

EFFECTIVE
OCTOBER 2015



2015 Drug Formulary

For members covered through large employer groups with a 1-tier or 2-tier in-network pharmacy benefit and no out-of-network pharmacy benefit

Alliance

Core / Group Health



Development of the Drug Formulary

At Group Health the Drug Formulary is the cornerstone of medication therapy, quality assurance, and cost containment. It is a list of medications that are usually covered under a member's medical coverage agreement. The Formulary is developed by the Group Health Pharmacy and Therapeutics committee (P&T), which is composed of physicians representing various medical specialties from across the Group Health system and network providers, pharmacists, and a consumer member. The P&T committee reviews the medications in all therapeutic categories and selects the most appropriate in each class based on safety, effectiveness, and cost.

The Formulary helps health care providers to offer the most effective drug therapy possible with the limited resources available. Having a formulary allows Group Health to offer the safest, most effective, and most cost-effective health care possible.

The P&T committee meets quarterly to review new and existing medications to ensure that the Formulary remains responsive to the needs of members and providers.

The Formulary is updated periodically and is subject to change. If a medication will be removed from the formulary, members who had filled the medication in the prior 3 months will be notified of the upcoming change. A formulary change notice will be posted on the member website at least 30 days prior to the effective date.

Formulary Listing and Drug Coverage

Drug coverage is based on an individual's contracted benefit and formulary status. Coverage for a specific medication is subject to each member's medical coverage agreement. Please consult your Benefit Booklet or call Customer Service if you have questions about your drug coverage.

Group Health will only cover FDA-approved medications used for non-experimental therapies. Most plans exclude experimental and investigational drugs, over-the-counter drugs, drugs used in the treatment of sexual dysfunction disorders, medicines for anticipated illness while traveling, or drugs used for cosmetic purposes. Please consult your Benefit Booklet for limitations and exclusions.

Medications are listed by generic name if a generic is available. Brand names may be listed only to serve as a guide. Listing of a brand name does not imply coverage of a specific brand. Generic drugs are substituted when available and allowed by the prescriber. When a generic is available, the brand-name medication is generally considered non-formulary and subject to higher cost shares. Injection medications that are typically administered by a professional in a clinical setting may not be listed on the formulary. For coverage of these drugs, refer to your Benefit Booklet.

How to Search the Formulary

Medications on the formulary are listed by therapeutic class. An alphabetical index is included to assist in locating specific medications.

Generic Drugs

When a drug company identifies a drug in the laboratory, that company is granted a patent on the drug for a period up to 20 years. During the life of the patent, no other manufacturer is allowed to produce or sell the same drug product without the patent-holder's approval, thus eliminating direct price competition. Patent protection allows the original drug company to recoup the cost of research and development and to make a profit. After the patent expires, other pharmaceutical manufacturers may develop, test, and market medications with the same active ingredients. These

chemically identical products, “generic drugs,” contain exact quantities of the same active ingredient in the same dosage form as the brand-name product and they are more affordable than the brand-name product.

Prior Authorization (PA) Drugs

The P&T Committee determines a number of drugs require prior authorization to confirm coverage. These medications most often have alternative drugs on the formulary, safety concerns or a high potential for inappropriate use. Prescribers do not need authorization to prescribe the drug, only to determine coverage for a patient. To request coverage for prior authorization medications, your prescriber must contact Group Health. Medications requiring Prior Authorization are listed with “PA” in the right hand column.

New drugs to the market may require prior authorization until reviewed by the Pharmacy and Therapeutics Committee.

Step Therapy (ST) Drugs

Step Therapy is a process where you must try a certain drug, such as a generic alternative, before receiving coverage for a similar but non-preferred medication. Instead of your prescriber contacting Group Health, we look at your prescription history and if you have tried the preferred agent, you will be automatically covered for the non-preferred agent. This makes coverage for you easier and reduces the amount of work for your prescriber. Medications requiring Step Therapy are listed with “ST” in the right hand column.

Quantity Limit (QL) Drugs

Medications with quantity limits are indicated with “QL” in the right-hand column. Quantity limits align with FDA-approved indications and dosing for safe and effective use of the drug. To request exceptions to quantity limits, your prescriber must contact Group Health.

Day Supply Limit (DS) for Select Drugs

Medications with day supply limit are indicated with “DS” in the right-hand column. These Medications are limited to a one month supply at a time. The 1-month limit minimizes waste of unused medications when there is a change in the prescribed drug or quantity.

Medications Limited to Select Pharmacies

Some medications are limited to Group Health mail order pharmacy and/or a designated specialty pharmacy. These pharmacies work closely with patients to manage certain specialty medications to ensure you get the most from your treatment. The pharmacy works with you and your doctor to confirm your medication is working for you, reaches out to you to set up refills, and reminds you of needed labs and review the results with you. For a list of these medications, see *Appendix A*.

To order these medications or for questions related to these medications, you can contact the Group Health Specialty Medication Pharmacy at 1-800-483-3945. Members with an out-of-network benefit may use a network pharmacy; however, they may pay a higher cost share.

Preventative Medications and Preferred Contraceptives

Most plans cover Affordable Care Act (ACA) requirements for preventative care medications and contraceptives in full. Please consult your Benefit Booklet under “Preventive Services” or call Customer Service if you have questions about your coverage for these drugs.

Below is the list of the preventative medications covered in full.

- Aspirin 81 mg and 325 mg. Limited to 30 units per 30 days
- Calcitriol (Vitamin D) 400 Units and 1000 Units
- Ferrous sulfate 15 mg/mL oral drops
- Folic acid 400 mg and 800 mg

- Over-the-counter nicotine replacement patches, gum, and lozenge. Prior authorization required.
- Sodium fluoride chewable tabs and drops
- Tamoxifen generic
- Raloxifene generic

In accordance with the Affordable Care Act (ACA) requirements for preventive services, most Group Health plans provide full coverage for contraceptives. If your plan offers ACA benefits, all prescribed FDA approved contraceptive methods from on the Group Health formulary list will be covered in full when obtained in-network. For plans with out-of-network (OON) benefits, contraceptives will be subject to the OON cost-share. Preferred contraceptives are listed on the formulary under “Contraception” as Tier 1 and Tier 2.

If you request coverage for a non-preferred contraceptive, we will contact your provider to recommend a preferred generic or therapeutically equivalent product. If you and your provider determine that the preferred contraceptive(s) would be medically inappropriate, your provider must request a contraceptive waiver.

Please consult your Benefit Booklet under “Preventive Services” or call Customer Service if you have questions about your coverage for contraceptives.

Non-Formulary Drugs

Medications not listed in this document are not on the formulary at the time of publication. The most current information is online at www.ghc.org. Non-formulary drugs are not covered unless approved by the health plan as medically necessary. The prescriber must contact Group Health to determine the medical necessity of the non-formulary medication. An alternative formulary medication will be recommended when clinically appropriate. If a medical exception is not approved, the patient is responsible for the full price of the drug.

Covered Diabetic Supplies

Some diabetic supplies may be covered at Tier 1 cost share if they are filled as a prescription. These items are:

- Preferred blood glucose test strips:
 - One Touch Verio
 - One Touch Ultra
 - Prodigy – prior authorization required
 - Breeze 2 – prior authorization required
 - Contour Next – prior authorization required
 - Freestyle – prior authorization required
- Disposable insulin syringes and needles
- Lancing device and lancets

Preferred blood glucose meters are covered only when filled through the mail order pharmacy.

Over-the-Counter (OTC) Drugs

A few plans offer coverage for OTC drugs. For these plans, a list of covered OTC drugs can be found in *Appendix B*. You may contact Customer Service at 1-888-901-4636 to find if you have OTC drug coverage.

Mail Order Pharmacy Service

Mail order is convenient for patients and efficiently utilizes Group Health's resources. This service works best for drugs that must be taken on regular basis, such as birth control pills and drugs for high blood pressure, high cholesterol, or other chronic conditions.

To begin using Mail Order, ask your prescriber to send the prescription directly to the Mail Order Pharmacy. To transfer an existing prescription from a retail pharmacy, contact the Mail Order Pharmacy.

Address: Group Health Mail Order Pharmacy
PO Box 34383
Seattle, WA 98124-1383

Phone: 800-245-RXRX (1-800-245-7979)

Fax: 206-901-4443, or toll-free 1-800-350-1683

Additional Information

Please contact Customer Service at 1-888-901-4636 with any questions or concerns regarding information contained in this document.

The most current drug formulary is available to search at www.ghc.org.

Table of Contents

ALLERGY.....	1
ANTIEMESIS/ANTIVERTIGO.....	1
ASTHMA	2
AUTONOMIC NERVOUS SYSTEM DISORDERS	3
BEHAVIORAL HEALTH - ANTIDEPRESSANTS	3
BEHAVIORAL HEALTH - OTHER.....	4
CARDIOVASCULAR DISEASE - ARRHYTHMIA	7
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT	7
CARDIOVASCULAR DISEASE - HYPERTENSION.....	7
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY	10
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS	11
CARDIOVASCULAR DISEASE - VASODILATION	11
CONTRACEPTION/OXYTOCICS	11
COUGH AND COLD.....	14
DERMATOLOGY - ACNE	15
DERMATOLOGY - ANTIINFECTIVE	15
DERMATOLOGY - ANTIINFLAMMATORY	16
DERMATOLOGY - MISCELLANEOUS.....	18
DERMATOLOGY - PSORIASIS/ECZEMA.....	19
DIABETES	19
EAR - GENERAL DISORDERS	20
ELECTROLYTE REGULATION.....	20
ENDOCRINE DISORDER - OTHER.....	21
ENDOCRINE DISORDER - THYROID	22
EYE - GENERAL DISORDERS.....	22
EYE - GLAUCOMA	24
EYE - MISCELLANEOUS	24
GOUT AND RELATED DISEASES.....	25
HEMATOLOGICAL DISORDERS.....	25
HORMONAL DEFICIENCY.....	27
IMMUNIZATION.....	27
IMMUNOSUPPRESSION/MODULATION	28
INFECTIOUS DISEASE - BACTERIAL	28

INFECTIOUS DISEASE - FUNGAL	30
INFECTIOUS DISEASE - MISCELLANEOUS	31
INFECTIOUS DISEASE - PARASITIC.....	31
INFECTIOUS DISEASE - VIRAL	31
INFLAMMATORY DISEASE	34
LOCAL ANESTHESIA	36
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT.....	36
LOWER GASTROINTESTINAL DISORDERS - OTHER	37
MISCELLANEOUS AGENTS	38
NEOPLASTIC DISEASE.....	38
NEUROLOGICAL DISEASE - MISCELLANEOUS	40
ORAL/PHARYNGEAL DISORDERS	41
OTHER DRUGS	41
OTHER RESPIRATORY DISORDERS.....	41
PAIN MANAGEMENT - ANALGESICS	41
PARKINSONS DISEASE.....	44
SEIZURE DISORDER.....	45
SKELETAL MUSCLE DISORDER	46
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE.....	46
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE	47
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE	47
URINARY TRACT - FUNCTIONAL DISORDERS	48
VAGINAL DISORDERS	48
VITAMIN AND/OR MINERAL DEFICIENCY	49

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

ALLERGY

Drug Name	Dosage Form	Tier	Limit
arbinoxa	LIQUID	1	
arbinoxa	TABLET	1	
azelastine hcl	SPRAY/PUMP	1	
carbinoxamine maleate	LIQUID	1	
carbinoxamine maleate	TABLET	1	
clemastine fumarate	SYRUP	1	
clemastine fumarate	TABLET	1	
cyproheptadine hcl	SYRUP	1	
cyproheptadine hcl	TABLET	1	
desloratadine	TAB RAPDIS	1	
desloratadine	TABLET	1	
flunisolide	SPRAY	1	
fluticasone propionate	SPRAY SUSP	1	
hydroxyzine hcl	SYRUP	1	
hydroxyzine hcl	TABLET	1	
hydroxyzine pamoate	CAPSULE	1	
levocetirizine dihydrochloride	SOLUTION	1	
levocetirizine dihydrochloride	TABLET	1	
promethazine hcl	SYRUP	1	
promethazine hcl	TABLET	1	

ANTIEMESIS/ANTIVERTIGO

Drug Name	Dosage Form	Tier	Limit
compro	SUPP.RECT	1	
dronabinol	CAPSULE	1	
EMEND	CAP DS PK	2	
EMEND	CAPSULE	2	
ondansetron hcl	SOLUTION	1	
ondansetron hcl	TABLET	1	
ondansetron odt	TAB RAPDIS	1	
phenadoz	SUPP.RECT	1	
prochlorperazine maleate	SUPP.RECT	1	
prochlorperazine maleate	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
promethazine hcl	SUPP.RECT	1	
promethegan	SUPP.RECT	1	

ASTHMA

Drug Name	Dosage Form	Tier	Limit
ADVAIR DISKUS	100-50 MCG BLST W/DEV	2	PA
ADVAIR DISKUS	250-50 MCG BLST W/DEV	2	PA
ADVAIR DISKUS	500-50 MCG BLST W/DEV	2	PA
ADVAIR HFA	115-21MCG HFA AER AD	2	PA
ADVAIR HFA	230-21MCG HFA AER AD	2	PA
ADVAIR HFA	45-21MCG HFA AER AD	2	PA
albuterol sulfate	SOLUTION	1	
albuterol sulfate	SYRUP	1	
albuterol sulfate	TABLET	1	
albuterol sulfate	VIAL-NEB	1	
ASMANEX	110MCG(30) AER POW BA	2	ST
ASMANEX	220MCG 120 AER POW BA	2	ST
ASMANEX	220MCG(14) AER POW BA	2	ST
ASMANEX	220MCG(30) AER POW BA	2	ST
ASMANEX	220MCG(60) AER POW BA	2	ST
ASMANEX HFA	100 MCG HFA AER AD	2	ST
ASMANEX HFA	200 MCG HFA AER AD	2	ST
ATROVENT HFA	HFA AER AD	2	
budesonide	AMPUL-NEB	1	
caffeine citrate	SOLUTION	1	
COMBIVENT RESPIMAT	MIST INHAL	2	
cromolyn sodium	AMPUL-NEB	1	
DULERA	100-5 MCG HFA AER AD	2	ST
DULERA	200-5 MCG HFA AER AD	2	ST
FLOVENT DISKUS	100 MCG BLST W/DEV	2	PA
FLOVENT DISKUS	250 MCG BLST W/DEV	2	PA
FLOVENT DISKUS	50 MCG BLST W/DEV	2	PA
FLOVENT HFA	AER W/ADAP	2	
FLOVENT HFA	110 MCG AER W/ADAP	2	PA
FLOVENT HFA	220 MCG AER W/ADAP	2	PA

