



Granite Alliance Insurance Company (PDP)
2017 Abridged Formulary
(Partial List of Covered Drugs)

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

This abridged formulary was updated on 10/24/17. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Granite Alliance Insurance Company Member Services, toll-free at 1-855-586-2573 or, for TTY users, 711. We are available 24 hours a day, seven days a week. Our preferred hours are Monday through Friday 7 a.m. to 7 p.m., Mountain Time, or visit www.mygraniterx.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Granite Alliance Insurance Company. When it refers to “plan” or “our plan,” it means Granite Alliance Insurance Company.

This document includes a partial list of the drugs (formulary) for our plan which is current as 10/24/17. For a complete, updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

Granite Alliance Insurance Company is a Medicare-approved Prescription Drug Plan.

HPMS Approved Formulary File Submission ID: 17426, Version Number: 21

What is the Granite Alliance Insurance Company Abridged Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by our plan. For a complete listing of all prescription drugs covered by our plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/24/17. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance formulary change, we will provide a written notice of the formulary change to affected members. Please visit our website or refer to your monthly Explanation of Benefits (EOB) for any formulary changes. In addition, we will update our online searchable formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both

brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per 30-day prescription for citalopram 40 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Granite Alliance Insurance Company formulary?" on page IV for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Granite Alliance Insurance Company does not cover OTC drugs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so our plan may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

How do I request an exception to the Granite Alliance Insurance Company Formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Current members who incur a level of care change are entitled to a transition benefit even if they are outside of the transition benefit period. A copy of our transition policy can be found on the mygraniterx.com website.

For more information

For more detailed information about your Granite Alliance Insurance Company prescription drug coverage, please review your Pharmacy Benefit Guide also known as Evidence of Coverage and other plan materials.

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

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

Granite Alliance Insurance Company Formulary

The abridged formulary provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 67.

Remember: This is only a partial list of drugs covered by our plan. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

The second column of the chart, Formulary Status tells you what tier your drug is in. The table below includes the definition of each Tier. Please refer to your Pharmacy Benefit Guide also known as Evidence of Coverage for more information regarding your prescription coverage.

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

Cost-Share Tier Definitions	
Tier 1	Preferred Generic Drugs Generally have a lower cost-share than brand-name drugs in higher Tiers.
Tier 2	Preferred Brand Drugs Generally have a higher cost-share than a generic drug, and typically have a lower cost-share than a Non-preferred brand-name drug.
Tier 3	Non-preferred Drugs (Generic and Brand) Generally have a higher cost-share than a Preferred generic or brand-name drug. Drugs are placed in this Tier because the cost of the drug is higher than other Preferred drugs used to treat the same condition.
Tier 4	Specialty Drugs Generally are high-cost unique drugs that are used to treat complex conditions and may require special handling or additional patient care.

Requirements/Limits Definition	
PA	Prior Authorization A Prior Authorization is required prior to being able to fill certain drugs. This means coverage of this drug is based on medical necessity and the proper documentation or forms must be submitted to our plan prior to coverage.
B/D	B vs. D Determination These drugs are covered under either the Medicare Part B or D benefit depending on certain circumstances. Prior to coverage, information needs to be submitted to our plan describing the setting and use of the drug in order to determine the type of coverage.
ST	Step Therapy A Step Therapy requires you to first try certain drugs to treat a medical condition prior to coverage of another drug for that same condition.
QL	Quantity Limit Certain drugs have a limited amount of tablets, capsules, etc. that can be filled per prescription or for a defined period of time. These limits ensure appropriate use and safety.
LA	Limited Access These drugs may only be available at certain pharmacies. For more information consult you Pharmacy Directory or call Member Services, 1-855-586-2573 or, for TTY users 711. We are available 24 hours a day, seven days a week. Our preferred hours are Monday through Friday 7 a.m. to 7 p.m., Mountain Time.

Granite Alliance Insurance Company (PDP)

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CURRENT AS OF 10/24/2017

		Restrictions
		B/D = Part B vs Part D
		LA = Limited Access
		PA = Prior Authorization
		QL = Quantity Limit
		ST = Step Therapy
		Formulary Status
		T1 = Preferred Generic
		T2 = Preferred Brand
		T3 = Non-Preferred Drug
		T4 = Specialty
lowercase italics = Generic drugs		
UPPERCASE = Brand name drugs		
Drug	Formulary Status	Restrictions
Analgesics		
<i>Analgesics, Miscellaneous</i>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	T1	QL (5000 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T1	QL (240 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	T1	QL (360 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	T1	QL (360 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	T1	QL (360 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	QL (360 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	T1	QL (360 per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	T3	QL (4 per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	T1	QL (360 per 30 days)
<i>codeine sulfate oral tablet 60 mg</i>	T1	QL (180 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	T1	B/D
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	T4	PA; QL (120 per 30 days)

Drug	Formulary Status	Restrictions
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	T1	QL (15 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	T1	QL (5400 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	T1	QL (180 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	T1	B/D
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	T1	QL (240 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	T1	QL (30 per 30 days)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	T1	QL (120 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	T4	PA; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	T1	QL (180 per 30 days)
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	T1	B/D
<i>meperidine oral solution 50 mg/5 ml</i>	T1	QL (900 per 30 days)
<i>meperidine oral tablet 100 mg, 50 mg</i>	T1	QL (240 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	T1	B/D
<i>methadone oral solution 10 mg/5 ml</i>	T1	QL (2000 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	T1	QL (4000 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	T1	QL (360 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	T1	QL (540 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	T1	QL (30 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	T1	QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 100 mg, 80 mg</i>	T1	QL (30 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	T1	QL (5400 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	T1	QL (2700 per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	T1	QL (360 per 30 days)
<i>morphine oral tablet extended release 100 mg, 60 mg</i>	T1	QL (60 per 30 days)

Drug	Formulary Status	Restrictions
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	T1	QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	T1	QL (120 per 30 days)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	T1	B/D
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	T3	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	T3	QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	T3	QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	T3	QL (242 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	T1	QL (360 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	T1	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	T1	QL (720 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	T1	QL (360 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	T1	QL (240 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	T1	QL (120 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 60 mg</i>	T1	QL (90 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	T1	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	T1	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	T2	QL (120 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	T2	QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	T2	QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	T1	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	T1	QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i>	T1	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	T1	QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	T1	QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	T1	QL (240 per 30 days)
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	T3	

Drug	Formulary Status	Restrictions
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	T1	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	T1	QL (30 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	T3	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	T1	
Anesthetics		
Local Anesthetics		
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	T1	B/D
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	T1	B/D
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T1	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	T1	PA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	T1	PA; QL (90 per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	T2	QL (60 per 30 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	T2	
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	T3	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	T3	
NICOTROL INHALATION CARTRIDGE 10 MG	T2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	T2	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	T4	
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	T3	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	T1	QL (90 per 30 days)
<i>clonazepam oral tablet 0.5 mg</i>	T1	QL (90 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	T1	QL (120 per 30 days)

Drug	Formulary Status	Restrictions
<i>clonazepam oral tablet 2 mg</i>	T1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	T1	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	T1	QL (120 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	T1	QL (300 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T1	QL (120 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	
ONFI ORAL SUSPENSION 2.5 MG/ML	T3	
ONFI ORAL TABLET 10 MG, 20 MG	T3	QL (60 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	T1	QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	T1	B/D
<i>streptomycin intramuscular recon soln 1 gram</i>	T1	B/D
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	T4	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	T4	PA; B/D; QL (280 per 28 days)
Antibacterials, Miscellaneous		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	T1	B/D
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	T1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	T1	B/D
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	T1	B/D
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	T1	B/D
CUBICIN INTRAVENOUS RECON SOLN 500 MG	T4	B/D
DALVANCE INTRAVENOUS SOLUTION 500 MG	T3	B/D
<i>daptomycin intravenous recon soln 500 mg</i>	T4	B/D
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i>	T4	B/D
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	T4	
<i>linezolid oral tablet 600 mg</i>	T4	

Drug	Formulary Status	Restrictions
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	T1	B/D
MONUROL ORAL PACKET 3 GRAM	T3	
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	T1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	T1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	T1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	T3	B/D
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	T1	B/D
<i>vancomycin oral capsule 125 mg, 250 mg</i>	T1	QL (120 per 30 days)
XIFAXAN ORAL TABLET 200 MG	T4	QL (120 per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; QL (60 per 30 days)
<i>Cephalosporins</i>		
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	T1	B/D
<i>cefepime injection recon soln 1 gram</i>	T1	B/D
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	T1	B/D
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	T1	
<i>ceftriaxone intravenous recon soln 2 gram</i>	T1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	T1	B/D
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	T1	B/D
SUPRAX ORAL CAPSULE 400 MG	T3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	T3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	T3	
TEFLARO INTRAVENOUS RECON SOLN 400 MG	T3	B/D
<i>Macrolides</i>		
<i>azithromycin intravenous recon soln 500 mg</i>	T1	B/D
DIFICID ORAL TABLET 200 MG	T4	PA; QL (20 per 10 days)
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	T3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	T3	

