

Preferred Three Tier Formulary

Effective: January 1, 2018

Physicians and Pharmacists: Please refer to this list when prescribing/dispensing medications.

All strengths and formulations of the medications listed within this document are considered preferred unless specifically noted. Some products may be covered at Non-preferred Branded Copay as determined by the plan's benefit design. Due to the constantly changing nature of drug therapy, the Formulary is a dynamic document and is subject to change without notice.

The **Three Tier Formulary** is a guide within select therapeutic categories for clients, plan participants and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in **Bold type** and generic products in Plain type.

Member specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.

ANTI-INFECTIVES: Antibiotics

Drug Name	Tier	Programs and Limits
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azithromycin	1	
Bethkis	2	
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprodex Otic Suspension	3	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Dificid	3	PA
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab (Immediate Release)	1	
Doxycycline Monohydrate Cap	1	QL
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/Polymyxin/ HC Otic Suspension, Solution	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	3	QL
Penicillin VK	1	
Solodyn	3	QL
Sulfamethoxazole- Trimethoprim	1	
Sulfamethoxazole- Trimethoprim DS	1	

ANTI-INFECTIVES: Anti Fungals

Drug Name	Tier	Programs and Limits
Fluconazole	1	
Nystatin Suspension	1	
Terbinafine Tab	1	

ANTI-INFECTIVES: Antivirals

Drug Name	Tier	Programs and Limits
Acyclovir Tab, Suspension	1	
Baraclude	3	QL
Famciclovir Tab	1	
Harvoni	2	PA, QL
Olysio	3	PA, QL, ST
Pegasys	2	PA
Sovaldi	2	PA, QL, ST
Tamiflu	3	QL
Valacyclovir	1	QL

CANCER

Drug Name	Tier	Programs and Limits
Anastrozole	1	
Gleevec	2	PA, QL
Letrozole	1	PA
Revlimid	3	PA, QL
Tamoxifen Tab	1	
Tasigna	2	PA, QL
Zytiga	3	PA

Preferred Three Tier Formulary

Effective: January 1, 2018

CARDIOVASCULAR/HEART DISEASE: Anticoagulants

Drug Name	Tier	Programs and Limits
Aggrenox	2	QL
Brilinta	2	QL
Clopidogrel	1	QL
Coumadin	3	
Effient	2	QL
Eliquis	3	QL
Enoxaparin	1	QL
Pradaxa	2	QL
Warfarin	1	
Xarelto	2	QL

CARDIOVASCULAR/HEART DISEASE: High Blood Pressure

Drug Name	Tier	Programs and Limits
Amlodipine	1	QL
Amlodipine/Benazepril	1	QL
Atenolol	1	
Atenolol/Chlorthalidone	1	
Azor	2	QL, ST
Benazepril	1	
Benazepril/HCTZ	1	
Benicar	2	QL, ST
Benicar HCT	2	QL, ST
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	QL
Cartia XT	1	QL
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Coreg CR	3	QL, ST
Diovan	3	QL, ST
Doxazosin	1	
Dutoprol	2	QL
Edarbi	3	QL, ST
Edarbyclor	3	QL, ST
Enalapril	1	
Exforge	3	QL, ST
Exforge HCT	3	QL, ST
Felodipine	1	QL
Fosinopril	1	
Furosemide	1	

CARDIOVASCULAR/HEART DISEASE: High Blood Pressure (Cont.)