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name		Dosage Form	Tier	Limit
ipratropium bromide		SOLUTION	1	
ipratropium-albuterol		AMPUL-NEB	1	
metaproterenol sulfate		SYRUP	1	
metaproterenol sulfate		TABLET	1	
montelukast sodium		GRAN PACK	1	
montelukast sodium		TAB CHEW	1	
montelukast sodium		TABLET	1	
PROAIR HFA	90 MCG	HFA AER AD	2	QL
QVAR		AER W/ADAP	2	
SEREVENT DISKUS	50 MCG	BLST W/DEV	2	PA,ST
SPIRIVA		CAP W/DEV	2	
terbutaline sulfate		TABLET	1	
theochron		TAB ER 12H	1	
theophylline		SOLUTION	1	
theophylline		TABLET ER	1	
theophylline anhydrous		TAB ER 12H	1	

AUTONOMIC NERVOUS SYSTEM DISORDERS

Drug Name		Dosage Form	Tier	Limit
donepezil hcl		TABLET	1	
galantamine hbr		CAP24H PEL	1	
galantamine hbr		TABLET	1	
galantamine hydrobromide		SOLUTION	1	
memantine	5MG	TABLET	1	
memantine	10MG	TABLET	1	
pyridostigmine bromide		TABLET	1	
rivastigmine		CAPSULE	1	

BEHAVIORAL HEALTH - ANTIDEPRESSANTS

Drug Name		Dosage Form	Tier	Limit
amitriptyline hcl		TABLET	1	
amoxapine		TABLET	1	
bupropion hcl		TABLET	1	
bupropion hcl sr		TABLET ER	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
bupropion xl	TAB ER 24H	1	
citalopram hbr	SOLUTION	1	
citalopram hbr	TABLET	1	
clomipramine hcl	CAPSULE	1	
desipramine hcl	TABLET	1	
doxepin hcl	CAPSULE	1	
doxepin hcl	ORAL CONC	1	
duloxetine hcl	CAPSULE DR	1	
escitalopram oxalate	SOLUTION	1	
escitalopram oxalate	TABLET	1	
fluoxetine hcl	CAPSULE	1	
fluoxetine hcl	SOLUTION	1	
fluoxetine hcl	TABLET	1	
fluvoxamine maleate	TABLET	1	
imipramine hcl	TABLET	1	
maprotiline hcl	TABLET	1	
mirtazapine	TABLET	1	
mirtazapine (disintegrating)	TABLETS	1	
nortriptyline hcl	CAPSULE	1	
nortriptyline hcl	SOLUTION	1	
paroxetine hcl	TABLET	1	
PAXIL	ORAL SUSP	2	
perphenazine-amitriptyline	TABLET	1	
phenelzine sulfate	TABLET	1	
protriptyline hcl	TABLET	1	
sertraline hcl	ORAL CONC	1	
sertraline hcl	TABLET	1	
tranylcypromine sulfate	TABLET	1	
trazodone hcl	TABLET	1	
venlafaxine hcl	TABLET	1	
venlafaxine hcl er	CAP ER 24H	1	

BEHAVIORAL HEALTH - OTHER

Drug Name	Dosage Form	Tier	Limit
ABILIFY	SOLUTION	2	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
acamprosate calcium	TABLET DR	1	
ADDERALL XR	CAP ER 24H	1	QL
alprazolam	TABLET	1	
amphetamine salt combo	TABLET	1	
aripiprazole	10 MG TABLET	1	PA
aripiprazole	15 MG TABLET	1	PA
aripiprazole	2 MG TABLET	1	PA
aripiprazole	20 MG TABLET	1	PA
aripiprazole	30 MG TABLET	1	PA
aripiprazole	5 MG TABLET	1	PA
bupirone hcl	TABLET	1	
chlordiazepoxide hcl	CAPSULE	1	
chlorpromazine hcl	TABLET	1	
clorazepate dipotassium	TABLET	1	
clozapine	TABLET	1	
depade	TABLET	1	
dexmethylphenidate hcl	TABLET	1	
dextroamphetamine sulfate	TABLET	1	
dextroamphetamine sulfate er	CAPSULE ER	1	QL,DS
diazepam	TABLET	1	
diazepam	5MG/5ML SOLUTION	1	
disulfiram	TABLET	1	
Eszopiclone	TABLET	1	
fluphenazine hcl	ELIXIR	1	
fluphenazine hcl	ORAL CONC	1	
fluphenazine hcl	TABLET	1	
flurazepam hcl	CAPSULE	1	
guanfacine	TABLET	1	
haloperidol	TABLET	1	
haloperidol lactate	ORAL CONC	1	
lithium	SOLUTION	1	
lithium carbonate	CAPSULE	1	
lithium carbonate	TABLET	1	
lithium carbonate er	TABLET ER	1	
lorazepam	ORAL CONC	1	
lorazepam	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
lorazepam intensol	ORAL CONC	1	
loxapine	CAPSULE	1	
methylphenidate er	TAB ER 24	1	QL,DS
methylphenidate er	TABLET ER	1	QL,DS
methylphenidate hcl	TABLET	1	
methylphenidate hcl cd	CPBP 30-70	1	QL,DS
modafinil	100 MG TABLET	1	
modafinil	200 MG TABLET	1	PA
naltrexone hcl	TABLET	1	PA
olanzapine	TABLET	1	PA
ORAP	TABLET	2	
oxazepam	CAPSULE	1	
perphenazine	TABLET	1	
phenobarbital	ELIXIR	1	
phenobarbital	TABLET	1	
quetiapine fumarate	TABLET	1	
risperidone	SOLUTION	1	
risperidone	TABLET	1	
SECONAL SODIUM	CAPSULE	2	
STRATTERA	10 MG CAPSULE	2	PA,ST
STRATTERA	100 MG CAPSULE	2	PA,ST
STRATTERA	18 MG CAPSULE	2	PA,ST
STRATTERA	25 MG CAPSULE	2	PA,ST
STRATTERA	40 MG CAPSULE	2	PA,ST
STRATTERA	60 MG CAPSULE	2	PA,ST
STRATTERA	80 MG CAPSULE	2	PA,ST
temazepam	CAPSULE	1	
thiothixene	CAPSULE	1	
triazolam	TABLET	1	
trifluoperazine hcl	TABLET	1	
zaleplon	CAPSULE	1	
zenzedi	TABLET	1	
ziprasidone hcl	CAPSULE	1	
zolpidem	TABLET	1	
zolpidem tartrate	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
zolpidem tartrate er	TAB MPHASE	1	

CARDIOVASCULAR DISEASE - ARRHYTHMIA

Drug Name	Dosage Form	Tier	Limit
amiodarone hcl	TABLET	1	
disopyramide phosphate	CAPSULE	1	
flecainide acetate	TABLET	1	
mexiletine hcl	CAPSULE	1	
NORPACE CR	CAPSULE ER	2	
pacerone	TABLET	1	
propafenone hcl	TABLET	1	
quinidine gluconate	TABLET ER	1	
quinidine sulfate	TABLET	1	
quinidine sulfate	TABLET ER	1	

CARDIOVASCULAR DISEASE - CARDIAC STIMULANT

Drug Name	Dosage Form	Tier	Limit
digitek	TABLET	1	
digox	TABLET	1	
DIGOXIN	SOLUTION	2	
digoxin	TABLET	1	

CARDIOVASCULAR DISEASE - HYPERTENSION

Drug Name	Dosage Form	Tier	Limit
acebutolol hcl	CAPSULE	1	
ALDACTAZIDE	TABLET	2	
amiloride hcl	TABLET	1	
amiloride-hydrochlorothiazide	TABLET	1	
amlodipine besylate	TABLET	1	
amlodipine besylate-benazepril	CAPSULE	1	
atenolol	TABLET	1	
atenolol-chlorthalidone	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
benazepril hcl	TABLET	1	
benazepril-hydrochlorothiazide	TABLET	1	
betaxolol hcl	TABLET	1	
bisoprolol fumarate	TABLET	1	
bisoprolol-hydrochlorothiazide	TABLET	1	
bumetanide	TABLET	1	
captopril	TABLET	1	
captopril-hydrochlorothiazide	TABLET	1	
cartia xt	CAP ER 24H	1	
carvedilol	TABLET	1	
chlorothiazide	TABLET	1	
chlorthalidone	TABLET	1	
clonidine	PATCH TDWK	1	
clonidine hcl	TABLET	1	
DIBENZYLINE	CAPSULE	2	
dilt-xr	CAP ER DEG	1	
diltiazem 12hr er	CAP ER 12H	1	
diltiazem 24hr cd	CAP ER 24H	1	
diltiazem 24hr er	CAP ER 24H	1	
diltiazem er	CAP ER DEG	1	
diltiazem hcl	TABLET	1	
DIURIL	ORAL SUSP	2	
doxazosin mesylate	TABLET	1	
DYRENIUM	CAPSULE	2	
EDECRIN	TABLET	2	
enalapril maleate	TABLET	1	
enalapril-hydrochlorothiazide	TABLET	1	
eplerenone	TABLET	1	
felodipine er	TAB ER 24H	1	
fosinopril sodium	TABLET	1	
fosinopril-hydrochlorothiazide	TABLET	1	
furosemide	SOLUTION	1	
furosemide	TABLET	1	
guanfacine hcl	TABLET	1	
hydralazine hcl	TABLET	1	
hydrochlorothiazide	CAPSULE	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
hydrochlorothiazide	TABLET	1	
indapamide	TABLET	1	
irbesartan	TABLET	1	
irbesartan-hydrochlorothiazide	TABLET	1	
isradipine	CAPSULE	1	
labetalol hcl	TABLET	1	
LETAIRIS	10 MG TABLET	2	PA,DS
LETAIRIS	5 MG TABLET	2	PA,DS
lisinopril	TABLET	1	
lisinopril-hydrochlorothiazide	TABLET	1	
losartan potassium	TABLET	1	
losartan-hydrochlorothiazide	TABLET	1	
methyclothiazide	TABLET	1	
methyldopa	TABLET	1	
metolazone	TABLET	1	
metoprolol succinate	TAB ER 24H	1	
metoprolol tartrate	TABLET	1	
metoprolol-hydrochlorothiazide	TABLET	1	
minoxidil	TABLET	1	
moexipril hcl	TABLET	1	
moexipril-hydrochlorothiazide	TABLET	1	
nadolol	TABLET	1	
nicardipine hcl	CAPSULE	1	
nifedical xl	TAB ER 24	1	
nifedipine	CAPSULE	1	
nifedipine er	TAB ER 24	1	
nimodipine	CAPSULE	1	
OPSUMIT	10 MG TABLET	2	PA,DS
perindopril erbumine	TABLET	1	
pindolol	TABLET	1	
prazosin hcl	CAPSULE	1	
propranolol hcl	SOLUTION	1	
propranolol hcl	TABLET	1	
propranolol hcl er	CAP SA 24H	1	
propranolol-hydrochlorothiazid	TABLET	1	
quinapril hcl	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
quinapril-hydrochlorothiazide	TABLET	1	
ramipril	CAPSULE	1	
sildenafil	20 MG TABLET	1	PA
sorine	TABLET	1	
sotalol	TABLET	1	
sotalol af	TABLET	1	
spironolactone	TABLET	1	
spironolactone-hctz	TABLET	1	
terazosin hcl	CAPSULE	1	
timolol maleate	TABLET	1	
toremide	TABLET	1	
TRACLEER	125 MG TABLET	2	PA,DS
TRACLEER	62.5 MG TABLET	2	PA,DS
trandolapril	TABLET	1	
triamterene-hydrochlorothiazid	TABLET	1	
TYVASO	1.74MG/2.9 AMPUL-NEB	2	PA,DS
VENTAVIS	10 MCG/ML AMPUL-NEB	2	PA,DS
VENTAVIS	20 MCG/ML AMPUL-NEB	2	PA,DS
verapamil er	CAP24H PEL	1	
verapamil er	TABLET ER	1	
verapamil hcl	CAP24H PEL	1	
verapamil hcl	TABLET	1	
verapamil sr	CAP24H PEL	1	

CARDIOVASCULAR DISEASE - LIPID IRREGULARITY

Drug Name	Dosage Form	Tier	Limit
atorvastatin calcium	TABLET	1	
cholestyramine	POWD PACK	1	
cholestyramine	POWDER	1	
cholestyramine light	POWDER	1	
colestipol hcl	GRANULES	1	
colestipol hcl	PACKET	1	
colestipol hcl	TABLET	1	
fenofibrate	CAPSULE	1	
fenofibrate	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
fenofibric acid	TABLET	1	
gemfibrozil	TABLET	1	
lovastatin	TABLET	1	
niacin er	TAB ER 24H	1	
pravastatin sodium	TABLET	1	
prevalite	POWDER	1	
simvastatin	TABLET	1	

CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS

Drug Name	Dosage Form	Tier	Limit
midodrine hcl	TABLET	1	

CARDIOVASCULAR DISEASE - VASODILATION

Drug Name	Dosage Form	Tier	Limit
ISORDIL	TABLET	2	
isosorbide dinitrate	TABLET	1	
isosorbide mononitrate	TABLET	1	
isosorbide mononitrate er	TAB ER 24H	1	
minitran	PATCH TD24	1	
NITRO-BID	OINT. (G)	2	
NITRO-DUR	PATCH TD24	2	
nitro-time	CAPSULE ER	1	
nitroglycerin	CAPSULE ER	1	
nitroglycerin patch	PATCH TD24	1	
NITROSTAT	TAB SUBL	2	