Drug	Formulary Status	Restrictions
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	T3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	T3	B/D
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	T3	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	T3	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T3	
Miscellaneous B-Lactam Antibiotics		
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	T3	B/D
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	T4	PA; B/D
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	T1	B/D
INVANZ INJECTION RECON SOLN 1 GRAM	T3	B/D
<i>meropenem intravenous recon soln 500 mg</i>	T1	B/D
Penicillins		
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	T1	B/D
<i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i>	T1	B/D
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	T3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	T3	
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	T1	B/D
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	T1	
<i>penicillin g potassium injection recon soln 5 million unit</i>	T1	B/D
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	T1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	T1	B/D
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i>	T1	B/D

Drug	Formulary Status	Restrictions
Quinolones		
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	T1	B/D
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	T1	B/D
<i>levofloxacin in d5w intravenous piggyback 750 mg/150 ml</i>	T1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	T1	B/D
<i>moxifloxacin oral tablet 400 mg</i>	T1	QL (30 per 30 days)
Sulfonamides		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	T1	B/D
Tetracyclines		
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T3	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	T3	B/D
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	T4	B/D
<i>adriamycin intravenous solution 20 mg/10 ml</i>	T1	B/D
<i>adrucil intravenous solution 500 mg/10 ml</i>	T1	B/D
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	T4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	T4	PA; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	T4	PA; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	T4	PA; B/D
<i>anastrozole oral tablet 1 mg</i>	T1	QL (30 per 30 days)
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	T4	B/D
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	T4	PA; LA; B/D
<i>azacitidine injection recon soln 100 mg</i>	T4	B/D
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	T4	B/D
<i>bexarotene oral capsule 75 mg</i>	T4	
BICNU INTRAVENOUS RECON SOLN 100 MG	T3	B/D

Drug	Formulary Status	Restrictions
<i>bleomycin injection recon soln 30 unit</i>	T1	B/D
BOSULIF ORAL TABLET 100 MG	T4	PA; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	T4	PA; QL (30 per 30 days)
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	T4	B/D
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	T4	PA; QL (30 per 30 days)
CAPRELSA ORAL TABLET 100 MG	T4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	T4	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	T1	B/D
<i>cisplatin intravenous solution 1 mg/ml</i>	T1	B/D
<i>cladribine intravenous solution 10 mg/10 ml</i>	T1	B/D
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	T4	B/D
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	T4	PA; LA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	T4	PA; LA; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	T4	PA; LA; QL (84 per 28 days)
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	T4	B/D
COTELLIC ORAL TABLET 20 MG	T4	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	T1	B/D
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	T4	PA; LA; B/D
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	T1	B/D
<i>cytarabine injection solution 20 mg/ml</i>	T1	B/D
<i>dacarbazine intravenous recon soln 200 mg</i>	T1	B/D
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	T4	PA; B/D
<i>daunorubicin intravenous solution 5 mg/ml</i>	T1	B/D
<i>decitabine intravenous recon soln 50 mg</i>	T4	B/D
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	T4	B/D
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	T1	B/D
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	T4	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	T2	

Drug	Formulary Status	Restrictions
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	T3	B/D
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	T3	B/D
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	T2	B/D
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	T3	B/D
EMCYT ORAL CAPSULE 140 MG	T3	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	T4	PA; B/D
<i>epirubicin intravenous solution 200 mg/100 ml</i>	T1	B/D
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	T4	PA; B/D
ERIVEDGE ORAL CAPSULE 150 MG	T4	PA; LA; QL (30 per 30 days)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	T4	PA; B/D
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	T4	B/D
FARESTON ORAL TABLET 60 MG	T4	QL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	T4	PA; LA; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	T4	B/D
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	T3	
<i>fludarabine intravenous recon soln 50 mg</i>	T1	B/D
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	T1	B/D
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	T4	PA; B/D
<i>gemcitabine intravenous recon soln 1 gram</i>	T1	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	T4	PA; LA; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 5 MG	T3	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	T4	PA; B/D
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	T4	B/D; LA
HEXALEN ORAL CAPSULE 50 MG	T4	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	T4	PA; QL (21 per 28 days)

Drug	Formulary Status	Restrictions
ICLUSIG ORAL TABLET 15 MG	T4	PA; LA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	T4	PA; LA; QL (30 per 30 days)
<i>idarubicin intravenous solution 1 mg/ml</i>	T1	B/D
<i>ifosfamide intravenous recon soln 1 gram</i>	T1	B/D
<i>imatinib oral tablet 100 mg</i>	T4	QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	T4	QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	T4	PA; LA; QL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	T4	PA; LA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	T4	PA; LA; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	T4	PA; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	T1	B/D
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	T4	PA; B/D
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	T4	PA; LA; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	T4	PA; B/D
KADCYLA INTRAVENOUS RECON SOLN 100 MG	T4	PA; LA; B/D
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	T4	PA; B/D
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	T4	PA
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	T4	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2)	T4	PA
LENVIMA ORAL CAPSULE 20 MG/DAY (10 MG X 2)	T4	PA; QL (60 per 30 days)
LENVIMA ORAL CAPSULE 24 MG/DAY(10 MG X 2-4 MG X 1)	T4	PA; QL (90 per 30 days)
LEUKERAN ORAL TABLET 2 MG	T3	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	T1	B/D
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	T4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	T4	B/D

Drug	Formulary Status	Restrictions
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	T4	B/D
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	T4	B/D
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	T4	B/D
LYNPARZA ORAL CAPSULE 50 MG	T4	PA
LYSODREN ORAL TABLET 500 MG	T2	
MATULANE ORAL CAPSULE 50 MG	T4	LA
MEKINIST ORAL TABLET 0.5 MG	T4	PA; LA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	T4	PA; LA; QL (30 per 30 days)
<i>melfalan hcl intravenous recon soln 50 mg</i>	T4	B/D
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	T1	B/D
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	B/D
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	B/D
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	T1	B/D
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	T1	B/D
MUSTARGEN INJECTION RECON SOLN 10 MG	T3	B/D
NEXAVAR ORAL TABLET 200 MG	T4	PA; LA; QL (120 per 30 days)
NILANDRON ORAL TABLET 150 MG	T3	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T4	PA; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG	T4	B/D
ODOMZO ORAL CAPSULE 200 MG	T4	PA; QL (30 per 30 days)
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	T4	PA; B/D
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	T1	B/D
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	T1	B/D
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	T4	PA; LA; B/D
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	T4	PA; LA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	T4	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	T3	

Drug	Formulary Status	Restrictions
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	T4	PA; LA; QL (30 per 30 days)
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	T4	B/D; LA
RUBRACA ORAL TABLET 200 MG, 300 MG	T4	PA; QL (120 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	T3	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	T4	PA; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	T4	PA; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG	T4	PA; LA
SUTENT ORAL CAPSULE 12.5 MG	T4	PA; QL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	T4	PA; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	T4	PA; B/D
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	T4	PA
TABLOID ORAL TABLET 40 MG	T3	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	T4	PA; LA; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	T4	PA; QL (30 per 30 days)
TARCEVA ORAL TABLET 100 MG	T4	PA; LA; QL (30 per 30 days)
TARCEVA ORAL TABLET 150 MG, 25 MG	T4	PA; LA; QL (60 per 30 days)
TARGRETIN TOPICAL GEL 1 %	T4	QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T4	PA; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	T4	PA; B/D
<i>thiotepa injection recon soln 15 mg</i>	T4	B/D
<i>topotecan intravenous recon soln 4 mg</i>	T4	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	T4	B/D
TREANDA INTRAVENOUS RECON SOLN 100 MG	T4	PA; B/D
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML	T4	B/D
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	T4	
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	T3	B/D
TYKERB ORAL TABLET 250 MG	T4	PA; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	T4	PA; B/D

Drug	Formulary Status	Restrictions
VELCADE INJECTION RECON SOLN 3.5 MG	T4	B/D
VENCLEXTA ORAL TABLET 10 MG, 50 MG	T2	PA
VENCLEXTA ORAL TABLET 100 MG	T4	PA; QL (120 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	T4	PA
<i>vinblastine intravenous solution 1 mg/ml</i>	T1	B/D
<i>vincasar pfs intravenous solution 1 mg/ml</i>	T1	B/D
<i>vincristine intravenous solution 1 mg/ml</i>	T1	B/D
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	T1	B/D
VOTRIENT ORAL TABLET 200 MG	T4	PA; LA; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	T4	PA; LA; QL (60 per 30 days)
XTANDI ORAL CAPSULE 40 MG	T4	PA; LA; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	T4	PA; LA; B/D
YONDELIS INTRAVENOUS RECON SOLN 1 MG	T4	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	T4	PA; B/D
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	T4	B/D
ZELBORAF ORAL TABLET 240 MG	T4	PA; LA; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	T4	PA; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	T4	PA; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	T4	PA; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	T4	PA; LA; QL (120 per 30 days)
Anticholinergic Agents		
<i>Antimuscarinics/Antispasmodics</i>		
<i>atropine injection syringe 0.05 mg/ml</i>	T1	
Anticonvulsants		
<i>Anticonvulsants</i>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	T3	ST
BANZEL ORAL SUSPENSION 40 MG/ML	T3	
BANZEL ORAL TABLET 200 MG, 400 MG	T3	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	T3	ST
BRIVIACT ORAL SOLUTION 10 MG/ML	T3	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	T3	ST

