50 MG/5ML	4	MO
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs or 10 mg, 5 mg</i>	2	MO; *
<i>propylthiouracil tabs or</i>	3	MO
Thyroid Hormones		
CYTOMEL TABS (<i>Liothyronine Sodium</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tabs or 300 mcg, 200 mcg, 175 mcg, 150 mcg, 137 mcg, 50 mcg, 112 mcg, 88 mcg, 125 mcg, 100 mcg, 25 mcg, 75 mcg</i>	2	MO; *
<i>liothyronine sodium tabs or 50 mcg, 5 mcg, 25 mcg</i>	3	MO
SYNTHROID TABS (<i>Levothyroxine Sodium</i>)	4	MO
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	4	
BOOSTRIX SUSP	4	
DAPTACEL SUSP	4	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	4	
INFANRIX SUSP	4	
KINRIX SUSP	4	
QUADRACEL SUSP	4	
TENIVAC INJ	4	B/D
TETANUS/DIPHThERIA TOXOIDS-ADSORBED SUSP	4	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL CAPS OR 10 MG (<i>Dicyclomine HCl</i>)	NF	MO
BENTYL TABS OR 20 MG (<i>Dicyclomine HCl</i>)	NF	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>	2	MO; *

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

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tabs or 1 mg</i>	3	SL(8 ea daily); MO
<i>glycopyrrolate tabs or 2 mg</i>	3	SL(4 ea daily); MO
LIBRAX CAPS (<i>Chlordiazepoxide HCl-Clidinium Bromide</i>)	NF	MO
<i>methscopolamine bromide tabs or 5 mg, 2.5 mg</i>	4	MO
PAMINE FORTE TABS (<i>Methscopolamine Bromide</i>)	NF	MO
PAMINE TABS (<i>Methscopolamine Bromide</i>)	NF	MO
ROBINUL FORTE TABS (<i>Glycopyrrolate</i>)	NF	SL(4 ea daily); MO
ROBINUL SOLN IJ 0.2 MG/ML (<i>Glycopyrrolate</i>)	NF	MO
ROBINUL TABS OR 1 MG (<i>Glycopyrrolate</i>)	NF	SL(8 ea daily); MO
H-2 Antagonists		
<i>cimetidine tabs or 200 mg</i>	1	RX/OTC; MO; *
<i>cimetidine tabs or 800 mg, 400 mg, 300 mg</i>	3	MO
<i>famotidine soln iv 40 mg/4ml, 20 mg/2ml, 200 mg/20ml</i>	1	*
<i>famotidine susr or 40 mg/5ml</i>	4	MO
<i>famotidine tabs or 20 mg</i>	1	RX/OTC; MO; *
<i>famotidine tabs or 40 mg</i>	1	MO; *
<i>nizatidine caps 300 mg, 150 mg</i>	1	MO; *
PEPCID SUSR (<i>Famotidine</i>)	NF	MO
<i>ranitidine hcl caps or 300 mg, 150 mg</i>	3	MO
<i>ranitidine hcl syrp or 150 mg/10ml, 15 mg/ml, 75 mg/5ml</i>	2	MO; *
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC; MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl tabs or 300 mg</i>	1	MO; *
ZANTAC TABS OR 150 MG (<i>Ranitidine HCl</i>)	NF	RX/OTC; MO
ZANTAC TABS OR 300 MG (<i>Ranitidine HCl</i>)	NF	MO
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	4	MO
CARAFATE TABS 1 GM (<i>Sucralfate</i>)	NF	MO
<i>sucralfate tabs or</i>	3	MO
Proton Pump Inhibitors		
DEXILANT CPDR	3	ST; MO
<i>esomeprazole magnesium cpdr 20 mg</i>	4	RX/OTC; MO
<i>esomeprazole magnesium cpdr 40 mg</i>	4	MO
<i>esomeprazole sodium solr 40 mg</i>	2	*
<i>lansoprazole cpdr or 15 mg</i>	4	RX/OTC; MO
<i>lansoprazole cpdr or 30 mg</i>	3	MO
NEXIUM CPDR 20 MG (<i>Esomeprazole Magnesium</i>)	NF	RX/OTC; MO
NEXIUM CPDR 40 MG (<i>Esomeprazole Magnesium</i>)	NF	MO
NEXIUM I.V. SOLR (<i>Esomeprazole Sodium</i>)	NF	
NEXIUM PACK 20 MG, 5 MG, 40 MG, 2.5 MG, 10 MG	4	ST; MO
<i>omeprazole cpdr or 10 mg, 20 mg, 40 mg</i>	1	MO; *
<i>pantoprazole sodium solr iv 40 mg</i>	2	*
<i>pantoprazole sodium tbec or 40 mg, 20 mg</i>	1	MO; *
PREVACID CPDR 15 MG (<i>Lansoprazole</i>)	NF	RX/OTC; MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/ Limits
PREVACID CPDR 30 MG (Lansoprazole)	NF	MO
PRILOSEC CPDR 10 MG, 20 MG, 40 MG (Omeprazole)	NF	MO
PROTONIX PACK OR 40 MG	4	QL(1 ea daily); MO
PROTONIX SOLR IV 40 MG (Pantoprazole Sodium)	NF	
PROTONIX TBEC OR 40 MG, 20 MG (Pantoprazole Sodium)	NF	MO
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Misoprostol)	NF	MO
misoprostol tabs or 100 mcg, 200 mcg	3	MO
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole misc	4	MO
omeprazole-sodium bicarbonate caps 20mg- 1100mg	2	RX/OTC; MO; *
omeprazole-sodium bicarbonate caps 40mg- 1100mg	4	MO
omeprazole-sodium bicarbonate pack 20mg- 1680mg	2	ST; 20MG- 1680 MG;MO; *
omeprazole-sodium bicarbonate pack 40mg- 1680mg	2	MO; *
PREVPAC MISC (Amoxicillin-Clarithromycin w/ Lansoprazole)	NF	MO
PYLERA CAPS	4	MO
ZEGERID CAPS 20MG- 1100MG (Omeprazole- Sodium Bicarbonate)	NF	RX/OTC; MO
ZEGERID CAPS 40MG- 1100MG (Omeprazole- Sodium Bicarbonate)	NF	MO
ZEGERID PACK 20MG- 1680MG (Omeprazole- Sodium Bicarbonate)	4	ST; 20MG- 1680 MG;MO

Drug Name	Drug Tier	Requirements/ Limits
ZEGERID PACK 40MG- 1680MG (Omeprazole- Sodium Bicarbonate)	4	MO
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (Nitrofurantoin)	NF	AL; Up to 64 yrs old; MO
HIPREX TABS (Methenamine Hippurate)	NF	MO
MACROBID CAPS (Nitrofurantoin Monohyd Macro)	NF	MO
MACRODANTIN CAPS (Nitrofurantoin Macrocrystal)	NF	AL; Up to 64 yrs old; MO
methenamine hippurate tabs	4	MO
MONUROL PACK	4	MO
nitrofurantoin macrocrystal caps or 25 mg, 100 mg, 50 mg	3	AL; Up to 64 yrs old; MO
nitrofurantoin monohyd macro caps	3	MO
nitrofurantoin susp or	4	AL; Up to 64 yrs old; MO
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	2	MO; *
DETROL LA CP24 (Tolterodine Tartrate)	NF	MO
DETROL TABS (Tolterodine Tartrate)	NF	MO
DITROPAN XL TB24 (Oxybutynin Chloride)	NF	MO
ENABLEX TB24 (Darifenacin Hydrobromide)	4	MO
GELNIQUE GEL 10 %	4	MO
GELNIQUE GEL 3 %	4	
GELNIQUE PUMP GEL	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride syrp 5 mg/5ml</i>	2	MO; *
<i>oxybutynin chloride tabs 5 mg</i>	3	MO
<i>oxybutynin chloride tb24 15 mg, 5 mg, 10 mg</i>	3	MO
OXYTROL PTTW	4	RX/OTC; MO
<i>tolterodine tartrate cp24</i>	4	MO
<i>tolterodine tartrate tabs</i>	4	MO
TOVIAZ TB24	3	MO
<i>trospium chloride cp24</i>	4	MO
<i>trospium chloride tabs</i>	4	MO
VESICARE TABS	3	MO
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	4	MO
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 5 mg, 50 mg, 10 mg, 25 mg</i>	2	MO; *
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	3	MO
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	4	
BEXSERO SUSY	4	
MENACTRA INJ	4	
MENOMUNE-A/C/Y/W-135 INJ	4	
MENVEO SOLR	4	
PEDVAX HIB SUSP	4	
TYPHIM VI SOLN	4	
Viral Vaccines		

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	4	B/D
GARDASIL 9 SUSP	3	
GARDASIL 9 SUSY	3	
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	4	
ROTATEQ SOLN	3	
STAMARIL SUSR	4	
TWINRIX SUSP	4	
VAQTA SUSP	4	
VARIVAX INJ	4	
YF-VAX INJ	4	
ZOSTAVAX SUSR	4	
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Clindamycin Phosphate Vaginal)	NF	MO
CLEOCIN SUPP VA 100 MG	4	MO

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

2017 Value Formulary Updated 12/1/2017

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal crea</i>	3	MO
METROGEL-VAGINAL GEL (<i>Metronidazole Vaginal</i>)	NF	MO
<i>metronidazole vaginal gel</i>	4	MO
TERAZOL 3 CREA (<i>Terconazole Vaginal</i>)	NF	MO
TERAZOL 7 CREA (<i>Terconazole Vaginal</i>)	NF	MO
<i>terconazole vaginal crea</i>	3	MO
<i>terconazole vaginal supp</i>	3	MO
Vaginal Estrogens		
<i>estradiol vaginal tabs</i>	2	MO; *
ESTRING RING	4	MO
FEMRING RING	4	MO
PREMARIN CREA VA 0.625 MG/GM	3	MO
VAGIFEM TABS (<i>Estradiol Vaginal</i>)	4	MO
Vaginal Progestins		
CRINONE GEL	4	PA; MO
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj</i>	3	MO
EPIPEN 2-PAK SOAJ	3	MO
EPIPEN-JR 2-PAK SOAJ	3	MO
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS 100 MG	5	PA; SL(18 ea daily)
NORTHERA CAPS 200 MG	5	PA; SL(9 ea daily)
NORTHERA CAPS 300 MG	5	PA; SL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Vasopressors		
<i>dobutamine hcl soln</i>	1	*
<i>midodrine hcl tabs</i>	4	MO