CONTRACEPTION/OXYTOCICS

Drug Name	Dosage Form	Tier	Limit
altavera	TABLET	1	
alyacen	TABLET	1	
apri	TABLET	1	
aranelle	TABLET	1	
aubra	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
aviane	TABLET	1	
balziva	TABLET	1	
brevicon	TABLET	1	
briellyn	TABLET	1	
camila	TABLET	1	
caziant	TABLET	1	
CERVIDIL	INSERT ER	2	
chateal	TABLET	1	
cryselle	TABLET	1	
cyclafem	TABLET	1	
dasetta	TABLET	1	
deblitane	TABLET	1	
delyla	TABLET	1	
desogestrel-ethinyl estradiol	TABLET	1	
drospirenone-ethinyl estradiol	TABLET	1	
elinest	TABLET	1	
ELLA	TABLET	2	
emoquette	TABLET	1	
enpresse	TABLET	1	
enskyce	TABLET	1	
errin	TABLET	1	
estarylla	TABLET	1	
falmina	TABLET	1	
gildagia	TABLET	1	
gildess	TABLET	1	
gildess fe	TABLET	1	
heather	TABLET	1	
jencycla	TABLET	1	
jolivette	TABLET	1	
junel	TABLET	1	
junel fe	TABLET	1	
kelnor 1-35	TABLET	1	
kurvelo	TABLET	1	
larin	TABLET	1	
larin fe	TABLET	1	
leena	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
lessina	TABLET	1	
levonest	TABLET	1	
levonorgestrel	TABLET	1	
levonorgestrel-eth estradiol	TABLET	1	
levora-28	TABLET	1	
low-ogestrel	TABLET	1	
lutera	TABLET	1	
lyza	TABLET	1	
marlissa	TABLET	1	
methylegonovine maleate	TABLET	1	
microgestin	TABLET	1	
microgestin fe	TABLET	1	
mono-linyah	TABLET	1	
mononessa	TABLET	1	
myzilra	TABLET	1	
necon	TABLET	1	
nora-be	TABLET	1	
norethin-eth estra ferrous fum	TABLET	1	
norethindron-ethinyl estradiol	TABLET	1	
norethindrone	TABLET	1	
norgestimate-ethinyl estradiol	TABLET	1	
norlyroc	TABLET	1	
nortrel	TABLET	1	
NUVARING	.12-.015MG VAG RING	2	
ocella	TABLET	1	
ogestrel	TABLET	1	
orsythia	TABLET	1	
ORTHO EVRA	150-35/24H PATCH TDWK	2	
philith	TABLET	1	
pirmella	TABLET	1	
PLAN B ONE-STEP	TABLET	2	
portia	TABLET	1	
PREPIDIL	GEL/PF APP	2	
previfem	TABLET	1	
PROSTIN E2 VAGINAL SUPPOSITORY	SUPP.VAG	2	
reclipsen	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
sharobel	TABLET	1	
sprintec	TABLET	1	
sronyx	TABLET	1	
syeda	TABLET	1	
tarina fe	TABLET	1	
tri-estarylla	TABLET	1	
tri-linyah	TABLET	1	
TRI-NORINYL	TABLET	1	
tri-previfem	TABLET	1	
tri-sprintec	TABLET	1	
trinessa	TABLET	1	
trivora-28	TABLET	1	
velivet	TABLET	1	
vyfemla	TABLET	1	
wera	TABLET	1	
xulane	150-35/24H PATCH TDWK	1	
zarah	TABLET	1	
zenchent	TABLET	1	
zovia 1-35e	TABLET	1	
zovia 1-50e	TABLET	1	

COUGH AND COLD

Drug Name	Dosage Form	Tier	Limit
benzonatate	CAPSULE	1	
hydrocodone bt-homatropine mbr	TABLET	1	
hydrocodone-homatropine mbr	SYRUP	1	
hydromet	SYRUP	1	
promethazine vc	SYRUP	1	
promethazine vc-codeine	SYRUP	1	
promethazine-codeine	SYRUP	1	
promethazine-dm	SYRUP	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

DERMATOLOGY - ACNE

Drug Name	Dosage Form	Tier	Limit
adapalene	CREAM (G)	1	
adapalene	GEL (GRAM)	1	
adapalene	GEL W/PUMP	1	
amnesteem	CAPSULE	1	
avita	CREAM (G)	1	
avita	GEL (GRAM)	1	
AZELEX	CREAM (G)	2	
claravis	CAPSULE	1	
clindamycin-benzoyl peroxide	GEL (GRAM)	1	
FINACEA	GEL (GRAM)	2	
metronidazole	CREAM (G)	1	
metronidazole	GEL (GRAM)	1	
myorisan	CAPSULE	1	
RETIN-A	CREAM (G)	1	
RETIN-A	GEL (GRAM)	1	
RETIN-A MICRO	GEL (GRAM)	1	
RETIN-A MICRO PUMP	GEL W/PUMP	1	
rosadan	CREAM (G)	1	
sodium sulfacetamide	SUSPENSION	1	
sulfacetamide sodium	SUSPENSION	1	
tretinoin	CREAM (G)	1	
tretinoin	GEL (GRAM)	1	
tretinoin microsphere	GEL (GRAM)	1	
tretinoin microsphere	GEL W/PUMP	1	
zenatane	CAPSULE	1	

DERMATOLOGY - ANTIINFECTIVE

Drug Name	Dosage Form	Tier	Limit
ALINIA	SUSP RECON	2	
ALINIA	TABLET	2	
ciclopirox	SOLUTION	1	
ciclopirox	CREAM	1	
ciclopirox	SUSP	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
clindamycin phosphate	GEL (GRAM)	1	
clindamycin phosphate	LOTION	1	
clindamycin phosphate	MED. SWAB	1	
clindamycin phosphate	SOLUTION	1	
clotrimazole-betamethasone	CREAM (G)	1	
clotrimazole-betamethasone	LOTION	1	
econazole nitrate	CREAM (G)	1	
erythromycin	GEL (GRAM)	1	
erythromycin	SOLUTION	1	
erythromycin-benzoyl peroxide	GEL (GRAM)	1	
EURAX	CREAM (G)	2	
EURAX	LOTION	2	
gentamicin sulfate	CREAM (G)	1	
gentamicin sulfate	OINT. (G)	1	
ketoconazole	CREAM (G)	1	
ketoconazole	SHAMPOO	1	
mupirocin	CREAM (G)	1	
mupirocin	OINT. (G)	1	
nyamyc	POWDER	1	
nystatin	CREAM (G)	1	
nystatin	OINT. (G)	1	
nystatin	POWDER	1	
nystatin-triamcinolone	CREAM (G)	1	
nystatin-triamcinolone	OINT. (G)	1	
nystop	POWDER	1	
permethrin	CREAM (G)	1	
silver sulfadiazine	CREAM (G)	1	
sodium sulfacetamide-sulfur	CLEANSER	1	
sodium sulfacetamide-sulfur	LOTION	1	
ssd	CREAM (G)	1	
ULESFIA	5% LOTION	2	

DERMATOLOGY - ANTIINFLAMMATORY

Drug Name	Dosage Form	Tier	Limit
betamethasone dipropionate	CREAM (G)	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
betamethasone dipropionate	GEL (GRAM)	1	
betamethasone dipropionate	LOTION	1	
betamethasone dipropionate	OINT. (G)	1	
betamethasone valerate	CREAM (G)	1	
betamethasone valerate	LOTION	1	
betamethasone valerate	OINT. (G)	1	
CAPEX SHAMPOO	SHAMPOO	2	
clobetasol emollient	CREAM (G)	1	
clobetasol propionate	CREAM (G)	1	
clobetasol propionate	GEL (GRAM)	1	
clobetasol propionate	OINT. (G)	1	
clobetasol propionate	SOLUTION	1	
CORDRAN	MED. TAPE	2	
cormax	SOLUTION	1	
CORTISPORIN	OINT. (G)	2	
desonide	CREAM (G)	1	
desonide	LOTION	1	
desonide	OINT. (G)	1	
desoximetasone	CREAM (G)	1	
desoximetasone	GEL (GRAM)	1	
desoximetasone	OINT. (G)	1	
fluocinolone acetonide	CREAM (G)	1	
fluocinolone acetonide	OIL	1	
fluocinolone acetonide	OINT. (G)	1	
fluocinolone acetonide	SOLUTION	1	
fluocinonide	CREAM (G)	1	
fluocinonide	GEL (GRAM)	1	
fluocinonide	OINT. (G)	1	
fluocinonide	SOLUTION	1	
fluocinonide-e	CREAM (G)	1	
halobetasol propionate	CREAM (G)	1	
halobetasol propionate	OINT. (G)	1	
hydrocortisone	CREAM (G)	1	
hydrocortisone	LOTION	1	
hydrocortisone	OINT. (G)	1	
hydrocortisone butyrate	CREAM (G)	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
hydrocortisone butyrate	OINT. (G)	1	
hydrocortisone butyrate	SOLUTION	1	
hydrocortisone valerate	CREAM (G)	1	
hydrocortisone valerate	OINT. (G)	1	
mometasone furoate	CREAM (G)	1	
mometasone furoate	OINT. (G)	1	
mometasone furoate	SOLUTION	1	
triamcinolone acetonide	CREAM (G)	1	
triamcinolone acetonide	LOTION	1	
triamcinolone acetonide	OINT. (G)	1	
triderm	CREAM (G)	1	

DERMATOLOGY - MISCELLANEOUS

Drug Name	Dosage Form	Tier	Limit
CARAC	0.50% CREAM (G)	2	DS
CONDYLOX	GEL (GRAM)	2	
FLUOROPLEX	1% CREAM (G)	2	DS
fluorouracil	0.50% CREAM (G)	1	DS
fluorouracil	5% CREAM (G)	1	DS
fluorouracil	2% SOLUTION	1	DS
fluorouracil	5% SOLUTION	1	DS
hydrocortisone-pramoxine hcl	CREAM (G)	1	
lidocaine	5%(700MG) ADH. PATCH	1	
lidocaine-prilocaine	CREAM (G)	1	
lidocaine-prilocaine	KIT	1	
PICATO	0.02% GEL (EA)	2	QL
PICATO	0.05% GEL (EA)	2	QL
podofilox	SOLUTION	1	
PRAMOSONE	LOTION	2	
PRAMOSONE	OINT. (G)	2	
SANTYL	OINT. (G)	2	
selenium sulfide	SUSPENSION	1	
sodium sulfacetamide	SHAMPOO	1	
urea	CREAM (G)	1	
x-viate	CREAM (G)	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

DERMATOLOGY - PSORIASIS/ECZEMA

Drug Name	Dosage Form	Tier	Limit
acitretin	CAPSULE	1	
calcipotriene	CREAM (G)	1	
calcipotriene	OINT. (G)	1	
calcipotriene	SOLUTION	1	
calcitrene	OINT. (G)	1	
calcitriol	OINT. (G)	1	
COSENTYX	SYRINGE	2	QL,PA ,DS
DRITHOCREME HP	CREAM (G)	2	
ELIDEL	CREAM (G)	2	
methoxsalen	10 MG CAPSULE	1	DS
STELARA	SYRINGE	2	QL,PA ,DS
tacrolimus	OINT. (G)	1	
TAZORAC	CREAM (G)	2	
TAZORAC	GEL (GRAM)	2	

DIABETES

Drug Name	Dosage Form	Tier	Limit
acarbose	TABLET	1	
DIABETA	TABLET	2	
glimepiride	TABLET	1	
glipizide	TABLET	1	
glipizide er	TAB ER 24	1	
glipizide xl	TAB ER 24	1	
glyburide	TABLET	1	
HUMALOG	100/ML CARTRIDGE	2	
HUMALOG	100/ML INSULN PEN	2	
HUMALOG	VIAL	2	PA
HUMULIN 70-30	VIAL	1	
HUMULIN 70/30 KWIKPEN	70-30/ML INSULN PEN	1	
HUMULIN N	VIAL	1	PA
HUMULIN N KWIKPEN	100/ML (3) INSULN PEN	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
HUMULIN R	100/ML VIAL	1	PA
HUMULIN R	500/ML VIAL	2	
LANTUS	100/ML VIAL	2	PA
LANTUS SOLOSTAR	100/ML (3) INSULN PEN	2	PA
LEVEMIR	100/ML VIAL	2	PA
LEVEMIR FLEXTOUCH	100/ML (3) INSULN PEN	2	PA
metformin hcl	TABLET	1	PA
metformin hcl er	TAB ER 24H	1	
PROGLYCEM	ORAL SUSP	2	
RIOMET	SOLUTION	2	
tolazamide	TABLET	1	
tolbutamide	TABLET	1	

EAR - GENERAL DISORDERS

Drug Name	Dosage Form	Tier	Limit
acetic acid	SOLUTION	1	
antipyrine-benzocaine	DROPS	1	
auroguard	DROPS	1	
CIPRO HC	DROPS SUSP	2	
CIPRODEX	DROPS SUSP	2	
neomycin-polymyxin-hc	DROPS SUSP	1	
neomycin-polymyxin-hydrocort	SOLUTION	1	
ofloxacin	DROPS	1	

ELECTROLYTE REGULATION

Drug Name	Dosage Form	Tier	Limit
calcium acetate	CAPSULE	1	
calcium acetate	TABLET	1	
K-SOL	LIQUID	2	
K-TAB ER	10 MEQ TABLET ER	1	
K-TAB ER	20 MEQ TABLET ER	2	
kionex	ORAL SUSP	1	
kionex	POWDER	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
KLOR-CON	PACKET	2	
KLOR-CON 8	TABLET ER	2	
klor-con m10	TAB ER PRT	1	
klor-con m15	TAB ER PRT	1	
klor-con m20	TAB ER PRT	1	
marlexate	POWDER	1	
potassium chloride	CAPSULE ER	1	
potassium chloride	LIQUID	1	
potassium chloride	PACKET	1	
potassium chloride	TAB ER PRT	1	
potassium chloride	TABLET ER	1	
RENAGEL	TABLET	2	
REVELA	POWD PACK	2	
REVELA	TABLET	2	
sodium polystyrene sulfonate	ORAL SUSP	1	
sodium polystyrene sulfonate	POWDER	1	
sps	ORAL SUSP	1	

ENDOCRINE DISORDER - OTHER

Drug Name	Dosage Form	Tier	Limit
ACTONEL	150 MG TABLET	2	ST
ACTONEL	30 MG TABLET	2	ST
ACTONEL	35 MG TABLET	2	ST
ACTONEL	5 MG TABLET	2	ST
alendronate sodium	SOLUTION	1	
alendronate sodium	TABLET	1	
cabergoline	TABLET	1	
danazol	CAPSULE	1	
desmopressin acetate	SOLUTION	1	
desmopressin acetate	SPRAY/PUMP	1	
desmopressin acetate	TABLET	1	
etidronate disodium	TABLET	1	
FORTICAL	200/SPRAY SPRAY/PUMP	1	PA
H.P. ACTHAR	80 UNIT/ML VIAL	2	PA,DS
leuprolide acetate	KIT	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
LUPRON DEPOT	SYRINGEKIT	2	
OMNITROPE	10MG/1.5ML CARTRIDGE	2	PA,DS
OMNITROPE	5 MG/1.5ML CARTRIDGE	2	PA,DS
OMNITROPE	5.8 MG VIAL	2	PA,DS
raloxifene hcl	60 MG TABLET	1	PA
risedronate sodium	150 MG TABLET	1	ST
STIMATE	SPRAY/PUMP	2	

ENDOCRINE DISORDER - THYROID

Drug Name	Dosage Form	Tier	Limit
levothyroxine sodium	TABLET	1	
liothyronine sodium	TABLET	1	
methimazole	TABLET	1	
propylthiouracil	TABLET	1	
sski	SOLUTION	1	