Drug	Formulary Status	Restrictions
CELONTIN ORAL CAPSULE 300 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T3	
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	T1	B/D
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	T3	ST
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T3	ST; QL (30 per 30 days)
GABITRIL ORAL TABLET 12 MG	T3	QL (120 per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	T1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	T1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	T1	B/D
<i>levetiracetam oral solution 100 mg/ml</i>	T1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	T1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	T1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T2	QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T2	QL (60 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	T2	QL (900 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	T1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	T1	
PEGANONE ORAL TABLET 250 MG	T3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	T1	QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 97.2 mg</i>	T1	QL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	T1	QL (330 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	T1	QL (360 per 30 days)
<i>phenobarbital oral tablet 60 mg, 64.8 mg</i>	T1	QL (90 per 30 days)
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	T1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	T1	B/D
SABRIL ORAL POWDER IN PACKET 500 MG	T4	
SABRIL ORAL TABLET 500 MG	T4	LA; QL (180 per 30 days)

Drug	Formulary Status	Restrictions
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	T3	QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	T3	QL (120 per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	T1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	T3	ST
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	T1	B/D
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	T3	B/D; ST; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	T3	ST; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	T3	ST; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	T3	ST; QL (180 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
Antidementia Agents		
<i>Antidementia Agents</i>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	T1	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	T1	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	T1	
<i>memantine oral tablet 10 mg, 5 mg</i>	T1	
<i>memantine oral tablets,dose pack 5-10 mg</i>	T1	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	T2	QL (30 per 30 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	T2	QL (30 per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	T2	QL (30 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	T1	QL (30 per 30 days)
Antidepressants		
<i>Antidepressants</i>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	T1	
<i>bupropion hcl oral tablet extended release 12 hr 100 mg, 150 mg, 200 mg</i>	T1	

Drug	Formulary Status	Restrictions
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	T1	
<i>citalopram oral solution 10 mg/5 ml</i>	T1	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	T1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	T3	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	T3	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	T1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	T3	ST; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	T1	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T1	QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	T3	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	T3	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	T1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	T1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	T1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	T3	
MARPLAN ORAL TABLET 10 MG	T3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	T1	QL (30 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	T1	QL (30 per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg</i>	T1	QL (90 per 30 days)
<i>nefazodone oral tablet 250 mg, 50 mg</i>	T1	QL (60 per 30 days)
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	T1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	T1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	

Drug	Formulary Status	Restrictions
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	T3	
PAXIL ORAL SUSPENSION 10 MG/5 ML	T3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	T1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
SURMONTIL ORAL CAPSULE 25 MG, 50 MG	T3	
<i>tranylcypromine oral tablet 10 mg</i>	T3	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	T1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	T3	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	T1	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	T1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	T3	QL (30 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	T3	ST; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	T3	ST; QL (30 per 30 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	T2	QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	T2	QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	T2	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	T2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	T2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	T2	

Drug	Formulary Status	Restrictions
JARDIANCE ORAL TABLET 10 MG, 25 MG	T2	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	T2	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	T2	
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	T3	QL (60 per 30 days)
KORLYM ORAL TABLET 300 MG	T4	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	T1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	T1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	T3	QL (30 per 30 days)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	T3	QL (30 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	T1	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	T1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	T1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	T1	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	T3	PA; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	T3	PA; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	T2	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	T2	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	T2	QL (2 per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	T2	
<i>Insulins</i>		
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T2	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	T2	

Drug	Formulary Status	Restrictions
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	T2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	T2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	T2	
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	T2	
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	T2	
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	T2	
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	T2	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	T2	
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	T2	
Sulfonylureas		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	T1	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	T1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	T1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	T1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	T1	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	T1	
<i>tolbutamide oral tablet 500 mg</i>	T1	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	T3	B/D

Drug	Formulary Status	Restrictions
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	T3	B/D
<i>amphotericin b injection recon soln 50 mg</i>	T1	B/D
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	T3	B/D
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	T1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	T3	
CRESEMBA ORAL CAPSULE 186 MG	T3	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	T1	B/D
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	T3	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	T3	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	T1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	T1	
SPORANOX ORAL SOLUTION 10 MG/ML	T3	
<i>voriconazole intravenous solution 200 mg</i>	T1	B/D
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	T4	QL (450 per 30 days)
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>colchicine oral capsule 0.6 mg</i>	T1	QL (120 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	T1	QL (120 per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG	T2	ST; QL (30 per 30 days)
Antihistamines		
Antihistamines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	T3	
<i>cyproheptadine oral tablet 4 mg</i>	T3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	T1	B/D
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	T1	B/D

Drug	Formulary Status	Restrictions
Antimigraine Agents		
<i>Antimigraine Agents</i>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	T1	QL (9 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	T1	B/D
<i>frovatriptan oral tablet 2.5 mg</i>	T3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	T3	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	T1	QL (9 per 30 days)
<i>rizatriptan oral tablet 10 mg</i>	T1	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	T1	QL (24 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	T1	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	T1	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	T1	
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	T1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	T1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	T1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	T1	QL (6 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	T3	QL (9 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	T3	QL (9 per 30 days)
Antimycobacterials		
<i>Antimycobacterials</i>		
CAPASTAT INJECTION RECON SOLN 1 GRAM	T3	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	T3	
PRIFTIN ORAL TABLET 150 MG	T3	
<i>rifampin intravenous recon soln 600 mg</i>	T1	B/D
RIFATER ORAL TABLET 50-120-300 MG	T3	
SIRTURO ORAL TABLET 100 MG	T4	PA; QL (120 per 30 days)
TRECTOR ORAL TABLET 250 MG	T3	

Drug	Formulary Status	Restrictions
Antinausea Agents		
<i>Antinausea Agents</i>		
AKYNZEO ORAL CAPSULE 300-0.5 MG	T3	B/D
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5 ML	T3	B/D
ANZEMET ORAL TABLET 100 MG, 50 MG	T3	B/D
<i>aprepitant oral capsule 125 mg, 40 mg</i>	T3	B/D; QL (5 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	T3	B/D; QL (6 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	T3	B/D; QL (6 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	T1	PA; B/D; QL (60 per 30 days)
EMEND ORAL CAPSULE 125 MG, 40 MG	T3	B/D; QL (5 per 30 days)
EMEND ORAL CAPSULE 80 MG	T3	B/D; QL (6 per 30 days)
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	T3	B/D; QL (6 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	T3	B/D
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	T1	B/D
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	T1	B/D
<i>granisetron hcl oral tablet 1 mg</i>	T1	B/D
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	T1	B/D
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	T1	B/D
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	T1	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	T1	B/D
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	T1	B/D
<i>promethazine injection solution 50 mg/ml</i>	T1	B/D
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	T3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	T2	
<i>trimethobenzamide oral capsule 300 mg</i>	T1	B/D
Antiparasite Agents		
<i>Antiparasite Agents</i>		
ALBENZA ORAL TABLET 200 MG	T2	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	T3	
ALINIA ORAL TABLET 500 MG	T3	
<i>atovaquone oral suspension 750 mg/5 ml</i>	T4	

Drug	Formulary Status	Restrictions
BILTRICIDE ORAL TABLET 600 MG	T3	
COARTEM ORAL TABLET 20-120 MG	T3	
DARAPRIM ORAL TABLET 25 MG	T3	
NEBUPENT INHALATION RECON SOLN 300 MG	T3	B/D
PENTAM INJECTION RECON SOLN 300 MG	T3	B/D
<i>quinine sulfate oral capsule 324 mg</i>	T3	
Antiparkinsonian Agents		
<i>Antiparkinsonian Agents</i>		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	T4	PA; LA
AZILECT ORAL TABLET 0.5 MG, 1 MG	T2	
<i>benztropine injection solution 2 mg/2 ml</i>	T1	B/D
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	T3	ST
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	T1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 2.25 mg, 3 mg, 4.5 mg</i>	T1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	T1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	T3	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	T3	
<i>tolcapone oral tablet 100 mg</i>	T1	QL (180 per 30 days)
Antipsychotic Agents		
<i>Antipsychotic Agents</i>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	T2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	T2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	T1	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	T1	QL (60 per 30 days)