Drug Name	Tier	Programs and Limits
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	QL
Irbesartan/HCTZ	1	QL
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	QL
Losartan/HCTZ	1	QL
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	QL
Spironolactone	1	
Tarka	2	
Tekturna	2	QL, ST
Tekturna HCT	2	QL, ST
Telmisartan	1	QL
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Tribenzor	2	QL, ST
Valsartan	1	QL
Valsartan/HCTZ	1	QL
Verapamil ER	1	

CARDIOVASCULAR/HEART DISEASE: High Cholesterol

Drug Name	Tier	Programs and Limits
Atorvastatin	1	QL
Crestor	2	QL
Fenofibrate	1	QL
Gemfibrozil	1	QL
Lipitor	3	QL, ST
Lipofen	3	QL
Livalo	3	QL, ST
Lovastatin	1	
Lovaza	3	QL

Preferred Three Tier Formulary

Effective: January 1, 2018

CARDIOVASCULAR/HEART DISEASE: High Cholesterol (Cont.)

Drug Name	Tier	Programs and Limits
Niacin ER Tab	1	QL
Omega-3 Acid Cap 1 gm	1	QL
Pravastatin	1	
Simcor	2	QL
Simvastatin 5 mg, 10- mg, 20 mg,	1	QL
Simvastatin 80 mg	1	PA, QL
Vascepa	2	QL
Vytorin	2	QL
Vytorin Tab 10-80 mg	2	PA, QL
Welchol	2	QL
Zetia	2	QL

CARDIOVASCULAR/HEART DISEASE: Other

Drug Name	Tier	Programs and Limits
Amiodarone	1	
Amlodipine/Atorvastatin	1	QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Nitrostat	2	
Ranexa	2	ST
Sotalol	1	

CARDIOVASCULAR/HEART DISEASE: Pulmonary Arterial Hypertension

Drug Name	Tier	Programs and Limits
Adcirca	3	PA, QL
Letairis	2	PA, QL
Opsumit	2	PA, QL
Sildenafil Tab 20 mg	1	PA, QL
Tracleer	2	PA, QL

CENTRAL NERVOUS SYSTEM: Attention Deficit Disorder

Drug Name	Tier	Programs and Limits
Amphetamine- <i>Dextroamphetamine Tab</i>	1	QL, AR
Amphetamine- <i>Dextroamphetamine SR Cap 24Hr</i>	1	QL, AR
Dexmethylphenidate ER Cap	1	QL, AR
Focalin XR	3	QL, ST, AR
Intuniv	3	QL, AR
Methylphenidate Cap ER	1	QL, AR
Methylphenidate ER Tab	1	QL, AR
Methylphenidate HCL <i>Sa Osmotic ER Tab</i>	1	QL, AR
Methylphenidate Tab	1	QL, AR
Strattera	2	QL, AR
Vyvanse	2	QL, AR

CENTRAL NERVOUS SYSTEM: Depression

Drug Name	Tier	Programs and Limits
Amitriptyline	1	
Budeprion XL	1	QL
Bupropion	1	
Bupropion SR	1	
Citalopram	1	QL
Cymbalta	3	QL
Doxepin	1	
Duloxetine	1	QL
Escitalopram Tab	1	QL
Fluoxetine Cap (<i>not PMDD</i>)	1	
Forfivo XL	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine	1	
Pristiq	2	QL
Sertraline	1	
Trazodone	1	
Venlafaxine	1	
Venlafaxine ER Cap	1	QL
Viibryd	3	QL, ST

Preferred Three Tier Formulary

Effective: January 1, 2018

CENTRAL NERVOUS SYSTEM: Migraine

Drug Name	Tier	Programs and Limits
Butalbital- Acetaminophen- <i>Caffeine Tab</i>	1	QL
Migranal	3	QL
Phrenilin	3	QL
Relpax	3	QL
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab and Spray	1	QL
Sumavel Dose	3	QL
Zomig Nasal Spray	2	QL

CENTRAL NERVOUS SYSTEM: Multiple Sclerosis

Drug Name	Tier	Programs and Limits
Ampyra	2	PA, QL
Avonex Kit	2	PA, QL
Avonex Pen Kit	2	PA, QL
Avonex Prefill Kit	2	PA, QL
Betaseron	2	PA, QL
Copaxone	2	PA, QL
Gilenya*	3	PA, QL, ST
Rebif	3	PA, QL, ST
Rebif Titrtm	3	PA, QL, ST
Tecfidera	2	PA, QL