EYE - GENERAL DISORDERS

Drug Name	Dosage Form	Tier	Limit
ak-poly-bac	OINT. (G)	1	
ALOMIDE	DROPS	2	
azelastine hcl	DROPS	1	
bacitracin	OINT. (G)	1	
bacitracin-polymyxin	OINT. (G)	1	
BLEPHAMIDE	DROPS SUSP	2	
BLEPHAMIDE S.O.P.	OINT. (G)	2	
CILOXAN	OINT. (G)	2	
ciprofloxacin hcl	DROPS	1	
cromolyn sodium	DROPS	1	
dexamethasone sodium phosphate	DROPS	1	
diclofenac sodium	DROPS	1	
DUREZOL	DROPS	2	
erythromycin	OINT. (G)	1	
fluorometholone	DROPS SUSP	1	
flurbiprofen sodium	DROPS	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
FML S.O.P.	OINT. (G)	2	
gatifloxacin	DROPS	1	
gentak	OINT. (G)	1	
gentamicin sulfate	DROPS	1	
gentamicin sulfate	OINT. (G)	1	
ketorolac tromethamine	DROPS	1	
MOXEZA	DROPS VISC	2	
neo-polycin hc	OINT. (G)	1	
neomycin-bacitracin-poly-hc	OINT. (G)	1	
neomycin-polymyxin-dexameth	DROPS SUSP	1	
neomycin-polymyxin-dexameth	OINT. (G)	1	
neomycin-polymyxin-gramicidin	DROPS	1	
ofloxacin	DROPS	1	
PATANOL	DROPS	2	
phenylephrine hcl	DROPS	1	
polycin	OINT. (G)	1	
polymyxin b sul-trimethoprim	DROPS	1	
PRED MILD	DROPS SUSP	2	
PRED-G	DROPS SUSP	2	
PRED-G	OINT. (G)	2	
prednisolone acetate	DROPS SUSP	1	
RESTASIS	0.05% DROPERETTE	2	PA
sulfacetamide sodium	DROPS	1	
sulfacetamide sodium	OINT. (G)	1	
sulfacetamide-prednisolone	DROPS	1	
TOBRADEX	OINT. (G)	2	
tobramycin	DROPS	1	
tobramycin-dexamethasone	DROPS SUSP	1	
TOBREX	OINT. (G)	2	
trifluridine	DROPS	1	
VEXOL	DROPS SUSP	2	
VIGAMOX	DROPS	2	
ZYMAXID	DROPS	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

EYE - GLAUCOMA

Drug Name	Dosage Form	Tier	Limit
acetazolamide	CAPSULE ER	1	
acetazolamide	TABLET	1	
atropine sulfate	DROPS	1	
atropine sulfate	OINT. (G)	1	
AZOPT	DROPS SUSP	2	
betaxolol hcl	DROPS	1	
BETOPTIC S	DROPS SUSP	2	
brimonidine tartrate	DROPS	1	
carteolol hcl	DROPS	1	
CYCLOGYL	DROPS	2	
cyclopentolate hcl	DROPS	1	
dorzolamide hcl	DROPS	1	
dorzolamide-timolol	DROPS	1	
homatropaire	DROPS	1	
homatropine hydrobromide	DROPS	1	
latanoprost	DROPS	1	
levobunolol hcl	DROPS	1	
LUMIGAN	DROPS	2	
methazolamide	TABLET	1	
metipranolol	DROPS	1	
pilocarpine hcl	DROPS	1	
timolol maleate	DROPS	1	
timolol maleate	SOL-GEL	1	
TRAVATAN Z	DROPS	2	
travoprost	DROPS	1	
tropicamide	DROPS	1	

EYE - MISCELLANEOUS

Drug Name	Dosage Form	Tier	Limit
LACRISERT	INSERT	2	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

GOUT AND RELATED DISEASES

Drug Name	Dosage Form	Tier	Limit
allopurinol	TABLET	1	
colchicine	CAPSULE	1	
colchicine	TABLET	1	
COLCRYS	TABLET	2	
probenecid	TABLET	1	
probenecid-colchicine	TABLET	1	

HEMATOLOGICAL DISORDERS

Drug Name	Dosage Form	Tier	Limit
aminocaproic acid	SOLUTION	1	
aminocaproic acid	TABLET	1	
anagrelide hcl	CAPSULE	1	
Aspirin/dipyridamole	CAPSULE	1	
AVITENE	POWD PACK	2	
AVITENE	POWDER	2	
AVITENE	SHEET	2	
BRILINTA	90 MG TABLET	2	PA
cilostazol	TABLET	1	
clopidogrel	TABLET	1	
clopidogrel	300 MG TABLET	1	PA
dipyridamole	TABLET	1	
DROXIA	CAPSULE	2	
EFFIENT	10 MG TABLET	2	PA
EFFIENT	5 MG TABLET	2	PA
ENDO-AVITENE	SHEET	2	
enoxaparin sodium	100 MG/ML SYRINGE	1	DS
enoxaparin sodium	120MG/.8ML SYRINGE	1	DS
enoxaparin sodium	150 MG/ML SYRINGE	1	DS
enoxaparin sodium	30MG/0.3ML SYRINGE	1	DS
enoxaparin sodium	40MG/0.4ML SYRINGE	1	DS
enoxaparin sodium	60MG/0.6ML SYRINGE	1	DS
enoxaparin sodium	80MG/0.8ML SYRINGE	1	DS
enoxaparin sodium	300MG/3ML VIAL	1	DS

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
EPOGEN	10000/ML VIAL	2	PA,DS
EPOGEN	2000/ML VIAL	2	PA,DS
EPOGEN	20000/2ML VIAL	2	PA,DS
EPOGEN	20000/ML VIAL	2	PA,DS
EPOGEN	3000/ML VIAL	2	PA,DS
EPOGEN	4000/ML VIAL	2	PA,DS
fondaparinux sodium	10MG/0.8ML SYRINGE	1	PA,DS
fondaparinux sodium	2.5 MG/0.5 SYRINGE	1	PA,DS
fondaparinux sodium	5MG/0.4ML SYRINGE	1	PA,DS
fondaparinux sodium	7.5MG/0.6 SYRINGE	1	PA,DS
jantoven	TABLET	1	
LOVENOX	100 MG/ML SYRINGE	1	DS
LOVENOX	120MG/.8ML SYRINGE	1	DS
LOVENOX	150 MG/ML SYRINGE	1	DS
LOVENOX	30MG/0.3ML SYRINGE	1	DS
LOVENOX	40MG/0.4ML SYRINGE	1	DS
LOVENOX	60MG/0.6ML SYRINGE	1	DS
LOVENOX	80MG/0.8ML SYRINGE	1	DS
LOVENOX	300MG/3ML VIAL	1	DS
MEPHYTON	TABLET	2	
NEUPOGEN	300MCG/0.5 SYRINGE	2	DS
NEUPOGEN	480MCG/0.8 SYRINGE	2	DS
NEUPOGEN	300 MCG/ML VIAL	2	DS
NEUPOGEN	480MCG/1.6 VIAL	2	DS
pentoxifylline	TABLET ER	1	
PROCRIT	10000/ML VIAL	2	PA,DS
PROCRIT	2000/ML VIAL	2	PA,DS
PROCRIT	20000/2ML VIAL	2	PA,DS
PROCRIT	20000/ML VIAL	2	PA,DS
PROCRIT	3000/ML VIAL	2	PA,DS
PROCRIT	4000/ML VIAL	2	PA,DS
PROCRIT	40000/ML VIAL	2	PA,DS
SYRINGE AVITENE	POWDER	2	
thrombin-jmi	SPRAY	1	
thrombin-jmi	SPRAY SYRN	1	
thrombin-jmi	VIAL	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
ticlopidine hcl	TABLET	1	
tranexamic acid	650 MG TABLET	1	QL
warfarin sodium	TABLET	1	

HORMONAL DEFICIENCY

Drug Name	Dosage Form	Tier	Limit
CLIMARA	PATCH TDWK	1	
covaryx	TABLET	1	
covaryx h.s.	TABLET	1	
DEPO-TESTOSTERONE	VIAL	1	
eemt	TABLET	1	
eemt h.s.	TABLET	1	
estradiol	PATCH TDWK	1	
estradiol	TABLET	1	
estrogen & methyltestosterone	TABLET	1	
estrogen-methyltestosterone	TABLET	1	
estropipate	TABLET	1	
medroxyprogesterone acetate	TABLET	1	
MENOSTAR	PATCH TDWK	2	
norethindrone acetate	TABLET	1	
PREMARIN	TABLET	2	
progesterone	CAPSULE	1	
testosterone cypionate	VIAL	1	PA,QL
testosterone enanthate	VIAL	1	PA,QL

IMMUNIZATION

Drug Name	Dosage Form	Tier	Limit
HIZENTRA	1 G/5 ML VIAL	2	PA,DS
HIZENTRA	10 G/50 ML VIAL	2	PA,DS
HIZENTRA	2 G/10 ML VIAL	2	PA,DS
HIZENTRA	4 G/20 ML VIAL	2	PA,DS

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

IMMUNOSUPPRESSION/MODULATION

Drug Name		Dosage Form	Tier	Limit
azathioprine		TABLET	1	
CELLCEPT		SUSP RECON	2	
cyclosporine		CAPSULE	1	
cyclosporine		SOLUTION	1	
cyclosporine modified		CAPSULE	1	
gengraf		CAPSULE	1	
gengraf		SOLUTION	1	
imiquimod		CREAM PACK	1	
INTRON A	10MM UNIT	VIAL	2	DS
INTRON A	10MM/ML	VIAL	2	DS
INTRON A	18MM UNIT	VIAL	2	DS
INTRON A	50MM UNIT	VIAL	2	DS
INTRON A	6MMUNIT/ML	VIAL	2	DS
mycophenolate mofetil		CAPSULE	1	
mycophenolate mofetil		SUSP RECON	1	
mycophenolate mofetil		TABLET	1	
mycophenolic acid		TABLET DR	1	
MYFORTIC		TABLET DR	2	
RAPAMUNE		SOLUTION	2	
sirolimus		TABLET	1	
tacrolimus		CAPSULE	1	

INFECTIOUS DISEASE - BACTERIAL

Drug Name		Dosage Form	Tier	Limit
amox tr-potassium clavulanate		SUSP RECON	1	
amox tr-potassium clavulanate		TAB CHEW	1	
amox tr-potassium clavulanate		TABLET	1	
amoxicillin		CAPSULE	1	
amoxicillin		SUSP RECON	1	
amoxicillin		TAB CHEW	1	
amoxicillin		TABLET	1	
ampicillin trihydrate		CAPSULE	1	
azithromycin		PACKET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
azithromycin	SUSP RECON	1	
azithromycin	TABLET	1	
cefadroxil	CAPSULE	1	
cefdinir	CAPSULE	1	
cefdinir	SUSP RECON	1	
cefprozil	SUSP RECON	1	
CEFTIN	SUSP RECON	2	
cefixime	CAPSULE	1	
cefixime	SUSP RECON	1	
cefuroxime	TABLET	1	
cephalexin	CAPSULE	1	
cephalexin	SUSP RECON	1	
CIPRO	SUS MC REC	2	
ciprofloxacin	SUS MC REC	1	
ciprofloxacin hcl	TABLET	1	
clarithromycin	TABLET	1	
dicloxacillin sodium	CAPSULE	1	
doxycycline hyclate	CAPSULE	1	
doxycycline hyclate	TABLET	1	
doxycycline monohydrate	CAPSULE	1	
doxycycline monohydrate	TABLET	1	
e.e.s. 200	SUSP RECON	1	
e.e.s. 400	TABLET	1	
ERY-TAB	TABLET DR	2	
ery-tab	TABLET DR	1	
ERYPED 200	SUSP RECON	2	
ERYPED 400	SUSP RECON	2	
erythromycin	TABLET	1	
erythromycin ethylsuccinate	TABLET	1	
levofloxacin	SOLUTION	1	
levofloxacin	TABLET	1	
MACRODANTIN	CAPSULE	2	
methenamine hippurate	TABLET	1	
minocycline hcl	CAPSULE	1	
moxifloxacin hcl	TABLET	1	
nitrofurantoin	CAPSULE	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
nitrofurantoin	ORAL SUSP	1	
nitrofurantoin mono-macro	CAPSULE	1	
penicillin v potassium	SOLN RECON	1	
penicillin v potassium	TABLET	1	
PHOSPHASAL	TABLET	2	
PRIMSOL	SOLUTION	2	
SIVEXTRO	200 MG TABLET	2	PA,DS
sulfamethoxazole-trimethoprim	ORAL SUSP	1	
sulfamethoxazole-trimethoprim	TABLET	1	
sulfatrim	ORAL SUSP	1	
SUPRAX	CAPSULE	2	
trimethoprim	TABLET	1	
ur n-c	TABLET	1	
URETRON D-S	TABLET	2	
URIN D.S.	TABLET	2	
ZYVOX	100 MG/5ML SUSP RECON	2	

INFECTIOUS DISEASE - FUNGAL

Drug Name	Dosage Form	Tier	Limit
fluconazole	SUSP RECON	1	
fluconazole	TABLET	1	
flucytosine	CAPSULE	1	
griseofulvin	ORAL SUSP	1	
griseofulvin	TABLET	1	
griseofulvin ultramicrosize	TABLET	1	
itraconazole	100 MG CAPSULE	1	PA
ketoconazole	TABLET	1	
nystatin	ORAL SUSP	1	
nystatin	TABLET	1	
SPORANOX	10 MG/ML SOLUTION	2	PA
terbinafine hcl	TABLET	1	
voriconazole	SUSP RECON	1	
voriconazole	200 MG TABLET	1	PA
voriconazole	50 MG TABLET	1	PA

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

INFECTIOUS DISEASE - MISCELLANEOUS

Drug Name		Dosage Form	Tier	Limit
clindamycin hcl		CAPSULE	1	
clindamycin palmitate hcl		SOLN RECON	1	
clindamycin pediatric		SOLN RECON	1	
dapsone		TABLET	1	
ethambutol hcl		TABLET	1	
isoniazid		SOLUTION	1	
isoniazid		TABLET	1	
neomycin sulfate		TABLET	1	
PRIFTIN	150 MG	TABLET	2	PA
pyrazinamide		TABLET	1	
rifabutin		CAPSULE	1	
rifampin		CAPSULE	1	
THALOMID	100 MG	CAPSULE	2	PA,DS
THALOMID	150 MG	CAPSULE	2	PA,DS
THALOMID	200 MG	CAPSULE	2	PA,DS
THALOMID	50 MG	CAPSULE	2	PA,DS
tobramycin	300 MG/5ML	AMPUL-NEB	1	PA,DS
vancomycin hcl		CAPSULE	1	

INFECTIOUS DISEASE - PARASITIC

Drug Name		Dosage Form	Tier	Limit
ALBENZA		TABLET	2	
atovaquone		ORAL SUSP	1	
BILTRICIDE		TABLET	2	
hydroxychloroquine sulfate		TABLET	1	
metronidazole		TABLET	1	
NEBUPENT		VIAL-NEB	2	

