

Sutter Health Plus Prescription Drug List*

Effective March 1, 2016

*This is not a complete list of medications covered under your Sutter Health Plus pharmacy benefit. To request a complete list of covered medications, or if you have questions about the information in the Prescription Drug List (PDL) call MedImpact at **1-844-282-5330**.



At MedImpact and Sutter Health Plus, we want to help you understand your medication options.

What is the Prescription Drug List?

The PDL is the most commonly prescribed medications selected from Sutter Health Plus' complete pharmacy benefit coverage list, also known as a formulary. The PDL includes both brand name and generic medications chosen for their safety, cost and effectiveness. Brand name medications are listed in **bold** type.

Who decides what medications make up the PDL?

The list is developed and maintained by a committee of doctors and pharmacists (Pharmacy and Therapeutics Committee).

Are the medications listed on the PDL the only ones my doctor can prescribe for me?

No. The PDL is a list of commonly prescribed medications and does not include all of the medications in the Sutter Health Plus formulary. The PDL does not limit your prescription coverage. We provide the PDL to encourage the use of preferred generic and brand name drugs within major therapeutic drug classes (e.g., cardiovascular, diabetes, etc.). Note that the presence of a drug on our drug formulary does not necessarily mean that your plan physician will prescribe it for a particular medical condition.

What is the Drug Tier next to the medications on the PDL?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a member cost share. This is how much you will pay when you fill a prescription.

- Tier 1 – Most generic medications and low-cost preferred brands are covered at the lowest tier cost share level
- Tier 2 – Preferred brand name and non-preferred generic medications are covered at the second lowest tier cost share level
- Tier 3 – Non-preferred brand name medications are covered at the third tier cost share level. These generally have a preferred and often less costly therapeutic alternative at a lower tier
- Tier 4 – Specialty medications, self-administered medications that require training or clinical monitoring, and bioengineered medications are covered at the fourth tier cost share level

If your medication is in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your provider. If your medication is a specialty medication, used to treat rare or complex medical disorders, a percent-of-cost coinsurance applies. All preventive care medication categories have products that are covered with \$0 cost share.

What is considered a preventive care medication?

Sutter Health Plus covers the following preventive care products at \$0 cost share when prescribed by a participating provider and obtained at a network pharmacy:

- Aspirin – for members of certain ages and with certain conditions
- Breast cancer medications raloxifene or tamoxifen for members age 35 and older and at increased risk for the first occurrence of breast cancer, after risk assessment and counseling
- U.S. Food and Drug Administration (FDA)-approved contraceptive medications and devices
- Folic acid for women considering pregnancy
- Iron supplementation for infants between ages 6 to 12 months
- Manual breast pump for postpartum women with a prescription from your physician
- Prenatal vitamins for pregnant members
- Preventive vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and prescribed by your participating provider (excluding travel vaccines)
- Select smoking cessation products
- Vitamin D (400 and 1000 units) for members age 60 and older
- Vitamins in conjunction with fluoride for children

What are the Requirements and Limitations symbols next to the medications on the PDL?

Some medications on the formulary have certain requirements or limitations for coverage. These are identified by the letters listed and explained in the following table. Refer to your Sutter Health Plus *Evidence of Coverage (EOC)* for details on requirements and limitations, including how you can request exceptions.

SYMBOL	SYMBOL DEFINITION	REQUIREMENT OR LIMITATION
AG	Age Restriction	Drug may not be recommended for some patients based on age
G	Gender Restriction	Drug may not be recommended for some patients based on gender
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug
PC	Preventive Care	Preventive care medication covered with \$0 cost sharing when prescribed by a participating provider and obtained at a network pharmacy
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
SP	Specialty Medication	Designated specialty medications must be obtained through preferred specialty pharmacy
ST	Step Therapy	Coverage may depend on previous use of another drug

How do I get the greatest benefit from my PDL?

- **Print out the PDL and take it with you when visiting your doctor**
- Ask your doctor to prescribe generic medications whenever possible. All FDA-approved generic drugs are considered preferred medications and should reduce your copays
- When there is more than one brand name drug available for your medical condition, ask your doctor to prescribe a preferred medication. This should also reduce your copays

Please note: The PDL is subject to change due to updates and availability of generic alternatives. Please refer to the MedImpact website for Sutter Health Plus members for the most up-to-date information. The PDL is not a complete list of formulary drugs; therefore, you should refer to the Sutter Health Plus website or the MedImpact website for Sutter Health Plus members for a complete pharmacy benefits coverage list and details of any additional coverage or quantity limit restrictions that may apply to certain medications.