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

2017 Value Formulary Updated 12/1/2017

Index

abacavir sulfate	47	ADCIRCA	52	ALUNBRIG	40
abacavir sulfate-lamivudine	47	ADDERALL XR	1	ALVESCO	15
abacavir sulfate-lamivudine-zidovudine	47	adefovir dipivoxil	49	amantadine hcl	43
ABELCET	29	ADEMPAS	53	AMARYL	27
ABILIFY	46	ADOXA	88	AMBIEN	73
ABILIFY MAINTENA	46	ADOXA PAK 1/100	88	AMBIEN CR	73
ABRAXANE	42	ADOXA PAK 1/150	88	AMBISOME	30
ABSORICA	57	ADOXA PAK 2/100	88	amcinonide	60
ABSTRAL	5	ADVAIR DISKUS	16	AMERGE	76
acamprosate calcium	86	ADVAIR HFA	16	AMICAR	73
ACANYA	57	AEROSPAN	15	amifostine	42
acarbose	24	AFINITOR	40	amikacin sulfate	2
ACCOLATE	15	AFINITOR DISPERZ	40	amiloride & hydrochlorothiazide	65
ACCUPRIL	33	AFREZZA	26	amiloride hcl	65
ACCURETIC	34	AGGRENOLX	72	amino acid infusion 15%	81
acebutolol hcl	50	AGRYLIN	72	aminophylline	17
ACEON	33	AKYNZEO	29	aminosalicylic acid	36
acetaminophen w/ codeine	8	ALBENZA	11	AMINOSYN II 15% (Use amino acid infusion)	81
acetazolamide	64	albuterol sulfate	16	amiodarone hcl	14
acetic acid	71	alclometasone dipropionate	60	AMITIZA	69
acetic acid (otic)	84	ALCOHOL PADS	75	amitriptyline hcl	23
acetic acid-aluminum acetate	84	ALDACTAZIDE	65	amlodipine besylate	51
acetylcysteine	57	ALDACTONE	65	amlodipine besylate-atorvastatin calcium	52
acitretin	59	ALDARA	63	amlodipine besylate-benazepril hcl	34
ACTEMRA	3	ALECENSA	40	amlodipine besylate-olmesartan medoxomil	34
ACTHIB	92	alendronate sodium	65	amlodipine besylate- valsartan	34
ACTIGALL	69	alfuzosin hcl	71	amlodipine-valsartan- hydrochlorothiazide	34
ACTIMMUNE	41	ALIMTA	37	amoxapine	23
ACTIQ	5	ALINIA	11	amoxicillin	85
ACTIVELLA	68	ALIQOPA	40	amoxicillin & pot clavulanate	85
ACTONEL	65	ALKERAN	37	amoxicillin-clarithromycin w/ lansoprazole	91
ACTOPLUS MET	24	allopurinol	71	amphetamine- dextroamphetamine	1
ACTOPLUS MET XR	24	almotriptan malate	76	amphotericin b	30
ACTOS	26	ALOCRIAL	83	ampicillin	85
ACULAR	83	ALOGLIPTIN	25	ampicillin & sulbactam sodium	85
ACULAR LS	83	ALOGLIPTIN/METFORMIN HCL	24	ampicillin sodium	85
ACUVAIL	83	ALOGLIPTIN/PIOGLITAZONE	24	AMPYRA	87
acyclovir	50	ALOMIDE	83	ANADROL-50	10
acyclovir sodium	50	alosetron hcl	70	ANAFRANIL	23
acyclovir topical	60	ALPHAGAN P	81	anagrelide hcl	72
ADACEL	89	alprazolam	13		
ADAGEN	2	ALREX	82		
ADALAT CC	51	ALTACE	33		
adapalene	57	ALTOPREV	32		
adapalene-benzoyl peroxide	57				

ANAPROX DS	3	aspirin-dipyridamole	72	AZOPT	83
anastrozole	39	ASTAGRAF XL	78	AZOR	34
ANCOBON	30	ASTEPRO	80	aztreonam	11
ANDRODERM	10	ATACAND	34	AZULFIDINE	69
ANDROGEL	10	ATACAND HCT	34	AZULFIDINE EN-TABS	69
ANDROGEL PUMP	10	ATELVIA	65	bacitracin (ophthalmic)	82
ANGELIQ	68	atenolol	50	bacitracin-poly-neomycin-hc	82
ANORO ELLIPTA	16	atenolol & chlorthalidone	34	bacitracin-polymyxin b (ophth)	82
ANTARA	32	ATGAM	78	baclofen	79
APIDRA	26	ATIVAN	13	BACTRIM	11
APIDRA SOLOSTAR	26	atomoxetine hcl	1	BACTRIM DS	11
APLENZIN	21	atorvastatin calcium	32	BACTROBAN	58
APOKYN	43	atovaquone	11	BACTROBAN NASAL	80
apraclonidine hcl	81	atovaquone-proguanil hcl	36	balsalazide disodium	70
aprepitant	29	ATRALIN	57	BANZEL	18
APRISO	69	ATRIPLA	47	BARACLUDE	49
APTIOM	18	ATROVENT	80	BAVENCIO	38
APTIVUS	47	ATROVENT HFA	14	BECONASE AQ	80
ARALAST NP	88	AUBAGIO	87	BELEODAQ	40
ARANESP ALBUMIN FREE	72	AUGMENTIN	85	BELSOMRA	74
ARAVA	4	AUGMENTIN ES-600	85	benazepril & hydrochlorothiazide	34
ARCALYST	3	AUGMENTIN XR	85	benazepril hcl	33
ARCAPTA NEOHALER	16	AURYXIA	70	BENDEKA	37
argatroban	17	AUSTEDO	87	BENICAR	34
ARICEPT	86	AVALIDE	34	BENICAR HCT	35
ARIMIDEX	39	AVANDIA	26	BENLYSTA	79
aripiprazole	46,47	AVAPRO	34	BENTYL	89
ARISTADA	47	AVASTIN	38	BENZACLIN	57
ARIXTRA	17	AVEED	10	BENZACLIN WITH PUMP	57
armodafinil	2	AVELOX	69	BENZAMYCIN	57
ARNUITY ELLIPTA	15	AVELOX ABC PACK	69	benzoyl peroxide-erythromycin	57
AROMASIN	39	AVODART	71	benztropine mesylate	43
ARRANON	37	AVONEX	87	BEPREVE	83
ARTHROTEC 50	3	AVONEX PEN	87	BERINERT	71
ARTHROTEC 75	3	AXERT	76	BESIVANCE	82
ARZERRA	38	AXIRON	10	BESPONSA	38
ASACOL HD	69	azacitidine	37	BETAGAN	81
ASMANEX HFA	15	AZACTAM	11	betamethasone dipropionate (topical)	60
ASMANEX TWISTHALER 120 METERED DOSES	15	AZASITE	82	betamethasone dipropionate augmented	60
ASMANEX TWISTHALER 14 METERED DOSES	15	AZATHIOPRINE	78	betamethasone sod phosphate & acetate	55
ASMANEX TWISTHALER 30 METERED DOSES	15	azathioprine	78	betamethasone valerate	60
ASMANEX TWISTHALER 60 METERED DOSES	15	azelastine hcl	80	BETAPACE	51
ASMANEX TWISTHALER 7 METERED DOSES	15	azelastine hcl (ophth)	83	BETAPACE AF	51
		AZELEX	57		
		AZILECT	44		
		azithromycin	75		

BETASERON	87	BUPRENORPHINE	9	CARBAGLU	67
betaxolol hcl	50	buprenorphine hcl	9	carbamazepine	18
betaxolol hcl (ophth)	81	buprenorphine hcl-naloxone hcl dihydrate	9	CARBATROL	18
bethanechol chloride	92	bupropion hcl	21	carbidopa	43
BETHKIS	2	bupropion hcl (smoking deterrent)	88	carbidopa-levodopa	43
BETIMOL	81	buspirone hcl	13	CARBIDOPA/LEVODOPA/ENTA CAPONE	43
BETOPTIC-S	81	busulfan	37	carbinoxamine maleate	30
bexarotene	41	BUSULFEX	37	carboplatin	37
BEXSERO	92	butalbital-acetaminophen- caffeine w/ codeine	8	CARDIZEM	51
BEYAZ	54	butalbital-aspirin-caffeine w/cod	8	CARDIZEM CD	51
BIAXIN	75	BUTISOL SODIUM	73	CARDIZEM LA	51
bicalutamide	39	butorphanol tartrate	9	CARDURA	34
BICILLIN L-A	85	BUTRANS	9	CARDURA XL	71
BICNU	37	BYDUREON	26	carisoprodol	79
BIDIL	52	BYDUREON PEN	26	carisoprodol w/ aspirin	80
BILTRICIDE	11	BYETTA	26	carisoprodol w/ aspirin & codeine	80
BIMATOPROST	84	BYSTOLIC	51	CARNITOR	67
bisacodyl-peg 3350-pot chloride- sod bicarb-sod chloride	74	BYVALSON	35	carteolol hcl (ophth)	81
bisoprolol & hydrochlorothiazide	35	CABERGOLINE	67	carvedilol	50
bisoprolol fumarate	50	CABOMETYX	40	carvedilol phosphate	50
BIVIGAM	84	CADUET	52	CASODEX	39
bleomycin sulfate	40	CALAN	51	CATAPRES	34
BLEPH-10	82	CALAN SR	51	CATAPRES-TTS-1	34
BLEPHAMIDE	82	calcipotriene	59	CATAPRES-TTS-2	34
BLINCYTO	38	calcipotriene-betamethasone dipropionate	60	CATAPRES-TTS-3	34
BONIVA	65	calcitonin (salmon)	65	CAYSTON	11
BOOSTRIX	89	CALCITRIOL	60	CEDAX	53
BOSULIF	40	calcitriol	67	cefaclor	53
BOTOX	81	calcium acetate (phosphate binder)	70	cefadroxil	53
BREO ELLIPTA	16	CAMBIA	76	cefazolin sodium	53
BREVICON-28	54	CAMPATH	38	cefdinir	53
BRILINTA	72	CAMPTOSAR	43	CEFEPIME	54
brimonidine tartrate	81	CANASA	70	cefepime hcl	54
BRINTELLIX	22	candesartan cilexetil	34	cefoxitin sodium	53
BRISDELLE	88	candesartan cilexetil- hydrochlorothiazide	35	cefprozil	53
BRIVIACT	18	CAPASTAT SULFATE	36	ceftazidime	53
bromfenac sodium (ophth)	83	CAPEX	61	CEFTIBUTEN	53
bromocriptine mesylate	43	CAPRELSA	40	CEFTIN	53
BROVANA	16	captopril	33	ceftriaxone sodium	54
budesonide	55	CAPTOPRIL/HYDROCHLORO THIAZIDE	35	cefuroxime axetil	53
budesonide (inhalation)	15	CARAC	59	cefuroxime sodium	53
budesonide (nasal)	80	CARAFATE	90	CELEBREX	3
bumetanide	65			celecoxib	3
BUMEX	65			CELESTONE-SOLUSPAN	56
BUNAVAIL	9				