INFECTIOUS DISEASE - VIRAL

Drug Name		Dosage Form	Tier	Limit
abacavir		TABLET	1	
abacavir-lamivudine-zidovudine	150-300MG	TABLET	1	DS
acyclovir		CAPSULE	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
acyclovir	ORAL SUSP	1	
acyclovir	TABLET	1	
adefovir dipivoxil	10 MG TABLET	1	DS
APTIVUS	250 MG CAPSULE	2	DS
ATRIPLA	600-200MG TABLET	2	DS
COMPLERA	200-25-300 TABLET	2	DS
CRIXIVAN	CAPSULE	2	
didanosine	CAPSULE DR	1	
EDURANT	25 MG TABLET	2	ST
EMTRIVA	CAPSULE	2	
EMTRIVA	SOLUTION	2	
entecavir	0.5 MG TABLET	1	DS
entecavir	1 MG TABLET	1	DS
EPZICOM	600-300MG TABLET	2	DS
HARVONI	90MG-400MG TABLET	2	PA,DS
INTELENCE	TABLET	2	
INVIRASE	CAPSULE	2	
INVIRASE	TABLET	2	
ISENTRESS	TAB CHEW	2	
ISENTRESS	TABLET	2	
KALETRA	SOLUTION	2	
KALETRA	TABLET	2	
lamivudine	SOLUTION	1	
lamivudine	TABLET	1	
lamivudine hbv	TABLET	1	
lamivudine-zidovudine	TABLET	1	
LEXIVA	50 MG/ML ORAL SUSP	2	DS
LEXIVA	700 MG TABLET	2	DS
nevirapine	ORAL SUSP	1	
nevirapine	TABLET	1	
nevirapine er	TAB ER 24H	1	
NORVIR	CAPSULE	2	
NORVIR	SOLUTION	2	
NORVIR	TABLET	2	
PEGASYS	180MCG/0.5 SYRINGE	2	DS
PEGASYS	180MCG/ML VIAL	2	DS

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
PEGASYS PROCLICK	135MCG/0.5 PEN INJCTR	2	DS
PEGASYS PROCLICK	180MCG/0.5 PEN INJCTR	2	DS
PEGINTRON	120MCG/0.5 KIT	2	DS
PEGINTRON	150MCG/0.5 KIT	2	DS
PEGINTRON	50 MCG/0.5 KIT	2	DS
PEGINTRON	80MCG/0.5 KIT	2	DS
PEGINTRON REDIPEN	120MCG/0.5 PEN IJ KIT	2	DS
PEGINTRON REDIPEN	150MCG/0.5 PEN IJ KIT	2	DS
PEGINTRON REDIPEN	50 MCG/0.5 PEN IJ KIT	2	DS
PEGINTRON REDIPEN	80MCG/0.5 PEN IJ KIT	2	DS
PREZCOBIX	800-150 MG TABLET	2	PA,DS
PREZISTA	100 MG/ML ORAL SUSP	2	DS
PREZISTA	150 MG TABLET	2	DS
PREZISTA	400 MG TABLET	2	DS
PREZISTA	600 MG TABLET	2	DS
PREZISTA	75 MG TABLET	2	DS
PREZISTA	800 MG TABLET	2	DS
REBETOL	40 MG/ML SOLUTION	2	DS
RELENZA	BLST W/DEV	2	
RESCRIPTOR	TAB DISPER	2	
RESCRIPTOR	TABLET	2	
REYATAZ	150 MG CAPSULE	2	DS
REYATAZ	200 MG CAPSULE	2	DS
REYATAZ	300 MG CAPSULE	2	DS
REYATAZ	50 MG POWD PACK	2	DS
ribasphere	200 MG CAPSULE	1	DS
ribasphere	200 MG TABLET	1	DS
ribavirin	200 MG CAPSULE	1	DS
ribavirin	200 MG TABLET	1	DS
rimantadine hcl	TABLET	1	
SELZENTRY	150 MG TABLET	2	DS
SELZENTRY	300 MG TABLET	2	DS
SOVALDI	400 MG TABLET	2	PA,DS
stavudine	CAPSULE	1	
stavudine	SOLN RECON	1	
STRIBILD	150-200 MG TABLET	2	ST,DS

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
SUSTIVA	CAPSULE	2	
SUSTIVA	TABLET	2	
TAMIFLU	CAPSULE	2	
TAMIFLU	SUSP RECON	2	
TIVICAY	50 MG TABLET	2	DS
TRUVADA	200-300 MG TABLET	2	DS
TYBOST	150 MG TABLET	2	PA
valacyclovir	TABLET	1	
VALCYTE	50 MG/ML SOLN RECON	2	DS
valganciclovir hcl	450 MG TABLET	1	DS
VIDEX	SOLN RECON	2	
VIRACEPT	TABLET	2	
VIREAD	40MG/SCOOP POWDER	2	DS
VIREAD	150 MG TABLET	2	DS
VIREAD	200 MG TABLET	2	DS
VIREAD	250 MG TABLET	2	DS
VIREAD	300 MG TABLET	2	DS
ZIAGEN	SOLUTION	2	
zidovudine	CAPSULE	1	
zidovudine	SYRUP	1	
zidovudine	TABLET	1	

INFLAMMATORY DISEASE

Drug Name	Dosage Form	Tier	Limit
BERINERT	500(10 ML) KIT	2	QL,PA ,DS
BERINERT	500(10 ML) VIAL	2	QL,PA ,DS
cortisone acetate	TABLET	1	
CUPRIMINE	250 MG CAPSULE	2	DS
DEPEN	250 MG TABLET	2	DS
dexamethasone	ELIXIR	1	
dexamethasone	SOLUTION	1	
dexamethasone	TABLET	1	
DEXAMETHASONE INTENSOL	DROPS	2	
diclofenac ER	100mg	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
diclofenac potassium	TABLET	1	
diclofenac sodium	TABLET DR	1	
ENBREL	50 MG/ML PEN INJCTR	2	QL,PA,DS
ENBREL	25MG/0.5ML SYRINGE	2	QL,PA,DS
ENBREL	50 MG/ML SYRINGE	2	QL,PA,DS
ENBREL	25 MG VIAL	2	QL,PA,DS
etodolac	CAPSULE	1	
etodolac	TABLET	1	
FIRAZYR	30 MG/3 ML SYRINGE	2	QL,PA,DS
fludrocortisone acetate	TABLET	1	
flurbiprofen	TABLET	1	
HUMIRA	40MG/0.8ML PEN IJ KIT	2	QL,PA,DS
HUMIRA	10MG/0.2ML SYRINGEKIT	2	QL,PA,DS
HUMIRA	20MG/0.4ML SYRINGEKIT	2	QL,PA,DS
HUMIRA	40MG/0.8ML SYRINGEKIT	2	QL,PA,DS
HUMIRA PEDIATRIC CROHNS	40MG/0.8ML SYRINGEKIT	2	QL,PA,DS
hydrocortisone	TABLET	1	
ibuprofen	TABLET	1	
indomethacin	CAPSULE	1	
leflunomide	TABLET	1	
meclofenamate sodium	CAPSULE	1	
MEDROL	TABLET	2	
meloxicam	TABLET	1	
methylprednisolone	TAB DS PK	1	
methylprednisolone	TABLET	1	
nabumetone	TABLET	1	
naproxen	TABLET	1	
naproxen sodium	TABLET	1	
naproxen sodium	125MG/5ML SUSPENSION	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
ORENCIA	125 MG/ML SYRINGE	2	QL,PA,DS
OTEZLA	30 MG TABLET	2	PA,DS
piroxicam	CAPSULE	1	
prednisolone	SOLUTION	1	
prednisolone sodium phosphate	SOLUTION	1	
prednisone	SOLUTION	1	
prednisone	TAB DS PK	1	
prednisone	TABLET	1	
RASUVO	10MG/0.2ML AUTO INJCT	2	PA
RASUVO	12.5/0.25 AUTO INJCT	2	PA
RASUVO	15MG/0.3ML AUTO INJCT	2	PA
RASUVO	17.5/0.35 AUTO INJCT	2	PA
RASUVO	20MG/0.4ML AUTO INJCT	2	PA
RASUVO	22.5/0.45 AUTO INJCT	2	PA
RASUVO	25MG/0.5ML AUTO INJCT	2	PA
RASUVO	27.5/0.55 AUTO INJCT	2	PA
RASUVO	30MG/0.6ML AUTO INJCT	2	PA
RASUVO	7.5MG/0.15 AUTO INJCT	2	PA
RIDAURA	CAPSULE	2	
sulindac	TABLET	1	
tolmetin sodium	CAPSULE	1	
tolmetin sodium	TABLET	1	

LOCAL ANESTHESIA

Drug Name	Dosage Form	Tier	Limit
lidocaine hcl	JEL (ML)	1	
lidocaine hcl	JEL/PF APP	1	
lidocaine hcl viscous	SOLUTION	1	

LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT

Drug Name	Dosage Form	Tier	Limit
ANALPRAM HC	LOTION	2	
anucort-hc	SUPP.RECT	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
ASACOL HD	TABLET DR	2	
balsalazide disodium	CAPSULE	1	
CANASA	SUPP.RECT	2	
colocort	ENEMA	1	
CORTIFOAM	FOAM/APPL	2	
grx hicort 25	SUPP.RECT	1	
hydrocortisone	ENEMA	1	
hydrocortisone acetate	SUPP.RECT	1	
hydrocortisone-pramoxine	CREAM/APPL	1	
LIALDA	TABLET DR	2	
mesalamine	ENEMA	1	
PENTASA	CAPSULE ER	2	
PRAMCORT	CREAM/APPL	2	
PROCTOFOAM-HC	FOAM	2	
proctosol-hc	CREAM/APPL	1	
proctozone-hc	CREAM/APPL	1	
RECTIV	OINT. (G)	2	
sulfasalazine	TABLET	1	
sulfasalazine dr	TABLET DR	1	
sulfazine	TABLET	1	
sulfazine ec	TABLET DR	1	

LOWER GASTROINTESTINAL DISORDERS - OTHER

Drug Name	Dosage Form	Tier	Limit
constulose	SOLUTION	1	
diphenoxylate-atropine	LIQUID	1	
diphenoxylate-atropine	TABLET	1	
enulose	SOLUTION	1	
gavilyte-c	SOLN RECON	1	
generlac	SOLUTION	1	
GOLYTELY	POWD PACK	2	
lactulose	SOLUTION	1	
loperamide	CAPSULE	1	
opium tincture	TINCTURE	1	
peg 3350-electrolyte	SOLN RECON	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
polyethylene glycol 3350	POWD PACK	1	
polyethylene glycol 3350	POWDER	1	
RELISTOR	SYRINGE	2	
RELISTOR	VIAL	2	
ursodiol	CAPSULE	1	
ursodiol	TABLET	1	

MISCELLANEOUS AGENTS

Drug Name	Dosage Form	Tier	Limit
EPIPEN 2-PAK	AUTO INJCT	2	
EPIPEN JR 2-PAK	AUTO INJCT	2	

NEOPLASTIC DISEASE

Drug Name	Dosage Form	Tier	Limit
AFINITOR	10 MG TABLET	2	PA,DS
AFINITOR	2.5 MG TABLET	2	PA,DS
AFINITOR	5 MG TABLET	2	PA,DS
AFINITOR	7.5 MG TABLET	2	PA,DS
AFINITOR DISPERZ	2 MG TAB SUSP	2	PA,DS
AFINITOR DISPERZ	3 MG TAB SUSP	2	PA,DS
AFINITOR DISPERZ	5 MG TAB SUSP	2	PA,DS
ALKERAN	2 MG TABLET	2	DS
anastrozole	TABLET	1	
bicalutamide	TABLET	1	
capecitabine	150 MG TABLET	1	PA,DS
capecitabine	500 MG TABLET	1	PA,DS
CYCLOPHOSPHAMIDE	CAPSULE	2	
etoposide	50 MG CAPSULE	1	DS
flutamide	CAPSULE	1	
GLEEVEC	100 MG TABLET	2	PA,DS
GLEEVEC	400 MG TABLET	2	PA,DS
hydroxyurea	CAPSULE	1	
IMBRUVICA	140 MG CAPSULE	2	PA,DS
letrozole	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
leucovorin calcium	TABLET	1	
LEUKERAN	TABLET	2	
LEVULAN	20% SOL W/APPL	2	DS
lomustine	CAPSULE	1	
MATULANE	50 MG CAPSULE	2	DS
megestrol acetate	TABLET	1	
MEKINIST	0.5 MG TABLET	2	PA,DS
MEKINIST	2 MG TABLET	2	PA,DS
mercaptopurine	TABLET	1	
MESNEX	TABLET	2	
methotrexate	TABLET	1	
MYLERAN	2 MG TABLET	2	DS
NEXAVAR	200 MG TABLET	2	PA,DS
REVLIMID	10 MG CAPSULE	2	PA,DS
REVLIMID	15 MG CAPSULE	2	PA,DS
REVLIMID	2.5 MG CAPSULE	2	PA,DS
REVLIMID	20 MG CAPSULE	2	PA,DS
REVLIMID	25 MG CAPSULE	2	PA,DS
REVLIMID	5 MG CAPSULE	2	PA,DS
SPRYCEL	100 MG TABLET	2	PA,DS
SPRYCEL	140 MG TABLET	2	PA,DS
SPRYCEL	20 MG TABLET	2	PA,DS
SPRYCEL	50 MG TABLET	2	PA,DS
SPRYCEL	70 MG TABLET	2	PA,DS
SPRYCEL	80 MG TABLET	2	PA,DS
SUTENT	12.5 MG CAPSULE	2	PA,DS
SUTENT	25 MG CAPSULE	2	PA,DS
SUTENT	37.5 MG CAPSULE	2	PA,DS
SUTENT	50 MG CAPSULE	2	PA,DS
TABLOID	TABLET	2	
TAFINLAR	50 MG CAPSULE	2	PA,DS
TAFINLAR	75 MG CAPSULE	2	PA,DS
tamoxifen citrate	TABLET	1	
TARCEVA	100 MG TABLET	2	PA,DS
TARCEVA	150 MG TABLET	2	PA,DS
TARCEVA	25 MG TABLET	2	PA,DS

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
temozolomide	100 MG CAPSULE	1	DS
temozolomide	140 MG CAPSULE	1	DS
temozolomide	180 MG CAPSULE	1	DS
temozolomide	20 MG CAPSULE	1	DS
temozolomide	250 MG CAPSULE	1	DS
temozolomide	5 MG CAPSULE	1	DS
tretinoin	10 MG CAPSULE	1	DS
TYKERB	250 MG TABLET	2	PA,DS
VOTRIENT	200 MG TABLET	2	PA,DS
XTANDI	40 MG CAPSULE	2	PA,DS
ZYDELIG	100 MG TABLET	2	PA,DS
ZYDELIG	150 MG TABLET	2	PA,DS
ZYTIGA	250 MG TABLET	2	PA,DS

