

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

Montana University System Employee Benefits Plan (MUS Plan) Formulary
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
8-MOP CAP	-	2	DERMATOLOGICALS
abacavir tab (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir/ lamivudine/ zidovudine tab (TRIZIVIR equiv)	-	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	2	ANTIVIRALS
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ACANYA/ONEXTON GEL	-	3	DERMATOLOGICALS
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCU-CHECK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK NANO SMARTVIEW METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
acetaminophen/cafeine/dihydrocodeine cap (TREZIX equiv)	-	3	ANALGESICS - OPIOID
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	3	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	1	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	3	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	1	DIURETICS
ACETAZOLAMIDE TAB 125MG	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	2	DERMATOLOGICALS
ACTEMRA SC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	NC	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
ACZONE GEL	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	\$0	TOXOIDS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADCIRCA TAB	LSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	LSP	4	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADOXA PAK	-	NC	TETRACYCLINES
ADRENACLICK/EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADVAIR DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERTENSIVES
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AEROSPAN HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day)	LSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	LSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA/FLUZONE INJ	VAC	\$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALAMAST OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALBENZA TAB	-	NC	ANTHELMINTICS
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ALECENSA CAP (QL= 8 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALENDRONATE SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	LSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP	-	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB	-	2	ANTI-INFECTIVE AGENTS - MISC.
ALKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOMIDOPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	NC	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	2	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	3	ANTI-ANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	3	ANTI-ANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTI-ANXIETY AGENTS
ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALSUMA INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ALTABAX OINT	-	3	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
aluminum chloride soln (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	2	ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
AMCINONIDE OINT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SOLN	-	NC	HEMOSTATICS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
AMICAR SYRUP	-	3	HEMOSTATICS
AMICAR TAB	-	3	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	1	HEMOSTATICS
AMINOCAPROIC ACID TAB	-	3	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	NC	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
AMPYRA TAB (QL= 2 tabs/day)	PA-QL-SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROXY TAB	-	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	4	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APRISO CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	2	ANTIVIRALS
APTIVUS SOLN	-	2	ANTIVIRALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	¢	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ARNUITY ELLIPTA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD/MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASMANEX HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atorvastatin tab (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
atovaquone/proguanil tab (MALARONE equiv)	-	2	ANTIMALARIALS
ATRIPLA TAB	-	2	ANTIVIRALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB (QL= 1 tab/day)	PA-QL-SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURYXIA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
AUVI-Q/EPIPEN (JR) INJ	-	NC	VASOPRESSORS
AVANDAMET TAB	-	2	ANTIDIABETICS
AVANDARYL TAB	-	2	ANTIDIABETICS
AVANDIA TAB	-	2	ANTIDIABETICS
AVAR AEROSOL FOAM	-	3	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVINZA CAP	-	NC	ANALGESICS - OPIOID
AVONEX INJ	LSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AXIRON SOLN	-	NC	ANDROGENS-ANABOLIC
AZASAN TAB	-	3	ASSORTED CLASSES
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azelastine nasal spray (ASTELIN/ASTEPRO equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
AZELEX CREAM	PA	3	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	2	OPHTHALMIC AGENTS
AZOR TAB	-	NC	ANTIHYPERTENSIVES
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen tab	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	-	2	ANTICONVULSANTS
BANZEL TAB	-	2	ANTICONVULSANTS
BASAGLAR INJ	-	NC	ANTIDIABETICS
B-D INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
BELSOMRA TAB	-	NC	HYPNOTICS
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENICAR TAB	-	NC	ANTIHYPERTENSIVES
BENZAC WASH	-	NC	DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
BENZONATATE CAP	-	3	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
benztropine tab	-	1	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel (DIPROLENE GEL equiv)	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bexarotene cap (TARGRETIN equiv)	LSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	\$0	VACCINES
BEYAZ TAB	-	\$0	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BILTRICIDE TAB	-	2	ANTHELMINTICS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
BOSULIF TAB	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln (ALPHAGAN P equiv)	-	1	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BROVANA NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv)	-	3	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL/SUBOXONE SL FILM	-	2	ANALGESICS - OPIOID
BUPHENYL TAB	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine SL tab (SUBUTEX equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	NC	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	1	ANTIAXIETY AGENTS
bupirone tab 30mg (BUSPAR equiv)	-	NC	ANTIAXIETY AGENTS
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
BUTISOL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2	ANALGESICS - OPIOID
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID
BYDUREON INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYETTA INJ	-	3	ANTIDIABETICS
BYSTOLIC TAB	¢	2	BETA BLOCKERS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	2	DERMATOLOGICALS
calcipotriene oint	-	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	DERMATOLOGICALS
calcipotriene/ betamethasone oint (TACLONEX equiv)	-	3	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	LSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS
CANASA SUPP	-	2	GASTROINTESTINAL AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	3	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
capecitabine tab (XELODA equiv)	LSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	3	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	3	ANALGESICS - OPIOID
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin-menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1	ANTIHYPERTENSIVES
CARAC CREAM	-	2	DERMATOLOGICALS
CARAFATE SUSP	-	1	ULCER DRUGS
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
carbinoxamine soln (PALGIC equiv)	-	3	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
CARMOL LOTION	-	NC	DERMATOLOGICALS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	4	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	3	CEPHALOSPORINS
CEENU CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACTOR ER TAB	-	3	CEPHALOSPORINS
CEFACTOR SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	2	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	\$0	VACCINES
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANKXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	1	DIURETICS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	1	ANTIDIABETICS
CHLORTHALIDONE TAB	-	1	DIURETICS
chlorzoxazone tab (PARAFON FORTE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	3	OPHTHALMIC AGENTS
cimetidine soln (TAGAMET equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	1	ULCER DRUGS
CIMZIA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRODEX OTIC SUSP	-	2	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ER tab (CIPRO XR equiv)	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CLARINEX REDITAB	-	NC	ANTIHISTAMINES
CLARINEX SYRUP	-	NC	ANTIHISTAMINES
CLARINEX TAB	-	NC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	3	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CAP	OTC	NC	ANTIHISTAMINES
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/ benzoyl peroxide gel (DUAC GEL equiv)	-	3	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	PA	3	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	PA	3	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	PA	2	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	PA	2	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	PA	3	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	PA	3	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	PA	3	DERMATOLOGICALS
CLODERM CREAM/ CLOCORTOLONE CREAM	-	3	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	3	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	3	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	1	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
clozapine ODT 25mg, 100mg (CLOZAPINE/FAZACLO equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT/FAZACLO ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
codeine sulfate tab	-	1	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS/COLCHICINE TAB	-	NC	GOUT AGENTS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	-	2	ANTIVIRALS
CONDYLOX GEL	-	3	DERMATOLOGICALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
CONTRAIVE TAB (QL= 4 tabs/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COPAXONE INJ 20MG/ML	LSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPAXONE INJ 40MG/ML	LSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CORDRAN TAPE	-	3	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B AQUEOUS OTIC SOLN	-	NC	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	1	CORTICOSTEROIDS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
COSENTYX INJ (QL= 2 inj/28 days)	LSP-PA-QL	4	DERMATOLOGICALS
COSOPT PF OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIVIVAN CAP	-	2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CROMOLYN NEB SOLN	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
cryselle tab (OGESTREL equiv)	-	\$0	CONTRACEPTIVES
CUPRIMINE CAP	-	NC	ASSORTED CLASSES
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVPOSA SOLN	-	3	ULCER DRUGS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
CYCLOPHOSPHAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
cyclosporine cap (SANDIMMUNE equiv)	-	2	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTAGON CAP (Only available through Pharmicare 800-238-7828)	LD-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	OPHTHALMIC AGENTS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
DAKLINZA TAB	-	NC	ANTIVIRALS
DALIRESP TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	NC	URINARY ANTISPASMODICS
DAXBIA CAP	-	NC	CEPHALOSPORINS
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DECON-A LIQUID	OTC	NC	COUGH/COLD/ALLERGY
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	1	TETRACYCLINES
DENAVIR CREAM	-	2	DERMATOLOGICALS
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPEN TITRATAB	-	2	ASSORTED CLASSES
DEPLIN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DESCOVY TAB	PA	2	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
DESLORATADINE ODT	-	NC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	NC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	NC	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	1	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint 0.25% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
desvenlafaxine ER tab (PRISTIQ equiv)	ST--	NC	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
dexamethasone soln	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole)	QL-ST	3	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	3	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvit tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
diazepam conc (VALIUM equiv)	-	1	ANTIANKXIETY AGENTS
DIAZEPAM SOLN	-	1	ANTIANKXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIANKXIETY AGENTS
DIAZEPAM/DIASTAT RECTAL GEL	-	3	ANTICONVULSANTS
DICLEGIS TAB	-	NC	ANTIEMETICS
diclofenac gel (SOLARAZE equiv)	PA	3	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	2	ANTIVIRALS
DIFFERIN GEL 0.3% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	1	DERMATOLOGICALS
DIFLORASONE OINT (PSORCON equiv)	-	NC	DERMATOLOGICALS
diffunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL/ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	3	ULCER DRUGS
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB 200MG	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN/PRUDOXIN/ZONALON CREAM	-	3	DERMATOLOGICALS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	3	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	3	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	3	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	2	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
DOXYCYCLINE/ORACEA CAP	-	NC	DERMATOLOGICALS
dronabinol cap (MARINOL equiv)	PA	2	ANTIEMETICS
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DST PLUS PAK KIT	-	NC	DERMATOLOGICALS
DUAC CS KIT	-	NC	DERMATOLOGICALS
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	2	ANTIDEPRESSANTS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUPIXENT INJ	-	NC	DERMATOLOGICALS
DURAVENT PE TAB	-	NC	COUGH/COLD/ALLERGY
DUREZOL OPHTH EMULSION	-	2	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DYANAVAL XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DYMISTA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	2	DIURETICS
econazole cream (SPECTAZOLE equiv)	-	3	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	3	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	3	ANTIHYPERTENSIVES
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
EDURANT TAB	-	2	ANTIVIRALS
EFFIENT TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
EGRIFTA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIDEL CREAM	-	2	DERMATOLOGICALS
ELIGEN B12 TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
EMADINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMSAM PATCH	-	3	ANTIDEPRESSANTS
EMTRIVA CAP	-	2	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	-	NC	URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENGERIX-B INJ	VAC	\$0	VACCINES
ENGERIX-B/RECOMBIVAX-HB	VAC	\$0	VACCINES
ENJUVIA TAB	-	NC	ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL-¢	2	ANTIVIRALS
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ENVARUS XR TAB	-	NC	ASSORTED CLASSES
EPANED PREMIXED SOLN	-	NC	ANTIHYPERTENSIVES
EPANED SOLN	PA	3	ANTIHYPERTENSIVES
EPCLUSA TAB (QL= 1 tab/day)	LSP-PA-QL	4	ANTIVIRALS
EPIDUO (FORTE) GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	3	OPHTHALMIC AGENTS
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIVIR HBV SOLN	-	2	ANTIVIRALS
eplerenone tab (INSPRA equiv)	¢	3	ANTIHYPERTENSIVES
EPOGEN INJ	LSP	4	HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	NC	ANTIHYPERTENSIVES
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/caffeine tab (CAFERGOT equiv)	-	3	MIGRAINE PRODUCTS
ERIVEDGE CAP	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	3	DERMATOLOGICALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
ERYPED SUSP	-	2	MACROLIDES
ERY-TAB	-	1	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	1	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	1	MACROLIDES
ERYTHROMYCIN TAB (all forms except PCE)	-	3	MACROLIDES
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	PA-QL-SF-SP	4	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
esomeprazole cap (NEXIUM equiv)	-	NC	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	ESTROGENS
ESTRACE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	3	ESTROGENS
ESTRASORB EMULSION	-	NC	ESTROGENS
ESTRATAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ethacrynic tab (EDECIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etidronate disodium tab 200mg (DIDRONEL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	LSP	4	ANTINEOPLASTICS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EURAX CREAM	-	2	DERMATOLOGICALS
EURAX LOTION	-	3	DERMATOLOGICALS
EVAMIST SPRAY	-	NC	ESTROGENS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	2	ANTIVIRALS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM	-	3	DERMATOLOGICALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELON SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB	SP	4	ANTIDOTES
EXTAVIA INJ (Step Therapy requires trial of 2: AVONEX, COPAXONE, or PLEGRIDY)	LSP-ST	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ezetimibe tab (ZETIA equiv)	-	NC	ANTHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	3	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	1	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	3	ANTIMALARIALS
FARESTON TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELBATOL TAB	-	2	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	3	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMHRT TAB	-	NC	ESTROGENS
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap (ANTARA equiv)	-	1	ANTHYPERLIPIDEMICS
fenofibrate tab (TRICOR equiv)	-	1	ANTHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	NC	ANTHYPERLIPIDEMICS
FENOFIBRIC TAB/FIBRICOR TAB	-	3	ANTHYPERLIPIDEMICS
fenopropfen calcium tab	-	3	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv)	-	2	ANALGESICS - OPIOID
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA GEL	-	2	DERMATOLOGICALS
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	NC	DERMATOLOGICALS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET-CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRST BACLOFEN SUSP KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	2	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	1	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
FLUOROPLEX CREAM	-	2	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	2	DERMATOLOGICALS
fluorouracil soln (EFUDEX SOLN equiv)	-	2	DERMATOLOGICALS
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	3	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	3	DERMATOLOGICALS
FLURAZEPAM CAP	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	1	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	NC	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL	VAC	\$0	VACCINES
FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	VACCINES
FLUZONE/FLULAVAL QUAD INJ	VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
FOCALIN XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	PA	2	ANTICOAGULANTS
FORADIL AEROLIZER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
FORTEO INJ	LSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL/ TESTOSTERONE GEL	-	NC	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ	-	3	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FULYZAQ TAB	-	NC	ANTIDIARRHEALS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	LSP	4	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
FYCOMPA SUSP	-	NC	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	2	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONVULSANTS
GABITRIL TAB 12MG, 16MG	-	2	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	¢	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	-	2	ANTIVIRALS
GARDASIL 9 INJ	VAC	\$0	VACCINES
GARDASIL INJ	VAC	\$0	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
gavilyte-h kit	-	NC	LAXATIVES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	3	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERLIPIDEMICS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
GENOTROPIN/HUMATROPE/ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
gentamicin ophth oint (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	-	2	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	NC	CONTRACEPTIVES
GILENYA CAP (QL= 1 cap/day)	LSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatopa inj 20mg/ml (COPAXONE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB 1.5MG	-	NC	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
GOLYTELY SOLN	-	NC	LAXATIVES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3	ANTIEMETICS
GRANIX INJ	LSP	4	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
HALOG CREAM	-	3	DERMATOLOGICALS
HALOG OINT	-	3	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI TAB (QL= 1 tab/day)	LSP-PA-QL	4	ANTIVIRALS
HAVRIX/VAQTA INJ	VAC	\$0	VACCINES
HDC DM SYRUP	-	NC	COUGH/COLD/ALLERGY
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ	SP	4	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMIRA INJ (QL= 2 inj/28 days)	LSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ (QL= 2 inj/28 days)	LSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	NC	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN N INJ	OTC	NC	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN R INJ	OTC	NC	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HYCAMTIN CAP	LSP-PA	4	ANTINEOPLASTICS
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydromorphone ER tab (EXALGO equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIAXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIAXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIAXIETY AGENTS
hyoscyamine sulfate CR tab (LEVBIID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	URINARY ANTISPASMODICS
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (RX only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine pamoate cap (TOFRANIL PM equiv)	-	3	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2	DERMATOLOGICALS
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
IMPLANON/NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
INCIVEK TAB	-	NC	ANTIVIRALS
INCRELEX INJ	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDOCIN SUPP	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ	LSP	4	ANTIVIRALS
INLYTA TAB (QL= 8 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INSULIN SYRINGE	OTC	3	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2	ANTIVIRALS
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
INTRON-A INJ	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA SUSTENNA/TRINZ INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP	-	2	ANTIVIRALS
INVIRASE TAB	-	2	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN 1%	-	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	¢	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
ISENTRESS TAB	-	2	ANTIVIRALS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	2	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap (ACCUTANE equiv)	-	2	DERMATOLOGICALS
isoxsuprine tab	-	3	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
itraconazole cap (SPORANOX equiv)	PA	2	ANTIFUNGALS
ivermectin tab (STROMECTOL equiv)	-	2	ANTHELMINTICS
JADENU TAB	LSP	4	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	2	ESTROGENS
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA TAB	-	2	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	PA-QL-SF-SP	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	4	RESPIRATORY AGENTS - MISC.
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
KAZANO/ALOGLIPTIN-METFORMIN TAB	-	NC	ANTIDIABETICS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KETEK TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
ketoprofen cap (ORUDIS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
KHEDEZLA ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KISQALI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLOR-CON M15 TAB	-	2	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	4	ANTIDIABETICS
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRISTALOSE PACKET	-	3	LAXATIVES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERTENSIVES
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	2	OPHTHALMIC AGENTS
lactulose soln	-	1	LAXATIVES
LAMICTAL CHEW TAB 2MG	-	2	ANTICONVULSANTS
LAMICTAL XR KIT	-	3	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	1	ULCER DRUGS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3	ULCER DRUGS
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB	-	NC	ANTIHYPERTENSIVES
LETAIRIS TAB (QL= 1 tab/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	LSP-PA	4	HEMATOPOIETIC AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVALBUTEROL/XOPENEX HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVATOL TAB	-	3	BETA BLOCKERS
LEVEMIR FLEXPEN/FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	2	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	2	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEXIVA SUSP	-	2	ANTIVIRALS
LEXIVA TAB	-	2	ANTIVIRALS
LIALDA TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	2	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	2	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine viscous soln	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
lindane lotion	-	3	DERMATOLOGICALS
lindane shampoo	-	3	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	PA	2	GASTROINTESTINAL AGENTS - MISC.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPOFEN CAP/FENOFIBRATE CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
LIPTRUZET TAB	-	NC	ANTIHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	3	ANTIHYPERLIPIDEMICS
L-METHYLFOLATE TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	3	CONTRACEPTIVES
LO MINASTRIN 24 FE CHEW TAB	-	3	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LOESTRIN 24 FE TAB	-	3	CONTRACEPTIVES
LOFIBRA CAP/ANTARA CAP 30MG, 90MG	-	NC	ANTIHYPERLIPIDEMICS
LOFIBRA/TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
LONSURF TAB	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv)	-	2	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	NC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUFYLLIN TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LUMIGAN/BIMATOPROST OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LUZU CREAM	-	NC	DERMATOLOGICALS
LYNPARZA CAP (Only available through Biologics 800-850-4306)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	2	ANTICONSULSANTS
LYRICA SOLN	-	2	ANTICONSULSANTS
LYSODREN TAB	LSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MALARONE TAB	-	2	ANTIMALARIALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLOFENAMATE CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone inj (DEPO-PROVERA equiv)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	3	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB	LSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
memantine soln (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	\$0	VACCINES
MENHIBRIX INJ	VAC	\$0	VACCINES
MENOMUNE INJ	VAC	\$0	VACCINES
MENOSTAR PATCH	-	NC	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
MENVEO INJ	VAC	\$0	VACCINES
meperidine tab (DEMEROL equiv)	-	1	ANALGESICS - OPIOID
MEPHYTON TAB	-	2	VITAMINS
meprobamate tab (MILTOWN equiv)	-	1	ANTIANKXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	LSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON SYRUP	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METANX CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	3	MUSCULOSKELETAL THERAPY AGENTS
metformin ER tab (GLUCOPHAGE XR equiv)	-	\$0	ANTIDIABETICS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
metformin tab (GLUCOPHAGE equiv)	-	\$0	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	1	URINARY ANTI-INFECTIVES
METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	PA	3	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE INJ	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	1	DIURETICS
methyl dopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methyl dopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap (ANDROID/TESTRED equiv)	PA	3	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METZOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
METROGEL 1% (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	2	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
mexiletine cap (MEXITIL equiv)	-	2	ANTIARRHYTHMICS
MIACALCIN INJ	LSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	3	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIDRIN CAP	-	2	MIGRAINE PRODUCTS
MIGERGOT SUPP	-	2	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	3	ANTIDIABETICS
MIGRANAL/ DIHYDROERGOTAMINE SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	3	CORTICOSTEROIDS
MILLIPRED TAB	-	3	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	-	NC	LAXATIVES
MIRALAX POWDER	-	NC	LAXATIVES
MIRAPEX ER TAB	-	NC	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	-	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	NC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	2	GOUT AGENTS
M-M-R II INJ	VAC	\$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	URINARY ANTI-INFECTIVES