Drug	Formulary Status	Restrictions
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	T4	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T3	ST; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	T3	ST
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	T3	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	T4	ST; QL (0.75 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	T4	ST; QL (1 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	T4	ST; QL (1.5 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	T3	ST; QL (0.25 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	T3	ST; QL (0.5 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	T4	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 80 MG	T2	ST; QL (30 per 30 days)
LATUDA ORAL TABLET 60 MG	T2	QL (30 per 30 days)
NUPLAZID ORAL TABLET 17 MG	T4	PA; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	T1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T1	QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	T1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	T3	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	T3	QL (60 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	T1	
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 50 mg</i>	T1	QL (60 per 30 days)
<i>quetiapine oral tablet 25 mg, 400 mg</i>	T1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	T1	QL (30 per 30 days)

Drug	Formulary Status	Restrictions
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i>	T1	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	T1	QL (180 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	ST
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	T3	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	T4	
<i>risperidone oral solution 1 mg/ml</i>	T1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	T1	
<i>risperidone oral tablet, disintegrating 2 mg, 3 mg</i>	T1	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	T1	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	T3	ST; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	T3	QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG	T3	QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	T3	QL (180 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	T3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	T3	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	T3	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	T2	B/D
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	T4	
APTIVUS ORAL CAPSULE 250 MG	T4	
APTIVUS ORAL SOLUTION 100 MG/ML	T2	
ATRIPLA ORAL TABLET 600-200-300 MG	T4	

Drug	Formulary Status	Restrictions
COMPLERA ORAL TABLET 200-25-300 MG	T4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
DESCOVY ORAL TABLET 200-25 MG	T4	QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	T4	
EMTRIVA ORAL CAPSULE 200 MG	T2	
EMTRIVA ORAL SOLUTION 10 MG/ML	T2	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	T2	
EPZICOM ORAL TABLET 600-300 MG	T4	
EVOTAZ ORAL TABLET 300-150 MG	T4	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	T4	
GENVOYA ORAL TABLET 150-150-200-10 MG	T4	QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	T4	
INTELENCE ORAL TABLET 25 MG	T2	
INVIRASE ORAL CAPSULE 200 MG	T4	
INVIRASE ORAL TABLET 500 MG	T4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	T2	
ISENTRESS ORAL TABLET 400 MG	T4	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	T2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	T2	
KALETRA ORAL TABLET 100-25 MG	T2	
KALETRA ORAL TABLET 200-50 MG	T4	
LEXIVA ORAL SUSPENSION 50 MG/ML	T2	
LEXIVA ORAL TABLET 700 MG	T4	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	T1	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	T1	QL (30 per 30 days)
NORVIR ORAL CAPSULE 100 MG	T2	
NORVIR ORAL SOLUTION 80 MG/ML	T2	
NORVIR ORAL TABLET 100 MG	T2	
ODEFSEY ORAL TABLET 200-25-25 MG	T4	QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	T4	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	T4	

Drug	Formulary Status	Restrictions
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	
RESCRIPTOR ORAL TABLET 200 MG	T2	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	T2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	T2	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T4	
REYATAZ ORAL POWDER IN PACKET 50 MG	T4	
SELZENTRY ORAL TABLET 150 MG, 300 MG	T4	
STRIBILD ORAL TABLET 150-150-200-300 MG	T4	
SUSTIVA ORAL CAPSULE 200 MG	T4	
SUSTIVA ORAL CAPSULE 50 MG	T2	
SUSTIVA ORAL TABLET 600 MG	T4	
TIVICAY ORAL TABLET 10 MG	T2	
TIVICAY ORAL TABLET 25 MG, 50 MG	T4	
TRIUMEQ ORAL TABLET 600-50-300 MG	T4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	T4	QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	T2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	T4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	T2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	T4	
ZERIT ORAL RECON SOLN 1 MG/ML	T3	
ZIAGEN ORAL SOLUTION 20 MG/ML	T2	
<i>Antivirals, Miscellaneous</i>		
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	T3	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	T4	B/D
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	T3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	T3	

Drug	Formulary Status	Restrictions
<i>Hcv Antivirals</i>		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	T4	PA; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	T4	PA; QL (30 per 30 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	T4	PA; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	T4	PA
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG	T4	PA
<i>Interferons</i>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	T4	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	T4	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	T4	QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	T4	QL (4 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	T4	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T4	PA
<i>Nucleosides And Nucleotides</i>		
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	T1	B/D
<i>adefovir oral tablet 10 mg</i>	T4	QL (30 per 30 days)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	T4	QL (600 per 30 days)
<i>cidofovir intravenous solution 75 mg/ml</i>	T4	B/D
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T1	QL (30 per 30 days)
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	T1	B/D
<i>ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28)</i>	T4	
VALCYTE ORAL RECON SOLN 50 MG/ML	T4	
<i>valganciclovir oral tablet 450 mg</i>	T4	

Drug	Formulary Status	Restrictions
Blood Products/Modifiers/Volume Expanders		
<i>Anticoagulants</i>		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	T2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	T2	QL (60 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	T1	B/D
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	T1	B/D
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	T3	QL (60 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	T2	
<i>Blood Formation Modifiers</i>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	T3	B/D
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	T3	B/D
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	T4	B/D; LA
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	T3	B/D
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	T4	B/D
LEUKINE INJECTION RECON SOLN 250 MCG	T4	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	T4	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	T4	B/D
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	T4	B/D

Drug	Formulary Status	Restrictions
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	T4	B/D
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	T3	B/D
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	T4	PA; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	T4	PA; LA; QL (60 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	T4	PA; B/D
<i>Hematologic Agents, Miscellaneous</i>		
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	T1	B/D
<i>Platelet-Aggregation Inhibitors</i>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	T3	QL (60 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	T1	
EFFIENT ORAL TABLET 10 MG, 5 MG	T2	QL (30 per 30 days)
ZONTIVITY ORAL TABLET 2.08 MG	T3	ST
Caloric Agents		
<i>Caloric Agents</i>		
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	T3	B/D
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T3	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	T3	B/D
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	T3	B/D
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	T3	B/D
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	T3	B/D
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T3	B/D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	T3	B/D

Drug	Formulary Status	Restrictions
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	B/D
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	B/D
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	T3	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T3	B/D
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T3	B/D
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T3	B/D
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T3	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	B/D
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	T3	B/D
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	T3	B/D
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T3	B/D
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T3	B/D
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T3	B/D
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	B/D
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	B/D

Drug	Formulary Status	Restrictions
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	T3	B/D
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	T1	B/D
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	T1	B/D
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	T3	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	T3	B/D
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	T3	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	T3	B/D
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T3	B/D
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	T3	B/D
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	T3	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	T3	B/D
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T3	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T3	B/D
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	T3	B/D
Cardiovascular Agents		
<i>Alpha-Adrenergic Agents</i>		
DIBENZYLINE ORAL CAPSULE 10 MG	T3	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	T1	B/D
NORTHERA ORAL CAPSULE 100 MG	T4	PA; QL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	T4	PA; QL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	T4	PA; QL (180 per 30 days)
<i>phenoxybenzamine oral capsule 10 mg</i>	T1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	T3	QL (60 per 30 days)

Drug	Formulary Status	Restrictions
<i>candesartan oral tablet 32 mg</i>	T3	QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T3	QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	T2	QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	T1	QL (30 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T1	QL (30 per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T3	QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T3	QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	T1	QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 per 30 days)
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	T1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	T1	
<i>lisinopril oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	

Drug	Formulary Status	Restrictions
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	T1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	T1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	T1	QL (30 per 30 days)
Antiarrhythmic Agents		
<i>amiodarone intravenous solution 50 mg/ml</i>	T1	B/D
<i>amiodarone oral tablet 200 mg, 400 mg</i>	T1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	T1	QL (60 per 30 days)
MULTAQ ORAL TABLET 400 MG	T2	ST; QL (60 per 30 days)
<i>quinidine gluconate injection solution 80 mg/ml</i>	T1	
Beta-Adrenergic Blocking Agents		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	T1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	T2	QL (90 per 30 days)
BYSTOLIC ORAL TABLET 20 MG	T2	QL (60 per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>labetalol intravenous solution 5 mg/ml</i>	T1	B/D
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	T1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	T1	B/D
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	T1	B/D

Drug	Formulary Status	Restrictions
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>propranolol intravenous solution 1 mg/ml</i>	T1	B/D
SOTYLIZE ORAL SOLUTION 5 MG/ML	T3	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	T1	B/D
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	T1	B/D
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	T3	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	T3	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T3	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil intravenous solution 2.5 mg/ml</i>	T1	B/D
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	T1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	T3	ST; QL (60 per 30 days)
DEMSER ORAL CAPSULE 250 MG	T2	
DIGOXIN ORAL SOLUTION 50 MCG/ML	T2	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	T2	
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	T2	