NEUROLOGICAL DISEASE - MISCELLANEOUS

Drug Name	Dosage Form	Tier	Limit
AVONEX	30MCG/.5ML SYRINGE	2	QL,DS
AVONEX	30MCG/.5ML SYRINGEKIT	2	QL,DS
AVONEX ADMINISTRATION PACK	30 MCG KIT	2	QL,DS
AVONEX PEN	30MCG/.5ML PEN IJ KIT	2	QL,DS
AVONEX PEN	30MCG/.5ML PEN INJCTR	2	QL,DS
COPAXONE	20 MG/ML SYRINGE	2	QL,DS
EXTAVIA	SYRINGE	2	QL,DS
GILENYA	0.5 MG CAPSULE	2	QL,DS , PA
glatiramer acetate	20 MG/ML SYRINGE	1	QL,DS
glatopa	20 MG/ML SYRINGE	1	QL,DS
REBIF	22MCG/.5ML SYRINGE	2	QL,PA ,DS
REBIF	44MCG/.5ML SYRINGE	2	QL,PA ,DS
REBIF	8.8-22(6) SYRINGE	2	QL,PA ,DS
REBIF REBIDOSE	22MCG/.5ML PEN INJCTR	2	QL,PA ,DS
REBIF REBIDOSE	44MCG/.5ML PEN INJCTR	2	QL,PA ,DS

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
REBIF REBIDOSE	8.8-22(6) PEN INJCTR	2	QL,PA,DS
riluzole	50 MG TABLET	1	DS

ORAL/PHARYNGEAL DISORDERS

Drug Name	Dosage Form	Tier	Limit
ipratropium bromide	SPRAY	1	

OTHER DRUGS

Drug Name	Dosage Form	Tier	Limit
CERDELGA	84 MG CAPSULE	2	PA,DS
levocarnitine	SOLUTION	1	
levocarnitine	TABLET	1	
megestrol acetate	ORAL SUSP	1	

OTHER RESPIRATORY DISORDERS

Drug Name	Dosage Form	Tier	Limit
KALYDECO	150 MG TABLET	2	QL,PA,DS

PAIN MANAGEMENT - ANALGESICS

Drug Name	Dosage Form	Tier	Limit
acetaminophen-codeine	120-12MG/5 SOLUTION	1	QL
acetaminophen-codeine	300MG/12.5 SOLUTION	1	QL
acetaminophen-codeine	300MG-15MG TABLET	1	QL
acetaminophen-codeine	300MG-30MG TABLET	1	QL
acetaminophen-codeine	300MG-60MG TABLET	1	QL
belladonna-opium	SUPP.RECT	1	
buprenorphine hcl	TAB SUBL	1	
buprenorphine-naloxone	TAB SUBL	1	
butalbital-acetaminophen-caffe	TABLET	1	
butalbital-aspirin-caffeine	CAPSULE	1	
CAFERGOT	TABLET	2	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
choline mag trisalicylate	LIQUID	1	
codeine sulfate	TABLET	1	
diflunisal	TABLET	1	
dihydroergotamine mesylate	SPRAY/PUMP	1	
DILAUDID	LIQUID	1	
DISALCID	TABLET	2	
endocet	10MG-325MG TABLET	1	QL
endocet	2.5-325MG TABLET	1	QL
endocet	5 MG-325MG TABLET	1	QL
endocet	7.5-325MG TABLET	1	QL
endodan	TABLET	1	
ERGOMAR	TAB SUBL	2	
fentanyl	100 MCG/HR PATCH TD72	1	QL,PA
fentanyl	12 MCG/HR PATCH TD72	1	QL,PA
fentanyl	25MCG/HR PATCH TD72	1	QL,PA
fentanyl	50MCG/HR PATCH TD72	1	QL,PA
fentanyl	75MCG/HR PATCH TD72	1	QL,PA
hydrocodone-acetaminophen	2.5-167/5 SOLUTION	1	QL
hydrocodone-acetaminophen	7.5-325/15 SOLUTION	1	QL
hydrocodone-acetaminophen	10MG-325MG TABLET	1	QL
hydrocodone-acetaminophen	5 MG-325MG TABLET	1	QL
hydrocodone-acetaminophen	7.5-325MG TABLET	1	QL
hydromorphone hcl	LIQUID	1	
hydromorphone hcl	SUPP.RECT	1	
hydromorphone hcl	TABLET	1	
isomethept-dichloralp-acetamin	CAPSULE	1	
levorphanol tartrate	TABLET	1	
lorcet	5 MG-325MG TABLET	1	QL
lorcet hd	10MG-325MG TABLET	1	QL
lorcet plus	7.5-325MG TABLET	1	QL
methadone hcl	10 MG/ML ORAL CONC	1	QL
methadone hcl	10 MG/5 ML SOLUTION	1	QL
methadone hcl	5 MG/5 ML SOLUTION	1	QL
methadone hcl	10 MG TABLET	1	QL
methadone hcl	5 MG TABLET	1	QL
methadone intensol	10 MG/ML ORAL CONC	1	QL

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
MIGERGOT	SUPP.RECT	2	
migragesic ida	CAPSULE	1	
MIGRANAL	SPRAY/PUMP	1	
MORPHINE SULFATE	15 MG TABLET	1	
MORPHINE SULFATE	15 MG TABLET	2	
MORPHINE SULFATE	30 MG TABLET	1	
MORPHINE SULFATE	30 MG TABLET	2	
morphine sulfate	SOLUTION	1	
morphine sulfate	SUPP.RECT	1	
morphine sulfate er	100 MG TABLET ER	1	QL
morphine sulfate er	15 MG TABLET ER	1	QL
morphine sulfate er	200 MG TABLET ER	1	QL
morphine sulfate er	30 MG TABLET ER	1	QL
morphine sulfate er	60 MG TABLET ER	1	QL
naratriptan	1 MG TABLET	1	QL
naratriptan	2.5 MG TABLET	1	QL
naratriptan hcl	1 MG TABLET	1	QL
naratriptan hcl	2.5 MG TABLET	1	QL
nodolor	CAPSULE	1	
oxycodone hcl	ORAL CONC	1	
oxycodone hcl	SOLUTION	1	
oxycodone hcl	TABLET	1	
oxycodone hcl er	10 MG TAB ER 12H	1	QL,PA
oxycodone hcl er	20 MG TAB ER 12H	1	QL,PA
oxycodone hcl er	40 MG TAB ER 12H	1	QL,PA
oxycodone hcl er	80 MG TAB ER 12H	1	QL,PA
oxycodone hcl-aspirin	TABLET	1	
oxycodone-acetaminophen	10MG-325MG TABLET	1	QL
oxycodone-acetaminophen	2.5-325MG TABLET	1	QL
oxycodone-acetaminophen	5 MG-325MG TABLET	1	QL
oxycodone-acetaminophen	7.5-325MG TABLET	1	QL
OXYCONTIN	10 MG TAB ER 12H	2	QL,PA
OXYCONTIN	15 MG TAB ER 12H	2	QL,PA
OXYCONTIN	20 MG TAB ER 12H	2	QL,PA
OXYCONTIN	30 MG TAB ER 12H	2	QL,PA
OXYCONTIN	40 MG TAB ER 12H	2	QL,PA

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
OXYCONTIN	60 MG TAB ER 12H	2	QL,PA
OXYCONTIN	80 MG TAB ER 12H	2	QL,PA
rizatriptan	10 MG TAB RAPDIS	1	QL
rizatriptan	5 MG TAB RAPDIS	1	QL
rizatriptan	10 MG TABLET	1	QL
rizatriptan	5 MG TABLET	1	QL
roxicot	5-325/5ML SOLUTION	1	QL
roxicot	5 MG-325MG TABLET	1	QL
salsalate	TABLET	1	
sumatriptan	20 MG SPRAY	1	QL
sumatriptan	5 MG SPRAY	1	QL
sumatriptan succinate	4 MG/0.5ML CARTRIDGE	1	QL,ST
sumatriptan succinate	6 MG/0.5ML CARTRIDGE	1	QL,ST
sumatriptan succinate	4 MG/0.5ML PEN INJCTR	1	QL,ST
sumatriptan succinate	6 MG/0.5ML PEN INJCTR	1	QL,ST
sumatriptan succinate	6 MG/0.5ML SYRINGE	1	QL,ST
sumatriptan succinate	100 MG TABLET	1	QL
sumatriptan succinate	25 MG TABLET	1	QL
sumatriptan succinate	50 MG TABLET	1	QL
sumatriptan succinate	6 MG/0.5ML VIAL	1	QL
tramadol/acetaminophen	37.5MG325MG TABLET	1	1
tramadol hcl	TABLET	1	1
zolmitriptan	2.5 MG TABLET	1	QL
zolmitriptan	5 MG TABLET	1	QL
zolmitriptan odt	2.5 MG TAB RAPDIS	1	QL
zolmitriptan odt	5 MG TAB RAPDIS	1	QL

PARKINSONS DISEASE

Drug Name	Dosage Form	Tier	Limit
amantadine	CAPSULE	1	
amantadine	SYRUP	1	
amantadine	TABLET	1	
AZILECT	0.5 MG TABLET	2	PA
AZILECT	1 MG TABLET	2	PA
benztropine mesylate	TABLET	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
bromocriptine mesylate	CAPSULE	1	
bromocriptine mesylate	TABLET	1	
carbidopa	TABLET	1	
carbidopa-levodopa	TABLET	1	
carbidopa-levodopa er	TABLET ER	1	
carbidopa-levodopa-entacapone	TABLET	1	
COMTAN	TABLET	1	
DUOPA	SUSPENSION	2	PA,DS
entacapone	TABLET	1	
pramipexole dihydrochloride	TABLET	1	
ropinirole hcl	TABLET	1	
selegiline hcl	CAPSULE	1	
selegiline hcl	TABLET	1	
trihexyphenidyl hcl	ELIXIR	1	
trihexyphenidyl hcl	TABLET	1	

SEIZURE DISORDER

Drug Name	Dosage Form	Tier	Limit
carbamazepine	CPMP 12HR	1	
carbamazepine	ORAL SUSP	1	
carbamazepine	TAB CHEW	1	
carbamazepine	TABLET	1	
carbamazepine er	TAB ER 12H	1	
carbamazepine xr	TAB ER 12H	1	
CARBATROL	CPMP 12HR	2	
CELONTIN	CAPSULE	2	
clonazepam	TABLET	1	
DILANTIN	CAPSULE	2	
divalproex sodium	CAP SPRINK	1	
divalproex sodium	TABLET DR	1	
divalproex sodium er	TAB ER 24H	1	
epitol	TABLET	1	
ethosuximide	CAPSULE	1	
ethosuximide	SOLUTION	1	
gabapentin	CAPSULE	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
gabapentin	TABLET	1	
lamotrigine	TABLET	1	
lamotrigine	TB CHW DSP	1	
levetiracetam	SOLUTION	1	
levetiracetam	TABLET	1	
levetiracetam er	TAB ER 24H	1	
oxcarbazepine	ORAL SUSP	1	
oxcarbazepine	TABLET	1	
phenytoin	ORAL SUSP	1	
phenytoin	TAB CHEW	1	
phenytoin sodium extended	CAPSULE	1	
primidone	TABLET	1	
TEGRETOL XR	TAB ER 12H	2	
topiragen	TABLET	1	
topiramate	CAP SPRINK	1	
topiramate	TABLET	1	
valproic acid	CAPSULE	1	
valproic acid	SOLUTION	1	
zonisamide	CAPSULE	1	

SKELETAL MUSCLE DISORDER

Drug Name	Dosage Form	Tier	Limit
baclofen	TABLET	1	
cyclobenzaprine hcl	TABLET	1	
dantrolene sodium	CAPSULE	1	
methocarbamol	TABLET	1	
orphenadrine citrate	TABLET ER	1	
tizanidine hcl	TABLET	1	

UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE

Drug Name	Dosage Form	Tier	Limit
CREON	CAPSULE DR	2	
pancrelipase 5,000	CAPSULE DR	1	
ZENPEP	CAPSULE DR	2	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE

Drug Name	Dosage Form	Tier	Limit
dicyclomine hcl	CAPSULE	1	
dicyclomine hcl	SOLUTION	1	
dicyclomine hcl	TABLET	1	

UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE

Drug Name	Dosage Form	Tier	Limit
CARAFATE	ORAL SUSP	2	
chlordiazepoxide-clidinium	CAPSULE	1	
cimetidine	SOLUTION	1	
cimetidine	TABLET	1	
famotidine	ORAL SUSP	1	
famotidine	TABLET	1	
FIRST-OMEPRAZOLE	SUSP RECON	2	
glycopyrrolate	TABLET	1	
lansoprazole	CAPSULE DR	1	
metoclopramide hcl	SOLUTION	1	
metoclopramide hcl	TABLET	1	
misoprostol	TABLET	1	
omeprazole	CAPSULE DR	1	
omeprazole+syrspend sf alka	SUSP RECON	1	
pantoprazole sodium	TABLET DR	1	
propantheline bromide	TABLET	1	
PYLERA	CAPSULE	2	
rabeprazole sodium	20 MG TABLET DR	1	ST
ranitidine hcl	SYRUP	1	
ranitidine hcl	TABLET	1	
sucralfate	ORAL SUSP	1	
sucralfate	TABLET	1	
ZEGERID	PACKET	2	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

URINARY TRACT - FUNCTIONAL DISORDERS

Drug Name	Dosage Form	Tier	Limit
alfuzosin hcl er	TAB ER 24H	1	
CYSTAGON	150 MG CAPSULE	2	PA
CYSTAGON	50 MG CAPSULE	2	PA
cytra-2	SOLUTION	1	
cytra-3	SOLUTION	1	
cytra-k	PACKET	1	
cytra-k	SOLUTION	1	
ELMIRON	CAPSULE	2	
finasteride	TABLET	1	
flavoxate hcl	TABLET	1	
ORACIT	SOLUTION	2	
oxybutynin chloride	SYRUP	1	
oxybutynin chloride	TABLET	1	
oxybutynin chloride er	TAB ER 24	1	
phenazopyridine hcl	TABLET	1	
phospha 250 neutral	TABLET	1	
potass cit-sod cit-citric acid	SOLUTION	1	
potassium citrate er	TABLET ER	1	
potassium citrate-citric acid	SOLUTION	1	
sodium citrate & citric acid	SOLUTION	1	
tamsulosin hcl	CAP ER 24H	1	
tolterodine tartrate	TABLET	1	
tolterodine tartrate er	2 MG CAP ER 24H	1	
tolterodine tartrate er	4 MG CAP ER 24H	1	
tropium chloride	TABLET	1	
tropium chloride er	CAP ER 24H	1	
virt-phos 250 neutral	TABLET	1	
virtrate-3	SOLUTION	1	

VAGINAL DISORDERS

Drug Name	Dosage Form	Tier	Limit
clindamycin phosphate	CREAM/APPL	1	
ESTRACE	CREAM/APPL	2	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Drug Name	Dosage Form	Tier	Limit
ESTRING	VAG RING	2	
metronidazole	GEL W/APPL	1	
PREMARIN	CREAM/APPL	2	
VAGIFEM	TABLET	2	

VITAMIN AND/OR MINERAL DEFICIENCY

Drug Name	Dosage Form	Tier	Limit
folic acid	TABLET	1	
sodium fluoride	DROPS	1	
sodium fluoride	TAB CHEW	1	
vitamin d2	CAPSULE	1	