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
MORPHINE SULFATE ER BEAD CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
morphine sulfate supp	-	2	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOVANTIK TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	2	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULTAQ TAB	-	2	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	1	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	1	HEMATOPOIETIC AGENTS
multivitamin w/ minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	2	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYLERAN TAB	LSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3	ANTIHYPERTENSIVES
naftifine cream (NAFTIN equiv)	-	3	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
NALFON CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
NALOXONE INJ (QL= 2 inj/fill)	QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	QL--	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	3	ANTIDOTES
NAMENDA XR CAP	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPRELAN CR TAB 375MG, 750MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
naproxen sodium tab (ANAPROX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	2	ANTIDOTES
NARDIL TAB	-	2	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NASONEX NASAL SPRAY (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATAZIA TAB	-	3	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	3	ANTIDIABETICS
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NATURE THROID/ARMOUR THYROID TAB	-	1	THYROID AGENTS
NEBUPENT NEB SOLN	-	2	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	\$0	CONTRACEPTIVES
necon tab 1/50 (NORYNIL equiv)	-	\$0	CONTRACEPTIVES
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
neomycin tab	-	1	AMINOGLYCOSIDES
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NESINA/ALOGLIPTIN TAB	-	NC	ANTIDIABETICS
NEULASTA INJ	LSP	4	HEMATOPOIETIC AGENTS
NEUMEGA INJ	LSP	4	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEVANAC OPTH SUSP	-	2	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXAVAR TAB	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	3	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC	ULCER DRUGS
NEXIUM CAP	-	NC	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
NEXIUM OTC CAP	OTC	NC	ULCER DRUGS
niacin cap	OTC	1	VITAMINS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
niacin CR tab (SLO-NIACIN equiv)	OTC	1	VITAMINS
niacin ER tab (NIASPAN equiv)	-	NC	ANTIHYPERLIPIDEMICS
niacin tab	OTC	1	VITAMINS
NIACIN TR TAB	OTC	1	VITAMINS
niacinamide tab	OTC	1	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	1	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	LSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	2	URINARY ANTI-INFECTIVES
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin SR cap	-	1	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
nizatidine soln (AXID equiv)	-	3	ULCER DRUGS
NORDITROPIN INJ	LSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NOROXIN TAB	-	3	FLUOROQUINOLONES
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	1	ANTIDEPRESSANTS
NORVIR CAP	-	2	ANTIVIRALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
NORVIR SOLN	-	2	ANTIVIRALS
NORVIR TAB	-	2	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	-	2	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	1	THYROID AGENTS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID
NUEDEXTA CAP (QL= 2 caps/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULYTELY SOLN	-	NC	LAXATIVES
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUTROPIN AQ/OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUVARING	-	\$0	CONTRACEPTIVES
NUVIGIL TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	NC	DERMATOLOGICALS
nystatin/triamcinolone oint	-	NC	DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	4	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODEFSEY TAB	-	2	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	LSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	PA-QL-SF-SP	4	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	3	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/ fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	3	ANTIDEPRESSANTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
OLLIZAC POWDER	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	NC	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln (PATANOL equiv)	-	2	OPHTHALMIC AGENTS
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	\$0	ULCER DRUGS
OMEPRAZOLE TAB	OTC	NC	ULCER DRUGS
omeprazole/bicarbonate powder pack (ZEGERID equiv) (Covered at Tier 2 if less than 12 years old)	-	3	ULCER DRUGS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	PA	2	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	3	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP	-	3	TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ (QL= 4 inj/28 days)	LSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
ORTHO-PREFEST TAB	-	NC	ESTROGENS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2	ANTIVIRALS
OSENI/ALOGLIPTIN-PIOGLITAZONE TAB	-	NC	ANTIDIABETICS
OSMOPREP TAB	-	3	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.