Drug	Formulary Status	Restrictions
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	T4	PA; B/D
<i>hydralazine injection solution 20 mg/ml</i>	T1	B/D
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T2	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	T3	ST; QL (60 per 30 days)
<i>Dihydropyridines</i>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T3	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML, 40 MG/200 ML	T3	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>Diuretics</i>		
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	T1	B/D
<i>furosemide injection solution 10 mg/ml</i>	T1	B/D
<i>furosemide injection syringe 10 mg/ml</i>	T1	B/D
SAMSCA ORAL TABLET 15 MG	T4	QL (90 per 30 days)
SAMSCA ORAL TABLET 30 MG	T4	QL (60 per 30 days)
<i>Dyslipidemics</i>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	T3	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 200 mg, 43 mg</i>	T3	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	T1	QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T1	QL (30 per 30 days)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T3	QL (30 per 30 days)

Drug	Formulary Status	Restrictions
<i>fenofibrate oral tablet 120 mg</i>	T3	QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T1	QL (30 per 30 days)
<i>fenofibrate oral tablet 40 mg</i>	T3	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	T3	QL (30 per 30 days)
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	T3	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	T3	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	T3	QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	T1	QL (60 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	T4	PA
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	T4	PA
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	T3	QL (30 per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	T1	QL (60 per 30 days)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	T1	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	T4	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	QL (30 per 30 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	T4	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	T4	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	T4	PA
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	T1	QL (30 per 30 days)
VYTORIN 10-10 ORAL TABLET 10-10 MG	T3	QL (30 per 30 days)
VYTORIN 10-20 ORAL TABLET 10-20 MG	T3	QL (30 per 30 days)
VYTORIN 10-40 ORAL TABLET 10-40 MG	T3	QL (30 per 30 days)
VYTORIN 10-80 ORAL TABLET 10-80 MG	T3	QL (30 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	T2	
WELCHOL ORAL TABLET 625 MG	T2	
ZETIA ORAL TABLET 10 MG	T2	

Drug	Formulary Status	Restrictions
Renin-Angiotensin-Aldosterone System Inhibitors		
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	T3	ST; QL (30 per 30 days)
TEKTRNA ORAL TABLET 150 MG, 300 MG	T3	ST; QL (30 per 30 days)
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	T3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	T1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	T1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	T1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	T2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	T1	B/D
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	T2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	T3	
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	T4	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG	T4	ST; QL (30 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	T4	QL (4 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	T4	QL (4 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	T4	QL (4 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	T4	QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	T4	
<i>dexamethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	T1	QL (30 per 30 days)
<i>dexamethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	QL (60 per 30 days)

Drug	Formulary Status	Restrictions
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	T1	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	T1	QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	T4	QL (15 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	T4	ST; QL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	QL (30 per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	T1	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	T1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	T1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	T1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 27 mg, 54 mg</i>	T1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	T1	QL (60 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	T3	PA; QL (60 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML-94 MCG/0.5 ML	T4	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	T4	
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	T3	QL (30 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	T4	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	T4	QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	T4	QL (120 per 30 days)
Contraceptives		
<i>Contraceptives</i>		
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	T1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	T1	

Drug	Formulary Status	Restrictions
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	T1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	T1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	T1	
<i>juleber oral tablet 0.15-0.03 mg</i>	T1	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	T1	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	T1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	T1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	T1	QL (3 per 28 days)
Dermatological Agents		
<i>Dermatological Agents, Other</i>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	T4	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
CONDYLOX TOPICAL GEL 0.5 %	T3	
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	T4	ST
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	T4	ST
FINACEA TOPICAL GEL 15 %	T3	
<i>fluorouracil topical cream 0.5 %, 5 %</i>	T1	
<i>fluorouracil topical solution 2 %, 5 %</i>	T1	
<i>imiquimod topical cream in packet 5 %</i>	T1	
MIRVASO TOPICAL GEL 0.33 %	T3	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
OXSORALEN ULTRA ORAL CAPSULE, LIQD-FILLED, RAPID REL 10 MG	T4	
PANRETIN TOPICAL GEL 0.1 %	T4	PA
PICATO TOPICAL GEL 0.015 %	T2	QL (3 per 30 days)
PICATO TOPICAL GEL 0.05 %	T2	QL (2 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	T2	

Drug	Formulary Status	Restrictions
TOLAK TOPICAL CREAM 4 %	T3	
VALCHLOR TOPICAL GEL 0.016 %	T4	PA
ZOVIRAX TOPICAL CREAM 5 %	T3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	T3	ST
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	T3	ST
<i>Dermatological Antibacterials</i>		
<i>erythromycin with ethanol topical gel 2 %</i>	T3	
<i>erythromycin with ethanol topical solution 2 %</i>	T3	
<i>mupirocin calcium topical cream 2 %</i>	T3	
<i>Dermatological Anti-Inflammatory Agents</i>		
<i>betamethasone dipropionate topical cream 0.05 %</i>	T1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T1	
<i>betamethasone valerate topical cream 0.1 %</i>	T1	
<i>betamethasone valerate topical foam 0.12 %</i>	T1	
<i>betamethasone valerate topical lotion 0.1 %</i>	T1	
<i>betamethasone valerate topical ointment 0.1 %</i>	T1	
<i>betamethasone, augmented topical cream 0.05 %</i>	T1	
<i>betamethasone, augmented topical gel 0.05 %</i>	T1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	T1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	T1	
<i>clobetasol scalp solution 0.05 %</i>	T1	
<i>clobetasol topical foam 0.05 %</i>	T1	
<i>clobetasol topical gel 0.05 %</i>	T1	
<i>clobetasol topical lotion 0.05 %</i>	T1	
<i>clobetasol topical ointment 0.05 %</i>	T1	
<i>clobetasol topical shampoo 0.05 %</i>	T1	
<i>clobetasol-emollient topical cream 0.05 %</i>	T1	
ELIDEL TOPICAL CREAM 1 %	T3	ST
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	T1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	T1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	T1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	T1	

Drug	Formulary Status	Restrictions
<i>hydrocortisone topical lotion 2.5 %</i>	T1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	T1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	T1	
<i>mometasone topical cream 0.1 %</i>	T1	
<i>mometasone topical ointment 0.1 %</i>	T1	
<i>mometasone topical solution 0.1 %</i>	T1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>triderm topical cream 0.1 %</i>	T1	
<i>Dermatological Retinoids</i>		
<i>adapalene topical cream 0.1 %</i>	T1	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i>	T1	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	T3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	T3	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	T1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	T1	PA
Enzyme Replacement/Modifiers		
<i>Enzyme Replacement/Modifiers</i>		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	T4	B/D; LA
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	T4	B/D; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	T4	B/D; LA
CHENODAL ORAL TABLET 250 MG	T4	ST; LA
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	T2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	T2	LA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	T4	B/D; LA
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	T4	B/D

Drug	Formulary Status	Restrictions
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	T4	B/D; LA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	T4	LA
KUVAN ORAL TABLET,SOLUBLE 100 MG	T4	LA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	T4	B/D; LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	T4	B/D; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	T4	LA
ORFADIN ORAL SUSPENSION 4 MG/ML	T4	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	T2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	T4	B/D
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	T4	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	T4	PA; LA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	T4	B/D
ZAVESCA ORAL CAPSULE 100 MG	T4	LA
Eye, Ear, Nose, Throat Agents		
<i>Eye, Ear, Nose, Throat Agents, Miscellaneous</i>		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	T4	PA
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %	T3	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	T1	
PATADAY OPHTHALMIC (EYE) DROPS 0.2 %	T2	
<i>Eye, Ear, Nose, Throat Anti-Infectives Agents</i>		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	T3	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	T3	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	T3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	T3	

Drug	Formulary Status	Restrictions
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	T3	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	T3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	T3	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	T3	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	T3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	T3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	T2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	T2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	T3	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	T3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	T3	
<i>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</i>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	T3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	T3	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	T3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	T3	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	T3	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	T3	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	T3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	T3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	T3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	T3	

Drug	Formulary Status	Restrictions
NASONEX NASAL SPRAY, NON-AEROSOL 50 MCG/ACTUATION	T3	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	T3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	T2	QL (60 per 30 days)
Gastrointestinal Agents		
Antilulcer Agents And Acid Suppressants		
CARAFATE ORAL SUSPENSION 100 MG/ML	T2	
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	T1	B/D
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	T1	B/D
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	T1	B/D
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg</i>	T1	QL (60 per 30 days)
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	T1	QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	T1	QL (60 per 30 days)
PROTONIX INTRAVENOUS RECON SOLN 40 MG	T3	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	T1	QL (30 per 30 days)
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	T3	QL (60 per 30 days)
BUPHENYL ORAL TABLET 500 MG	T4	LA
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	T4	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	T4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	T4	PA
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	T3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T2	QL (30 per 30 days)
<i>metoclopramide hcl injection solution 5 mg/ml</i>	T1	B/D
<i>metoclopramide hcl oral tablet, disintegrating 10 mg</i>	T1	
MOVANTI ORAL TABLET 12.5 MG, 25 MG	T3	PA; QL (30 per 30 days)