Who can I contact to get the complete formulary or if I have pharmacy benefit questions?

You can call either MedImpact or Sutter Health Plus Member Service departments, or visit the websites for Sutter Health Plus members:

Company	Telephone	Website
MedImpact	1-844-282-5330	mp.medimpact.com/STH
Sutter Health Plus	1-855-315-5800 (TTY 1-855-830-3500)	sutterhealthplus.org/pharmacy

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Anti-Infectives: Antibiotics		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azithromycin	1	
Cefdinir	1	
Cefuroxime	1	
Cephalexin	1	
Ciprodex Otic Suspension	2	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Dificid	2	QL, ST
Doxycycline Hyclate Cap	1	QL, ST
Doxycycline Hyclate Tab (Immediate Release)	1	ST
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	
Penicillin VK	1	
Sulfamethoxazole-Trimethoprim	1	
Sulfamethoxazole-Trimethoprim DS	1	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Anti-Infectives: Antifungals		
Fluconazole	1	
Nystatin Suspension	1	
Terbinafine	1	
Anti-Infectives: Antivirals		
Acyclovir Tab, Suspension	1	
Baraclude	4	SP
Harvoni	4	PA, SP
Pegasys	4	PA, SP
Sovaldi	4	PA, SP
Tamiflu	2	PA, QL
Valacyclovir	1	
Cancer		
Anastrozole Tab	1	
Imatinib	4	PA, QL
Letrozole	1	
Raloxifene	PC	PA
Revlimid	2	PA, QL
Tamoxifen Tab	PC	PA
Temozolomide	4	PA, SP
Cardiovascular/Heart Disease: Anticoagulants		
Aspirin (Rx only)	1	PC
Brilinta	2	QL
Clopidogrel	1	QL
Coumadin	2	
Effient	2	QL
Eliquis	2	QL
Enoxaparin	4	QL
Warfarin	1	
Xarelto	2	QL

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	ST
Amlodipine/Valsartan/HCTZ	1	ST
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Benicar	2	ST
Benicar HCT	2	ST
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Coreg CR	2	QL, ST
Diltiazem	1	
Doxazosin	1	
Enalapril	1	
Felodipine	1	
Fosinopril	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Irbesartan/HCTZ	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Cardiovascular/Heart Disease: High Blood Pressure (continued)		
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spirolactone	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	

Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	
Crestor	2	QL, ST
Fenofibrate	1	
Gemfibrozil	1	
Lovastatin	1	
Niacin ER Tab	1	ST
Omega-3 Acid Cap 1 gm	1	QL
Pravastatin	1	
Simcor	2	QL, ST
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	
Simvastatin 80 mg	1	ST
Vascepa	2	QL
Welchol	2	
Zetia	2	QL

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Amlodipine/Atorvastatin	1	QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Nitrostat	2	
Ranexa	2	QL
Sotalol	1	

Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension		
Adcirca	4	PA
Letairis	4	PA
Opsumit	4	PA
Sildenafil Tab 20 mg	1	PA
Tracleer	4	PA

Central Nervous System: Attention Deficit Disorder		
Adderall XR	1	QL, AG
Amphetamine-Dextroamphetamine IR Tab	1	QL
Concerta	1	QL, AG
Dexmethylphenidate ER Cap	1	QL, AG
Dexmethylphenidate Tab	1	QL
Focalin XR	2	QL, AG
Methylphenidate Cap ER	1	QL, AG
Methylphenidate HCL SA Osmotic ER Tab	1	QL, AG
Methylphenidate IR Tab	1	QL
Strattera	2	QL
Vyvanse	2	QL, ST

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion	1	
Bupropion XL	1	
Bupropion SR	1	
Citalopram	1	
Desvenlafaxine ER	1	QL, ST
Doxepin	1	
Duloxetine Cap	1	QL
Escitalopram Tab	1	
Fluoxetine Cap (10, 20, 40, 90 mg)	1	
Mirtazapine	1	
Nortriptyline	1	
Paroxetine	1	
Sertraline	1	
Trazodone	1	
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	

Central Nervous System: Migraine		
Bupap	3	
Butalbital-Acetaminophen-Caffeine Tab	1	
Marten-Tab	1	
Phrenilin	2	
Rizatriptan Tab	1	QL
Sumatriptan Tab and Spray	1	QL
Zolmitriptan Tab	1	QL, ST
Zomig Nasal Spray	2	QL, ST