**Alphabetical Index
Last Updated 4/7/2017**

Drug Name	Special Code	Tier	Category
OTEZLA TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN	-	NC	OTIC AGENTS
OTOZIN OTIC DROPS	-	NC	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
oxandrolone tab (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	1	ANTI-ANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxiconazole nitrate cream (OXISTAT equiv)	-	3	DERMATOLOGICALS
OXISTAT LOTION	-	3	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone ER tab (OXYCONTIN equiv)	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 4 tabs/day)	QL	2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH	PA	3	URINARY ANTISPASMODICS
paliperidone ER tab (INVEGA equiv)	PA	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PANCREAZE CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
PANDEL CREAM	-	3	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
PAPAVERINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PAPAVERINE/PHENTOLAMINE INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PARAGARD IUD	-	\$0	CONTRACEPTIVES
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	3	AMINOGLYCOSIDES
paroxetine ER tab (PAXIL CR equiv)	-	2	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PATADAY OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of olopatadine ophth soln)	QL-ST	2	OPHTHALMIC AGENTS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	3	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ	LSP	4	ANTIVIRALS
PEGASYS INJ KIT	LSP	4	ANTIVIRALS
PEG-INTRON INJ	LSP	4	ANTIVIRALS
PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN 1.5%	-	NC	DERMATOLOGICALS
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PERFOROMIST NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERTZYE CAP	-	NC	DIGESTIVE AIDS
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PHENTOLAMINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHISOHEX LIQUID	-	3	ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	3	OPHTHALMIC AGENTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
pimozide tab (ORAP equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	2	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	2	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	LSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PNEUMOVAX INJ	VAC	\$0	VACCINES
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POMALYST CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride soln	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONSULSANTS
PRADAXA CAP	-	2	ANTICOAGULANTS
PRALUENT INJ	-	NC	ANTHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	2	DERMATOLOGICALS
PRAMOSONE E CREAM	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	2	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERTENSIVES
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednicarbate cream (DERMATOP equiv)	-	1	DERMATOLOGICALS
prednicarbate oint (DERMATOP equiv)	-	1	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	1	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISON PAK	-	2	CORTICOSTEROIDS
PREDNISON SOLN	-	1	CORTICOSTEROIDS
PREDNISON TAB	-	1	CORTICOSTEROIDS
prednison tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE/PREMPRO TAB	-	2	ESTROGENS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/PRENAPLUS)	-	1	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PREVACID OTC CAP	OTC	1	ULCER DRUGS
PREVACID SOLUTAB	-	2	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT RINSE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	\$0	VACCINES
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA SUSP	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	-	NC	ULCER DRUGS
PRIMAQUINE TAB	-	2	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PROAIR HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	LSP	4	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
PROCYSBI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	2	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
progesterone oil inj	-	NC	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3	ANTIDIABETICS
PROLENSA OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA TAB	LSP-PA	4	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	3	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	1	COUGH/COLD/ALLERGY
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX PAK	-	NC	ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LSP	4	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	3	ULCER DRUGS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
QBRELIS SOLN	-	NC	ANTIHYPERTENSIVES
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP (QL= 1 cap/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QUALAQUIN CAP	-	NC	ANTIMALARIALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
QUARTETTE TAB	-	NC	CONTRACEPTIVES
QUDEXY XR/TOPIRAMATE ER CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTI PSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	NC	ANTI PSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3	MULTIVITAMINS
QUILLICHEW ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QVAR INHALER	-	NC	ANTI ASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
rajani tab (BEYAZ equiv)	-	NC	CONTRACEPTIVES
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
RANEXA TAB	-	2	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1	ULCER DRUGS
RAPAFLO CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	2	ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	¢	2	ANTI PARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBETOL SOLN	LSP	4	ANTIVIRALS
REBIF INJ	LSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REGANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAX TAB	-	NC	MIGRAINE PRODUCTS
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
RENVELA PACKET	-	2	GASTROINTESTINAL AGENTS - MISC.
RENVELA TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTI DIABETICS
REPATHA INJ	-	NC	ANTI HYPERLIPIDEMICS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.

**Alphabetical Index
Last Updated 4/7/2017**

Drug Name	Special Code	Tier	Category
REPATHA PUSHTRONEX INJ	-	NC	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	-	2	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%	-	NC	DERMATOLOGICALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day)	PA-QL-SP	4	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP	-	2	ANTIVIRALS
REYATAZ POWDER PACK	-	2	ANTIVIRALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC	DERMATOLOGICALS
RIBAPAK TAB	-	NC	ANTIVIRALS
RIBATAB	LSP	4	ANTIVIRALS
ribavirin cap (REBETOL equiv)	LSP	4	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	LSP	4	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	2	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	1	ANTIVIRALS
RIOMET SOLN	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP 10MG	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
RITALIN LA CAP 60MG	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ropinirole ER tab (REQUIP XL equiv)	-	3	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROSDAN KIT	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day)	QL-¢	1	ANTIHYPERLIPIDEMICS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL-¢	1	ANTHYPERLIPIDEMICS
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROZEREM TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RUBRACA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	3	ANTIPARKINSON AGENTS
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
SAIZEN/SEROSTIM INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	1	ANALGESICS - NONNARCOTIC
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANDOSTATIN INJ	LSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT	-	2	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
seb-prev cream (OVACE CREAM equiv)	-	3	DERMATOLOGICALS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
SELZENTRY TAB	-	2	ANTIVIRALS
SENSIPAR TAB	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL XR TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIGNIFOR LAR INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
sildenafil tab (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERLIPIDEMICS
sirolimus tab (RAPAMUNE equiv)	-	2	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/ urea pad (ROSULA equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	2	DERMATOLOGICALS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLIQUA INJ	-	NC	ANTIDIABETICS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SORIATANE CK KIT	-	2	DERMATOLOGICALS
SORILUX FOAM	-	3	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOVALDI TAB	-	NC	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	LSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2	MINERALS & ELECTROLYTES
stavudine cap (ZERIT equiv)	-	2	ANTIVIRALS
stavudine soln (ZERIT equiv)	-	2	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STELARA INJ	-	NC	DERMATOLOGICALS
STIMATE NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB	-	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBOXONE SL TAB	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	-	NC	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	1	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT	-	NC	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan nasal spray (SUMATRIPTAN/IMITREX equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ (QL= 6 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN	-	NC	LAXATIVES
SUSTIVA CAP	-	2	ANTIVIRALS
SUSTIVA TAB	-	2	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTENT CAP	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB	-	NC	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYPRINE CAP	PA-SP	4	ASSORTED CLASSES
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX SCALP SUSP	-	3	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	2	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2	DERMATOLOGICALS
TAFINLAR CAP (QL= 4 caps/day)	LSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
TALTZ INJ	-	NC	DERMATOLOGICALS
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	2	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	LSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	LSP	4	DERMATOLOGICALS
TASIGNA CAP	LSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAYTULLA CAP	-	NC	CONTRACEPTIVES
TAZORAC CREAM	-	NC	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TECFIDERA CAP	LSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	LSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	2	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	3	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	LSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
TESTIM GEL/ TESTOSTERONE GEL	-	NC	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TETANUS-DIPHTHERIA TOXOID INJ	VAC	\$0	TOXOIDS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
tetrabenazine tab (XENAZINE equiv)	LSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3	TETRACYCLINES
TEVETEN HCT TAB	-	NC	ANTIHYPERTENSIVES
THALOMID CAP	PA-SP	4	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOPTIC OCUDOSE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
TIROSINT CAP	-	3	THYROID AGENTS
TIVICAY TAB (QL= 2 tabs/day)	QL	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	RS-SP	4	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LSP-RS	4	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	3	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	¢	2	URINARY ANTISPASMODICS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT 0.25%	-	NC	DERMATOLOGICALS
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	2	DERMATOLOGICALS
TOPICORT/DESOXIMETASONE OINT 0.05%	-	NC	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
torseamide tab (DEMADEX equiv)	-	1	DIURETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB (QL= 2 tabs/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
tramadol ER tab (ULTRAM ER equiv)	-	3	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	3	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
trandolapril/ verapamil ER tab (TARKA equiv)	-	3	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	3	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
TRAVATAN Z OPTH SOLN (QL= 5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LSP	4	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	3	DERMATOLOGICALS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	2	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
tri-igest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	1	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	NC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	3	ANTIDEPRESSANTS
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRINTELLIX TAB	-	NC	ANTIDEPRESSANTS
TRIUMEQ TAB	-	2	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	PA	3	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	3	URINARY ANTISPASMODICS
TRULANCE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ	-	3	ANTIDIABETICS
TRUMENBA INJ	VAC	\$0	VACCINES
TRUVADA TAB	PA	2	ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3	COUGH/COLD/ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	\$0	VACCINES
TYBOST TAB	-	NC	ANTIVIRALS
TYKERB TAB	LSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	-	NC	ANTIVIRALS
UCERIS RECTAL FOAM	PA	3	ANORECTAL AGENTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	3	CORTICOSTEROIDS
U-CORT CREAM	-	2	DERMATOLOGICALS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3	DERMATOLOGICALS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	2	GOUT AGENTS
ULTRAVATE LOTION	-	3	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
ULTRESA CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	URINARY ANTI-INFECTIVES