Drug	Formulary Status	Restrictions
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	T3	QL (60 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM	T3	
OALIVA ORAL TABLET 10 MG, 5 MG	T4	PA; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	T4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	T3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	T3	PA
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	T1	
<i>Laxatives</i>		
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	T3	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	T3	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	T3	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	T3	
OSMOPREP ORAL TABLET 1.5 GRAM	T3	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	T1	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	T3	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	T3	
<i>Phosphate Binders</i>		
AURYXIA ORAL TABLET 210 MG IRON	T3	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	T2	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	T2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	T2	
RENAGEL ORAL TABLET 400 MG, 800 MG	T3	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	T2	
RENVELA ORAL TABLET 800 MG	T2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	T3	

Drug	Formulary Status	Restrictions
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	T2	QL (30 per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	T1	QL (30 per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	T2	QL (30 per 30 days)
<i>Genitourinary Agents, Miscellaneous</i>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	T1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	T1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	T3	
Heavy Metal Antagonists		
<i>Heavy Metal Antagonists</i>		
CHEMET ORAL CAPSULE 100 MG	T2	
DEPEN TITRATABS ORAL TABLET 250 MG	T4	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	T4	LA
FERRIPROX ORAL TABLET 500 MG	T4	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	T4	
SYPRINE ORAL CAPSULE 250 MG	T4	
Hormonal Agents, Stimulant/Replacement/Modifying		
<i>Androgens</i>		
ANADROL-50 ORAL TABLET 50 MG	T4	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	T2	QL (176 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	T2	QL (176 per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	T3	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %)</i>	T3	QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	T3	
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	T3	QL (300 per 30 days)

Drug	Formulary Status	Restrictions
<i>Estrogens And Antiestrogens</i>		
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	T2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	T2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	T2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	T2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	T2	
<i>raloxifene oral tablet 60 mg</i>	T1	QL (30 per 30 days)
VAGIFEM VAGINAL TABLET 10 MCG	T2	
<i>Glucocorticoids/Mineralocorticoids</i>		
<i>cortisone oral tablet 25 mg</i>	T1	B/D
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	T3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	T1	B/D
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	T1	B/D
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	T1	B/D
DEXPAK 13 DAY ORAL TABLETS,DOSE PACK 1.5 MG (51 TABS)	T3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T1	B/D
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	T1	B/D
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T1	B/D
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	T1	B/D
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	T1	B/D
MILLIPRED ORAL SOLUTION 10 MG/5 ML	T3	
MILLIPRED ORAL TABLET 5 MG	T3	B/D
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	T1	B/D
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	T3	B/D
<i>prednisone oral solution 5 mg/5 ml</i>	T1	B/D

Drug	Formulary Status	Restrictions
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T1	B/D
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i>	T1	B/D
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	T4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	T4	B/D
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	T4	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	T4	B/D
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	T1	B/D
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	T4	PA; B/D
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	T4	B/D; LA
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	T3	
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	T4	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	T2	PA
Progestins		
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	T3	
<i>megestrol oral suspension 625 mg/5 ml</i>	T1	
Thyroid And Antithyroid Agents		
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T2	

Drug	Formulary Status	Restrictions
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T2	
Immunological Agents		
<i>Immunological Agents</i>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	T4	PA; LA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	T3	B/D
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	T4	B/D
AZASAN ORAL TABLET 100 MG, 75 MG	T3	B/D
<i>azathioprine oral tablet 50 mg</i>	T1	B/D
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	T4	PA; B/D
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	T3	B/D
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	T4	ST
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	T4	ST
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	T1	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T1	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	T1	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T1	B/D
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	T4	
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	T4	
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	T4	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	T3	B/D
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	T2	PA; B/D
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	T4	PA; B/D

Drug	Formulary Status	Restrictions
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	T4	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	T4	PA; B/D
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	T4	PA; B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG, 50 MG	T3	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	T3	B/D
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T4	
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	T4	
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	T4	
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	T4	
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	T4	PA; LA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	T4	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i>	T1	B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	T1	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	T1	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	T1	B/D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	T1	B/D
NULOJIX INTRAVENOUS RECON SOLN 250 MG	T4	B/D
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	T4	PA; B/D
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	T4	PA
OTREXUP (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	T3	ST
PRIVIGEN INTRAVENOUS SOLUTION 10 %	T4	PA; B/D

Drug	Formulary Status	Restrictions
RAPAMUNE ORAL SOLUTION 1 MG/ML	T3	B/D
RIDAURA ORAL CAPSULE 3 MG	T3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	T3	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T1	B/D
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	T4	B/D
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	T4	PA; LA; B/D
XELJANZ ORAL TABLET 5 MG	T4	ST; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	T4	ST; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	T3	B/D; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	T4	B/D; QL (120 per 30 days)
<i>Vaccines</i>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	T2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	T2	B/D
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	T2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	T2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	T2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	T2	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	T2	B/D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	T2	B/D
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	T2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	T2	

Drug	Formulary Status	Restrictions
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	T2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	T2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	T2	B/D
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	T2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	T2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	T2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	T2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	T2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	T2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	T2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	T2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	T2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	T2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	T2	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	T2	B/D
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	T2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	T2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	T2	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	T2	

Drug	Formulary Status	Restrictions
TETANUS-DIPHTHERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	T2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	T2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	T2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	T2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	T2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	T2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	T2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	T2	
Inflammatory Bowel Disease Agents		
<i>Inflammatory Bowel Disease Agents</i>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	T1	QL (60 per 30 days)
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	T2	
CANASA RECTAL SUPPOSITORY 1,000 MG	T2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	T2	
DIPENTUM ORAL CAPSULE 250 MG	T3	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	T3	QL (120 per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	T2	QL (150 per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	T2	QL (240 per 30 days)
Irrigating Solutions		
<i>Irrigating Solutions</i>		
<i>ringer's irrigation solution</i>	T1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>calcitriol intravenous solution 1 mcg/ml</i>	T1	B/D
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T1	B/D

Drug	Formulary Status	Restrictions
<i>calcitriol oral solution 1 mcg/ml</i>	T1	B/D
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	T1	B/D
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	T1	B/D
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	T4	PA; QL (2.4 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	T3	B/D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	T4	PA
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	T1	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	T1	B/D
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	T3	PA; B/D
<i>risedronate oral tablet 150 mg</i>	T1	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	T1	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i>	T1	QL (4 per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	T4	PA; B/D
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	T3	B/D
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	T1	PA; B/D
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	T1	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	T4	PA
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	T4	PA; B/D
CERDELGA ORAL CAPSULE 84 MG	T4	PA
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	T4	LA
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	T1	B/D
ELMIRON ORAL CAPSULE 100 MG	T2	
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML	T4	PA

Drug	Formulary Status	Restrictions
FUSILEV INTRAVENOUS RECON SOLN 50 MG	T4	B/D
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	T2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	T2	
GRASTEK SUBLINGUAL TABLET 2,800 BAU	T3	PA; QL (30 per 30 days)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	T4	B/D
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	T4	LA
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	T1	B/D
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	T1	B/D
<i>levocarnitine oral tablet 330 mg</i>	T1	B/D
<i>levoleucovorin intravenous solution 10 mg/ml</i>	T1	B/D
<i>mesna intravenous solution 100 mg/ml</i>	T1	B/D
MESNEX ORAL TABLET 400 MG	T3	
MESTINON ORAL SYRUP 60 MG/5 ML	T3	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	T4	LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	T4	PA
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	T1	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	T3	PA; QL (30 per 30 days)
REMICADE INTRAVENOUS RECON SOLN 100 MG	T4	B/D
SENSIPAR ORAL TABLET 30 MG, 60 MG	T2	QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	T2	QL (120 per 30 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG	T4	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	T4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	T4	
THALOMID ORAL CAPSULE 100 MG, 50 MG	T4	PA; QL (30 per 30 days)

Drug	Formulary Status	Restrictions
THALOMID ORAL CAPSULE 150 MG, 200 MG	T4	PA; QL (60 per 30 days)
TYBOST ORAL TABLET 150 MG	T2	
Ophthalmic Agents		
<i>Antiglaucoma Agents</i>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	T3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	T3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	T3	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	T3	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	T3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	T2	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	T3	
Replacement Preparations		
<i>Replacement Preparations</i>		
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	T1	B/D
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	T1	B/D
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	T1	B/D
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	T1	B/D
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	T1	B/D
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	T1	B/D
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	T1	B/D
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	T1	B/D
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	

Drug	Formulary Status	Restrictions
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	T1	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	T3	B/D
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	T3	B/D
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	T1	B/D
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	T1	B/D
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	T1	B/D
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	T1	B/D
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	T1	B/D
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	T1	B/D
<i>ringer's intravenous parenteral solution</i>	T1	B/D
<i>sodium lactate intravenous solution 5 meq/ml</i>	T1	B/D
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	T3	B/D
Respiratory Tract Agents		
<i>Anti-Inflammatories, Inhaled Corticosteroids</i>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T2	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	T2	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	T2	