CELEXA.....	22	CIPRO XR.....	69	clofarabine.....	37
CELLCEPT.....	78	CIPRODEX.....	84	CLOLAR.....	37
CELLCEPT INTRAVENOUS.....	78	ciprofloxacin.....	69	clomipramine hcl.....	23
CELONTIN.....	20	ciprofloxacin hcl.....	69	clonazepam.....	18
cephalexin.....	53	ciprofloxacin hcl (ophth).....	82	clonidine hcl.....	34
CERDELGA.....	72	ciprofloxacin in d5w.....	69	clonidine hcl (adhd).....	1
CEREBYX.....	20	ciprofloxacin-ciprofloxacin		clopidogrel bisulfate.....	72
CEREZYME.....	72	hcl.....	69	clorazepate dipotassium.....	13
CESAMET.....	29	CISPLATIN.....	37	clotrimazole.....	79
cetirizine hcl.....	30	cisplatin.....	37	clotrimazole (topical).....	59
cevimeline hcl.....	79	citalopram hydrobromide.....	22	clotrimazole w/ betamethasone.....	59
CHANTIX.....	88	cladribine.....	37	clozapine.....	45
CHANTIX CONTINUING		CLARINEX.....	30	CLOZAPINE ODT.....	45
MONTHPAK.....	88	CLARINEX-D 12 HOUR.....	57	CLOZARIL.....	45
CHANTIX STARTING MONTH		clarithromycin.....	75	COARTEM.....	36
PAK.....	88	clemastine fumarate.....	30	codeine sulfate.....	5
CHEMET.....	29	CLEOCIN.....	12,92	CODEINE SULFATE.....	5
CHENODAL.....	69	CLEOCIN IN D5W.....	12	codeine sulfate.....	5
chloramphenicol sodium		CLEOCIN PHOSPHATE.....	12	COGENTIN.....	43
succinate.....	12	CLEOCIN-T.....	57	COLAZAL.....	70
chlordiazepoxide hcl.....	13	CLIMARA.....	68	COLCHICINE.....	71
chlordiazepoxide-amitriptyline		CLIMARA PRO.....	68	colchicine w/ probenecid.....	71
.....	87	clindamycin hcl.....	12	COLCRYS.....	71
chlorhexidine gluconate (mouth-		clindamycin palmitate		COLESTID.....	31
throat).....	79	hydrochloride.....	12	COLESTID FLAVORED.....	31
chloroquine phosphate.....	36	clindamycin phosphate.....	12	colestipol hcl.....	31
chlorothiazide.....	65	clindamycin phosphate		colistimethate sodium.....	11
chlorpromazine hcl.....	46	(topical).....	57	COLY-MYCIN M.....	11
chlorpropamide.....	28	clindamycin phosphate in		COLY-MYCIN S.....	84
chlorthalidone.....	65	d5w.....	12	COLYTE-FLAVOR PACKS.....	74
chlorzoxazone.....	79	clindamycin phosphate		COMBIGAN.....	81
cholestyramine.....	31	vaginal.....	93	COMBIPATCH.....	68
cholestyramine light.....	31	clindamycin phosphate-benzoyl		COMBIVENT RESPIMAT.....	16
choline fenofibrate.....	32	peroxide.....	57	COMBIVIR.....	47
chorionic gonadotropin.....	66	clindamycin phosphate-benzoyl		COMETRIQ.....	40
ciclopirox.....	58	peroxide (refrigerate).....	57	COMPLERA.....	47
ciclopirox olamine.....	58	clindamycin phosphate-		COMTAN.....	43
cidofovir.....	49	tretinoin.....	57	CONCERTA.....	2
cilostazol.....	72	CLINIMIX 2.75%/DEXTROSE		CONDYLOX.....	63
CILOXAN.....	82	5%.....	81	COPAXONE.....	87
cimetidine.....	90	clobetasol propionate.....	61	COPEGUS.....	49
CIMZIA.....	70	clobetasol propionate emollient		CORDARONE.....	14
CIMZIA STARTER KIT.....	70	base.....	61	CORDRAN.....	61
CINQAIR.....	14	clobetasol propionate		CORDRAN TAPE.....	61
CINRYZE.....	72	emulsion.....	61	COREG.....	50
CIPRO.....	69	CLOBEX.....	61		
CIPRO HC.....	84	CLOCORTOLONE			
CIPRO I.V.-IN D5W.....	69	PIVALATE.....	61		
		CLOCORTOLONE PIVALATE			
		PUMP.....	61		
		CLODERM.....	61		
		CLODERM PUMP.....	61		

COREG CR.....	50	cytarabine.....	38	DESCOVY.....	47
CORGARD.....	51	CYTOMEL.....	89	desipramine hcl.....	23
CORLANOR.....	53	CYTOTEC.....	91	desloratadine.....	31
CORTEF.....	56	CYTOVENE.....	49	desmopressin acetate.....	67
CORTENEMA.....	10	D.H.E. 45.....	76	desmopressin acetate refrigerated.....	67
CORTIFOAM.....	10	dacarbazine.....	41	desmopressin acetate spray.....	67
cortisone acetate.....	56	DACOGEN.....	38	desmopressin acetate spray refrigerated.....	67
CORTISPORIN.....	58	DAKLINZA.....	49	DESOGEN.....	54
CORTISPORIN-TC.....	84	DALIRESP.....	15	desogestrel & ethinyl estradiol.....	54
CORZIDE.....	35	danazol.....	10	desogestrel-ethinyl estradiol (biphasic).....	54
COSENTYX.....	60	DANTRIUM.....	80	DESONATE.....	61
COSENTYX SENSOREADY PEN.....	60	dantrolene sodium.....	80	desonide.....	61
COSMEGEN.....	40	dapsone.....	12	DESOWEN.....	61
COSOPT.....	81	DAPTACEL.....	89	desoximetasone.....	61
COSOPT PF.....	81	daptomycin.....	12	DESOXYN.....	1
COTELLIC.....	40	DARAPRIM.....	36	DESVENLAFAXINE ER.....	23
COUMADIN.....	17	darifenacin hydrobromide.....	91	desvenlafaxine succinate.....	23
COZAAR.....	34	DARZALEX.....	38	DETROL.....	91
CREON.....	64	daunorubicin hcl.....	40	DETROL LA.....	91
CRESEMBA.....	30	DAYPRO.....	3	dexamethasone.....	56
CRESTOR.....	32	DAYTRANA.....	2	dexamethasone sodium phosphate.....	56
CRINONE.....	93	DDAVP.....	67	dexamethasone sodium phosphate (ophth).....	82
CRIXIVAN.....	47	decitabine.....	38	DEXEDRINE.....	1
cromolyn sodium.....	14	DELESTROGEN.....	68	DEXILANT.....	90
cromolyn sodium (mastocytosis).....	69	DELZICOL.....	70	dexmethylphenidate hcl.....	2
cromolyn sodium (ophth).....	83	DEMADEX.....	65	dexrazoxane.....	42
CUBICIN.....	12	demeclocycline hcl.....	88	dextroamphetamine sulfate... ..	1
CUBICIN RF.....	12	DEMEROL.....	5	dextrose.....	81
CUTIVATE.....	61	DEMSEK.....	34	dextrose in lactated ringers..	77
CUVITRU.....	84	DENAVIR.....	60	dextrose w/ sodium chloride.....	77
cyclobenzaprine hcl.....	79	DEPACON.....	21	DIABETA.....	28
cyclopentolate hcl.....	81	DEPAKENE.....	21	DIAMOX.....	64
CYCLOPHOSPHAMIDE.....	37	DEPAKOTE.....	21	DIASTAT ACUDIAL.....	18
cyclophosphamide.....	37	DEPAKOTE ER.....	21	DIASTAT PEDIATRIC.....	18
CYCLOSET.....	26	DEPAKOTE SPRINKLES.....	21	diazepam.....	13,14
cyclosporine.....	78	DEPEN TITRATABS.....	77	DIAZEPAM.....	18
cyclosporine modified (for microemulsion).....	78	DEPO-MEDROL.....	56	DIAZEPAM RECTAL GEL... ..	18
CYKLOKAPRON.....	73	DEPO-PROVERA.....	39	DIBENZYLINE.....	34
CYMBALTA.....	22	DEPO-PROVERA CONTRACEPTIVE.....	55	diclofenac potassium.....	3
cyproheptadine hcl.....	31	DEPO-SUBQ PROVERA 104.....	55	diclofenac sodium.....	3
CYRAMZA.....	38	DERMA-SMOOTH/FS BODY.....	61	diclofenac sodium (actinic keratoses).....	59
CYSTADANE.....	67	DERMA-SMOOTH/FS SCALP.....	61	diclofenac sodium (ophth)...	83
CYSTAGON.....	71	DERMATOP.....	61		
CYSTARAN.....	83	DERMOTIC.....	84		

diclofenac sodium (topical) . . .	58	DORYX	88	ELAVIL	23
diclofenac w/ misoprostol	3	dorzolamide hcl	83	ELDEPRYL	44
dicloxacillin sodium	86	dorzolamide hcl-timolol maleate	81	ELELYSO	72
dicyclomine hcl	89	DOVONEX	60	ELESTAT	83
didanosine	47	doxazosin mesylate	34	ELESTRIN	68
DIFFERIN	57,58	doxepin hcl	23	eletriptan hydrobromide	76
DIFICID	75	doxercalciferol	67	ELIDEL	63
diflorasone diacetate	61	DOXIL	40	ELIGARD	39
DIFLUCAN	30	doxorubicin hcl	40	ELIQUIS	17
diflunisal	4	doxorubicin hcl liposomal	40	ELITEK	42
DIGOXIN	52	DOXYCYCLINE	64	ELLA	55
digoxin	52	doxycycline (monohydrate)	88	ELLEENCE	40
dihydroergotamine mesylate	76	doxycycline hyclate	89	ELMIRON	71
DIHYDROERGOTAMINE MESYLATE	76	dronabinol	29	ELOCON	61
DILANTIN-125	20	drosiprenone-ethinyl estradiol	54	EMCYT	39
DILATRATE SR	13	drosiprenone-ethinyl estradiol- levomefolate calcium	54	EMEND	29
DILAUDID	5	DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	54	EMEND TRIPACK	29
DILAUDID-HP	5	DROXIA	72	EMFLAZA	56
diltiazem hcl	51	DUAC	58	EMPLICITI	38
diltiazem hcl coated beads	51	DUAVEE	68	EMSAM	21
diltiazem hcl extended release beads	51	DUETACT	24	EMTRIVA	47
DIOVAN	34	DUEXIS	3	ENABLEX	91
DIOVAN HCT	35	DULERA	16	enalapril maleate	33
DIPENTUM	70	duloxetine hcl	23	enalapril maleate & hydrochlorothiazide	35
diphenhydramine hcl	30	DUOPA	43	enalaprilat	33
diphenoxylate w/ atropine	28	DURAGESIC	5	ENBREL	4
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	89	DUREZOL	83	ENBREL SURECLICK	4
DIPROLENE	61	dutasteride	71	ENGERIX-B	92
DIPROLENE AF	61	dutasteride-tamsulosin hcl	71	enoxaparin sodium	17
dipyridamole	72	DYAZIDE	65	ENSTILAR	61
disopyramide phosphate	14	DYMISTA	80	entacapone	43
disulfiram	86	E.E.S. GRANULES	75	entecavir	49
DITROPAN XL	91	EC-NAPROSYN	3	ENTOCORT EC	56
divalproex sodium	21	econazole nitrate	59	ENTRESTO	52
DIVIGEL	68	EDARBI	34	ENTYVIO	70
dobutamine hcl	93	EDARBYCLOR	35	ENVARUSUS XR	78
DOCETAXEL	42	EDECRIN	65	EPIDUO	58
docetaxel	42	EDLUAR	73	epinastine hcl (ophth)	83
DOCETAXEL	42	EDURANT	47	epinephrine (anaphylaxis)	93
dofetilide	14	EFFEXOR XR	23	EPIPEN 2-PAK	93
DOLOPHINE	5	EFFIENT	72	EPIPEN-JR 2-PAK	93
donepezil hydrochloride	86	EFUDEX	59	epirubicin hcl	40
DORIBAX	11	EGRIFTA	66	EPIVIR	47
DORIPENEM	12			EPIVIR HBV	49
				eplerenone	36