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB	-	NC	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	2	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	2	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	2	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTURNA TAB	-	3	ANTIHYPERTENSIVES
vancomycin cap (VANOCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	2	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	1	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	NC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VARIVAX INJ	VAC	\$0	VACCINES
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
vasolex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXCHORA SUSP	-	NC	VACCINES
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0	VAGINAL PRODUCTS
VECTICAL OINT	-	3	DERMATOLOGICALS
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (Only available through Walgreens 888-347-3416)	LD-PA	4	ASSORTED CLASSES
VELTIN GEL	-	NC	DERMATOLOGICALS
VEMLIDY TAB	-	2	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	1	ANTIDEPRESSANTS
VENLAFAXINE ER TAB 225MG	-	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil SR cap (VERELAN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN PM equiv)	-	3	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR/ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	3	DERMATOLOGICALS
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
VESICARE TAB	¢	2	URINARY ANTISPASMODICS
VEXOL OPTH SUSP	-	2	OPHTHALMIC AGENTS
V-GO INJ KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days)	QL	2	ANTIDIABETICS
VICTRELIS CAP	-	NC	ANTIVIRALS
VIDEX SOLN	-	2	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2	ANTICONSULTANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	2	ANTICONSULTANTS
VIRACEPT POWDER	-	2	ANTIVIRALS
VIRACEPT TAB	-	2	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VISICOL TAB	-	3	LAXATIVES
VISTOGARD PAK	-	NC	ANTIDOTES
vitamin D cap (RX strength only)	-	1	VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITEKTA TAB	-	2	ANTIVIRALS
VIVELLE-DOT PATCH	-	NC	ESTROGENS
VIVITROL INJ	-	NC	ANTIDOTES
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0	VACCINES
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTIFUNGALS
VOTRIENT TAB	LSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VYTONER CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3	ANTIHYPERTENSIVES
VYTORIN TAB 10-80MG (This strength excluded from coverage)	-	NC	ANTIHYPERTENSIVES
VYVANSE CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYVANSE CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WELCHOL PAK	-	2	ANTIHYPERTENSIVES
WELCHOL TAB	-	2	ANTIHYPERTENSIVES
WESTCORT OINT	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
XALKORI CAP	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
XAQUIL XR TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XELJANZ TAB (QL= 2 tabs/day)	LSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XERESE CREAM	-	3	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIIDRA OPTH SOLN	-	NC	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOLEGEL	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP	-	NC	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0	CONTRACEPTIVES
XULTOPHY INJ	-	NC	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
XYZBAC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YASMIN TAB	-	\$0	CONTRACEPTIVES
YAZ TAB	-	\$0	CONTRACEPTIVES
YODOXIN TAB	-	3	AMEBICIDES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
yuvaferm tab (VAGIFEM equiv)	-	NC	VAGINAL PRODUCTS
ZADITOR OPTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafirlukast tab (ACCOLATE equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZARXIO INJ	LSP	4	HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	4	HEMATOPOIETIC AGENTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	OTC	1	ULCER DRUGS
ZELAPAR ODT	-	3	ANTIPARKINSON AGENTS

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Alphabetical Index
Last Updated 4/7/2017

Drug Name	Special Code	Tier	Category
ZELBORAF TAB	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ZENPEP CAP	-	NC	DIGESTIVE AIDS
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB (QL= 1 tab/day)	LSP-PA-QL	4	ANTIVIRALS
ZERIT SOLN	-	3	ANTIVIRALS
ZETIA TAB (QL= 1 tab/day)	QL	2	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	2	ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZINBRYTA INJ (QL= 1 inj/28 days)	PA-QL-SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOCOR TAB 80MG	-	NC	ANTIHYPERLIPIDEMICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLINZA CAP	LSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	3	ANALGESICS - NONNARCOTIC
ZORTRESS TAB	PA	2	ASSORTED CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older. Not covered if member is less than age 50.)	VAC	\$0	VACCINES
ZOVIRAX CREAM	-	3	DERMATOLOGICALS
ZOVIRAX OINT	-	2	DERMATOLOGICALS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
 Alphabetical Index
 Last Updated 4/7/2017**

Drug Name	Special Code	Tier	Category
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYTIGA TAB (QL= 4 tabs/day)	LSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
methamphetamine tab (DESOXYN equiv)	-	1
ADDERALL XR CAP	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
VYVANSE CAP	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	3
ADZENYS XR TAB	-	NC
amphetamine ER cap (ADDERALL XR equiv)	-	NC
DYANAVEL XR SUSP	-	NC
VYVANSE CHEW TAB	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALECTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	1
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1
QSYMIA CAP (QL= 1 cap/day)	PA-QL	3
ANTI-OBESITY AGENTS		
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	2
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	2
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	2
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1
STRATTERA CAP	-	3
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
STIMULANTS - MISC.		
dexamethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
methylphenidate soln (METHYLIN equiv)	-	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	3
methylphenidate chew tab (METHYLIN equiv)	-	3
RITALIN LA CAP 10MG	-	3
RITALIN LA CAP 60MG	-	3
DAYTRANA PATCH	-	NC
dexamethylphenidate ER cap (FOCALIN XR equiv)	-	NC
FOCALIN XR CAP	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
NUVIGIL TAB	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC
AMEBICIDES		
AMEBICIDES		
YODOXIN TAB	-	3
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	3
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	RS-SP	4
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LSP-RS	4
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ TAB (QL= 2 tabs/day)	LSP-PA-QL	4
XELJANZ XR TAB (QL= 1 tab/day)	LSP-PA-QL	4
ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ (QL= 2 inj/28 days)	LSP-PA-QL	4
HUMIRA PEN INJ (QL= 2 inj/28 days)	LSP-PA-QL	4
SIMPONI ARIA INJ	-	NC
SIMPONI INJ	-	NC
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA SC INJ	-	NC
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (RX only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ketoprofen cap (ORUDIS equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
MECLOFENAMATE CAP	-	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen susp (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	2
INDOCIN SUPP	-	2
INDOCIN SUSP	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
NAPROXEN SUSP	-	2
oxaprozin tab (DAYPRO equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
fenoprofen calcium tab	-	3
FENOPROFEN CAP	-	3
KETOPROFEN ER CAP	-	3
mefenamic acid cap (PONSTEL equiv)	-	3
NALFON CAP	-	3
TOLMETIN CAP	-	3
tolmetin cap (TOLECTIN DS equiv)	-	3
TOLMETIN TAB	-	3
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 375MG, 750MG	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK	-	NC
OTEZLA TAB	-	NC
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LSP-PA-QL	4
ORENCIA SC INJ (QL= 4 inj/28 days)	LSP-PA-QL	4
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LSP-PA-QL	4
ENBREL INJ 50MG (QL= 4 inj/28 days)	LSP-PA-QL	4
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LSP-PA-QL	4

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
SALICYLATES		
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	1
ZORPRIN TAB	-	3
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	1
HYDROMORPHONE SUPP	-	1
hydromorphone tab (DILAUDID equiv)	-	1
meperidine tab (DEMEROL equiv)	-	1
METHADONE SOLN	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl patch (DURAGESIC equiv)	-	2
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2
LEVORPHANOL TAB	-	2
morphine sulfate supp	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
OXYCONTIN CR TAB (QL= 4 tabs/day)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
CODEINE SULFATE SOLN	-	3
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
NUCYNTA TAB	-	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
tramadol ER tab (ULTRAM ER equiv)	-	3
ARYMO ER TAB	-	NC
AVINZA CAP	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
KADIAN CAP	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
oxycodone ER tab (OXYCONTIN equiv)	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
XTAMPZA ER CAP	-	NC
ZOHYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	2
acetaminophen/caffeine/dihydrocodeine cap (TREZIX equiv)	-	3
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	3
CAPITAL/CODEINE SUSP	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
tramadol/acetaminophen tab (ULTRACET equiv)	-	3
FIORICET-CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
BUNAVAIL/SUBOXONE SL FILM	-	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
ZUBSOLV SL TAB	-	2
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
BELBUCA FILM	-	NC
buprenorphine SL tab (SUBUTEX equiv)	-	NC
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	NC
SUBOXONE SL TAB	-	NC

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	1

ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	2
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	2
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	2
ANDROXY TAB	-	2
danazol cap (DANOCRINE equiv)	-	2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2
METHITEST TAB	PA	3
methyltestosterone cap (ANDROID/TESTRED equiv)	PA	3
AXIRON SOLN	-	NC
FORTESTA GEL/ TESTOSTERONE GEL	-	NC
TESTIM GEL/ TESTOSTERONE GEL	-	NC
VOGELXO PUMP	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3

RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3

RECTAL STEROIDS		
hydrocortisone supp (ANUSOL HC equiv)	-	1
proctosol HC cream (ANUSOL HC equiv)	-	1

ANTHELMINTICS

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTHELMINTICS Cont.		
ANTHELMINTICS		
BILTRICIDE TAB	-	2
ivermectin tab (STROMECTOL equiv)	-	2
ALBENZA TAB	-	NC
EMVERM TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	2
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SR cap	-	1
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
nitroglycerin SL tab (NITROSTAT equiv)	-	2
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3
NITRO-BID OINT	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC
ANTIANGIETY AGENTS		
ANTIANGIETY AGENTS - MISC.		
bupirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	1
bupirone tab 30mg (BUSPAR equiv)	-	NC
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
clorazepate tab (TRANXENE-T equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
DIAZEPAM SOLN	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
oxazepam cap (SERAX equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	3
alprazolam ODT (NIRAVAM equiv)	-	3
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
QUINIDINE SULFATE ER TAB	-	3
ANTIARRHYTHMICS TYPE I-B		
mexiletine cap (MEXITIL equiv)	-	2
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB	-	2
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	1
CROMOLYN NEB SOLN	-	2
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER	-	NC
TUDORZA PRESSAIR INHALER	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	3
zileuton ER tab (ZYFLO CR equiv)	-	3
ZYFLO TAB	-	3
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	NC
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER	-	1
ASMANEX INHALER	-	1
budesonide inh susp (PULMICORT equiv)	-	1
FLOVENT DISKUS INHALER	-	1
FLOVENT HFA INHALER	-	1
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SYMPATHOMIMETICS		
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
METAPROTERENOL SYRUP	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
FORADIL AEROLIZER	-	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	2
albuterol neb soln 0.63mg (ACCUNEBA equiv)	-	3
albuterol neb soln 1.25mg (ACCUNEBA equiv)	-	3
BROVANA NEB SOLN	-	3
levalbuterol neb soln (XOPENEX equiv)	-	3
METAPROTERENOL TAB	-	3
PERFOROMIST NEB SOLN	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
BEVESPI AEROSPHERE INHALER	-	NC
LEVALBUTEROL/XOPENEX HFA INHALER	-	NC
PROAIR HFA INHALER	-	NC
PROVENTIL HFA INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
aminophylline tab	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
LUFYLLIN TAB	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
fondaparinux inj (ARIXTRA equiv)	PA	2
FRAGMIN INJ	-	3
THROMBIN INHIBITORS		
PRADAXA CAP	-	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tab (KLONOPIN equiv)	-	1
ONFI TAB	PA	2
clonazepam ODT (KLONOPIN equiv)	-	3
DIAZEPAM/DIASTAT RECTAL GEL	-	3
ONFI SUSP	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP	-	2
BANZEL TAB	-	2
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln (NEURONTIN equiv)	-	2
LAMICTAL CHEW TAB 2MG	-	2
LYRICA CAP	-	2
LYRICA SOLN	-	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL= 2 tabs/day)	QL	2
LAMICTAL XR KIT	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine ODT (LAMICTAL equiv)	-	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3
APTIOM TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
QUDEXY XR/TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
FELBATOL TAB	-	2
GABA MODULATORS		
GABITRIL TAB 12MG, 16MG	-	2
tiagabine tab (GABITRIL equiv)	-	2
SABRIL POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
APLENZIN TAB	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
NARDIL TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2
paroxetine ER tab (PAXIL CR equiv)	-	2
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
OLEPTRO TAB	-	3
trazodone tab 300mg (DESYREL equiv)	-	NC
TRINTELLIX TAB	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine ER tab	-	1
VENLAFAXINE ER TAB 225MG	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	2
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
KHEDEZLA ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
desvenlafaxine ER tab (PRISTIQ equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
AMOXAPINE TAB	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
NORTRIPTYLINE SOLN	-	1
desipramine tab (NORPRAMIN equiv)	-	2
clomipramine cap (ANAFRANIL equiv)	-	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (GLYSET equiv)	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
pioglitazone/glimepiride tab (DUETACT equiv)	-	2
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB (QL= 1 tab/day)	QL	2
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	2
ACTOPLUS MET XR TAB	-	3
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KAZANO/ALOGLIPTIN-METFORMIN TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
OSENI/ALOGLIPTIN-PIOGLITAZONE TAB	-	NC
PRANDIMET TAB	-	NC
SOLIQUA INJ	-	NC
SYNJARDY XR TAB	-	NC
XULTOPHY INJ	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	\$0
metformin tab (GLUCOPHAGE equiv)	-	\$0
RIOMET SOLN	-	3
FORTAMET TAB	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ	-	2
GLUCAGON INJ KIT	-	2
PROGLYCEM SUSP	-	3
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	4
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
NESINA/ALOGLIPTIN TAB	-	NC
ONGLYZA TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ	-	3
TRULICITY INJ	-	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
INSULIN		
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXPEN/FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA INJ	-	2
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ	-	NC
HUMALOG INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
HUMULIN MIX INJ	OTC	NC
HUMULIN MIX PEN INJ	OTC	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
HUMULIN N INJ	OTC	NC
HUMULIN N PEN INJ	OTC	NC
HUMULIN R INJ	OTC	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB	-	NC
SULFONYLUREAS		
chlorpropamide tab (DIABINESE equiv)	-	1
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
tolazamide tab (TOLINASE equiv)	-	1
TOLBUTAMIDE TAB	-	2
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
FULYZAQ TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
VSL #3 CAP	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
EXJADE TAB	SP	4
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
JADENU TAB	LSP	4
OPIOID ANTAGONISTS		
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	2
naltrexone tab (REVIEWA equiv)	-	3
EVZIO INJ	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered	LD	generic =small letters	LSP	BRANDS =CAPITAL LETTERS
OTC	Over-the-Counter	PA	Limited Distribution	QL	Lumicera Specialty Preferred
RS	Restricted to Specialist	SF	Prior Authorization	SMKG	Quantity Limit
SP	Available through Specialty Pharmacy Program	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
¢	RxCENTS		Step Therapy		Vaccine Program