Drug	Formulary Status	Restrictions
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	T2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	T1	B/D
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	T2	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	T2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	T3	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	T2	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	T2	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	T1	B/D
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	T3	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	T2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	T2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	T1	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	B/D
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	T1	B/D
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	T2	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	T2	

Drug	Formulary Status	Restrictions
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	T2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	T2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	T2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	T2	
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	T1	B/D
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	T4	B/D; LA
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	T1	B/D
DALIRESP ORAL TABLET 500 MCG	T3	ST
ESBRIET ORAL CAPSULE 267 MG	T4	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	T4	B/D; LA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	T4	PA; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	T4	PA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	T4	PA; B/D; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	T4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	T4	PA; QL (112 per 28 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	T4	B/D
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	T4	PA; LA; B/D
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	T4	B/D; LA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg</i>	T1	
<i>carisoprodol oral tablet 350 mg</i>	T1	QL (120 per 30 days)
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	T1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	T1	

Drug	Formulary Status	Restrictions
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	T1	QL (90 per 30 days)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	T3	
Sleep Disorder Agents		
<i>Sleep Disorder Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	T1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	T3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	T1	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	T4	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	T1	PA; QL (60 per 30 days)
ROZEREM ORAL TABLET 8 MG	T3	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	T4	PA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg</i>	T1	QL (30 per 30 days)
<i>zolpidem oral tablet 5 mg</i>	T1	QL (60 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	T1	QL (30 per 30 days)
Vasodilating Agents		
<i>Vasodilating Agents</i>		
ADCIRCA ORAL TABLET 20 MG	T4	PA; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	T4	PA; LA; QL (90 per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	T4	PA; LA; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	T4	PA; LA; QL (30 per 30 days)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	T4	PA; LA; B/D
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	T4	PA
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i>	T4	PA
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	T1	PA; QL (90 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	T4	PA; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	T4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	T4	PA; LA; B/D

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<i>melphalan hcl</i>	14	<i>mycophenolate mofetil</i>	54	NOVOLOG MIX 70-30.....	22
<i>memantine</i>	18	<i>mycophenolate mofetil hcl</i>	54	NOVOLOG MIX 70-30	
MENACTRA (PF).....	56	<i>mycophenolate sodium</i>	54	FLEXPEN.....	22
MENVEO A-C-Y-W-135-DIP		<i>myorisan</i>	43	NOVOLOG PENFILL.....	22
(PF).....	56	MYRBETRIQ.....	50	NOXAFIL.....	23
<i>meperidine</i>	4	MYTESI.....	49	NUCALA.....	63
<i>meperidine (pf)</i>	4	<i>nafacillin</i>	9	NUCYNTA.....	5
<i>meropenem</i>	9	NAGLAZYME.....	46	NUCYNTA ER.....	5
<i>mesna</i>	59	<i>nalbuphine</i>	5	NUEDEXTA.....	42
MESNEX.....	59	NAMENDA XR.....	18	NULOJIX.....	54
MESTINON.....	59	NAMZARIC.....	18	NULYTELY WITH FLAVOR	
<i>metformin</i>	21	<i>naproxen sodium</i>	6	PACKS.....	49
<i>methadone</i>	4	<i>naratriptan</i>	24	NUPLAZID.....	27
<i>methamphetamine</i>	42	NARCAN.....	6	NUTRESTORE.....	49
<i>methotrexate sodium</i>	14	NASONEX.....	48	NUTRILIPID.....	35
<i>methotrexate sodium (pf)</i>	14	NATACYN.....	47	<i>nystatin-triamcinolone</i>	23
<i>methyl dopate</i>	35	<i>nateglinide</i>	21	OICALIVA.....	49
<i>methylphenidate hcl</i>	42	NATPARA.....	58	<i>octreotide acetate</i>	52
<i>methylprednisolone</i>	51	NEBUPENT.....	26	ODEFSEY.....	29
<i>methylprednisolone acetate</i>	51	<i>nefazodone</i>	19	ODOMZO.....	14
<i>methylprednisolone sodium succ</i>	51	NEPHRAMINE 5.4 %.....	35	OFEV.....	63
<i>metoclopramide hcl</i>	48	NESINA.....	21	<i>olanzapine</i>	27
<i>metoprolol succinate</i>	37	NEULASTA.....	32	<i>olanzapine-fluoxetine</i>	19
<i>metoprolol ta-hydrochlorothiaz</i> .. 37		NEUPOGEN.....	32, 33	<i>olopatadine</i>	46
<i>metoprolol tartrate</i>	37, 38	NEUPRO.....	26	<i>omega-3 acid ethyl esters</i>	40

<i>omeprazole</i>	48	<i>phenytoin sodium extended</i>	17	PROTONIX.....	48
<i>ondansetron</i>	25	PHOSLYRA.....	49	PULMICORT FLEXHALER.....	62
<i>ondansetron hcl</i>	25	PHOSPHOLINE IODIDE.....	60	PULMOZYME.....	46
<i>ondansetron hcl (pf)</i>	25	PICATO.....	43	PURIXAN.....	14
ONFI.....	7	<i>pimozide</i>	27	<i>pyridostigmine bromide</i>	59
OPDIVO.....	14	<i>pioglitazone</i>	21	QUADRACEL (PF).....	56
OPSUMIT.....	64	<i>pioglitazone-glimepiride</i>	21	<i>quetiapine</i>	27, 28
ORENCIA.....	54	<i>pioglitazone-metformin</i>	21	<i>quinapril</i>	37
ORENCIA (WITH MALTOSE).....	54	<i>piperacillin-tazobactam</i>	9	<i>quinapril-hydrochlorothiazide</i>	37
ORENCIA CLICKJECT.....	59	PLEGRIDY.....	42	<i>quinidine gluconate</i>	37
ORFADIN.....	46	<i>polymyxin b sulfate</i>	8	<i>quinine sulfate</i>	26
ORKAMBI.....	63	POMALYST.....	14	QVAR.....	62
OSENI.....	21	<i>potassium chlorid-d5-</i> <i>0.45%nacl</i>	61	RABAVERT (PF).....	56
OSMOPREP.....	49	<i>potassium chloride in 5 % dex</i>	61	<i>rabeprazole</i>	48
OTREXUP (PF).....	54	<i>potassium chloride in lr-d5</i>	61	RAGWITEK.....	59
<i>oxaliplatin</i>	14	<i>potassium chloride-d5-</i> <i>0.2%nacl</i>	61	<i>raloxifene</i>	51
<i>oxcarbazepine</i>	17	<i>potassium chloride-d5-</i> <i>0.3%nacl</i>	61	<i>ramipril</i>	37
OXSORALEN ULTRA.....	43	<i>potassium chloride-d5-</i> <i>0.9%nacl</i>	61	RANEXA.....	39
<i>oxycodone</i>	5	PRADAXA.....	32	RAPAMUNE.....	55
<i>oxycodone-acetaminophen</i>	5	PRALUENT PEN.....	40	RAVICTI.....	49
<i>oxycodone-aspirin</i>	5	<i>pramipexole</i>	26	RECOMBIVAX HB (PF).....	56
OXYCONTIN.....	5	<i>pravastatin</i>	40	RELENZA DISKHALER.....	30
<i>oxymorphone</i>	5	<i>prednisolone sodium phosphate</i>	51	RELISTOR.....	49
<i>paclitaxel</i>	14	<i>prednisone</i>	51, 52	REMICADE.....	59
<i>paliperidone</i>	27	PREDNISONO INTENSOL.....	51	REMODULIN.....	64
<i>pamidronate</i>	58	PREMARIN.....	51	RENAGEL.....	49
PANCREAZE.....	46	PREMASOL 10 %.....	35	REVELA.....	49
PANRETIN.....	43	PREMASOL 6 %.....	35	<i>repaglinide</i>	21
<i>pantoprazole</i>	48	PREMPHASE.....	51	<i>repaglinide-metformin</i>	21
<i>paricalcitol</i>	58	PREMPRO.....	51	REPATHA PUSHTRONEX.....	40
<i>paroxetine hcl</i>	19, 20	PREPOPIK.....	49	REPATHA SURECLICK.....	40
PASER.....	24	PREZCOBIX.....	29	REPATHA SYRINGE.....	40
PATADAY.....	46	PREZISTA.....	29, 30	RESCRIPTOR.....	30
PAXIL.....	20	PRIFTIN.....	24	RESTASIS.....	48
PEDVAX HIB (PF).....	56	PRISTIQ.....	20	RETROVIR.....	30
PEGANONE.....	17	PRIVIGEN.....	54	REVATIO.....	64
PEGASYS.....	31	PROCALAMINE 3%.....	35	REVLIMID.....	15
PEGASYS PROCLICK.....	31	PROCRIT.....	33	REXULTI.....	28
<i>peg-electrolyte soln</i>	49	PROGLYCEM.....	41	REYATAZ.....	30
PEGINTRON.....	31	PROLASTIN-C.....	63	<i>ribasphere ribapak</i>	31
<i>penicillin g pot in dextrose</i>	9	PROLEUKIN.....	14	RIDAURA.....	55
<i>penicillin g potassium</i>	9	PROLIA.....	58	<i>rifampin</i>	24
<i>penicillin g procaine</i>	9	PROMACTA.....	33	RIFATER.....	24
<i>penicillin g sodium</i>	9	<i>promethazine</i>	25	<i>ringer's</i>	57, 61
PENTAM.....	26	<i>propranolol</i>	38	<i>risedronate</i>	58
PENTASA.....	57	PROQUAD (PF).....	56	RISPERDAL CONSTA.....	28
<i>perindopril erbumine</i>	37	PROSOL 20 %.....	35	<i>risperidone</i>	28
PERJETA.....	14			RITUXAN.....	15
<i>phenobarbital</i>	17			<i>rivastigmine</i>	18
<i>phenoxybenzamine</i>	35			<i>rizatriptan</i>	24
<i>phenytoin sodium</i>	17			<i>ropinirole</i>	26