CENTRAL NERVOUS SYSTEM: Sedatives/Hypnotics

Drug Name	Tier	Programs and Limits
Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL

CENTRAL NERVOUS SYSTEM: Seizure Disorders

Drug Name	Tier	Programs and Limits
Carbamazepine Tab	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamictal	2	
Lamictal ODT	2	
Lamictal XR	3	QL
Lamotrigine (Immediate Release)	1	
Lamotrigine ER	1	QL
Levetiracetam	1	
Levetiracetam ER	1	QL
Lyrica Cap	2	QL
Onfi	3	PA
Oxcarbazepine	1	
Phenytoin	1	
Topiramate Tab	1	

CENTRAL NERVOUS SYSTEM: Other

Drug Name	Tier	Programs and Limits
Abilify Disc	2	QL
Abilify Solution	2	QL
Abilify Tab	2	QL
Alprazolam Tab	1	QL
Benzotropine	1	
Buspirone	1	
Carbidopa/Levodopa Tab (Immediate Release)	1	
Diazepam Tab	1	
Donepezil Tab	1	QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium Carbonate	1	
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
Namenda Tab	2	QL
Namenda XR Cap	2	QL

Preferred Three Tier Formulary

Effective: January 1, 2018

CENTRAL NERVOUS SYSTEM: Other (Cont.)

Drug Name	Tier	Programs and Limits
Olanzapine Tab	1	QL
Pramipexole	1	
Prochlorperazine	1	
Quetiapine	1	QL
Risperidone Tab	1	QL
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Seroquel XR	2	QL
Zelapar	3	
Ziprasidone Cap	1	QL

DERMATOLOGY (cont.)

Drug Name	Tier	Programs and Limits
Mupirocin Ointment	1	
Nystatin Cream, Ointment, Powder	1	
Nystatin/Triamcinolone Cream, Ointment	1	
Oxсорalen-UL	2	PA
Permethrin Cream 5%	1	
Protopic Ointment	2	QL, ST, AR
Retin-A Micro	3	QL, AR
Silver Sulfadiazine Cream 1%	1	
Taclonex	3	QL
Tretinoin Cream	1	AR
Tretinoin Microsphere Gel	1	QL, AR
Triamcinolone	1	
Vectical	3	
Zovirax Cream	2	
Zovirax Ointment	3	
Zyclara	3	QL

DERMATOLOGY

Drug Name	Tier	Programs and Limits
Acanya Gel	3	QL
Acyclovir Ointment 5%	1	
Aczone Gel	3	
Atralin	2	QL, AR
Benzaclin	3	QL
Carac	2	
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	QL
Clobetasol Cream, Gel, Ointment, Solution	1	
Clobex	3	
Cloderm	3	
Clotrimazole/ Betamethasone Cream, Lotion	1	
Condylox	3	
Desonide Cream	1	
Differin	3	QL
Econazole Cream	1	
Elidel	2	QL, ST, AR
Epiduo	3	QL
Finacea	2	
Fluocinonide Cream, Gel, Ointment 0.05%	1	
Hydrocortisone Cream 2.5%	1	
Ketoconazole Cream/ Shampoo	1	
Metrogel	3	
Metronidazole Gel 0.75%	1	
Mometasone	1	

DIABETES/ENDOCRINE:

Blood Glucose Monitoring

Drug Name	Tier	Programs and Limits
Accu-Chek Act/Gluc Calibration Liquid	3	
Accu-Chek Aviva Plus Test Strips	2	QL
Accu-Chek Aviva Test Strips	2	QL
Accu-Chek Comfort Test Strips	2	QL
Accu-Chek Cpt/Gluc Calibration Liquid	3	
Accu-Chek Drum Test Strips	2	QL
Accu-Chek Kit Aviva Plus	2	
Accu-Chek Kit Compact	2	
Accu-Chek Kit Fastclix	2	
Accu-Chek Kit Multiclix	2	
Accu-Chek Kit Nano	2	
Accu-Chek Kit Softclix	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Smart Calibration Liquid	3	
Accu-Chek Smart Test Strips	2	QL
Accu-Chek Sol Calibration Liquid	3	

Preferred Three Tier Formulary

Effective: January 1, 2018

DIABETES/ENDOCRINE: Blood Glucose Monitoring (Cont.)