EPOGEN.....	72	EXELON.....	86	finasteride.....	71
EPROSARTAN MESYLATE.....	34	exemestane.....	39	FIORINAL/CODEINE #3.....	8
EPZICOM.....	47	EXFORGE.....	35	FIRAZYR.....	71
EQUETRO.....	44	EXFORGE HCT.....	35	FIRMAGON.....	39
ERAXIS.....	29	EXJADE.....	29	FLAGYL.....	11
ERBITUX.....	38	EXONDYS 51.....	81	FLAREX.....	83
ergoloid mesylates.....	88	EXTAVIA.....	87	flavoxate hcl.....	92
ERGOMAR.....	76	EXTINA.....	59	FLEBOGAMMA DIF.....	84
ERIVEDGE.....	39	EYLEA.....	81	flecainide acetate.....	14
ERWINAZE.....	41	ezetimibe.....	32	FLECTOR.....	58
ERYPED 200.....	75	ezetimibe-simvastatin.....	31	FLOMAX.....	71
ERYPED 400.....	75	FABIOR.....	58	FLOVENT DISKUS.....	16
erythromycin (acne aid).....	58	FABRAZYME.....	67	FLOVENT HFA.....	16
erythromycin (ophth).....	82	famciclovir.....	50	FLOXIN OTIC.....	84
erythromycin base.....	75	famotidine.....	90	fluconazole.....	30
erythromycin ethylsuccinate.....	75	FAMVIR.....	50	fluconazole in dextrose.....	30
erythromycin lactobionate.....	75	FANAPT.....	45	fluconazole in nacl.....	30
ESBRIET.....	88	FANAPT TITRATION PACK.....	45	flucytosine.....	30
escitalopram oxalate.....	22	FARESTON.....	39	fludarabine phosphate.....	38
esomeprazole magnesium.....	90	FARXIGA.....	27	fludrocortisone acetate.....	57
esomeprazole sodium.....	90	FARYDAK.....	40	FLUMADINE.....	50
estradiol.....	68	FASLODEX.....	39	flunisolide (nasal).....	80
estradiol & norethindrone acetate.....	68	fat emulsion.....	81	fluocinolone acetonide... 61,62	
estradiol vaginal.....	93	FAZACLO.....	45,46	fluocinolone acetonide (otic).....	84
estradiol valerate.....	68	felbamate.....	20	fluocinonide.....	62
ESTRING.....	93	FELBATOL.....	20	fluocinonide emulsified base.....	62
estropipate.....	68	FELDENE.....	3	fluorometholone (ophth).....	83
eszopiclone.....	73	felodipine.....	51	fluorouracil.....	38
ethacrynic acid.....	65	FEMARA.....	39	FLUOROURACIL.....	59
ethambutol hcl.....	36	FEMCON FE.....	54	fluorouracil (topical).....	59
ethosuximide.....	20	FEMHRT LOW DOSE.....	68	fluoxetine hcl.....	22
ethynodiol diacet & eth estrad.....	54	FEMRING.....	93	FLUOXETINE HCL.....	22
etodolac.....	3	FENOFIBRATE.....	32	fluoxetine hcl (PMDD) cap 10 mg, 20 mg.....	87
ETOPOPHOS.....	42	fenofibrate.....	32	fluoxymesterone.....	10
etoposide.....	42	fenofibrate micronized.....	32	fluphenazine decanoate.....	46
EURAX.....	64	FENOGLIDE.....	32	fluphenazine hcl.....	46
EVAMIST.....	68	fentanyl.....	5	flurandrenolide.....	62
EVISTA.....	66	fentanyl citrate.....	5	flurazepam hcl.....	73
EVOCLIN.....	58	FENTORA.....	5,6	flurbiprofen.....	3
EVOMELA.....	37	FERRIPROX.....	29	flurbiprofen sodium.....	83
EVOTAZ.....	47	FETZIMA.....	23	flutamide.....	39
EVOXAC.....	79	FETZIMA TITRATION PACK.....	23	fluticasone propionate.....	62
EVZIO.....	29	FIASP.....	26	fluticasone propionate (nasal).....	80
EXALGO.....	5	FIASP FLEXTOUCH.....	26	fluvastatin sodium.....	32
EXELDERM.....	59	FINACEA.....	64	fluvoxamine maleate.....	22

FML.....	83	GELNIQUE PUMP.....	91	guanfacine hcl (adhd).....	1
FML FORTE.....	83	gemcitabine hcl.....	38	GUANIDINE HCL.....	36
FML LIQUIFILM.....	83	gemfibrozil.....	32	H.P. ACTHAR.....	66
FOCALIN.....	2	GEMZAR.....	38	HALAVEN.....	42
FOCALIN XR.....	2	GENERESS FE.....	54	HALCION.....	73
FOLOTYN.....	38	GENOTROPIN.....	66	HALDOL.....	45
fondaparinux sodium.....	17	GENOTROPIN		HALDOL DECANOATE 100.....	45
FORFIVO XL.....	21	MINIQUICK.....	66	HALDOL DECANOATE 50.....	45
FORTAMET.....	25	gentamicin in saline.....	2	halobetasol propionate.....	62
FORTAZ.....	54	gentamicin sulfate.....	2	HALOG.....	62
FORTEO.....	66	gentamicin sulfate (ophth).....	82	haloperidol.....	45
FORTESTA.....	10	gentamicin sulfate (topical).....	58	haloperidol decanoate.....	45
FOSAMAX.....	66	GENVOYA.....	47	haloperidol lactate.....	45
FOSAMAX PLUS D.....	66	GEODON.....	44	HARVONI.....	49
fosamprenavir calcium.....	47	GILENYA.....	87	HAVRIX.....	92
fosinopril sodium.....	33	GILOTRIF.....	40	HECTOROL.....	67
fosinopril sodium &		GLASSIA.....	88	HEMANGEOL.....	51
hydrochlorothiazide.....	35	glatiramer acetate.....	87	heparin sodium (porcine).....	17
fosphenytoin sodium.....	20	GLEEVEC.....	40	HEPSERA.....	49
FOSRENOL.....	70	GLEOSTINE.....	37	HERCEPTIN.....	38
FRAGMIN.....	17	glimepiride.....	28	HETLIOZ.....	74
FROVA.....	76	glipizide.....	28	HEXALEN.....	37
frovatriptan succinate.....	76	glipizide-metformin hcl.....	24	HIPREX.....	91
FULYZAQ.....	28	GLUCAGEN HYPOKIT.....	25	HIZENTRA.....	85
FURADANTIN.....	91	glucagon (rdna).....	25	HORIZANT.....	88
furosemide.....	65	GLUCOPHAGE.....	25	HUMALOG.....	26
FUSILEV.....	42	GLUCOPHAGE XR.....	25	HUMALOG JUNIOR	
FUZEON.....	47	GLUCOTROL.....	28	KWIKPEN.....	26
FYCOMPA.....	18	GLUCOTROL XL.....	28	HUMALOG KWIKPEN.....	26
gabapentin.....	18	GLUCOVANCE.....	24	HUMALOG MIX 50/50.....	26
GABITRIL.....	20	glyburide.....	28	HUMALOG MIX 50/50	
galantamine hydrobromide.....	86	glyburide micronized.....	28	KWIKPEN.....	26
GAMASTAN S/D.....	84	glyburide-metformin.....	24	HUMALOG MIX 75/25.....	26
GAMMAGARD LIQUID.....	84	glycopyrrolate.....	89,90	HUMALOG MIX 75/25	
GAMMAKED.....	84	GLYNASE.....	28	KWIKPEN.....	26
GAMMAPLEX.....	84	GLYSET.....	24	HUMATROPE.....	66
GAMUNEX-C.....	84	GOLYTELY.....	74	HUMATROPE COMBO	
ganciclovir sodium.....	49	GRALISE.....	87	PACK.....	66
GARDASIL.....	92	GRALISE STARTER.....	87	HUMIRA.....	3
GARDASIL 9.....	92	granisetron hcl.....	29	HUMIRA PEDIATRIC CROHNS	
GASTROCROM.....	69	GRANIX.....	72	DISEASE STARTER PACK.....	3
gatifloxacin (ophth).....	82	GRASTEK.....	2	HUMIRA PEN.....	3
GATTEX.....	70	GRIS-PEG.....	30	HUMIRA PEN-CROHNS	
gauze pads 2" X 2".....	75	griseofulvin microsize.....	30	DISEASESTARTER.....	3
GAZYVA.....	38	griseofulvin ultramicrosize.....	30	HUMIRA PEN-PSORIASIS	
GELNIQUE.....	91	guanfacine hcl.....	34	STARTER.....	3
				HUMULIN 70/30.....	26
				HUMULIN 70/30 KWIKPEN.....	26
				HUMULIN N.....	26