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIDOTES Cont.		
VIVITROL INJ	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
NALOXONE INJ (QL= 2 inj/fill)	QL	2
naloxone inj	-	NC
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1
ondansetron ODT (ZOFTRAN equiv)	-	1
ondansetron soln (ZOFTRAN equiv)	-	1
ondansetron tab (ZOFTRAN equiv)	-	1
ANZEMET TAB (QL= 9 tabs/fill)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
maldemar tab (SCOPACE equiv)	-	1
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
TRANSDERM-SCOP PATCH	-	3
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
dronabinol cap (MARINOL equiv)	PA	2
CESAMET CAP	-	3
DICLEGIS TAB	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2
EMEND SUSP	-	NC
ANTIFUNGALS		
ANTIFUNGALS		
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
flucytosine cap (ANCOBON equiv)	-	2
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2
griseofulvin tab (GRIS-PEG equiv)	-	2
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered	LD	generic =small letters	LSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Lumicera Specialty Preferred
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
¢	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program
	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	2
NOXAFIL SUSP	-	2
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
SPORANOX SOLN	PA	3
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	1
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
carbinoxamine soln (PALGIC equiv)	-	3
carbinoxamine tab (PALGIC equiv)	-	3
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC
ANTIHISTAMINES - NON-SEDATING		
CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC
CLARINEX TAB	-	NC
CLARITIN CAP	OTC	NC
DESLORATADINE ODT	-	NC
desloratadine tab (CLARINEX equiv)	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
loratadine cap (CLARITIN equiv)	OTC	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3
LIPTRUZET TAB	-	NC
VYTORIN TAB 10-80MG (This strength excluded from coverage)	-	NC
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
BILE ACID SEQUESTRANTS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
WELCHOL PAK	-	2
WELCHOL TAB	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
FIBRIC ACID DERIVATIVES		
fenofibrate cap (ANTARA equiv)	-	1
fenofibrate tab (TRICOR equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
TRILIPIX CAP	-	1
FENOFIBRIC TAB/FIBRICOR TAB	-	3
fenofibric acid DR cap (TRILIPIX equiv)	-	NC
LIPOFEN CAP/FENOFIBRATE CAP 50MG, 150MG	-	NC
LOFIBRA CAP/ANTARA CAP 30MG, 90MG	-	NC
LOFIBRA/TRIGLIDE TAB	-	NC
HMG COA REDUCTASE INHIBITORS		
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab (LIPITOR equiv)	-	1
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day)	QL-¢	1
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL-¢	1
fluvastatin cap (LESCOL equiv)	-	2
LIVALO TAB	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
fluvastatin ER tab (LESCOL XL equiv)	-	NC
LESCOL XL TAB	-	NC
SIMCOR TAB	-	NC
ZOCOR TAB 80MG	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB (QL= 1 tab/day)	QL	2
ezetimibe tab (ZETIA equiv)	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
NIASPAN ER TAB	-	1
niacin ER tab (NIASPAN equiv)	-	NC
NIACOR TAB	-	NC
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ	-	NC
REPATHA INJ	-	NC
REPATHA PUSHTRONEX INJ	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
EPANED SOLN	PA	3
EPANED PREMIXED SOLN	-	NC
QBRELIS SOLN	-	NC
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLIN equiv)	-	2
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	¢	1
losartan tab (COZAAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	2
candesartan tab (ATACAND equiv)	-	3
EDARBI TAB	-	3
ATACAND TAB	-	NC
BENICAR TAB	-	NC
EPROSARTAN TAB	-	NC
olmesartan tab (BENICAR equiv)	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
GUANABENZ TAB	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
AMTURNIDE TAB	-	3
EDARBYCLOR TAB	-	3
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
telmisartan/amlodipine tab (TWINSTA equiv)	-	3
trandolapril/ verapamil ER tab (TARKA equiv)	-	3
VALTURNA TAB	-	3
amlodipine/olmesartan tab (AZOR equiv)	-	NC
AZOR TAB	-	NC
BYVALSON TAB	-	NC
DUTOPROL TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	NC
PRESTALIA TAB	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TEVETEN HCT TAB	-	NC
TRIBENZOR TAB	-	NC
DIRECT RENIN INHIBITORS		
TEKTURNA TAB	-	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPIRA equiv)	¢	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
VANCOMYCIN SOLN KIT	-	1
NEBUPENT NEB SOLN	-	2
vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	2
FIRST METRONIDAZOLE SUSP	-	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
FLAGYL ER TAB	-	3
PRIMSOL SOLN	-	3
tinidazole tab (TINDAMAX equiv)	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	3
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	4
IMPAVIDO CAP	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	1
ANTIPROTOZOAL AGENTS		
ALINIA SUSP	-	2
ALINIA TAB	-	2
atovaquone susp (MEPRON equiv)	-	2
KETOLIDES		
KETEK TAB	-	3
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	3
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	2
MALARONE TAB	-	2
FANSIDAR TAB	-	3
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
mefloquine tab (LARIAM equiv)	-	2
PRIMAQUINE TAB	-	2
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2
MESTINON SYRUP	-	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
ANTIMYCOBACTERIAL AGENTS		
ISONIAZID SYRUP	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
CYCLOSERINE CAP	-	NC
SIRTURO TAB	-	NC
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	LSP	4
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	LSP	4
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LSP-PA	4
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB	-	2
CEENU CAP	-	2
CYCLOPHOSPHAMIDE CAP	-	2
cyclophosphamide tab (CYTOXAN equiv)	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
MYLERAN TAB	LSP	4
temozolomide cap (TEMODAR equiv)	LSP	4
ANTIMETABOLITES		
methotrexate inj	-	1
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
METHOTREXATE INJ	-	2
TABLOID TAB	-	2
capecitabine tab (XELODA equiv)	LSP	4
PURIXAN SUSP	-	NC
ANTINEOPLASTIC - ANTIBODIES		
GAZYVA INJ	-	NC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	PA-SF-SP	4
ODOMZO CAP (QL= 1 cap/day)	LSP-PA-QL-SF	4

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered	LD	generic =small letters	LSP	BRANDS =CAPITAL LETTERS
OTC	Over-the-Counter	PA	Limited Distribution	QL	Lumicera Specialty Preferred
RS	Restricted to Specialist	SF	Prior Authorization	SMKG	Quantity Limit
SP	Available through Specialty Pharmacy Program	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
¢	RxCENTS		Step Therapy		Vaccine Program

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
EMCYT CAP	-	2
exemestane tab (AROMASIN equiv)	-	2
FARESTON TAB	-	2
flutamide cap (EULEXIN equiv)	-	2
LYSODREN TAB	LSP	4
nilutamide tab (NILANDRON equiv)	LSP	4
XTANDI CAP (QL= 4 caps/day)	PA-QL-SF-SP	4
ZYTIGA TAB (QL= 4 tabs/day)	LSP-PA-QL-SF	4
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	-	NC
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB	PA-SP	4
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ (QL= 1 tab/day)	LSP-PA-QL-SF	4
AFINITOR TAB (QL= 1 tab/day)	LSP-PA-QL-SF	4
ALECENSA CAP (QL= 8 caps/day)	PA-QL-SP	4
BOSULIF TAB	PA-SF-SP	4
CABOMETYX TAB (QL= 1 tab/day)	PA-QL-SF-SP	4
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4
COTELLIC TAB (QL= 3 tabs/day)	PA-QL-SP	4
FARYDAK CAP (QL= 6 caps/21 days)	PA-QL-SP	4
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
IBRANCE CAP (QL= 21 caps/28 days)	PA-QL-SP	4
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4
imatinib tab (GLEEVEC equiv)	LSP-PA-SF	4
IMBRUVICA CAP (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
INLYTA TAB (QL= 8 tabs/day)	PA-QL-SF-SP	4
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
JAKAFI TAB (QL= 2 tabs/day)	PA-QL-SP	4
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
LYNPARZA CAP (Only available through Biologics 800-850-4306)	LD-PA-SF	4
MEKINIST TAB	LSP-PA	4
NEXAVAR TAB	PA-SF-SP	4
NINLARO CAP	PA-SP	4
SPRYCEL TAB	LSP-PA-SF	4
STIVARGA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4
SUTENT CAP	PA-SF-SP	4
TAFINLAR CAP (QL= 4 caps/day)	LSP-PA-QL-SF	4