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Central Nervous System: Multiple Sclerosis		
Ampyra	4	PA, SP
Copaxone	4	PA, SP
Gilenya	4	PA, SP
Tecfidera	4	PA, SP
Central Nervous System: Other		
Alprazolam Tab	1	
Aripiprazole Tab	1	
Benzotropine	1	
Buspirone	1	
Carbidopa/Levodopa Tab (Immediate Release)	1	
Diazepam Tab	1	
Donepezil Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium Carbonate	1	
Lorazepam Tab	1	QL
Memantine Tab	1	QL
Namenda XR Cap	2	QL
Olanzapine Tab	1	QL
Pramipexole	1	
Pramipexole ER	1	QL, ST
Prochlorperazine	1	
Quetiapine	1	QL
Risperidone Tab	1	QL
Ropinirole	1	
Ropinirole ER	1	QL, ST
Seroquel XR	3	QL, ST
Ziprasidone Cap	1	QL

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Temazepam	1	
Triazolam Tab	1	
Zolpidem	1	QL
Zolpidem ER	1	QL, ST
Central Nervous System: Seizure Disorders		
Carbamazepine Tab	1	
Clonazepam	1	
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Lamotrigine ER	1	QL, ST
Levetiracetam	1	
Lyrica Cap	2	
Oxcarbazepine	1	
Phenytoin	1	
Topiramate Tab	1	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Dermatology		
Acyclovir Ointment 5%	1	
Aldapalene	1	AG
Benzaclin w/ pump	3	ST
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol	1	
Clotrimazole/ Betamethasone Cream, Lotion	1	
Desonide Cream	1	
Fluocinonide Cream, Gel, Ointment 0.05%	1	
Hydrocortisone Cream 2.5%	1	
Ketoconazole Cream/ Shampoo	1	
Methosalen Cap	1	
Metronidazole Cream 0.75%	1	
Mometasone	1	
Mupirocin	1	
Nystatin Cream, Ointment, Powder	1	
Nystatin/Triamcinolone Cream, Ointment	1	
Permethrin Cream 5%	1	
Podofilox	1	
Protopic Ointment	2	ST, AG
Silver Sulfadiazine Cream 1%	1	
Tacrolimus Ointment	1	ST, AG
Triamcinolone	1	
Vectical	2	ST
Zovirax Cream	2	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Diabetes/Endocrine: Blood Glucose Monitoring Devices		
FreeStyle Lite	2	
Onetouch Kit Ultra	2	
Onetouch Kit Verio IQ	2	
Precision Xtra	2	
TRUE METRIX	1	
TRUE METRIX AIR	1	
Diabetes/Endocrine: Blood Glucose Monitoring Test Strips		
FreeStyle Lite Test Strips	2	QL
Onetouch Ultra Blue Test Strips	2	QL
Onetouch Verio Test Strips	2	QL
Precision Xtra Test Strips	2	QL
TRUE METRIX Test Strips	1	QL
TRUE METRIX AIR Test Strips	1	QL
Diabetes/Endocrine: Blood Glucose Monitoring Test Strips		
FreeStyle Lite Lancets	2	
Insulin Needle	3	
Insulin Pen Needle	3	
Insulin Syringe	3	
Onetouch Lancets	2	
Soft Touch Lancets	2	
TRUEplus Lancets	2	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Diabetes/Endocrine: Insulin		
Humalog Vials	2	QL
Humalog Kwik Pen	2	QL
Humalog Mix 50/50 Kwik Pen	2	QL
Humalog Mix 50/50 Vials	2	QL
Humalog Mix 75/25 Kwik Pen	2	QL
Humalog Mix 75/25 Vials	2	QL
Humulin 70/30 Vials	2	QL
Humulin N Pen	2	QL
Humulin N Vials	2	QL
Humulin Pen 70/30	2	QL
Humulin R U-500	2	QL
Humulin R Vials	2	QL
Lantus Solostar	2	QL
Lantus Vials	2	QL
Levemir	3	QL, ST
Novolin 70/30	3	QL, ST
Novolin N	3	QL, ST
Toujeu	2	QL
Tresiba	1	
Diabetes/Endocrine: Non-Insulin		
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
Janumet XR	2	QL
Januvia	2	QL
Jentadueto	2	QL
Metformin	1	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Diabetes/Endocrine: Non-Insulin (continued)		
Metformin ER	1	
Pioglitazone	1	
Tradjenta	2	QL
Victoza	2	QL, ST
Endocrine: Growth Hormone		
Humatrope	4	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone Tab	1	
Methylprednisolone Tab	1	
Prednisolone Syrup	1	
Prednisone	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	2	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	2	
Eye Conditions: Allergies		
Azelastine Solution	1	QL
Olopatadine 0.1%	1	
Pataday 0.2%	2	
Eye Conditions: Antibiotics		
Ciprofloxacin	1	
Erythromycin Ointment	1	
Moxeza	2	
Ofloxacin	1	
Polymyxin B/Trimethoprim	1	
Tobramycin	1	
Tobramycin/Dexamethasone	1	
Vigamox	2	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
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Eye Conditions: Glaucoma