HUMULIN N KWIKPEN.....	26	imipramine pamoate.....	23	irrigation solutions,	
HUMULIN R.....	27	imiquimod.....	63	physiological.....	79
HUMULIN R U-500		IMITREX.....	76	ISENTRESS.....	47,48
(CONCENTRATED).....	27	IMITREX STATDOSE		ISENTRESS HD.....	48
HUMULIN R U-500		REFILL.....	76	isoniazid.....	36
KWIKPEN.....	27	IMITREX STATDOSE		ISOPTO CARPINE.....	81
HYCAMTIN.....	43	SYSTEM.....	76	ISORDIL TITRADOSE.....	13
hydralazine hcl.....	36	IMOVAX RABIES		isosorbide dinitrate.....	13
HYDREA.....	41	(H.D.C.V.).....	92	isosorbide mononitrate.....	13
hydrochlorothiazide.....	65	IMURAN.....	78	isotretinoin.....	58
hydrocodone-		INCRELEX.....	66	ISTALOL.....	81
acetaminophen.....	8,9	INCRUSE ELLIPTA.....	14	ISTODAX.....	40
hydrocodone-ibuprofen.....	9	indapamide.....	65	ISTODAX (OVERFILL).....	40
hydrocortisone.....	56	INDERAL LA.....	51	itraconazole.....	30
hydrocortisone (intrarectal).....	10	INDOCIN.....	4	ivermectin.....	11
hydrocortisone (rectal).....	10	indomethacin.....	4	IXEMPRA KIT.....	42
hydrocortisone (topical).....	62	INFANRIX.....	89	IXIARO.....	92
hydrocortisone butyrate.....	62	INFLECTRA.....	70	JADENU.....	29
hydrocortisone butyrate		INGREZZA.....	87	JAKAFI.....	41
hydrophilic lipo base.....	62	INLYTA.....	40	JALYN.....	71
hydrocortisone valerate.....	62	INNOPRAN XL.....	51	JANUMET.....	24
hydrocortisone w/acetic acid.....	84	INSPIRA.....	36	JANUMET XR.....	24
hydromorphone hcl.....	6	INSULIN SYRINGES AND PEN		JANUVIA.....	25
hydroxychloroquine sulfate.....	36	NEEDLES.....	75	JARDIANCE.....	27
HYDROXYPROGESTERONE		INTELENCE.....	47	JENTADUETO.....	24
CAPROATE.....	39	INTERMEZZO.....	73,74	JENTADUETO XR.....	24
hydroxyurea.....	41	INTRON A.....	41	JEVTANA.....	42
hydroxyzine hcl.....	13	INTRON A W/DILUENT.....	41	JUBLIA.....	59
hydroxyzine pamoate.....	13	INTUNIV.....	1	JUXTAPID.....	32,33
HYQVIA.....	85	INVANZ.....	12	K-TAB.....	77
HYSINGLA ER.....	6	INVEGA.....	45	KADCYLA.....	38
HYZAAR.....	35	INVEGA SUSTENNA.....	45	KADIAN.....	6
ibandronate sodium.....	66	INVEGA TRINZA.....	45	KALBITOR.....	72
IBRANCE.....	40	INVIRASE.....	47	KALETRA.....	48
ibuprofen.....	3,4	INVOKAMET.....	24	KALYDECO.....	88
ICLUSIG.....	40	INVOKAMET XR.....	24	KANUMA.....	67
IDAMYCIN PFS.....	40	INVOKANA.....	27	KAPVAY.....	1
idarubicin hcl.....	40	IOPIDINE.....	81,82	KAYEXALATE.....	79
IFEX.....	37	IPOL INACTIVATED IPV.....	92	KAZANO.....	24
ifosfamide.....	37	ipratropium bromide.....	14	KEFLEX.....	53
IFOSFAMIDE.....	37	ipratropium bromide		KENALOG.....	62
ILARIS.....	3	(nasal).....	80	KENALOG-10.....	56
ILEVRO.....	83	ipratropium-albuterol.....	16	KENALOG-40.....	56
imatinib mesylate.....	40	IPRIVASK.....	17	KEPIVANCE.....	42
IMBRUVICA.....	40	irbesartan.....	34	KEPPRA.....	18
IMFINZI.....	38	irbesartan-hydrochlorothiazide.....	35	KEPPRA XR.....	18
imipenem-cilastatin.....	12	IRESSA.....	40		
imipramine hcl.....	23	irinotecan hcl.....	43		

KERYDIN.....	59	lamotrigine.....	19	levofloxacin.....	69
ketoconazole.....	30	LANOXIN.....	52	levofloxacin (ophth).....	82
ketoconazole (topical).....	59	LANOXIN PEDIATRIC.....	52	levofloxacin in d5w.....	69
ketoprofen.....	4	lansoprazole.....	90	LEVOLEUCOVORIN.....	42
ketorolac tromethamine.....	4	lanthanum carbonate.....	70	levoleucovorin calcium.....	42
ketorolac tromethamine (ophth).....	84	LANTUS.....	27	levonorgestrel & eth estradiol.....	54
KEVEYIS.....	64	LANTUS SOLOSTAR.....	27	levonorgestrel-eth estradiol (triphasic).....	54
KEYTRUDA.....	38	LARTRUVO.....	38	levonorgestrel-ethinyl estradiol (91-day).....	54
KHEDEZLA.....	23	LASIX.....	65	levothyroxine sodium.....	89
KINERET.....	3	LASTACAPT.....	84	LEXAPRO.....	22
KINRIX.....	89	latanoprost.....	84	LEXIVA.....	48
KISQALI.....	41	LATUDA.....	44	LIALDA.....	70
KISQALI FEMARA 200 DOSE.....	40	LAZANDA.....	6	LIBRAX.....	90
KISQALI FEMARA 400 DOSE.....	40	leflunomide.....	4	lidocaine.....	63
KISQALI FEMARA 600 DOSE.....	40	LEMTRADA.....	87	lidocaine hcl.....	63
KITABIS PAK.....	2	LENVIMA 10 MG DAILY DOSE.....	41	lidocaine hcl (cardiac).....	14
KLARON.....	58	LENVIMA 14 MG DAILY DOSE.....	41	lidocaine hcl (local anesth.).....	75
KLONOPIN.....	18	LENVIMA 18 MG DAILY DOSE.....	41	lidocaine hcl (mouth-throat).....	79
KOMBIGLYZE XR.....	24	LENVIMA 20 MG DAILY DOSE.....	41	lidocaine-prilocaine.....	63
KORLYM.....	25	LENVIMA 24 MG DAILY DOSE.....	41	LIDODERM.....	63
KUVAN.....	67	LENVIMA 8 MG DAILY DOSE.....	41	LINCOCIN.....	12
KYNAMRO.....	31	LESCOL XL.....	32	lincomycin hcl.....	12
KYPROLIS.....	41	LETAIRIS.....	52	lindane.....	64
labetalol hcl.....	50	letrozole.....	39	linezolid.....	12
LAC-HYDRIN.....	63	leucovorin calcium.....	42	LINEZOLID.....	12
lactated ringer's.....	77	LEUKERAN.....	37	linezolid.....	12
lactic acid (ammonium lactate).....	63	LEUKINE.....	72	LINZESS.....	70
lactulose.....	74	leuprolide acetate.....	39	liothyronine sodium.....	89
lactulose (encephalopathy).....	70	levabuterol hcl.....	16	LIPITOR.....	32
LAMICTAL.....	19	LEVALBUTEROL TARTRATE HFA.....	16	LIPOFEN.....	32
LAMICTAL CHEWABLE DISPERSIBLE.....	18	LEVAQUIN.....	69	lisinopril.....	33
LAMICTAL ODT.....	18	LEVEMIR.....	27	lisinopril & hydrochlorothiazide.....	35
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE.....	18	LEVEMIR FLEXTOUCH.....	27	lithium.....	44
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE.....	19	levetiracetam.....	19	lithium carbonate.....	44
LAMICTAL STARTER/TAKING VALPROATE.....	19	LEVETIRACETAM.....	19	LITHIUM CARBONATE.....	44
LAMICTAL XR.....	19	levetiracetam.....	19	lithium carbonate.....	44
LAMISIL.....	30	levetiracetam in sodium chloride.....	19	LITHOBID.....	44
lamivudine.....	48	levobunolol hcl.....	81	LIVALO.....	32
lamivudine (hbv).....	49	levocarnitine (metabolic modifiers).....	67	LO LOESTRIN FE.....	54
lamivudine-zidovudine.....	48	levocetirizine dihydrochloride.....	31	LOCOID.....	62
				LOCOID LIPOCREAM.....	62
				LOCORT 11-DAY.....	56
				LOCORT 7-DAY.....	56
				LODOSYN.....	43

LOMOTIL.....	28	MALARONE.....	36	mesna.....	42
LONSURF.....	40	malathion.....	64	MESNEX.....	42
loperamide hcl.....	28	maprotiline hcl.....	21	MESTINON.....	36
LOPID.....	32	MARINOL.....	29	MESTINON TIMESPAN.....	36
lopinavir-ritonavir.....	48	MARPLAN.....	21	METADATE CD.....	2
LOPRESSOR.....	51	MARQIBO.....	42	metaxalone.....	79
LOPRESSOR HCT.....	35	MATULANE.....	41	metformin hcl.....	25
LOPROX.....	59	MAVIK.....	33	methadone hcl.....	6
LOPROX SHAMPOO.....	59	MAXALT.....	76	methamphetamine hcl.....	1
lorazepam.....	14	MAXALT-MLT.....	76	methazolamide.....	64
losartan potassium.....	34	MAXIDEX.....	83	methenamine hippurate.....	91
losartan potassium & hydrochlorothiazide.....	35	MAXIPIME.....	54	methimazole.....	89
LOSEASONIQUE.....	54	MAXITROL.....	83	methocarbamol.....	79
LOTEMAX.....	83	MAXZIDE.....	65	methotrexate sodium.....	38
LOTENSIN.....	33	MAXZIDE-25.....	65	methoxsalen rapid.....	60
LOTENSIN HCT.....	35	meclizine hcl.....	29	methscopolamine bromide.....	90
LOTREL.....	35	MEDROL.....	56	methyl dopa.....	34
LOTRISONE.....	59	MEDROL DOSEPAK.....	56	methylergonovine maleate.....	84
LOTRONEX.....	70	medroxyprogesterone acetate.....	86	methylphenidate hcl.....	2
lovastatin.....	32	medroxyprogesterone acetate (contraceptive).....	55	methylprednisolone.....	56
LOVAZA.....	31	mefenamic acid.....	4	methylprednisolone acetate.....	56
LOVENOX.....	17	mefloquine hcl.....	36	methylprednisolone sod succ.....	56
loxapine succinate.....	46	MEGACE ES.....	86	methyltestosterone.....	10
LUMIGAN.....	84	MEGACE ORAL.....	39	metipranolol.....	81
LUMIZYME.....	67	megestrol acetate.....	39	metoclopramide hcl.....	69
LUNESTA.....	74	megestrol acetate (appetite).....	86	metolazone.....	65
LUPRON DEPOT (1- MONTH).....	39	MEKINIST.....	41	metoprolol & hydrochlorothiazide.....	35
LUPRON DEPOT (3- MONTH).....	39	meloxicam.....	4	metoprolol succinate.....	51
LUPRON DEPOT (4- MONTH).....	39	melphalan.....	37	metoprolol tartrate.....	51
LUPRON DEPOT (6- MONTH).....	39	melphalan hcl.....	37	METROCREAM.....	64
LUPRON DEPOT-PED (1- MONTH).....	66	memantine hcl.....	86	METROGEL.....	64
LUPRON DEPOT-PED (3- MONTH).....	67	MENACTRA.....	92	METROGEL-VAGINAL.....	93
LUXIQ.....	62	MENOMUNE-A/C/Y/W-135	92	METROLOTION.....	64
LUZU.....	59	MENOSTAR.....	68	metronidazole.....	11
LYNPARZA.....	41	MENVEO.....	92	metronidazole (topical).....	64
LYRICA.....	19	meperidine hcl.....	6	metronidazole in nacl.....	11
LYSODREN.....	39	meprobamate.....	13	metronidazole vaginal.....	93
LYSTEDA.....	73	MEPRON.....	11	MEVACOR.....	32
M-M-R II.....	92	mercaptopurine.....	38	mexiletine hcl.....	14
MACROBID.....	91	meropenem.....	12	MIACALCIN.....	66
MACRODANTIN.....	91	MERREM.....	12	MICARDIS.....	34
magnesium sulfate.....	77	mesalamine.....	70	MICARDIS HCT.....	35
		MESALAMINE DR.....	70	MICRO-K.....	77
		mesalamine w/ cleanser.....	70	MICROZIDE.....	65
				midodrine hcl.....	93