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
TARCEVA TAB	LSP-PA-SF	4
TASIGNA CAP	LSP-PA-SF	4
TYKERB TAB	LSP-PA	4
VOTRIENT TAB	LSP-PA-SF	4
XALKORI CAP	PA-SF-SP	4
ZELBORAF TAB	PA-SF-SP	4
ZOLINZA CAP	LSP-PA-SF	4
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4
KISQALI TAB	-	NC
RUBRACA TAB	-	NC
ZYKADIA CAP	-	NC
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	4
ALFERON-N INJ	LSP	4
bexarotene cap (TARGRETIN equiv)	LSP-PA-SF	4
INTRON-A INJ	SP	4
SYLATRON INJ	PA-SP	4
PROLEUKIN INJ	-	NC
SYNRIBO INJ	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB	LSP	4
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl elixir (ARTANE equiv)	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv)	-	3
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
NEUPRO PATCH	-	3
pramipexole ER tab (MIRAPEX ER equiv)	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	3
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	4
DUOPA ENTERAL SUSP	-	NC
MIRAPEX ER TAB	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	¢	2
ZELAPAR ODT	-	3
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP	-	2
ziprasidone cap (GEODON equiv)	-	2
LATUDA TAB	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
paliperidone ER tab (INVEGA equiv)	PA	2
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3
INVEGA SUSTENNA/TRINZ INJ	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
clozapine ODT 25mg, 100mg (CLOZAPINE/FAZACLO equiv)	-	2
CLOZAPINE ODT/FAZACLO ODT	-	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3
SEROQUEL XR TAB	-	3
ADASUVE INHALER	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
quetiapine XR tab (SEROQUEL XR equiv)	-	NC
VERSACLOZ SUSP	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	¢	2
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3
ABILIFY SOLN	PA	3
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3
aripiprazole soln (ABILIFY equiv)	PA	3
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
nevirapine tab (VIRAMUNE equiv)	-	1
abacavir tab (ZIAGEN equiv)	-	2
abacavir/ lamivudine/ zidovudine tab (TRIZIVIR equiv)	-	2
abacavir/lamivudine tab (EPZICOM equiv)	-	2
APTIVUS CAP	-	2
APTIVUS SOLN	-	2
ATRIPLA TAB	-	2
COMPLERA TAB	-	2
CRIXIVAN CAP	-	2
DESCOVY TAB	PA	2
didanosine DR cap (VIDEX EC equiv)	-	2
EDURANT TAB	-	2
EMTRIVA CAP	-	2
EMTRIVA SOLN	-	2
EVOTAZ TAB	-	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
INVIRASE CAP	-	2
INVIRASE TAB	-	2
ISENTRESS CHEW TAB	-	2
ISENTRESS POWDER PACK	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ISENTRESS TAB	-	2
KALETRA TAB	-	2
lamivudine soln (EPIVIR equiv)	-	2
lamivudine tab (EPIVIR equiv)	-	2
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
LEXIVA SUSP	-	2
LEXIVA TAB	-	2
lopinavir/ritonavir soln (KALETRA equiv)	-	2
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	2
NORVIR CAP	-	2
NORVIR SOLN	-	2
NORVIR TAB	-	2
ODEFSEY TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ CAP	-	2
REYATAZ POWDER PACK	-	2
SELZENTRY TAB	-	2
stavudine cap (ZERIT equiv)	-	2
stavudine soln (ZERIT equiv)	-	2
STRIBILD TAB	-	2
SUSTIVA CAP	-	2
SUSTIVA TAB	-	2
TIVICAY TAB (QL= 2 tabs/day)	QL	2
TRIUMEQ TAB	-	2
TRUVADA TAB	PA	2
VIDEX SOLN	-	2
VIRACEPT POWDER	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
VITEKTA TAB	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
zidovudine tab (RETROVIR equiv)	-	2
ZERIT SOLN	-	3
FUZEON INJ	LSP	4
TYBOST TAB	-	NC
CMV AGENTS		
GANCICLOVIR CAP	-	2
valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
HEPATITIS AGENTS		
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL-¢	2
EPIVIR HBV SOLN	-	2
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
VEMLIDY TAB	-	2
adefovir dipivoxil tab (HEPSERA equiv)	LSP	4
EPCLUSA TAB (QL= 1 tab/day)	LSP-PA-QL	4
HARVONI TAB (QL= 1 tab/day)	LSP-PA-QL	4
INFERGEN INJ	LSP	4
PEGASYS INJ	LSP	4
PEGASYS INJ KIT	LSP	4
PEG-INTRON INJ	LSP	4
REBETOL SOLN	LSP	4
RIBATAB	LSP	4
ribavirin cap (REBETOL equiv)	LSP	4
ribavirin tab (COPEGUS equiv)	LSP	4
ZEPATIER TAB (QL= 1 tab/day)	LSP-PA-QL	4
DAKLINZA TAB	-	NC
INCIVEK TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
TYZEKA TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	2
famciclovir tab (FAMVIR equiv)	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
rimantadine tab (FLUMADINE equiv)	-	1
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	2
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
DEPEN TITRATAB	-	2
SYPRINE CAP	PA-SP	4
CUPRIMINE CAP	-	NC
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day)	PA-QL-SP	4
THALOMID CAP	PA-SP	4
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered	LD	generic =small letters	LSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Lumicera Specialty Preferred
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
¢	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program
	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	-	2
cyclosporine modified cap (NEORAL equiv)	-	2
cyclosporine modified soln (NEORAL equiv)	-	2
mycophenolate DR tab (MYFORTIC equiv)	-	2
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	2
RAPAMUNE SOLN	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
sirolimus tab (RAPAMUNE equiv)	-	2
tacrolimus cap (PROGRAF equiv)	-	2
ZORTRESS TAB	PA	2
AZASAN TAB	-	3
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER (Only available through Walgreens 888-347-3416)	LD-PA	4
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
COREG CR CAP	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
BYSTOLIC TAB	¢	2
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	1
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
LEVATOL TAB	-	3
HEMANGEOL SOLN	-	NC
INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary

Category/Class

Last Updated* 4/7/2017

DrugName	Special Code	Tier
BIOLOGICALS MISC Cont.		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nicardipine cap (CARDENE equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
verapamil SR cap (VERELAN SR equiv)	-	1
verapamil SR tab (CALAN SR/ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
nisoldipine ER tab (SULAR equiv)	-	2
CARDENE SR CAP	-	3
COVERA-HS TAB	-	3
DYNACIRC CR TAB	-	3
felodipine ER tab (PLENDIL equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
verapamil SR cap (VERELAN PM equiv)	-	3
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN INJ	-	NC
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2
IMPOTENCE AGENTS		
PAPAVERINE/ALPROSTADIL INJ	-	NC
PAPAVERINE/PHENTOLAMINE INJ	-	NC
PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ	-	NC
PHENTOLAMINE/ALPROSTADIL INJ	-	NC
PERIPHERAL VASODILATORS		
isoxsuprine tab	-	3
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
ORENITRAM TAB	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary

Category/Class

Last Updated* 4/7/2017

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB (QL= 1 tab/day)	PA-QL	2
TRACLEER TAB (QL= 2 tabs/day)	PA-QL	2
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab (REVATIO equiv)	PA	1
ADCIRCA TAB	LSP-PA	4
REVATIO SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
SINUS NODE INHIBITORS		
CORLANOR TAB	PA	3
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	2
cefprozil tab (CEFZIL equiv)	-	2
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
CEDAX CAP	-	3
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
cefixime susp (SUPRAX equiv)	-	3
cefopodoxime proxetil susp (VANTIN equiv)	-	3
cefopodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3

CONTRACEPTIVES

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
BEYAZ TAB	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab (OGESTREL equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0
necon tab (ORTHO-NOVUM equiv)	-	\$0
necon tab 1/50 (NORYNIL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
YASMIN TAB	-	\$0
YAZ TAB	-	\$0
LO LOESTRIN TAB	-	3
LO MINASTRIN 24 FE CHEW TAB	-	3
LOESTRIN 24 FE TAB	-	3
mibelas chew tab (MINASTRIN equiv)	-	3
NATAZIA TAB	-	3
FALESSA KIT	-	NC
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	NC
QUARTETTE TAB	-	NC
rajani tab (BEYAZ equiv)	-	NC
SAFYRAL TAB	-	NC
TAYTULLA CAP	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
COPPER CONTRACEPTIVES - IUD (NEW)		
PARAGARD IUD	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON/NEXPLANON IMPLANT	-	\$0