Drug Name	Tier	Programs and Limits
Accu-Chek Sol Comfort Calibration Liquid	3	
Fastclix Lancets	2	
Glucocard Test Strips	1	
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine Autocover Pen Needle	3	
Novofine Pen Needle	3	
Novotwist Pen Needle	3	
Onetouch Kit Ultra Smart	2	
Onetouch Kit Ultra	2	
Onetouch Kit Ultra 2	2	
Onetouch Kit Ultra Mini	2	
Onetouch Kit Verio IQ	2	
Onetouch Lancets	2	
Onetouch Test Strips	2	QL
Onetouch Ultra Blue Test Strips	2	QL
Onetouch Verio Test Strips	2	QL
Soft Touch Lancets	2	
Softclix Lan Mis Device	3	
Softclix Lancets	2	
Surestep Test Strips	2	QL
Truetrack Test Strips	1	

DIABETES/ENDOCRINE: Insulin

Drug Name	Tier	Programs and Limits
Afrezza	2	PA
Humalog Vials	2	
Humalog Kwik Pen	2	
Humalog Mix 50/50 Kwik Pen	2	
Humalog Mix 50/50 Vials	2	
Humalog Mix 75/25 Kwik Pen	2	
Humalog Mix 75/25 Vials	2	
Humulin 70/30 Vials	2	
Humulin N Vials	2	
Humulin N Pen	2	
Humulin Pen 70/30	2	
Humulin R U-500	2	

DIABETES/ENDOCRINE: Insulin (Cont.)

Drug Name	Tier	Programs and Limits
Humulin R Vials	2	
Lantus Solostar	2	
Lantus Vials	2	
Levemir Flexpen	2	
Levemir Flextouch	2	
Levemir Vials	2	
Novolin 70/30 Vials	2	
Novolin N Vials	2	
Novolin R Vials	2	
Novolog Flexpen	2	
Novolog Mix Flexpen	2	
Novolog Mix 70/30 Vials	2	
Novolog Penfill	2	
Novolog Vials	2	

DIABETES/ENDOCRINE: Non-Insulin

Drug Name	Tier	Programs and Limits
Byetta	2	QL, ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glyburide	1	
Glyburide/Metformin	1	
Invokamet	2	QL, ST
Invokana	2	QL, ST
Janumet	2	QL, ST
Janumet XR	2	QL, ST
Januvia	2	QL, ST
Jardiance	2	QL, ST
Jentaduetto	2	QL, ST
Kombiglyze	2	QL, ST
Metformin	1	
Metformin ER	1	
Onglyza	2	QL, ST
Pioglitazone	1	QL
Tradjenta	2	QL, ST
Victoza	3	QL, ST

Preferred Three Tier Formulary

Effective: January 1, 2018

ENDOCRINE: Growth Hormone

Drug Name	Tier	Programs and Limits
Nutropin	2	PA
Nutropin AQ	2	PA
Saizen	2	PA
Tev-Tropin	2	PA

ENDOCRINE: Other

Drug Name	Tier	Programs and Limits
Calcitriol Cap	1	
Dexamethasone Tab	1	
Lupron Depot 3.75 mg, 11.25 mg	3	PA
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	2	PA
Methylprednisolone Tab	1	
Prednisolone Syrup, Solution 15 mg/5 ml	1	
Prednisone	1	
Sensipar	3	