MIGERGOT	75	MYCAMINE	29	neomycin-polymyxin-hc (otic)	84
miglitol	24	MYCOBUTIN	36	neomycin/polymyxin b gu	71
MIGRANAL	76	mycophenolate mofetil	78	NEORAL	78
MILLIPRED	56	mycophenolate mofetil hcl	78	NERLYNX	41
MINASTRIN 24 FE	54	mycophenolate sodium	78	NESINA	25
MINIPRESS	34	MYFORTIC	78	NEULASTA	73
MINOCIN	89	MYLOTARG	38	NEULASTA ONPRO KIT	73
minocycline hcl	89	MYRBETRIQ	92	NEUPOGEN	73
minoxidil	36	MYSOLINE	19	NEUPRO	43
MIRAPEX	43	MYTESI	28	NEURONTIN	19
MIRAPEX ER	43	nabumetone	4	NEVANAC	84
MIRCERA	72,73	nadolol	51	NEVIRAPINE	48
mirtazapine	21	nadolol & bendroflumethiazide	35	nevirapine	48
MIRVASO	64	nafcillin sodium	86	NEXAVAR	41
misoprostol	91	naftifine hcl	59	NEXIUM	90
MITIGARE	71	NAFTIN	59	NEXIUM I.V.	90
mitomycin	40	NAGLAZYME	67	niacin (antihyperlipidemic)	33
mitoxantrone hcl	40	naloxone hcl	29	NIASPAN	33
MOBIC	4	naltrexone hcl	29	nicardipine hcl	51
modafinil	2	NAMENDA	86	NICOTROL INHALER	88
MODICON	54	NAMENDA TITRATION PAK	86	NICOTROL NS	88
moexipril hcl	33	NAMENDA XR	86	nifedipine	51,52
moexipril-hydrochlorothiazide	35	NAMENDA XR TITRATION PAK	86	NILANDRON	39
molindone hcl	46	naphazoline hcl	82	nilutamide	39
mometasone furoate	62	NAPRELAN	4	nimodipine	52
mometasone furoate (nasal)	80	NAPROSYN	4	NINLARO	41
MONODOX	89	naproxen	4	NIPENT	41
montelukast sodium	15	naproxen sodium	4	nisoldipine	52
MONUROL	91	naratriptan hcl	76	NITRO-DUR	13
morphine sulfate	6,7	NARCAN	29	nitrofurantoin	91
morphine sulfate beads	6	NARDIL	21	nitrofurantoin macrocrystal	91
MOTOFEN	28	NASONEX	80	nitrofurantoin monohyd macro	91
MOVANTIK	70	NATACYN	82	nitroglycerin	13
MOVIPREP	74	nateglinide	27	NITROGLYCERIN LINGUAL	13
MOXEZA	82	NATESTO	10	NITROLINGUAL PUMPSPRAY	13
moxifloxacin hcl	69	NATPARA	66	NITROMIST	13
moxifloxacin hcl (ophth)	82	NAVELBINE	42	NITROSTAT	13
MOZOBIL	73	NEBUPENT	11	nizatidine	90
MS CONTIN	7	nefazodone hcl	22	NIZORAL	59
MULTAQ	14	neomycin sulfate	2	NOR-QD	55
mupirocin	58	neomycin-bacitracin zn-polymyxin	82	NORDITROPIN FLEXPRO	66
mupirocin calcium (topical)	58	neomycin-polymy-dexameth	83	norelgestromin-ethinyl estradiol	55
MUSTARGEN	37	neomycin-polymyxin-gramicidin	82	norethin acet & estrad-fe	54
MYALEPT	67			norethindrone & eth estradiol	54
MYAMBUTOL	36				

norethindrone & ethinyl estradiol- fe.....	55	nystatin.....	30	ORACEA.....	64
norethindrone (contraceptive).....	55	nystatin (mouth-throat).....	79	ORALAIR.....	2
norethindrone acet & eth estra.....	55	nystatin (topical).....	59	ORAP.....	88
norethindrone acetate.....	86	nystatin-triamcinolone.....	59	ORAPRED ODT.....	56
norethindrone acetate-ethinyl estradiol.....	68	OALIVA.....	69	ORBACTIV.....	11
norethindrone-eth estradiol (triphasic).....	55	OCREVUS.....	87	ORENCIA.....	4
norgestimate-ethinyl estradiol.....	55	OCTAGAM.....	85	ORENCIA CLICKJECT.....	4
norgestimate-ethinyl estradiol (triphasic).....	55	octreotide acetate.....	68	ORENITRAM.....	52
norgestrel & ethinyl estradiol.....	55	OCUFEN.....	84	ORFADIN.....	67
NORINYL 1+35.....	55	OCUFLOX.....	82	ORKAMBI.....	88
NORITATE.....	64	ODEFSEY.....	48	orphenadrine citrate.....	79
NORPACE.....	14	ODOMZO.....	39	ORTHO MICRONOR.....	55
NORPACE CR.....	14	OFEV.....	88	ORTHO TRI-CYCLEN.....	55
NORPRAMIN.....	23	ofloxacin (ophth).....	82	ORTHO TRI-CYCLEN LO.....	55
NORTHERA.....	93	ofloxacin (otic).....	84	ORTHO-CYCLEN.....	55
nortriptyline hcl.....	23	olanzapine.....	46	ORTHO-NOVUM 1/35.....	55
NORVASC.....	52	olanzapine-fluoxetine hcl.....	87	ORTHO-NOVUM 7/7/7.....	55
NORVIR.....	48	olmesartan medoxomil.....	34	oseltamivir phosphate.....	50
NOVOLIN 70/30.....	27	olmesartan medoxomil- amlodipine-hydrochlorothiazide.....	35	OSENI.....	24
NOVOLIN 70/30 RELION.....	27	olmesartan medoxomil- hydrochlorothiazide.....	35	OSMOPREP.....	75
NOVOLIN N.....	27	olopatadine hcl.....	84	OTEZLA.....	4
NOVOLIN N RELION.....	27	olopatadine hcl (nasal).....	80	OTREXUP.....	3
NOVOLIN R.....	27	OLUX.....	62	oxaliplatin.....	37
NOVOLIN R RELION.....	27	OLUX-E.....	62	oxandrolone.....	10
NOVOLOG.....	27	OLYSIO.....	49	oxaprozin.....	4
NOVOLOG FLEXPEN.....	27	omega-3-acid ethyl esters.....	31	oxazepam.....	14
NOVOLOG MIX 70/30.....	27	omeprazole.....	90	oxcarbazepine.....	19
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	27	omeprazole-sodium bicarbonate.....	91	oxiconazole nitrate.....	59
NOVOLOG PENFILL.....	27	OMNARIS.....	80	OXISTAT.....	59
NOXAFIL.....	30	OMNIPRED.....	83	OXSORALEN ULTRA.....	60
NUCALA.....	14	OMNITROPE.....	66	oxybutynin chloride.....	92
NUCYNTA.....	7	ONCASPAR.....	41	oxycodone hcl.....	7
NUCYNTA ER.....	7	ondansetron.....	29	OXYCODONE HCL ER.....	7
NUDEXTA.....	87	ondansetron hcl.....	29	oxycodone w/ acetaminophen.....	9
NULOJIX.....	78	ONFI.....	18	oxycodone-aspirin.....	9
NULYTELY/FLAVOR PACKS.....	74	ONGLYZA.....	26	OXYCONTIN.....	7
NUPLAZID.....	44	ONIVYDE.....	43	oxymorphone hcl.....	7,8
NUTROPIN AQ NUSPIN 20.....	66	ONMEL.....	30	OXYTROL.....	92
NUVARING.....	55	OPANA.....	7	paclitaxel.....	42
NUVIGIL.....	2	OPANA ER (CRUSH RESISTANT).....	7	paliperidone.....	45
NYMALIZE.....	52	OPDIVO.....	38	PAMELOR.....	23
		opium tincture.....	28	PAMINE.....	90
		OPSUMIT.....	52	PAMINE FORTE.....	90
				PANCREAZE.....	64
				PANRETIN.....	59
				pantoprazole sodium.....	90

PARAFON FORTE DSC.....	79	phenoxybenzamine hcl.....	34	PRAVACHOL.....	32
parenteral electrolytes.....	77	phenytoin.....	20	pravastatin sodium.....	32
paricalcitol.....	67	phenytoin sodium.....	20	prazosin hcl.....	34
PARLODEL.....	43	phenytoin sodium extended.....	20	PRECOSE.....	24
PARNATE.....	21	PHOSLYRA.....	70	PRED FORTE.....	83
paromomycin sulfate.....	2	PHOSPHOLINE IODIDE.....	81	PRED MILD.....	83
paroxetine hcl.....	22	PICATO.....	59	prednicarbate.....	62
paroxetine mesylate (vasomotor).....	88	pilocarpine hcl.....	81	prednisolone.....	56
PATADAY.....	84	pilocarpine hcl (oral).....	79	prednisolone acetate (ophth)	83
PATANASE.....	80	pimozide.....	88	prednisolone sodium phosphate.....	56
PATANOL.....	84	pindolol.....	51	prednisone.....	56
PAXIL.....	22	pioglitazone hcl.....	26	PREMARIN.....	68,93
PAXIL CR.....	22	pioglitazone hcl- glimepiride.....	25	PREMPHASE.....	68
PCE.....	75	pioglitazone hcl-metformin hcl.....	25	PREMPRO.....	68
PEDVAX HIB.....	92	piperacillin sodium-tazobactam sodium.....	85	PREPOPIK.....	74
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	74	piroxicam.....	4	PREVACID.....	90,91
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	74	PLAQUENIL.....	36	PREVPAC.....	91
PEG-INTRON REDIPEN.....	49	PLAVIX.....	72	PREZCOBIX.....	48
PEG-INTRON REDIPEN PAK 4.....	49	PLEGRIDY.....	87	PREZISTA.....	48
PEGANONE.....	20	PLEGRIDY STARTER PACK.....	87	PRIFTIN.....	36
PEGASYS.....	49	PLETAL.....	72	PRILOSEC.....	91
PEGASYS PROCLICK.....	49	podofilox.....	63	primaquine phosphate.....	36
PEGINTRON.....	49	polyethylene glycol 3350.....	74	PRIMAQUINE PHOSPHATE	36
penicillin g potassium.....	85	polymyxin b sulfate.....	13	PRIMAXIN IV.....	12
penicillin v potassium.....	85	polymyxin b-trimethoprim.....	82	primidone.....	19
PENLAC NAIL LACQUER.....	59	POLYTRIM.....	82	PRIMSOL.....	11
PENNSAID.....	58	POMALYST.....	40	PRINIVIL.....	33
PENTAM 300.....	11	PONSTEL.....	4	PRISTIQ.....	23
PENTASA.....	70	PORTRAZZA.....	39	PRIVIGEN.....	85
pentazocine w/ naloxone.....	10	potassium chloride.....	77	PROAIR HFA.....	16
pentoxifylline.....	72	potassium chloride in dextrose & sodium chloride.....	77	PROAIR RESPICLICK.....	16
PEPCID.....	90	potassium chloride microencapsulated crystals er.....	77	probenecid.....	71
PERFOROMIST.....	16	potassium citrate (alkalinizer).....	71	PROCARDIA.....	52
PERIDEX.....	79	POTIGA.....	19	PROCARDIA XL.....	52
perindopril erbumine.....	33	PRADAXA.....	17	prochlorperazine.....	46
PERJETA.....	39	PRALUENT.....	33	prochlorperazine edisylate.....	46
permethrin.....	64	pramipexole dihydrochloride.....	43,44	prochlorperazine maleate.....	46
perphenazine.....	46	pramoxine-hc.....	62	PROCRIT.....	73
perphenazine-amitriptyline.....	87	PRANDIN.....	27	PROCTOCORT.....	10
PERSANTINE.....	72	prasugrel hcl.....	72	PROCYSBI.....	71
PERTZYE.....	64			progesterone micronized.....	86
PEXEVA.....	22			PROGLYCEM.....	25
phenelzine sulfate.....	21			PROGRAF.....	78
phenobarbital.....	73			PROLASTIN-C.....	88
				PROLENSA.....	84