<i>rosuvastatin</i>	40	SUSTIVA.....	30	TOLAK.....	44
ROTARIX.....	56	SUTENT.....	15	<i>tolazamide</i>	22
ROTATEQ VACCINE.....	56	SYLATRON.....	31	<i>tolbutamide</i>	22
ROZEREM.....	64	SYLVANT.....	15	<i>tolcapone</i>	26
RUBRACA.....	15	SYMBICORT.....	62	<i>tolterodine</i>	50
RUCONEST.....	33	SYMLINPEN 120.....	21	<i>topiramate</i>	18
RYTARY.....	26	SYMLINPEN 60.....	21	<i>topotecan</i>	15
SABRIL.....	17	SYNAGIS.....	30	TORISEL.....	15
SAMSCA.....	39	SYNAREL.....	59	TOUJEO SOLOSTAR.....	22
SANCUSO.....	25	SYNERCID.....	8	TPN ELECTROLYTES.....	61
SANDIMMUNE.....	55	SYNJARDY.....	21	TRACLEER.....	64
SANTYL.....	43	SYNRIBO.....	15	TRADJENTA.....	21
SAPHRIS (BLACK CHERRY).....	28	SYNTHROID.....	52	<i>tramadol</i>	5
SELZENTRY.....	30	SYPRINE.....	50	<i>tramadol-acetaminophen</i>	5
SENSIPAR.....	59	TABLOID.....	15	<i>trandolapril</i>	37
SEREVENT DISKUS.....	62	<i>tacrolimus</i>	55	<i>trandolapril-verapamil</i>	37
SEROQUEL XR.....	28	TAFINLAR.....	15	<i>tranexamic acid</i>	33
<i>sertraline</i>	20	TAGRISSO.....	15	TRANSDERM-SCOP.....	25
SIGNIFOR.....	59	TAMIFLU.....	30	<i>tranylcypromine</i>	20
SIGNIFOR LAR.....	59	TARCEVA.....	15	TRAVASOL 10 %.....	35
<i>sildenafil (antihypertensive)</i>	64	TARGRETIN.....	15	TRAVATAN Z.....	60
SIMBRINZA.....	60	TASIGNA.....	15	<i>trazodone</i>	20
<i>simvastatin</i>	40	TAZORAC.....	45	TREANDA.....	15
<i>sirolimus</i>	55	<i>taztia xt</i>	38	TRECTOR.....	24
SIRTURO.....	24	TECENTRIQ.....	15	TRELSTAR.....	15
<i>sodium lactate</i>	61	TECFIDERA.....	42	<i>tretinoin</i>	45
SOLTAMOX.....	15	TECHNIVIE.....	31	<i>tretinoin (chemotherapy)</i>	15
SOMATULINE DEPOT.....	52	TEFLARO.....	8	<i>triamcinolone acetonide</i>	45
SOMAVERT.....	52	TEKTRUNA.....	41	<i>triderm</i>	45
SOTYLIZE.....	38	TEKTRUNA HCT.....	41	<i>tri-lo-estarylla</i>	43
SOVALDI.....	31	<i>telmisartan</i>	36	<i>tri-lo-sprintec</i>	43
SPIRIVA RESPIMAT.....	62	<i>telmisartan-amlodipine</i>	36	<i>trimethobenzamide</i>	25
SPIRIVA WITH		<i>telmisartan-hydrochlorothiazid</i> ..	36	<i>trimipramine</i>	20
HANDIHALER.....	63	<i>temazepam</i>	7	TRINTELLIX.....	20
SPORANOX.....	23	TENIVAC (PF).....	56	TRISENOX.....	15
SPRITAM.....	18	<i>testosterone</i>	50	TRIUMEQ.....	30
SPRYCEL.....	15	TETANUS,DIPHThERIA		TROKENDI XR.....	18
STIMATE.....	52	TOX PED(PF).....	56	TROPHAMINE 10 %.....	35
STIOLTO RESPIMAT.....	63	TETANUS-DIPHThERIA		TROPHAMINE 6%.....	35
STIVARGA.....	15	TOXOIDS-TD.....	57	TRULICITY.....	21
STRATTERA.....	42	<i>tetrabenazine</i>	42	TRUMENBA.....	57
STRENSIQ.....	46	THALOMID.....	59, 60	TRUVADA.....	30
<i>streptomycin</i>	7	<i>thiotepa</i>	15	TUDORZA PRESSAIR.....	63
STRIBILD.....	30	THYMOGLOBULIN.....	55	TYBOST.....	60
SUCRAID.....	46	TIVICAY.....	30	TYGACIL.....	10
<i>sulfamethoxazole-trimethoprim</i> ..	10	<i>tizanidine</i>	64	TYKERB.....	15
<i>sumatriptan</i>	24	TOBI PODHALER.....	7	TYPHIM VI.....	57
<i>sumatriptan succinate</i>	24	TOBRADEX.....	47	TYSABRI.....	55
SUPRAX.....	8	TOBRADEX ST.....	47	ULORIC.....	23
SUPREP BOWEL PREP KIT....	49	<i>tobramycin in 0.225 % nacl</i>	7	UNITHROID.....	53
SURMONTIL.....	20	TOBEX.....	47	UPTRAVI.....	64

<i>ursodiol</i>	49	XELJANZ XR.....	55
VAGIFEM.....	51	XGEVA.....	58
VALCHLOR.....	44	XIFAXAN.....	8
VALCYTE.....	31	XOLAIR.....	63
<i>valganciclovir</i>	31	XTANDI.....	16
<i>valproate sodium</i>	18	<i>xulane</i>	43
<i>valsartan</i>	36	XYREM.....	64
<i>valsartan-hydrochlorothiazide</i> ...	36	YERVOY.....	16
VANATOL LQ.....	5	YF-VAX (PF).....	57
<i>vancomycin</i>	8	YONDELIS.....	16
VAQTA (PF).....	57	<i>zaleplon</i>	64
VARIVAX (PF).....	57	ZALTRAP.....	16
VECTIBIX.....	15	ZANOSAR.....	16
VELCADE.....	16	ZAVESCA.....	46
VELPHORO.....	49	ZELBORAF.....	16
VENCLEXTA.....	16	ZEMAIRA.....	63
VENCLEXTA STARTING PACK.....	16	ZEMPLAR.....	58
<i>venlafaxine</i>	20	ZERIT.....	30
VENTAVIS.....	64	ZETIA.....	40
VENTOLIN HFA.....	63	ZIAGEN.....	30
<i>verapamil</i>	38	ZIOPTAN (PF).....	60
VERSACLOZ.....	28	<i>ziprasidone hcl</i>	28
VESICARE.....	50	ZIRGAN.....	47
VICTOZA 3-PAK.....	21	<i>zoledronic acid</i>	58
VIDEX 2 GRAM PEDIATRIC ..	30	<i>zoledronic acid-mannitol-water</i> ..	58
VIEKIRA PAK.....	31	ZOLINZA.....	16
VIEKIRA XR.....	31	<i>zolmitriptan</i>	24
<i>vienva</i>	43	<i>zolpidem</i>	64
VIGAMOX.....	47	ZOMACTON.....	52
VIIBRYD.....	20	<i>zonisamide</i>	18
VIMPAT.....	18	ZONTIVITY.....	33
<i>vinblastine</i>	16	ZORTRESS.....	55
<i>vincasar pfs</i>	16	ZOSTAVAX (PF).....	57
<i>vincristine</i>	16	ZOVIRAX.....	44
<i>vinorelbine</i>	16	ZYCLARA.....	44
VIRACEPT.....	30	ZYDELIG.....	16
VIREAD.....	30	ZYKADIA.....	16
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<i>voriconazole</i>	23	ZYTIGA.....	16
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This abridged formulary was updated on 10/24/17. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Granite Alliance Insurance Company Member Services, toll-free at 1-855-586-2573 or, for TTY users, 711. We are available 24 hours a day, seven days a week. Our preferred hours are Monday through Friday 7 a.m. to 7 p.m., Mountain Time., or visit www.mygraniterx.com.