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
CORTEF TAB	-	1
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone soln	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisolone syrup (PRELONE equiv)	-	1
PREDNISON SOLN	-	1
PREDNISON TAB	-	1
prednisone tab (DELTASONE equiv)	-	1
CORTISONE ACETATE TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISON PAK	-	2
budesonide SR cap (ENTOCORT EC equiv)	-	3
DEXPAK TAB	-	3
MILLIPRED DP PAK	-	3
MILLIPRED TAB	-	3
UCERIS TAB (QL= 1 tab/day)	PA-QL	3
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
BENZONATATE CAP	-	3
COUGH/COLD/ALLERGY COMBINATIONS		
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
promethazine VC syrup (PHENERGAN VC equiv)	-	1
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	1
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	3
NEOTUSS PLUS LIQUID	-	3
promethazine DM syrup	-	3
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	3
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3
CLARINEX-D TAB	-	NC
DECON-A LIQUID	OTC	NC
DURAVENT PE TAB	-	NC
HDC DM SYRUP	-	NC
HYCOFENIX SOLN	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSI-PRES LIQUID	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
AVAR GEL	-	2
DIFFERIN GEL 0.3% (Acne Only – members age 35 or older require Prior Authorization)	PA	2
EPIDUO (FORTE) GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2
isotretinoin cap (AC CUTANE equiv)	-	2
PRASCION RA CREAM	-	2
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	2
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
SODIUM SULFACETAMIDE/SULFUR LOTION	-	2
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
ACANYA/ONEXTON GEL	-	3
AVAR AEROSOL FOAM	-	3
AZELEX CREAM	PA	3
clindamycin/ benzoyl peroxide gel (DUAC GEL equiv)	-	3
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3
sodium sulfacetamide lotion (KLARON equiv)	-	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3
ABSORICA CAP	-	NC
ACZONE GEL	-	NC
adapalene gel 0.3% (DIFFERIN equiv)	-	NC
AVAR PAD	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
DUAC CS KIT	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
RETIN-A MICRO GEL 0.08%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
TRETIN-X CREAM	-	NC
VELTIN GEL	-	NC
ZIANA GEL	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
KYBELLA INJ	-	NC
RENOVA CREAM	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered	LD	generic =small letters	LSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Lumicera Specialty Preferred
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
¢	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program
	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
mupirocin cream (BACTROBAN equiv)	-	2
ALTABAX OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
NEO-SYNALAR CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
econazole cream (SPECTAZOLE equiv)	-	3
ERTACZO CREAM	-	3
EXELDERM CREAM	-	3
EXELDERM SOLN	-	3
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3
MENTAX CREAM	-	3
naftifine cream (NAFTIN equiv)	-	3
NAFTIN GEL	-	3
oxiconazole nitrate cream (OXISTAT equiv)	-	3
OXISTAT LOTION	-	3
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECOZA FOAM	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
nystatin/triamcinolone cream	-	NC
nystatin/triamcinolone oint	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2
FLECTOR PATCH (QL= 30 patches/fill)	QL	3
diclofenac soln 1.5% (PENNSAID equiv)	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered	LD	generic =small letters	LSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Lumicera Specialty Preferred
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
¢	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program
	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DST PLUS PAK KIT	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
PENNSAID SOLN 1.5%	-	NC
REXAPHENAC CREAM	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
CARAC CREAM	-	2
FLUOROPLEX CREAM	-	2
fluorouracil cream (EFUDEX CREAM equiv)	-	2
fluorouracil soln (EFUDEX SOLN equiv)	-	2
diclofenac gel (SOLARAZE equiv)	PA	3
PICATO GEL (QL= 1 box/fill)	QL	3
TARGRETIN GEL	LSP	4
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4
FLUORAC CREAM	-	NC
ANTIPRURITICS - TOPICAL		
DOXEPIN/PRUDOXIN/ZONALON CREAM	-	3
ANTIPSORIATICS		
8-MOP CAP	-	2
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
SORIATANE CK KIT	-	2
SORILUX FOAM	-	3
VECTICAL OINT	-	3
COSENTYX INJ (QL= 2 inj/28 days)	LSP-PA-QL	4
STELARA INJ	-	NC
TALTZ INJ	-	NC
TAZORAC CREAM	-	NC
TAZORAC GEL	-	NC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	1
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
seb-prev cream (OVACE CREAM equiv)	-	3
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3
sodium sulfacetamide shampoo (OVACE equiv)	-	3
sodium sulfacetamide/ urea pad (ROSULA equiv)	-	3
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
ANTIVIRALS - TOPICAL		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DENAVIR CREAM	-	2
ZOVIRAX OINT	-	2
XERESE CREAM	-	3
ZOVIRAX CREAM	-	3
acyclovir oint (ZOVIRAX OINT equiv)	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel (DIPROLENE GEL equiv)	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	1
diflorasone oint	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
prednicarbate cream (DERMATOP equiv)	-	1
prednicarbate oint (DERMATOP equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
alclometasone cream (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2
clobetasol propionate cream (TEMOVATE equiv)	PA	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	2
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clobetasol propionate oint (TEMOVATE equiv)	PA	2
EPIFOAM AEROSOL	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2
PRAMOSONE CREAM	-	2
PRAMOSONE E CREAM	-	2
PRAMOSONE OINT	-	2
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	2
U-CORT CREAM	-	2
calcipotriene/ betamethasone oint (TACLONEX equiv)	-	3
CAPEX SHAMPOO	-	3
clobetasol foam (OLUX equiv)	PA	3
clobetasol lotion (CLOBEX equiv)	PA	3
clobetasol propionate soln (TEMOVATE equiv)	PA	3
clobetasol shampoo (CLOBEX equiv)	PA	3
clobetasol spray (CLOBEX equiv)	PA	3
CLODERM CREAM/ CLOCORTOLONE CREAM	-	3
CORDRAN TAPE	-	3
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3
flurandrenolide cream (CORDRAN equiv)	-	3
flurandrenolide lotion (CORDRAN equiv)	-	3
HALOG CREAM	-	3
HALOG OINT	-	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
TACLONEX SCALP SUSP	-	3
triamcinolone spray (KENALOG equiv)	-	3
ULTRAVATE LOTION	-	3
VERDESO FOAM	-	3
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide cream (DESOWEN equiv)	-	NC
desonide lotion (DESOWEN equiv)	-	NC
desonide oint (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint 0.25% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
DIFLORASONE OINT (PSORCON equiv)	-	NC
ENSTILAR FOAM	-	NC
flucinonide cream 0.1% (VANOS CREAM equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
SERNIVO SPRAY	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT 0.25%	-	NC
TOPICORT/DESOXIMETASONE OINT 0.05%	-	NC
TRIANEX OINT	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
WESTCORT OINT	-	NC
ECZEMA AGENTS		
DUPIXENT INJ	-	NC
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea gel (URAMAXIN equiv)	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC
UREA NAIL KIT	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
ENZYMES - TOPICAL		
SANTYL OINT	-	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	NC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	2
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREAM	-	2
tacrolimus oint (PROTOPIC OINT equiv)	-	2
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
capsaicin-menthol topical patch (SINELEE equiv)	-	NC
LIDOCAINE CREAM	-	NC
LIDOCIN GEL	-	NC
LIDOTREX GEL	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
TRI-LUMA CREAM	-	NC
ROSACEA AGENTS		
metronidazole lotion (METROLOTION equiv)	-	1
FINACEA FOAM	-	2
FINACEA GEL	-	2
FINACEA PLUS KIT	-	2
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel (METROGEL equiv)	-	2
METROGEL 1% (Step Therapy requires trial of FINACEA)	ST	3
DOXYCYCLINE/ORACEA CAP	-	NC
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC
ROSADAN KIT	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
EURAX CREAM	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
EURAX LOTION	-	3
LINDANE LOTION	-	3
lindane shampoo	-	3
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	2
BIAFINE EMULSION	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	1
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	1
ACCU-CHEK GUIDE TEST STRIP	OTC	1
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	1
ACCU-CHEK TEST STRIP	OTC	1
CLINISTIX TEST STRIP	OTC	1
FREESTYLE INSULINX TEST STRIP	OTC	1
FREESTYLE TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
PRECISION XTRA TEST STRIP	OTC	1
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP (Step Therapy requires trial of CREON)	ST	3
ULTRESA CAP (Step Therapy requires trial of CREON)	ST	3
PERTZYE CAP	-	NC
SUCRAID SOLN	-	NC
ZENPEP CAP	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide tab	-	1
ACETAZOLAMIDE TAB 125MG	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
DYRENIUM CAP	-	2
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	1
CHLOROTHIAZIDE TAB 250MG	-	1
CHLORTHALIDONE TAB	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
DIURETICS Cont.		
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
ALENDRONATE TAB 40MG	-	2
FORTICAL NASAL SPRAY	-	2
risedronate tab (ACTONEL equiv)	-	2
calcitonin nasal spray (MIACALCIN equiv)	-	3
FOSAMAX+D TAB	-	3
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3
SKELID TAB	-	3
FORTEO INJ	LSP	4
MIACALCIN INJ	LSP	4
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
CALCIUM REGULATORS - MISC.		
ALENDRONATE SOLN	-	3
etidronate disodium tab 200mg (DIDRONEL equiv)	-	3
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	NC
GROWTH HORMONES		
NORDITROPIN INJ	LSP-PA	4
GENOTROPIN/HUMATROPE/ZOMACTON INJ	-	NC
NUTROPIN AQ/OMNITROPE INJ	-	NC
SAIZEN/SEROSTIM INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	SP	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
BUPHENYL TAB	-	2
doxercalciferol cap (HECTOROL equiv)	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
paricalcitol cap (ZEMPLAR equiv)	-	2
SENSIPAR TAB	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
calcitriol inj (CALCIJEX equiv)	LSP	4
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4
MYALEPT INJ	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
XURIDEN POWDER	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	LSP	4
SANDOSTATIN INJ	LSP	4
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
jinteli tab (FEMHRT equiv)	-	2
PREMPHASE/PREMPRO TAB	-	2
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	3
ANGELIQ TAB	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
FEMHRT TAB	-	NC
ORTHO-PREFEST TAB	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	2
PREMARIN TAB	-	2
CENESTIN TAB	-	3
ALORA PATCH	-	NC
DIVIGEL/ELESTRIN GEL	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ESTROGENS Cont.		
ENJUVIA TAB	-	NC
ESTRASORB EMULSION	-	NC
ESTRATAB	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
VIVELLE-DOT PATCH	-	NC
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
CIPROFLOXACIN 100MG TAB	-	3
ciprofloxacin ER tab (CIPRO XR equiv)	-	3
NOROXIN TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	-	NC
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	4
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	3
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP	-	NC
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
METOZOLV ODT	-	NC
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
APRISO CAP	-	2
CANASA SUPP	-	2
LIALDA TAB	-	2
mesalamine enema (ROWASA equiv)	-	2
DIPENTUM CAP	-	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
ASACOL HD/MESALAMINE TAB	-	NC
CIMZIA INJ	-	NC
DELZICOL CAP	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP	PA	2
alosetron tab (LOTROXEX equiv)	-	3
VIBERZI TAB	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	2
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
FOSRENOL CHEW TAB	-	2
FOSRENOL POWDER PACK	-	2
PHOSLYRA SOLN	-	2
RENVELA PACKET	-	2
RENVELA TAB	-	2
SEVELAMER CARBONATE TAB	-	2
AURYXIA TAB	-	NC
RENAGEL TAB	-	NC
VELPHORO CHEW TAB	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
potassium citrate CR tab (UROCID-K TAB equiv)	-	2
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through Pharmacare 800-238-7828)	LD-PA	4
PROCYSBI CAP	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PROSTATIC HYPERTROPHY AGENTS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
alfuzosin SR tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride cap (AVODART equiv)	-	2
dutasteride/tamsulosin cap (JALYN equiv)	-	2
CARDURA XL TAB	-	NC
RAPAFLO CAP	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
MITIGARE CAP	-	2
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	2
COLCHICINE CAP	-	NC
COLCRYS/COLCHICINE TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
AFSTYLA KIT	-	NC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
ticlopidine tab (TICLID equiv)	-	1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2
EFFIENT TAB	-	2
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	4
CERDELGA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
DROXIA CAP	-	2
COBALAMINS		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
EPOGEN INJ	LSP	4
GRANIX INJ	LSP	4
LEUKINE INJ	LSP-PA	4
NEULASTA INJ	LSP	4
NEUMEGA INJ	LSP	4
PROCRIT INJ	LSP	4
PROMACTA TAB	LSP-PA	4
ZARXIO INJ	LSP	4
ARANESP INJ	-	NC
MIRCERA INJ	-	NC
NEUPOGEN INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
multigen folic tab (CHROMAGEN FA equiv)	-	1
multigen plus tab (CHROMAGEN FORTE equiv)	-	1
multigen tab (CHROMAGEN equiv)	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0

HEMOSTATICS

HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
aminocaproic acid tab (AMICAR equiv)	-	1
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SYRUP	-	3
AMICAR TAB	-	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary

Category/Class

Last Updated* 4/7/2017

DrugName	Special Code	Tier
HEMOSTATICS Cont.		
AMINOCAPROIC ACID TAB	-	3
AMICAR SOLN	-	NC
HYPNOTICS		
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
SILENOR TAB	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	1
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	1
SOMNOTE CAP	-	3
temazepam cap 22.5mg (RESTORIL equiv)	-	3
temazepam cap 7.5mg (RESTORIL equiv)	-	3
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ROZEREM TAB (QL= 1 tab/day)	QL	3
HETLIOZ CAP	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	2
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered	LD	generic =small letters	LSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Lumicera Specialty Preferred
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
¢	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program
	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
LAXATIVES Cont.		
NULYTELY SOLN	-	NC
SUCLEAR KIT	-	NC
SUPREP SOLN	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
KRISTALOSE PACKET	-	3
GIALAX KIT	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
SALINE LAXATIVES		
OSMOPREP TAB	-	3
VISICOL TAB	-	3
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
clarithromycin ER tab (BIAXIN XL equiv)	-	3
ERYTHROMYCINS		
ERY-TAB	-	1
erythromycin DR cap (ERYC equiv)	-	1
erythromycin stearate tab	-	1
ERYPED SUSP	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2
ERYTHROMYCIN TAB (all forms except PCE)	-	3
PCE TAB	-	3
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap)	QL-ST	2
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0
DIABETIC SUPPLIES		
ACCU-CHECK GUIDE CARE METER	OTC	\$0
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
ACCU-CHEK NANO SMARTVIEW METER	OTC	\$0
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE INSULINX METER	OTC	\$0