PROLEUKIN.....	41	ranitidine hcl.....	90	REVATIO.....	53
PROLIA.....	66	RAPAFLO.....	71	REVLIMID.....	78
PROMACTA.....	73	RAPAMUNE.....	78	REXULTI.....	47
promethazine & phenylephrine.....	57	rasagiline mesylate.....	44	REYATAZ.....	48
promethazine hcl.....	31	RASUVO.....	3	RHEUMATREX.....	3
PROMETRIUM.....	86	RAVICTI.....	67	ribavirin.....	50
propafenone hcl.....	14	RAYALDEE.....	67	ribavirin (hepatitis c).....	49
proparacaine hcl.....	82	RAYOS.....	56	RIDAURA.....	3
propranolol hcl.....	51	RAZADYNE.....	87	rifabutin.....	36
propylthiouracil.....	89	RAZADYNE ER.....	86	RIFADIN.....	37
PROQUAD.....	92	REBETOL.....	49	RIFAMATE.....	36
PROSCAR.....	71	REBIF.....	87	rifampin.....	37
PROTONIX.....	91	REBIF REBIDOSE.....	87	RIFATER.....	36
PROTOPIC.....	63	REBIF REBIDOSE TITRATIONPACK.....	87	RILUTEK.....	80
protriptyline hcl.....	23	REBIF TITRATION PACK.....	87	riluzole.....	81
PROVENTIL HFA.....	16	RECLAST.....	66	rimantadine hydrochloride.....	50
PROVERA.....	86	RECOMBIVAX HB.....	92	RIOMET.....	25
PROVIGIL.....	2	RECTIV.....	10	risedronate sodium.....	66
PROZAC.....	22	REGLAN.....	69	RISPERDAL.....	45
PROZAC WEEKLY.....	22	REGRANEX.....	64	RISPERDAL CONSTA.....	45
PULMICORT.....	16	RELENZA DISKHALER.....	50	RISPERDAL M-TAB.....	45
PULMICORT FLEXHALER.....	16	RELISTOR.....	70	risperidone.....	45
PULMOZYME.....	88	RELPAK.....	76	RITALIN.....	2
PURIXAN.....	38	REMERON.....	21	RITALIN LA.....	2
PYLERA.....	91	REMERON SOLTAB.....	21	RITUXAN.....	39
pyrazinamide.....	36	REMICADE.....	70	RITUXAN HYCELA.....	40
pyridostigmine bromide.....	36	REMODULIN.....	52	rivastigmine.....	87
QNASL.....	80	RENAGEL.....	70	rivastigmine tartrate.....	87
QNASL CHILDRENS.....	80	REVELA.....	70	rizatriptan benzoate.....	76
QUADRACEL.....	89	repaglinide.....	27	ROBAXIN.....	79
QUALAQUIN.....	36	repaglinide-metformin hcl.....	25	ROBAXIN-750.....	79
QUARTETTE.....	55	REPATHA.....	33	ROBINUL.....	90
quetiapine fumarate.....	46	REPATHA PUSHTRONEX SYSTEM.....	33	ROBINUL FORTE.....	90
quinapril hcl.....	33	REPATHA SURECLICK.....	33	ROCALTROL.....	67
quinapril-hydrochlorothiazide	35	REQUIP.....	44	ropinirole hydrochloride.....	44
quinidine gluconate.....	14	REQUIP XL.....	44	rosuvastatin calcium.....	32
quinidine sulfate.....	14	RESCRIPTOR.....	48	ROTARIX.....	92
QUININE SULFATE.....	36	RESTASIS.....	82	ROTATEQ.....	92
QVAR.....	16	RESTASIS MULTIDOSE.....	82	ROWASA.....	70
RABAVERT.....	92	RESTORIL.....	74	ROXICODONE.....	8
RADICAVA.....	80	RETIN-A.....	58	ROZEREM.....	74
RAGWITEK.....	2	RETIN-A MICRO.....	58	RUBRACA.....	41
raloxifene hcl.....	66	RETIN-A MICRO PUMP.....	58	RUCONEST.....	72
ramipril.....	33	RETROVIR.....	48	RYDAPT.....	41
RANEXA.....	13	RETROVIR IV INFUSION.....	48	RYTARY.....	44
				RYTHMOL.....	14

RYTHMOL SR.....	14	SIRTURO.....	37	STRATTERA.....	1
SABRIL.....	20	SIVEXTRO.....	12	STRENSIQ.....	67
SAFYRAL.....	55	SKELAXIN.....	80	STRIBILD.....	48
SALAGEN.....	79	sodium bicarbonate.....	77	STRIVERDI RESPIMAT.....	17
SAMSCA.....	68	sodium chloride.....	77	STROMECTOL.....	11
SANCUSO.....	29	sodium chloride (gu irrigant).....	71	SUBOXONE.....	10
SANDIMMUNE.....	78	sodium polystyrene sulfonate.....	79	SUBSYS.....	8
SANDOSTATIN.....	68	SOLARAZE.....	59	SUCRAID.....	64
SANDOSTATIN LAR DEPOT.....	68	SOLTAMOX.....	39	sucrafate.....	90
SANTYL.....	63	SOLU-CORTEF.....	57	SULAR.....	52
SAPHRIS.....	46	SOLU-MEDROL.....	57	sulfacetamide sod- prednisolone.....	83
SAVAYSA.....	17	SOMA.....	80	sulfacetamide sodium (acne).....	58
SAVELLA.....	87	SOMATULINE DEPOT.....	68	sulfacetamide sodium (ophth).....	82
SAVELLA TITRATION PACK.....	87	SOMAVERT.....	66	sulfadiazine.....	88
scopolamine.....	29	SONATA.....	74	sulfamethoxazole-trimethoprim	11
SEASONIQUE.....	55	SOOLANTRA.....	64	SULFAMYLON.....	60
SECTRAL.....	51	SORIATANE.....	60	sulfasalazine.....	70
selegiline hcl.....	44	SORILUX.....	60	sulindac.....	4
selenium sulfide.....	60	sotalol hcl.....	51	sumatriptan succinate.....	76,77
SELZENTRY.....	48	sotalol hcl (afib/afib).....	51	SUMAVEL DOSEPRO.....	77
SEMPREX-D.....	57	Sotalol Hcl IV Soln.....	51	SUPRAX.....	54
SENSIPAR.....	67	SOTYLIZE.....	51	SUPREP BOWEL PREP KIT.....	74
SEREVENT DISKUS.....	16	SOVALDI.....	49	SURMONTIL.....	23
SEROQUEL.....	46	SPIRIVA HANDIHALER.....	14	SUSTIVA.....	48
SEROQUEL XR.....	46	SPIRIVA RESPIMAT.....	15	SUTENT.....	41
SEROSTIM.....	66	spironolactone.....	65	SYLATRON.....	42
sertraline hcl.....	22	spironolactone & hydrochlorothiazide.....	65	SYMBICORT.....	17
sevelamer carbonate.....	70	SPORANOX.....	30	SYMBYAX.....	87
SIGNIFOR.....	68	SPORANOX PULSEPAK.....	30	SYMLINPEN 120.....	24
SIGNIFOR LAR.....	68	SPRITAM.....	19,20	SYMLINPEN 60.....	24
sildenafil citrate (pulmonary hypertension).....	53	SPRYCEL.....	41	SYNAGIS.....	85
SILENOR.....	73	STALEVO 100.....	44	SYNALAR.....	62
SILIQ.....	60	STALEVO 125.....	44	SYNAREL.....	67
SILVADENE.....	60	STALEVO 150.....	44	SYNDROS.....	29
silver sulfadiazine.....	60	STALEVO 200.....	44	SYNERCID.....	13
SIMBRINZA.....	82	STALEVO 50.....	44	SYNJARDY.....	25
SIMPONI.....	3	STALEVO 75.....	44	SYNJARDY XR.....	25
SIMPONI ARIA.....	3	STAMARIL.....	92	SYNRIBO.....	42
SIMULECT.....	78	STARLIX.....	27	SYNTHROID.....	89
simvastatin.....	32	stavudine.....	48	SYPRINE.....	78
SINEMET.....	44	STELARA.....	60,70	TABLOID.....	38
SINEMET CR.....	44	STIMATE.....	67	TACLONEX.....	62
SINGULAIR.....	15	STIOLTO RESPIMAT.....	16	tacrolimus.....	78
sirolimus.....	78	STIVARGA.....	41	tacrolimus (topical).....	63