EDOCRINE: Thyroid Hormone Replacement

Drug Name	Tier	Programs and Limits
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	2	

EYE CONDITIONS: Allergies

Drug Name	Tier	Programs and Limits
Azelastine Solution	1	
Pataday	2	
Patanol	2	QL

EYE CONDITIONS: Antibiotics

Drug Name	Tier	Programs and Limits
Ciprofloxacin	1	QL
Erythromycin Ointment	1	
Gentamicin	1	
Moxeza	2	QL
Polymyxin B/ Trimethoprim Solution	1	
Ofloxacin	1	QL
Tobramycin	1	
Tobramycin/Dexamethasone	1	
Vigamox	2	QL

EYE CONDITIONS: Glaucoma

Drug Name	Tier	Programs and Limits
Alphagan P	2	QL
Azopt	2	QL
Brimonidine	1	
Combigan	2	QL
Dorzolamide-Timolol Maleate	1	
Latanoprost	1	QL
Lumigan	2	QL
Timolol	1	
Timoptic Ocudose	2	
Travatan Z	2	QL

EYE CONDITIONS: Other

Drug Name	Tier	Programs and Limits
Ketorolac Ophthalmic Solution	1	QL
Prednisolone Ophthalmic Suspension	1	
Restasis	2	PA

Preferred Three Tier Formulary

Effective: January 1, 2018

GASTROINTESTINAL: Acid Suppression

Drug Name	Tier	Programs and Limits
Carafate Suspension	2	
Dexilant	2	QL
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Nexium (Rx only)	2	QL
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	

HIV/AIDS

Drug Name	Tier	Programs and Limits
Atripla	2	SP
Complera	2	SP
Epzicom	2	SP
Intelence	2	SP
Isentress	2	SP
Kaletra	2	SP
Norvir	2	SP
Prezista	2	SP
Reyataz	2	SP
Stribild	2	SP
Truvada	2	SP
Viread	2	SP

GASTROINTESTINAL: Nausea/Vomiting

Drug Name	Tier	Programs and Limits
Meclizine	1	
Metoclopramide	1	QL
Ondansetron Tab	1	QL
Transderm-Scop	3	

INFERTILITY

Drug Name	Tier	Programs and Limits
Follistim AQ	2	PA
Gonal-f	2	PA
Gonal-f RFF	2	PA
Ovidrel	3	PA

GASTROINTESTINAL: Other

Drug Name	Tier	Programs and Limits
Amitiza	2	QL, ST, AR
Apriso	2	QL
Asacol HD	3	QL
Canasa	2	QL
Creon	2	
Delzicol	3	QL
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Lialda	2	QL
Linzess	2	QL, ST, AR
Moviprep	3	QL
Omeclamox Pak	2	QL
Pentasa	3	QL
Polyethylene Glycol 3350	1	
Pylera	2	QL
Suclear Bowel Prep	3	QL
Suprep Bowel Prep	3	QL
Uceris	3	

INFLAMMATORY CONDITIONS

Drug Name	Tier	Programs and Limits
Cimzia	2	PA, QL
Humira Kit	2	PA, QL
Humira Pen Kit	2	PA, QL
Humira Pen Kit - Crohns	2	PA, QL
Humira Pen Kit - Psoriasis	2	PA, QL
Hydroxychloroquine	1	
Methotrexate Tab	1	
Orencia SC	3	PA, QL, ST
Simponi	2	PA, QL
Stelara	2	PA, QL

Preferred Three Tier Formulary

Effective: January 1, 2018

MEN'S HEALTH: Erectile Dysfunction

Drug Name	Tier	Programs and Limits
Cialis	2	QL, AR, GR
Levitra	3	QL, AR, GR
Viagra	2	QL, AR, GR

MEN'S HEALTH: Prostate

Drug Name	Tier	Programs and Limits
Alfuzosin	1	QL
Avodart	2	QL
Doxazosin	1	
Finasteride 5 mg	1	QL
Jalyn	2	QL
Rapaflo	2	QL
Tamsulosin	1	QL
Terazosin	1	