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

A

abacavir	32
abacavir-lamivudine-zidovudine	32
acamprosate calcium	5
acarbose	19
acebutolol hcl	7
acetaminophen-codeine	42
acetazolamide	24
acetic acid	20
acitretin	19
ACTONEL	22
acyclovir	32
adapalene	15
ADDERALL XR	5
adefovir dipivoxil	32
ADVAIR DISKUS	2
ADVAIR HFA	2
AFINITOR	39
AFINITOR DISPERZ	39
AGGRENOX	25
ak-poly-bac	23
ALBENZA	32
albuterol sulfate	2
ALDACTAZIDE	7
alendronate sodium	22
alfuzosin hcl er	49
ALINIA	16
ALKERAN	39
allopurinol	25
ALOMIDE	23
alprazolam	5
altavera	11
alyacen	12
amantadine	45, 46
amiloride hcl	7
amiloride-hydrochlorothiazide	7
aminocaproic acid	25
amiodarone hcl	7
amitriptyline hcl	4
amlodipine besylate	7, 8
amlodipine besylate-benazepril	8
amnestem	15
amox tr-potassium clavulanate	29
amoxapine	4
amoxicillin	29
amphetamine salt combo	5
ampicillin trihydrate	29
anagrelide hcl	25
ANALPRAM HC	37
anastrozole	39
antipyrine-benzocaine	20
anucort-hc	37
apri	12
APTIVUS	32
aranelle	12
arbinoxa	1

ASACOL HD	37
ASMANEX	2
ASMANEX HFA	2
atenolol	8
atenolol-chlorthalidone	8
atorvastatin calcium	10
atovaquone	32
ATRIPLA	32
atropine sulfate	24
ATROVENT HFA	2
aubra	12
auroguard	21
aviane	12
avita	15
AVITENE	25, 26
AVONEX	41
AVONEX ADMINISTRATION PACK	41
AVONEX PEN	41
azathioprine	28
azelastine hcl	1, 23
AZELEX	15
AZILECT	46
azithromycin	29
AZOPT	24

B

bacitracin	23
bacitracin-polymyxin	23
baclofen	47
balsalazide disodium	38
balziva	12
belladonna-opium	42
benazepril hcl	8
benazepril-hydrochlorothiazide	8
benzonatate	14
benztropine mesylate	46
BERINERT	35
betamethasone dipropionate	17
betamethasone valerate	17
betaxolol hcl	8, 24
BETOPTIC S	24
bicalutamide	39
BILTRICIDE	32
bisoprolol fumarate	8
bisoprolol-hydrochlorothiazide	8
BLEPHAMIDE	23
BLEPHAMIDE S.O.P.	23
brevicon	12
briellyn	12
BRILINTA	26
brimonidine tartrate	24
bromocriptine mesylate	46
budesonide	2
bumetanide	8
buprenorphine hcl	43
buprenorphine-naloxone	43
bupropion hcl	4

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

bupropion hcl sr	4	CIPRO	21, 29
bupropion xl	4	CIPRO HC	21
buspirone hcl	5	CIPRODEX	21
butalbital-acetaminophen-caffe	43	ciprofloxacin	23, 29, 30
butalbital-aspirin-caffeine	43	ciprofloxacin hcl	23, 30
		citalopram hbr	4
		claravis	15
		clarithromycin	30
		clemastine fumarate	1
		CLIMARA	27
		clindamycin hcl	31
		clindamycin palmitate hcl	31
		clindamycin pediatric	31
		clindamycin phosphate	16, 50
		clindamycin-benzoyl peroxide	15
		clobetasol emollient	17
		clobetasol propionate	17
		clomipramine hcl	4
		clonazepam	46
		clonidine	8
		clonidine hcl	8
		clopidogrel	26
		clorazepate dipotassium	5
		clotrimazole-betamethasone	16
		clozapine	5
		codeine sulfate	43
		colchicine	25
		COLCRYS	25
		colestipol hcl	10, 11
		colocort	38
		COMBIVENT RESPIMAT	2
		COMPLERA	33
		compro	1
		COMTAN	46
		CONDYLOX	18
		constulose	38
		COPAXONE	41
		CORDRAN	17
		cormax	17
		CORTIFOAM	38
		cortisone acetate	35
		CORTISPORIN	17
		covaryx	27
		covaryx h.s.	27
		CREON	48
		CRIXIVAN	33
		cromolyn sodium	2, 23
		cryselle	12
		CUPRIMINE	35
		cyclafem	12
		cyclobenzaprine hcl	47
		CYCLOGYL	24
		cyclopentolate hcl	24
		CYCLOPHOSPHAMIDE	39
		cyclosporine	28
		cyclosporine modified	28
		cyproheptadine hcl	1
		CYSTAGON	49
		cytra-2	49

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

cytra-3	49	dorzolamide-timolol	24
cytra-k	49	doxazosin mesylate	8
<hr/>			
D		doxepin hcl	4
		doxycycline hyclate	30
		doxycycline monohydrate	30
		DRITHOCREME HP	19
danazol	22	dronabinol	1
dantrolene sodium	47	drosiprenone-ethinyl estradiol	12
dapsone	31	DROXIA	26
dasetta	12	DULERA	2
deblitane	12	duloxetine hcl	4
delyla	12	DUOPA	45
depade	5	DUREZOL	22
DEPEN	35	DYRENIUM	8
DEPO-TESTOSTERONE	27	<hr/>	
desipramine hcl	4	E	
desloratadine	1	e.e.s. 200	30
desmopressin acetate	22	e.e.s. 400	30
desogestrel-ethinyl estradiol	12	econazole nitrate	16
desonide	17	EDECRIN	8
desoximetasone	17	EDURANT	33
dexamethasone	23, 35	eeem	27
DEXAMETHASONE INTENSOL	35	eeem h.s.	27
dexamethasone sodium phosphate	23	EFFIENT	26
dexmethylphenidate hcl	5	ELIDEL	19
dextroamphetamine sulfate	5	elinest	12
dextroamphetamine sulfate er	5	ELLA	12
DIABETA	20	ELMIRON	49
diazepam	5	EMEND	1
DIBENZYLINE	8	emoquette	12
diclofenac potassium	35	EMTRIVA	33
diclofenac sodium	23, 36	enalapril maleate	8
dicloxacillin sodium	30	enalapril-hydrochlorothiazide	8
dicyclomine hcl	48	ENBREL	36
didanosine	33	ENDO-AVITENE	26
diflunisal	43	endocet	43
digitek	7	endodan	43
digox	7	enoxaparin sodium	26
digoxin	7	enpresse	12
DIGOXIN	7	enskyce	12
dihydroergotamine mesylate	43	entacapone	46
DILANTIN	46	entecavir	33
DILAUDID	43	enulose	38
diltiazem 12hr er	8	EPIPEN 2-PAK	39
diltiazem 24hr cd	8	EPIPEN JR 2-PAK	39
diltiazem 24hr er	8	epitol	47
diltiazem er	8	eplerenone	8
diltiazem hcl	8	EPOGEN	26
dilt-xr	8	EPZICOM	33
diphenoxylate-atropine	38	ERGOMAR	43
dipyridamole	26	errin	12
DISALCID	43	ERYPED 200	30
disopyramide phosphate	7	ERYPED 400	30
disulfiram	5	ery-tab	30
DIURIL	8	ERY-TAB	30
divalproex sodium	46, 47	erythromycin	16, 23, 30
divalproex sodium er	47	erythromycin ethylsuccinate	30
donepezil hcl	3		
dorzolamide hcl	24		

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

erythromycin-benzoyl peroxide	16	furosemide	8
escitalopram oxalate	4		
estarylla	12		
ESTRACE	50		
estradiol	27		
ESTRING	50		
estrogen & methyltestosterone	28		
estrogen-methyltestosterone	28		
estropipate	28		
ethambutol hcl	31		
ethosuximide	47		
etidronate disodium	22		
etodolac	36		
etoposide	39		
EURAX	16		
eszopiclone	5		
<hr/>			
F		G	
falmina	12	gabapentin	47
famotidine	48	galantamine hbr	3
felodipine er	8	galantamine hydrobromide	3
fenofibrate	11	gatifloxacin	23
fenofibric acid	11	gavilyte-c	38
fentanyl	43	gemfibrozil	11
FINACEA	15	generlac	38
finasteride	49	gengraf	28
FIRAZYR	36	gentak	23
FIRST-OMEPRAZOLE	48	gentamicin sulfate	16, 23
flavoxate hcl	49	gildagia	12
flecainide acetate	7	gildess	12
FLOVENT DISKUS	2	gildess fe	12
FLOVENT HFA	2, 3	GILENYA	41
fluconazole	31	GLEEVEC	39
flucytosine	31	glimepiride	20
fludrocortisone acetate	36	glipizide	20
flunisolide	1	glipizide er	20
fluocinolone acetonide	17	glipizide xl	20
fluocinonide	17, 18	glyburide	20
fluocinonide-e	18	glycopyrrolate	48
fluorometholone	23	GOLYTELY	38
FLUOROPLEX	18	griseofulvin	31
fluorouracil	18	griseofulvin ultramicrosize	31
fluoxetine hcl	4	grx hicort 25	38
fluphenazine hcl	5	guanfacine hcl	5,9
flurazepam hcl	5		
flurbiprofen	23, 36		
flurbiprofen sodium	23		
flutamide	39		
fluticasone propionate	1		
fluvoxamine maleate	4		
FML S.O.P.	23		
folic acid	50		
fondaparinux sodium	26		
FORTICAL	22		
fosinopril sodium	8		
fosinopril-hydrochlorothiazide	8		
		H	
		H.P. ACTHAR	22
		halobetasol propionate	18
		haloperidol	5
		haloperidol lactate	5
		HARVONI	33
		heather	12
		HIZENTRA	28
		homatropaire	24
		homatropine hydrobromide	24
		HUMALOG	20
		HUMIRA	36
		HUMULIN 70/30 KWIKPEN	20
		HUMULIN 70-30	20
		HUMULIN N	20
		HUMULIN N KWIKPEN	20
		HUMULIN R	20
		hydralazine hcl	9
		hydrochlorothiazide	9
		hydrocodone bt-homatropine mbr	14
		hydrocodone-acetaminophen	43
		hydrocodone-homatropine mbr	14
		hydrocortisone	18, 36, 38
		hydrocortisone acetate	38

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

hydrocortisone butyrate	18	klor-con m15	21
hydrocortisone valerate	18	klor-con m20	21
hydrocortisone-pramoxine	18, 38	K-SOL	21
hydrocortisone-pramoxine hcl	18	K-TAB ER	21
hydromet	14	kurvelo	13
hydromorphone hcl	43		
hydroxychloroquine sulfate	32		
hydroxyurea	39		
hydroxyzine hcl	1		
hydroxyzine pamoate	1		
<hr/>			
I			
ibuprofen	36	labetalol hcl	9
IMBRUVICA	39	LACRISERT	25
imipramine hcl	4	lactulose	38
imiquimod	28	lamivudine	33
indapamide	9	lamivudine hbv	33
indomethacin	36	lamivudine-zidovudine	33
INTELENCE	33	lamotrigine	47
INTRON A	28, 29	lansoprazole	48
INVIRASE	33	LANTUS	20
ipratropium bromide	3, 42	LANTUS SOLOSTAR	20
ipratropium-albuterol	3	larin	13
irbesartan	9	larin fe	13
irbesartan-hydrochlorothiazide	9	latanoprost	25
ISENTRESS	33	leena	13
isomethept-dichloralp-acetamin	43	leflunomide	36
isoniazid	31	lessina	13
ISORDIL	11	LETAIRIS	9
isosorbide dinitrate	11	letrozole	40
isosorbide mononitrate	11	leucovorin calcium	40
isosorbide mononitrate er	11	LEUKERAN	40
isradipine	9	leuprolide acetate	22
itraconazole	31	LEVEMIR	20
<hr/>			
J			
jantoven	26	LEVEMIR FLEXTOUCH	20
jencycla	12	levetiracetam	47
jolivette	12	levetiracetam er	47
junel	12	levobunolol hcl	25
junel fe	12	levocarnitine	42
<hr/>			
K			
KALETRA	33	levocetirizine dihydrochloride	1
KALYDECO	42	levofloxacin	30
kelnor 1-35	12	levonest	13
ketoconazole	16, 31	levonorgestrel	13
ketorolac tromethamine	23	levonorgestrel-eth estradiol	13
kionex	21	levora-28	13
KLOR-CON	21	levorphanol tartrate	43
KLOR-CON 8	21	levothyroxine sodium	22
klor-con m10	21	LEVULAN	40
		LEXIVA	33
		LIALDA	38
		lidocaine	18, 37
		lidocaine hcl	37
		lidocaine hcl viscous	37
		lidocaine-prilocaine	18
		liothyronine sodium	22
		lisinopril	9
		lisinopril-hydrochlorothiazide	9
		lithium	5
		lithium carbonate	5
		lithium carbonate er	5
		lomustine	40
		loperamide	38

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

lorazepam	5, 6	metoprolol tartrate	9
lorazepam intensol	6	metoprolol-hydrochlorothiazide	9
lorcet	43	metronidazole	15, 32, 50
lorcet hd	43	mexiletine hcl	7
lorcet plus	43	microgestin	13
losartan potassium	9	microgestin fe	13
losartan-hydrochlorothiazide	9	midodrine hcl	11
lovastatin	11	MIGERGOT	44
LOVENOX	26, 27	migragesic ida	44
low-ogestrel	13	MIGRANAL	44
loxapine	6	minitran	11
LUMIGAN	25	minocycline hcl	30
LUPRON DEPOT	22	minoxidil	9
lutera	13	mirtazapine	4
lyza	13	misoprostol	48
<hr/>			
M		modafinil	6
		moexipril hcl	9
MACRODANTIN	30	moexipril-hydrochlorothiazide	9
maprotiline hcl	4	mometasone furoate	18
marlexate	21	mono-linyah	13
marlissa	13	mononessa	13
MATULANE	40	montelukast sodium	3
meclofenamate sodium	36	morphine sulfate	44
MEDROL	36	MORPHINE SULFATE	44
medroxyprogesterone acetate	28	morphine sulfate er	44
megestrol acetate	40, 42	MOXEZA	23
MEKINIST	40	moxifloxacin hcl	30
meloxicam	36	mupirocin	16
memantine	3	mycophenolate mofetil	29
MENOSTAR	28	mycophenolic acid	29
MEPHYTON	27	MYFORTIC	29
mercaptopurine	40	MYLERAN	40
mesalamine	38	myorisan	15
MESNEX	40	myzilra	13
metaproterenol sulfate	3	<hr/>	
metformin hcl	20	N	
metformin hcl er	20	nabumetone	36
methadone hcl	43, 44	nadolol	9
methadone intensol	44	naltrexone hcl	6
methazolamide	25	naproxen	36
methenamine hippurate	30	naproxen sodium	36
methimazole	22	naratriptan	44
METHITEST	28	naratriptan hcl	44
methocarbamol	47	NEBUPENT	32
methotrexate	40	necon	13
methoxsalen	19	neomycin sulfate	31
methylclothiazide	9	neomycin-bacitracin-poly-hc	23
methyl dopa	9	neomycin-polymyxin-dexameth	23
methylergonovine maleate	13	neomycin-polymyxin-gramicidin	23
methylphenidate er	6	neomycin-polymyxin-hc	21
methylphenidate hcl	6	neomycin-polymyxin-hydrocort	21
methylphenidate hcl cd	6	neo-polycin hc	23
methylprednisolone	36	NEUPOGEN	27
metipranolol	25	nevirapine	33
metoclopramide hcl	48	nevirapine er	33
metolazone	9	NEXAVAR	40
metoprolol succinate	9	niacin er	11