TAFINLAR.....	41	testosterone.....	10	TOPAMAX.....	20
TAGRISSE.....	41	TESTOSTERONE.....	10	TOPAMAX SPRINKLE.....	20
TALTZ.....	60	testosterone.....	10	TOPICORT.....	63
TALWIN.....	10	testosterone cypionate.....	10	topiramate.....	20
TAMIFLU.....	50	testosterone enanthate.....	10	topotecan hcl.....	43
tamoxifen citrate.....	39	TESTOSTERONE PUMP.....	10	TOPROL XL.....	51
tamsulosin hcl.....	71	TETANUS/DIPHThERIA		TORISEL.....	41
TANZEUM.....	26	TOXOIDS-ADSORBED.....	89	torsemide.....	65
TARCEVA.....	41	tetrabenazine.....	87	TOUJEO SOLOSTAR.....	27
TARGRETIN.....	42,59	TETRACYCLINE HCL.....	89	TOVIAZ.....	92
TASIGNA.....	41	tetracycline hcl.....	89	TRACLEER.....	52
TASMAR.....	43	THALOMID.....	78	TRADJENTA.....	26
TAXOL.....	42	theophylline.....	17	tramadol hcl.....	8
TAXOTERE.....	42	thioridazine hcl.....	46	tramadol-acetaminophen.....	9
TAYTULLA.....	55	thiotepa.....	37	trandolapril.....	33
tazarotene.....	60	thiothixene.....	47	tranexamic acid.....	73
TAZORAC.....	60	THYMOGLOBULIN.....	79	TRANSDERM-SCOP.....	29
TECENTRIQ.....	39	tiagabine hcl.....	20	TRANXENE T.....	14
TECFIDERA.....	87	TIAZAC.....	52	tranylcyromine sulfate.....	22
TECFIDERA STARTER		TICE BCG.....	42	TRAVATAN Z.....	84
PACK.....	87	TIGAN.....	29	trazodone hcl.....	22
TECHNIVIE.....	50	TIGECYCLINE.....	12	TREANDA.....	37
TEFLARO.....	54	TIKOSYN.....	14	TRECTOR.....	37
TEGRETOL.....	20	timolol maleate (ophth).....	81	TRELSTAR.....	39
TEGRETOL-XR.....	20	TIMOPTIC.....	81	TRELSTAR MIXJECT.....	39
TEKTURNA.....	36	TIMOPTIC-XE.....	81	TRESIBA FLEXTOUCH.....	27
TEKTURNA HCT.....	35	TINDAMAX.....	11	tretinoin.....	58
telmisartan.....	34	tinidazole.....	11	tretinoin (chemotherapy).....	42
telmisartan-amlodipine.....	35	TIVICAY.....	48	tretinoin microsphere.....	58
telmisartan-hydrochlorothiazide		tizanidine hcl.....	80	TREXIMET.....	75
.....	35	TOBI.....	2	triamcinolone acetonide	
temazepam.....	74	TOBI PODHALER.....	2	(mouth).....	79
TEMODAR.....	37	TOBRADEX.....	83	triamcinolone acetonide	
TEMOVATE.....	63	TOBRADEX ST.....	83	(nasal).....	80
TEMOVATE E.....	63	tobramycin.....	2	triamcinolone acetonide	
TENEX.....	34	tobramycin (ophth).....	82	(topical).....	63
TENIVAC.....	89	tobramycin sulfate.....	2	triamterene &	
TENORETIC 100.....	35	tobramycin- dexamethasone.....	83	hydrochlorothiazide.....	65
TENORETIC 50.....	35	TOBREX.....	82	TRIAZOLAM.....	74
TENORMIN.....	51	TOFRANIL-PM.....	23	triazolam.....	74
TERAZOL 3.....	93	TOLAZAMIDE.....	28	TRIBENZOR.....	35
TERAZOL 7.....	93	tolazamide.....	28	TRICOR.....	32
terazosin hcl.....	34	tolbutamide.....	28	TRIDESILON.....	63
terbinafine hcl.....	30	tolcapone.....	43	trifluoperazine hcl.....	46
terbutaline sulfate.....	17	tolmetin sodium.....	4	trifluridine.....	82
terconazole vaginal.....	93	tolterodine tartrate.....	92	trihexyphenidyl hcl.....	43
TESTIM.....	10			TRILEPTAL.....	20
				TRILIPIX.....	32

trimethobenzamide hcl.....	29	valproic acid.....	21	VIDAZA.....	38
trimethoprim.....	11	valsartan.....	34	VIDEX EC.....	48
trimipramine maleate.....	23,24	valsartan-hydrochlorothiazide		VIDEXPEDIATRIC.....	48
TRINTELLIX.....	22	35	VIEKIRA PAK.....	50
TRISENOX.....	42	VALSTAR.....	40	vigabatrin.....	20
TRIUMEQ.....	48	VALTRESX.....	50	VIGAMOX.....	82
TRIZIVIR.....	48	VANCOGIN HCL.....	11	VIIBRYD.....	22
tropium chloride.....	92	vancomycin hcl.....	11	VIIBRYD STARTER PACK.....	22
TRULICITY.....	26	VANCOMYCIN HCL IN		VIMIZIM.....	67
TRUSOPT.....	84	DEXTROSE.....	11	VIMOVO.....	4
TRUVADA.....	48	VANOS.....	63	VIMPAT.....	20
TUDORZA PRESSAIR.....	15	VANTAS.....	39	vinblastine sulfate.....	42
TWINRIX.....	92	VAQTA.....	92	vincristine sulfate.....	42
TWYNSTA.....	35	VARIVAX.....	92	vinorelbine tartrate.....	42
TYBOST.....	48	VARIZIG.....	85	VIOKACE.....	64
TYGACIL.....	12	VARUBI.....	29	VIRACEPT.....	49
TYKERB.....	41	VASCEPA.....	31	VIRAMUNE.....	49
TYMLOS.....	66	VASERETIC.....	35	VIRAMUNE XR.....	49
TYPHIM VI.....	92	VASOTEC.....	33	VIRASAL.....	63
TYSABRI.....	87	VECTIBIX.....	39	VIRAZOLE.....	50
TYVASO.....	52	VECTICAL.....	60	VIREAD.....	49
TYVASO REFILL.....	52	VELCADE.....	41	VIROPTIC.....	82
TYVASO STARTER.....	52	VELPHORO.....	70	VISTARIL.....	13
TYZEKA.....	50	VELTASSA.....	79	VIVELLE-DOT.....	68
UCERIS.....	10,57	VEMLIDY.....	50	VOGELXO.....	10
ULORIC.....	71	VENCLEXTA.....	39	VOGELXO PUMP.....	10
ULTRACET.....	9	VENCLEXTA STARTING		VOLTAREN.....	58
ULTRAM.....	8	PACK.....	39	voriconazole.....	30
ULTRAM ER.....	8	venlafaxine hcl.....	23	VOTRIENT.....	41
ULTRAVATE.....	63	VENLAFAXINE HCL ER.....	23	VPRIV.....	72
UNASYN.....	85	VENTAVIS.....	52	VRAYLAR.....	44
UPTRAVI.....	53	VENTOLIN HFA.....	17	VYTORIN.....	31
UROCIT-K 10.....	71	VERAMYST.....	80	VYVANSE.....	1
UROCIT-K 5.....	71	verapamil hcl.....	52	VYXEOS.....	40
UROXATRAL.....	71	VEREGEN.....	58	warfarin sodium.....	17
URSO 250.....	69	VERELAN.....	52	water for irrigation, sterile.....	79
URSO FORTE.....	69	VERELAN PM.....	52	WELCHOL.....	31
ursodiol.....	69	VERSACLOZ.....	46	WELLBUTRIN.....	21
UVADEX.....	42	VESICARE.....	92	WELLBUTRIN SR.....	21
VAGIFEM.....	93	VEXOL.....	83	WELLBUTRIN XL.....	21
valacyclovir hcl.....	50	VFEND.....	30	WESTCORT.....	63
VALCHLOR.....	59	VFEND IV.....	30	XALATAN.....	84
VALCYTE.....	49	VIBERZI.....	70	XALKORI.....	41
valganciclovir hcl.....	49	VIBRAMYCIN.....	89	XANAX.....	14
VALIUM.....	14	VICOPROFEN.....	9	XANAX XR.....	14
valproate sodium.....	21	VICTOZA.....	26	XARELTO.....	17
		VICTRELIS.....	50		

XARELTO STARTER PACK	17	ZESTORETIC	35	ZYCLARA	63
XATMEP	38	ZESTRIL	33	ZYCLARA PUMP	63
XELJANZ	3	ZETIA	32	ZYDELIG	41
XELJANZ XR	3	ZETONNA	80	ZYFLO CR	15
XENAZINE	87	ZIAC	36	ZYKADIA	41
XEOMIN	81	ZIAGEN	49	ZYLET	83
XERESE	60	ZIANA	58	ZYLOPRIM	71
XERMELO	70	zidovudine	49	ZYMAXID	82
XGEVA	66	zileuton	15	ZYPREXA	46
XIAFLEX	78	ZINACEF	53	ZYPREXA RELPREVV	46
XIFAXAN	11	ZINECARD	42	ZYPREXA ZYDIS	46
XIGDUO XR	25	ZINPLAVA	85	ZYTIGA	39
XIIDRA	82	ZIOPTAN	84	ZYVOX	12
XOLAIR	14	ziprasidone hcl	44		
XOPENEX	17	ZIPSOR	4		
XOPENEX CONCENTRATE	17	ZIRGAN	82		
XOPENEX HFA	17	ZITHROMAX	75		
XTANDI	39	ZITHROMAX TRI-PAK	75		
XYLOCAINE	64,75	ZITHROMAX Z-PAK	75		
XYLOCAINE-MPF	75	ZOCOR	32		
XYREM	86	ZOFRAN	29		
XYZAL	31	ZOFRAN ODT	29		
YASMIN 28	55	ZOHYDRO ER	8		
YAZ	55	ZOLADEX	39		
YERVOY	39	zoledronic acid	66		
YF-VAX	92	ZOLINZA	41		
YONDELIS	37	zolmitriptan	77		
zafirlukast	15	ZOLOFT	22		
zaleplon	74	zolpidem tartrate	74		
ZALTRAP	38	ZOLPIMIST	74		
ZANAFLEX	80	ZOMACTON	66		
ZANOSAR	37	ZOMETA	66		
ZANTAC	90	ZOMIG	77		
ZARONTIN	21	ZOMIG ZMT	77		
ZARXIO	73	ZONACORT 11 DAY	57		
ZAVESCA	72	ZONACORT 7 DAY	57		
ZEBETA	51	ZONEGRAN	20		
ZEGERID	91	zonisamide	20		
ZEJULA	41	ZONTIVITY	72		
ZELAPAR	44	ZORTRESS	79		
ZELBORAF	41	ZOSTAVAX	92		
ZEMAIRA	88	ZOSYN	85,86		
ZEMPLAR	67	ZOVIRAX	50,60		
ZENPEP	64	ZUBSOLV	10		
ZEPATIER	50	ZURAMPIC	71		
ZERIT	49	ZYBAN	88		

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

Planes HMO SNP de California: 1-800-431-9007

Planes de Oregón/Washington: 1-888-445-8913

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**.

El Formulario puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

Esta información está disponible en forma gratuita en otros idiomas. Llame al Departamento de Servicios al Afiliado al número de teléfono que figura arriba.

Esta información está disponible en forma gratuita en otros idiomas. Por favor llame a nuestro número de servicio al cliente al número de teléfono que aparece arriba.

本資訊備有其他語言版本，可免費提供。請撥打本冊子開頭所列的免付費電話，聯絡我們的客戶服務部。

Health Net tiene un contrato con Medicare para ofrecer planes HMO, PPO y HMO SNP. Health Net tiene un contrato con Medicare y el programa estatal Medicaid para ofrecer planes de atención coordinada HMO SNP. La inscripción en un plan Health Net Medicare Advantage depende de la renovación del contrato.