MEN'S HEALTH: Testosterone Therapy

Drug Name	Tier	Programs and Limits
Androderm	2	PA, QL, GR
Androgel	2	PA, QL, GR
Fortesta	3	PA, QL, GR
Testim	2	PA, QL, GR
Testosterone Cypionate IM Injection	1	PA

MISCELLANEOUS

Drug Name	Tier	Programs and Limits
Allopurinol	1	
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	1	
Aranesp	2	PA
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA
Chantix	3	QL
Cheratussin	1	
Chlorhexidine	1	
Colcrys	2	QL
Epipen 2-Pak	2	QL

MISCELLANEOUS (cont.)

Drug Name	Tier	Programs and Limits
Euflexxa	2	PA
Fosrenol	3	
Hydrocortisone AC Suppository 25 mg	1	
Hydromet	1	
Lidocaine Viscous Solution 2%	1	
Makena	2	PA
Phenazopyridine(Rx only)	1	
Phentermine Tab	1	PA
Procrit	2	PA
Promethazine DM Syrup	1	AR
Promethazine/Codeine Syrup	1	AR
Pulmozyme	2	SP
Rectiv	3	
Renvela Tab	2	
Rezira	3	
Suboxone Film	2	PA, QL
Synagis	2	PA
Synvisc	2	PA
Uloric	2	QL, ST
Velphoro	3	
Zubsolv	2	PA, QL
Zutripro	3	

MUSCULOSKELETAL: Osteoporosis

Drug Name	Tier	Programs and Limits
Actonel	3	QL
Alendronate Tab	1	
Evista	3	QL
Forteo	2	PA
Ibandronate Tab	1	QL
Raloxifene	1	QL

MUSCULOSKELETAL: Other

Drug Name	Tier	Programs and Limits
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab-5, 10 mg	1	
Metaxalone	1	
Methocarbamol	1	
Tizanidine	1	

Preferred Three Tier Formulary

Effective: January 1, 2018

MUSCULOSKELETAL: Pain Relief

Drug Name	Tier	Programs and Limits
Acetaminophen w/ Codeine	1	QL
Cambia	3	QL
Celebrex	3	QL
Diclofenac Tab	1	QL
Endocet Tab	1	QL
Etodolac	1	QL
Fentanyl Patch	1	QL
Gralise	3	QL, ST
Hydrocodone w/ Ibuprofen Tab 7.5-200 mg	1	QL
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	QL
Indomethacin Cap	1	QL
Lazanda	3	PA, QL
Lidocaine Patch 5%	1	QL
Meloxicam	1	QL
Methadone Tab	1	
Morphine Sulfate ER Tab	1	QL
Nabumetone	1	QL
Naproxen (Rx only)	1	QL
Nucynta	3	QL
Nucynta ER	2	QL
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	
Oxycodone w/ Acetaminophen	1	QL
Oxycontin	2	QL
Subsys	3	PA, QL
Tramadol Tab 50 mg	1	QL
Tramadol w/ Acetaminophen	1	QL
Vicodin	1	QL
Vicodin ES	1	QL
Voltaren Gel	2	QL

OVERACTIVE BLADDER

Drug Name	Tier	Programs and Limits
Enablex	3	QL
Gelnique	2	QL
Oxybutynin	1	
Oxybutynin ER	1	QL
Tolterodine ER	1	QL
Toviaz	3	QL
Vesicare	2	QL