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

prednisolone	24, 37	RAPAMUNE	29
prednisolone acetate	24	RASUVO	37
prednisolone sodium phosphate	37	REBETOL	34
prednisone	37	REBIF	41, 42
PREMARIN	28, 50	REBIF REBIDOSE	42
PREPIDIL	14	reclipsen	14
prevalite	11	RECTIV	38
previfem	14	RELENZA	34
PREZCOBIX	33	RELISTOR	39
PREZISTA	34	RENAGEL	21
PRIFTIN	32	REVELA	21
primidone	47	RESCRIPTOR	34
PRIMSOL	30	RESTASIS	24
PROAIR HFA	3	RETIN-A	15
probenecid	25	RETIN-A MICRO	15
probenecid-colchicine	25	RETIN-A MICRO PUMP	15
prochlorperazine maleate	2	REVLIMID	40
PROCRIT	27	REYATAZ	34
PROCTOFOAM-HC	38	ribasphere	34
proctosol-hc	38	ribavirin	34
proctozone-hc	38	RIDAURA	37
progesterone	28	rifabutin	32
PROGLYCEM	20	rifampin	32
promethazine hcl	1, 2	riluzole	42
promethazine vc	14	rimantadine hcl	34
promethazine vc-codeine	14	RIOMET	20
promethazine-codeine	15	risedronate sodium	22
promethazine-dm	15	risperidone	6
promethegan	2	rivastigmine	3
propafenone hcl	7	rizatriptan	45
propantheline bromide	48	ropinirole hcl	46
propranolol hcl	9, 10	rosadan	15
propranolol hcl er	10	roxicet	45
propranolol-hydrochlorothiazid	10		
propylthiouracil	22		
PROSTIN E2 VAGINAL SUPPOSITORY	14		
protriptyline hcl	4		
PYLERA	48		
pyrazinamide	32		
pyridostigmine bromide	3		
<hr/>			
Q		S	
quetiapine fumarate	6	salsalate	45
quinapril hcl	10	SANTYL	19
quinapril-hydrochlorothiazide	10	SECONAL SODIUM	6
quinidine gluconate	7	selegiline hcl	46
quinidine sulfate	7	selenium sulfide	19
QVAR	3	SELZENTRY	34
<hr/>			
R		SEREVENT DISKUS	3
rabeprazole sodium	48	sertraline hcl	4
raloxifene hcl	22	sharobel	14
ramipril	10	sildenafil	10
ranitidine hcl	48, 49	silver sulfadiazine	16
		simvastatin	11
		sirolimus	29
		SIVEXTRO	30
		sodium citrate & citric acid	49
		sodium fluoride	50
		sodium polystyrene sulfonate	21
		sodium sulfacetamide	15, 16, 19
		sodium sulfacetamide-sulfur	16
		sorine	10
		sotalol	10
		sotalol af	10

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

Appendix A

Medications Limited to Select Pharmacies

Some medications are limited to Group Health mail order pharmacy and/or a designated specialty pharmacy.

Members with an out-of-network benefit may use any network pharmacy; however, they may pay a higher cost share.

The following medications are limited to Group Health mail order pharmacy:

1. Harvoni
2. Olysio
3. Sovaldi

The following medications are limited to Group Health mail order pharmacy or to the designated specialty pharmacy:

1. Exjade
2. Kalydeco
3. Actemra
4. Aubagio
5. Avonex
6. Betaseron
7. Cimzia
8. Copaxone
9. Enbrel
10. Extavia
11. Gilenya
12. Humira
13. Kineret
14. Orencia
15. Otezla
16. Plegridy
17. Rebif and Rebif Rebidose
18. Simponi
19. Tecfidera
20. Xeljanz

For formulary status and limitations, refer to the formulary listing.

To order these medications or for questions related to these medications, you can reach the Group Health mail order Specialty Medication Pharmacy at 1-800-483-3945.

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

*Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)*

Appendix 2

**OVER-THE-COUNTER (OTC) MEDICATION
BENEFIT LIST**

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

The medications listed below are covered only for members who have purchased a special benefit offered through Group Health called the Over-the-Counter Pharmacy Benefit.

*****Typically, if a generic product is available for a drug, the Brand Name product may not be covered.*****

Generic Product Name	***Brand Name***	Forms
ALLERGY COUGH AND COLD		
Antihistamines		
CHLORPHENIRAMINE	CHLOR-TRIMETON®	Tab, Liquid
CLEMASTINE	TAVIST®	Tab, Liquid
DIPHENHYDRAMINE	BENADRYL®	Cap, Liquid
LORATADINE	CLARITIN®	Tab, Liquid
Decongestants		
OXYMETAZOLINE NASAL SPRAY	AFRIN®	Spray
PHENYLEPHRINE NASAL SPRAY	NEO-SYNEPHRINE®	Spray
PSEUDOEPHEDRINE	SUDAFED®	Tablet
Antihistamine/Decongestant Combinations		
TRIPROLIDINE/PSEUDOEPHEDRINE	ACTIFED®	Tablet
BROMPHENIRAMINE/PSEUDOEPHEDRINE	DIMETAPP®	Liquid
Expectorants/Cough Agents		
GUAIFENESIN	ROBITUSSIN®	Liquid
GUAIFENESIN/DEXTROMETHORPHAN	ROBITUSSIN-DM®	Liquid
DEXTROMETHORPHAN	ROBITUSSIN COUGH®	Liquid
DEXTROMETHORPHAN EXTEND RELEASE	DELSYM®	Liquid
AUTONOMICS AND CNS		
Analgesics, Miscellaneous		
ACETAMINOPHEN	TYLENOL®	Tab, Chew, Supp, Liquid
Non-Steroidal Anti-Inflammatories		
IBUPROFEN	MOTRIN®, ADVIL®	Tab, Liquid
Salicylates		
ASPIRIN	BAYER®, ASCRIPTIN®	Tab, Supp
DERMATOLOGICAL/ TOPICAL AGENTS		
Acne/Psoriasis, Topical		
BENZOYL PEROXIDE 5%, 10%	BENZAC®	Gel, Wash, Lotion
COAL TAR		Solution
Anesthetic Agents, Topical		
BENZOCAINE	HURRICAIN®	Gel
PRAMOXINE	ANUSOL®	Ointment
Antifungals, Topical		
CLOTRIMAZOLE 1%	LOTTRIMIN®	Cream, Solution
MICONAZOLE 2%	MICATIN®, DESENEK®	Cream, Powder
Anti-Infectives, Topical		
BACITRACIN	BACIGUENT®	Ointment
BACITRACIN, POLYMYXIN B	POLYSPORIN®	Ointment
BACITRACIN, NEOMYCIN, POLYMYXIN B	NEOSPORIN®	Ointment

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

OATMEAL, COLLOIDAL	AVEENO® BATH POWDER	Powder
Anti-Itch, Topical		
CALAMINE	CALAMINE	Lotion
CAMPHOR/ MENTHOL	SARNA®	Lotion
CAPSAICIN	ZOSTRIX®, ZOSTRIX-HP®	Cream
Anti-Virals, Topical		
DOCOSANOL 10%	ABREVA®	Cream
Corticosteroids, Topical, Low Potency		
HYDROCORTISONE 0.5%, 1%	CORTIZONE®	Cream, Oint, Lotion
Keratolytics		
SALICYLIC ACID 17%	DUOFILM®	Liquid
SALICYLIC ACID 40%	MEDIPLAST®	Plaster
UREA 10%, 20%	UREACIN®, CARMOL® 20	Cream, Lotion
Dermatologics, Miscellaneous		
ALUMINUM ACETATE	BUROWS®	Liquid
AMMONIUM LACTATE 12%	AMLACTIN®	Cream, Lotion
HYDROGEN PEROXIDE	HYDROGEN PEROXIDE	Liquid
VITAMIN A&D	A AND D® OINTMENT	Ointment
WITCH HAZEL	TUCKS®	Solution, Pads
ZINC OXIDE, COD LIVER OIL & LANOLIN	DESITIN®	Oint, Paste
ZINC OXIDE 20%	BALMEX®	Ointment
Scabicides		
PERMETHRIN	NIX®	Rinse
PYRETHRINS, PIPERONYL BUTOXIDE	RID®, R & C®	Shampoo
Skin Protectants		
LANOLIN, HYDROUS	LANOLIN	Ointment
PETROLATUM, GLYCERIN, BENZYL ALC	MOISTUREL®	Lotion
PETROLATUM, MINERAL OIL/WAX, ETC.	AQUAPHOR®, EUCERIN®	Ointment

EYE, EAR, NOSE AND THROAT

Otics		
CARBAMIDE	DEBROX®	Solution
Nasal Agents		
CROMOLYN	NASALCROM®	Spray
Ophthalmics		
ARTIFICIAL TEARS	HYOPTEARs®, PURALUBE®	Drops, Ointment
CARBOXYMETHYLCELLULOSE	CELLUVISC®, REFRESH PLUS®	Drops
HYDROXYPROPYL METHYLCELLULOSE	TEARS NATURALE II®	Drops
KETOTIFEN FUMARATE 0.025%	ZADITOR®	Drops
NAPHAZOLINE/ PHENIRAMINE	OPCON-A®	Drops
POLYVINYL ALCOHOL, POVIDONE	REFRESH® PF	Drops
SODIUM CHLORIDE 5%	MURO®-128	Drops, Ointment
Throat and Mouth Agents		
CETYLPYRIDINIUM CL, BENZYL ALCOHOL	CEPACOL®	Lozenge

GASTROINTESTINAL AGENTS

Antacids/Adsorbents		
CHARCOAL, ACTIVATED W/O SORBITOL	ACTIDOSE	Liquid
ALUMINUM/ MAGNESIUM	MAALOX®	Tablet, Liquid
ALUMINUM/ MAGNESIUM/ SIMETHICONE	MINTOX® PLUS, MI-ACID	Tablet, Liquid

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

ALUM/ MAGN/TRISILIS/ALG AC/SOD BICAR	GAVISCON®, GENATON	Tablet
ALUMINUM HYDROXIDE	ALTERNAGEL®, AMPHOGEL®	Liquid
MAGNESIUM OXIDE	MAG-OX®	Tablet
Antidiarrheals		
BISMUTH SUBSALICYLATE	PEPTO BISMOL®	Tablet, Liquid
LOPERAMIDE	IMMODIUM®	Tablet, Liquid
Antinauseants		
DIMENHYDRINATE	DRAMAMINE®	Tablet, Liquid
MECLIZINE	BONINE®, ANTIVERT®	Tablet
Laxatives/Cathartics		
BISACODYL	DULCOLAX®	Tablet, Supp
DOCUSATE SODIUM	COLACE®	Tablet, Liquid
GLYCERIN	GLYCERIN	Liquid, Supp
MAGNESIUM CITRATE	CITRO-MAG®	Liquid
MILK OF MAGNESIA	MILK OF MAGNESIA	Liquid
MINERAL OIL	FLEET® MINERAL OIL	Liquid
PSYLLIUM	METAMUCIL®	Powder
POLYETHYLENE GLYCOL	MIRALAX®	Powder
SENNA	SENOKOT®	Tablet, Liquid
Histamine H2 Blockers		
RANITIDINE	ZANTAC®	Tablet
Gastrointestinal, Miscellaneous		
SIMETHICONE	MYLICON®	Tablet
LACTOBACILLUS	BACID®	Capsule
SHARK LIVER OIL, COCOA BUTTER, PHENYLEPHRINE	HEMORRHOIDAL SUPPOSITORIES	Supp
Proton Pump Inhibitors		
OMEPRAZOLE	PRILOSEC OTC	Tablet

GENITOURINARY

Overactive bladder treatment

OXYBUTYNIN	OXYTROL® PATCH	Patch
------------	----------------	-------

HORMONES

Contraceptive

LEVONORGESTROL	PLAN B ONE STEP	Tablet
----------------	-----------------	--------

LIPID LOWERING AGENTS

Non-Prescription Agents

NIACIN	NIACIN	Tablet
NIACIN EXTENDED-RELEASE	SLO-NIACIN®	Tablet
FISH OILS	SEA-OMEGA®-50	Capsule

NUTRITIONALS AND SUPPLEMENTS

Vitamins/Dietary Supplements

ACETYLCYSTEINE	NAC®	Capsule
ASCORBIC ACID (VIT C)		Tablet
CYANOCOBALAMIN (VIT B12)		Tablet
CHOLECALCIFEROL (VIT D)		Tablet
FOLIC ACID		Tablet
NIACINAMIDE (VIT B ₃)		Tablet
PRENATAL VITAMINS W/ FOLIC ACID		Tablet
PYRIDOXINE (VIT B6)		Tablet

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit

**Group Health Drug Formulary For a 1-tier Or 2-tier In-network Pharmacy Benefit
(Large Group Plans)**

THIAMINE (VIT B ₁)	Tablet
VITAMIN A	Capsule
VITAMIN B COMPLEX	Tablet
VITAMIN B COMPLEX W/C	Tablet
VITAMIN E	Capsule

Electrolytes, Iron, & Minerals

CALCIUM CARBONATE	TUMS®	Chew tabs, Liquid
CALCIUM CITRATE	CAL-CITRATE®	Tablet
CALCIUM CITRATE w/VITAMIN D	CITRACAL®	Tablet
ELECTROLYTE ORAL	PEDIALYTE®	Liquid
FERROUS GLUCONATE	FERGON®	Tablet
FERROUS SULFATE	FER-IN-SOL®	Tablet, Liquid
MAGNESIUM OXIDE	URO-MAG®	Capsule
SODIUM BICARBONATE		Tablet
ZINC SULFATE	ZINCATE®	Capsule

VAGINAL PREPARATIONS

Vaginal Anti-Infectives

POVIDONE-IODINE	BETADINE®	Douche
-----------------	-----------	--------

Vaginal Antifungals

CLOTRIMAZOLE	MYCELEX®-7, GYNE-LOTRIMIN®-3	Cream, Vag tabs
MICONAZOLE	MONISTAT®	Cream

Miscellaneous

LUBRICATING JELLY	K-Y JELLY®	JELLY
-------------------	------------	-------

UPPERCASE=brand; lowercase=generic

PA=Prior Authorization; ST=Step Therapy; QL=Quantity Limit; DS=DaySupply Limit