Azopt	2	
Bimatoprost 0.03%	1	
Brimonidine	1	
Combigan	2	
Dorzolamide-Timolol Maleate	1	
Latanoprost	1	
Lumigan	2	QL
Timolol	1	
Timoptic Ocudose	3	QL, ST
Travatan Z	2	QL

Eye Conditions: Other

Prednisolone Ophthalmic Suspension	1	
Restasis	2	QL

Gastrointestinal: Acid Suppression

Esomeprazole	1	QL, ST
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	ST
Omeprazole (Rx only)	1	
Pantoprazole	1	
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	

Gastrointestinal: Nausea/Vomiting

Meclizine	1	
Metoclopramide	1	
Ondansetron Tab	1	QL

Gastrointestinal: Other

Amitiza	2	QL
Apriso	2	
Canasa	2	
Creon	2	
Dicyclomine	1	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
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Gastrointestinal: Other (continued)

Diphenoxylate/Atropine	1	
Linzess	2	QL
Polyethylene Glycol 3350	1	
Zenpep	2	

HIV/AIDS

Atripla	2	QL, SP
Complera	2	PA, SP
Epzicom	2	QL, SP
Intelence	2	PA, SP
Isentress	2	SP
Kaletra	2	QL, SP
Norvir	2	QL, SP
Prezista	2	QL, SP
Reyataz	2	SP
Stribild	2	QL, SP
Truvada	2	QL, SP
Viread	2	QL, SP

Inflammatory Conditions

Humira Kit	4	PA, QL, SP
Humira Pen Kit	4	PA, QL, SP
Humira Pen Kit Crohns	4	PA, QL, SP
Humira Pen Kit Psoriasis	4	PA, QL, SP
Hydroxychloroquine	1	
Methotrexate Tab	1	

Men's Health: Erectile Dysfunction

Cialis 10, 20 mg	50% coinsurance	QL, AG, G <i>(Limited to 8 tablets per 30 days)</i>
Levitra	50% coinsurance	QL, AG, G <i>(Limited to 8 tablets per 30 days)</i>
Viagra	50% coinsurance	QL, AG, G <i>(Limited to 8 tablets per 30 days)</i>

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Men's Health: Prostate		
Alfuzosin ER	1	
Dutasteride	1	G, ST
Dutasteride-Tamsulosin	1	G, ST
Doxazosin	1	
Finasteride 5 mg	1	G
Tamsulosin	1	
Terazosin	1	

Men's Health: Testosterone Therapy		
Androgel	2	PA
Testosterone 1% Gel	1	PA
Testosterone Cypionate IM Injection	1	PA, QL

Miscellaneous		
Adempas	4	PA, SP
Allopurinol	1	
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	1	
Cheratussin	1	
Chlorhexidine	1	
Colcrys	2	
Epipen 2-Pak	2	
Hydrocortisone AC Suppository 25 mg	1	
Hydromet	1	
Lidocaine Viscous Solution 2%	1	
Phenazopyridine Tab	1	
Promethazine DM	1	
Promethazine/Codeine	1	
Pulmozyme	4	PA, SP
Renvela Tab	2	
Suboxone Film	2	PA
Uloric	2	QL, ST

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Musculoskeletal: Osteoporosis		
Alendronate Tab	1	
Evista	2	PA, QL
Forteo	4	QL, SP
Ibandronate Tab	1	
Raloxifene	PC	PA

Musculoskeletal: Other		
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab 5, 10 mg	1	
Metaxalone	1	
Methocarbamol	1	
Tizanidine	1	

Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	
Celebrex	2	
Diclofenac	1	
Etodolac	1	
Fentanyl Patch	1	PA, QL
Hydrocodone w/ Ibuprofen Tab 7.5-200 mg	1	QL
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	QL
Hydromorphone	1	
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	QL
Indomethacin Cap	1	QL
Meloxicam	1	
Methadone Tab	1	
Morphine Sulfate ER Tab	1	QL
Nabumetone	1	
Naproxen (Rx only)	1	
Nucynta	2	QL
Nucynta ER	2	QL
Oxycodone	1	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Musculoskeletal: Pain Relief (continued)		
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	
Oxycodone ER	1	
Tramadol	1	
Tramadol Tab 50 mg	1	
Voltaren Gel	2	
Overactive Bladder		
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine ER	1	
Toviaz	2	
Vesicare	2	ST
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Albuterol Nebulizer Solution	1	
Asmanex	2	QL
Breo Ellipta	2	QL
Budesonide	1	QL
Combivent Respimat	2	
Dulera	2	QL
Ipratropium/Albuterol	1	
Levalbuterol Nebulizer Solution	1	
Montelukast	1	
Perforomist	2	QL
Proair HFA	2	
QVAR	2	QL
Serevent Diskus	2	QL
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Ventolin HFA	2	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Respiratory: Nasal Allergies		
Azelastine Spray	1	QL
Fluticasone Spray	1	QL
Ipratropium Spray	1	
Nasonex	2	QL
Triamcinolone Spray	1	QL
Respiratory: Oral Allergies		
Promethazine Tab	1	
Levocetirizine	1	QL
Smoking Cessation		
Bupropion	1	
Chantix	PC	AG, QL
Nicotine Gum	PC	AG, QL
Nicotine Lozenges	PC	AG, QL
Nicotine Patch	PC	AG, QL
Nicotrol Inh	3	AG, QL, ST
Nicotrol NS	3	AG, QL, ST
Transplant		
Azathioprine	1	SP
Cellcept Tab/Suspension	4	SP
Cyclosporine Cap	4	SP
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP
Prograf	4	SP
Rapamune	4	SP
Tacrolimus Cap	4	SP

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Vaccines		
Adacel	PC	QL
Afluria	PC	QL
Boostrix	3	QL
Engerix-B	3	QL
Flu Vaccine	PC	QL
Fluarix	PC	QL
Flucelvax	PC	QL
Flumist	PC	QL, AG
Flushield	PC	QL
Fluvirin	PC	QL
Fluzone	PC	QL
Menactra	3	QL
Menomune	3	QL
Menveo	3	QL
MMR II	PC	QL
Pneumovax 23	PC	QL
Pprevnar 13	PC	QL
Recombivax	3	QL
Tetanus	3	QL
Tdap	3	QL
Varivax	PC	QL
Zostavax	PC	QL, AG

Vitamins/Electrolytes

Ferrous Sulfate (Rx only)	PC	
Folic Acid 1 mg (Rx only)	1	
Folic Acid 400 mcg, 800 mcg (Rx only)	PC	
Multi-Vit/FI Chew	1	
Potassium Chloride ER	1	
Potassium Chloride Micro ER Tab, Cap	1	
Vitamin D 400 units, 1000 units (Rx only)	PC	
Vitamin D 50,000 units (Rx only)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS & LIMITATIONS
Women's Health: Contraceptives		
Apri	PC	G
Aviane	PC	G
Cryelle-28	PC	G
Gianvi	PC	G, ST
Gildess Fe	PC	G
Junel Fe	PC	G
Kariva	PC	G
Levora 28	PC	G
Loryna	PC	G, ST
Low-Ogestrel	PC	G
Lutera	PC	G
Microgestin	PC	G
Microgestin Fe	PC	G
Norgest/Ethi Estradio	PC	G
Nuvaring	PC	QL, ST, G
Ocella	PC	G, ST
Ortho Tri-Cyclen Lo	2	ST, G
Sprintec 28	PC	G
Trinessa	PC	G
Tri-Sprintec	PC	G
Vestura	PC	G, ST

Women's Health: Hormone Replacement

Duavee	2	
Estrace Vaginal Cream	2	
Estradiol Tab	1	
Medroxyprogesterone Acetate Tab	1	
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Progesterone Cap	1	
Vagifem	2	

Women's Health: Vaginal Anti-Infectives

Metronidazole Vaginal Gel	1	
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