RESPIRATORY: Asthma/COPD

Drug Name	Tier	Programs and Limits
Advair Diskus	2	QL
Advair HFA	2	QL
Aerospan	3	QL
Albuterol Nebulizer Solution	1	
Asmanex	2	QL
Breo Ellipta	2	QL
Budesonide	1	
Combivent Respimat	2	QL
Dulera	3	QL, ST
Flovent Diskus	2	QL
Flovent HFA	2	QL
Foradil	2	QL, ST
Ipratropium/Albuterol	1	
Levalbuterol Nebulizer Solution	1	
Montelukast	1	QL
Perforomist	3	QL
Proair HFA	2	QL
Proventil	3	QL
Pulmicort Flexhaler	2	QL
Qvar	2	QL
Serevent Diskus	2	QL, ST
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Symbicort	2	QL
Tudorza Pressair	2	QL
Ventolin HFA	2	QL
Xolair	2	PA
Xopenex HFA	3	QL

Preferred Three Tier Formulary

Effective: January 1, 2018

RESPIRATORY: Nasal Allergies

Drug Name	Tier	Programs and Limits
Azelastine Spray	1	QL
Dymista Spray	3	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Nasonex	2	QL
Omnaris	3	QL
Triamcinolone Spray	1	QL
Veramyst	2	QL
Zetonna	3	QL

RESPIRATORY: Oral Allergies

Drug Name	Tier	Programs and Limits
Cetirizine	1	
Promethazine Tab	1	AR
Desloratadine	1	QL
Levocetirizine	1	QL
Loratadine	1	

TRANSPLANT

Drug Name	Tier	Programs and Limits
Azathioprine	1	
Cellcept Tab/ Suspension	3	
Cyclosporine Cap	1	
Mycophenolate 250 mg Cap / 500 mg Tab	1	
Mycophenolate Sodium 180 mg, 360 mg Tab	1	
Prograf Cap	3	
Rapamune	3	
Tacrolimus Cap	1	

VITAMINS/ELECTROLYTES

Drug Name	Tier	Programs and Limits
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con 8 and 10 MEQ	1	
Klor-Con M10 and M20	1	
Multi-Vit/FI Chew	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Vitamin D 50,000 Units (Rx only)	1	

WOMEN'S HEALTH: Birth Control

Drug Name	Tier	Programs and Limits
Apri	1	GR
Aviane	1	GR
Beyaz	2	GR
Cryselle-28	1	GR
Generess Fe Chewable	3	GR
Gianvi	1	GR
Gildess Fe	1	GR
Jolivette	1	GR
Junel Fe	1	GR
Kariva	1	GR
Levora 28	1	GR
Lo Loestrin	2	GR
Loryna	1	GR
Low-Ogestrel	1	GR
Lutera	1	GR
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	GR
Microgestin Fe	1	GR
Minastrin 24 Fe Chewable	3	GR
Mononessa	1	GR
Natazia	2	GR
Necon	1	GR
Norgest/Ethi Estradio	1	GR
Nortrel	1	GR
Nuvaring	2	
Ocella	1	GR
Orsythia	1	GR
Ortho Tri-Cyclen Lo	2	GR
Previfem	1	GR
Reclipsen	1	GR
Safyral	2	GR
Sprintec 28	1	GR
Trinessa	1	GR
Tri-Sprintec	1	GR
Vestura	1	GR
Viorele	1	GR

Preferred Three Tier Formulary

Effective: January 1, 2018

WOMEN'S HEALTH: Hormone Replacement

Drug Name	Tier	Programs and Limits
Climara Pro	2	QL, GR
Divigel	2	GR
Duavee	2	QL, GR
Enjuvia	3	QL, GR
Estrace Vaginal Cream	3	
Estradiol Tab	1	QL, GR
Estradiol/Norethindrone Tab	1	QL, GR
Medroxyprogesterone Acetate Tab	1	
Osphena	3	
Premarin Tab	2	QL, GR
Premarin Vaginal Cream	2	
Premphase	2	QL, GR
Prempro	2	QL, GR
Progesterone Cap	1	
Vagifem	3	GR
Vivelle-Dot	3	QL, GR

WOMEN'S HEALTH: Vaginal Anti-Infectives

Drug Name	Tier	Programs and Limits
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	QL