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
FREESTYLE LITE METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
DIABETIC METER (all other diabetic meters)	OTC	NC
V-GO INJ KIT	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	OTC	1
B-D PEN NEEDLE	OTC	1
FREESTYLE INSULIN SYRINGE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
PRECISION INSULIN SYRINGE	OTC	1
INSULIN SYRINGE	OTC	3
PEN NEEDLE	OTC	3
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	1
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2
MIDRIN CAP	-	2
MIGERGOT SUPP	-	2
PRODRIN TAB	-	2
ergotamine/caffeine tab (CAFERGOT equiv)	-	3
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
MIGRANAL/ DIHYDROERGOTAMINE SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	3
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	1
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (SUMATRIPTAN/IMITREX equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
ALSUMA INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
SUMAVEL DOSEPRO INJ (QL= 6 inj/fill, 2 fills/30 days)	QL	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
almotriptan tab (AXERT equiv)	-	NC
AXERT TAB	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
ONZETRA XSAIL	-	NC
RELPAK TAB	-	NC
ZECUITY PAD	-	NC
ZEMBRACE SYMTOUCH INJ	-	NC
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUOR-A-DAY CHEW TAB	-	1
IODINE PRODUCTS		
SSKI SOLN	-	2
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
POTASSIUM		
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
POTASSIUM CHLORIDE ER TAB	-	1
potassium chloride ER tab (KLOR-CON equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	1
potassium chloride soln	-	1
KLOR-CON M15 TAB	-	2
KLOR-CON POWDER PACKET 25MEQ	-	3
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2
FIRST MOUTHWASH BLM	-	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT PASTE	-	2
PREVIDENT RINSE	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin w/ minerals tab (STROVITE equiv)	-	1
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
pediatric multiple vitamins/fluoride chew tab	-	3
QUFLORA PEDIATRIC CHEW TAB	-	3
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
PRENATAL VITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/PRENAPLUS)	-	1
PRENATAL VITAMINS (NON-PREFERRED)	-	3
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab	-	1
carisoprodol tab (SOMA equiv)	-	1
chlorzoxazone tab (PARAFON FORTE equiv)	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
metaxalone tab (SKELAXIN equiv)	-	3
METAXALONE TAB 400MG	-	3
tizanidine cap (ZANAFLEX equiv)	-	3
carisoprodol tab 250mg (SOMA equiv)	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
LORZONE TAB	-	NC
SOMA TAB 250MG	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	3
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	3
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
AZENASE PAK	-	NC
DYMISTA NASAL SPRAY	-	NC
NASAL AGENTS - MISC.		
TICANASE PAK	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray (ASTELIN/ASTEPRO equiv)	-	2
olopatadine nasal spray (PATANASE equiv)	-	2
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1
NASONEX NASAL SPRAY (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	2
BECONASE AQ NASAL SPRAY	-	NC
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
VERAMYST NASAL SPRAY	-	NC
ZETONNA NASAL SPRAY	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	2
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	2
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
COMBIGAN OPHTH SOLN	-	2
COSOPT PF OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN	-	2
TIMOPTIC OCUDOSE OPHTH SOLN	-	3
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	2
ISOPTO HYOSCINE OPHTH SOLN	-	2
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PILOPINE HS OPHTH GEL	-	3
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln (ALPHAGAN P equiv)	-	1
ALPHAGAN P OPHTH SOLN 0.1%	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
IOPIDINE OPHTH SOLN 1%	-	2
SIMBRINZA OPHTH SUSP	-	2
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv)	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
levofloxacin ophth soln (QUIXIN equiv)	-	2
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN	-	2
trifluridine ophth soln (VIROPTIC equiv)	-	2
ZIRGAN OPHTH GEL	-	2
CILOXAN OPHTH OINT	-	3
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3
TOBREX OPHTH OINT	-	3
BESIVANCE OPHTH SUSP	-	NC
OPHTHALMIC DECONGESTANTS		
phenylephrine ophth soln (MYDFRIN equiv)	-	1
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
OPHTHALMIC STEROIDS		
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	1
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	1
prednisolone ophth soln (PRED FORTE equiv)	-	1
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2
DUREZOL OPHTH EMULSION	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
VEXOL OPHTH SUSP	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
TOBRADEX ST OPHTH SUSP	-	3
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1
ALAMAST OPHTH SOLN	-	2
ALOCRIAL OPHTH SOLN	-	2
ALOMIDE OPHTH SOLN	-	2
AZOPT OPHTH SUSP	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
olopatadine ophth soln (PATANOL equiv)	-	2
PATADAY OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of olopatadine ophth soln)	QL-ST	2
PROLENSA OPHTH SOLN	-	2
ACUVAIL OPHTH SOLN	-	3
BEPREVE OPHTH SOLN	-	3
EMADINE OPHTH SOLN	-	3
epinastine ophth soln (ELESTAT equiv)	-	3
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
BROMSITE OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
PROSTAGLANDINS - OPHTHALMIC		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
LUMIGAN/BIMATOPROST OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	2
ZIOPTAN OPHTH SOLN	-	NC
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	2
ofloxacin otic soln (FLOXIN equiv)	-	3
OTIC COMBINATIONS		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
CIPRODEX OTIC SUSP	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B AQUEOUS OTIC SOLN	-	NC
CORTANE-B OTIC SOLN	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN	-	NC
OTOZIN OTIC DROPS	-	NC
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
ACETASOL HC OTIC SOLN	-	3
OXYTOCICS		
OXYTOCICS		
METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	SP	4
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab (AMOXIL equiv)	-	1
AMOXICILLIN CHEW TAB 250MG	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
PENICILLINS Cont.		
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	2
megestrol ES susp (MEGACE ES equiv)	-	3
progesterone oil inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
disulfiram tab (ANTABUSE equiv)	-	2
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	¢	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2
EXELON SOLN	-	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine soln (NAMENDA equiv)	-	2
NAMENDA XR CAP	-	2
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	2
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	2
rivastigmine patch (EXELON equiv)	-	2
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/ fluoxetine cap (SYMBYAX equiv)	-	2
FIBROMYALGIA AGENTS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	LSP-PA	4
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB (QL= 2 tabs/day)	PA-QL-SP	4
AUBAGIO TAB (QL= 1 tab/day)	PA-QL-SP	4
AVONEX INJ	LSP	4
COPAXONE INJ 20MG/ML	LSP	4
COPAXONE INJ 40MG/ML	LSP	4
EXTAVIA INJ (Step Therapy requires trial of 2: AVONEX, COPAXONE, or PLEGRIDY)	LSP-ST	4
GILENYA CAP (QL= 1 cap/day)	LSP-PA-QL	4
PLEGRIDY INJ	LSP	4
PLEGRIDY PEN INJ	LSP	4
REBIF INJ	LSP-PA	4
TECFIDERA CAP	LSP	4
TECFIDERA STARTER PACK	LSP	4
ZINBRYTA INJ (QL= 1 inj/28 days)	PA-QL-SP	4
BETASERON INJ	-	NC
glatopa inj 20mg/ml (COPAXONE equiv)	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
pimozide tab (ORAP equiv)	-	2
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary

Category/Class

Last Updated* 4/7/2017

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day)	PA-QL-SF-SP	4
KALYDECO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	4
ORKAMBI TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4
PULMOZYME INH SOLN	LSP	4
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day)	PA-QL-SF-SP	4
OFEV CAP (QL= 2 caps/day)	PA-QL-SF-SP	4
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	1
TETRACYCLINES		
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2
doxycycline hyclate tab (VIBRATAB equiv)	-	2
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	2
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	2
doxycycline monohydrate tab (ADOXA equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
doxycycline hyclate DR tab (DORYX equiv)	-	3
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	3
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	3
ORAXYL CAP	-	3
tetracycline cap	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
DORYX TAB 200MG	-	NC
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
THYROID HORMONES		
liothyronine tab (CYTOMEL equiv)	-	1
NATURE THROID/ARMOUR THYROID TAB	-	1
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary

Category/Class

Last Updated* 4/7/2017

DrugName	Special Code	Tier
THYROID AGENTS Cont.		
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
TIROSINT CAP	-	3
levothyroxine tab (SYNTHROID equiv)	-	NC
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	\$0
TETANUS-DIPHTHERIA TOXOID INJ	VAC	\$0
ULCER DRUGS		
ANTISPASMODICS		
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVVID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
CANTIL TAB	-	3
CUVPOSA SOLN	-	3
DONNATAL ELIXIR	-	3
methscopolamine tab (PAMINE equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB 1.5MG	-	NC
H-2 ANTAGONISTS		
cimetidine soln (TAGAMET equiv)	-	1
cimetidine tab (TAGAMET equiv)	-	1
famotidine tab (PEPCID equiv)	-	1
nizatidine cap (AXID equiv)	-	1
ranitidine cap (ZANTAC equiv)	-	1
ranitidine syrup (ZANTAC equiv)	-	1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
nizatidine soln (AXID equiv)	-	3
ZANTAC EFFER TAB	-	NC
MISC. ANTI-ULCER		
CARAFATE SUSP	-	1
sucralfate tab (CARAFATE equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered	LD	generic =small letters	LSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Lumicera Specialty Preferred
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation
¢	Available through Specialty Pharmacy Program		Step Therapy		Vaccine Program
	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
PROTON PUMP INHIBITORS		
omeprazole DR cap (PRILOSEC equiv)	-	\$0
lansoprazole cap (PREVACID equiv)	OTC	1
pantoprazole EC tab (PROTONIX equiv)	-	1
PREVACID OTC CAP	OTC	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
PREVACID SOLUTAB	-	2
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole)	QL-ST	3
FIRST OMEPRAZOLE SUSP	-	3
LANSOPRAZOLE SUSP	-	3
ACIPHEX SPRINKLE CAP	-	NC
esomeprazole cap (NEXIUM equiv)	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
NEXIUM OTC CAP	OTC	NC
OMEPRAZOLE TAB	OTC	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX PAK	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
ZEGERID CAP OTC	OTC	1
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3
omeprazole/bicarbonate powder pack (ZEGERID equiv) (Covered at Tier 2 if less than 12 years old)	-	3
PYLERA CAP	-	3
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	3
PROSED DS TAB	-	NC
UTA cap	-	NC
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	2
nitrofurantoin susp (FURADANTIN equiv)	-	2
MONUROL GRANULE PACK	-	3
URINARY ANTISPASMODICS		
BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
tolterodine tab (DETROL equiv)	¢	2
VESICARE TAB	¢	2
GELNIQUE	-	3
OXYTROL PATCH	PA	3
tropium chloride SR cap (SANCTURA XR equiv)	PA	3
tropium tab (SANCTURA equiv)	-	3
TOVIAZ TAB	-	NC
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
tolterodine SR cap (DETROL LA equiv)	-	2
darifenacin SR tab (ENABLEX equiv)	-	NC
ENABLEX TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC
VACCINES		
BACTERIAL VACCINES		
BXSERO INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENHIBRIX INJ	VAC	\$0
MENOMUNE INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ	VAC	\$0
TRUMENBA INJ	VAC	\$0
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0
VAXCHORA SUSP	-	NC
VIRAL VACCINES		
AFLURIA INJ	VAC	\$0
AFLURIA/FLUZONE INJ	VAC	\$0
CERVARIX INJ	VAC	\$0
ENGERIX-B INJ	VAC	\$0
ENGERIX-B/RECOMBIVAX-HB	VAC	\$0
FLUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL	VAC	\$0
FLUZONE QUAD INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$0

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
VACCINES Cont.		
FLUZONE/FLULAVAL QUAD INJ	VAC	\$0
GARDASIL 9 INJ	VAC	\$0
GARDASIL INJ	VAC	\$0
HAVRIX/VAQTA INJ	VAC	\$0
M-M-R II INJ	VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0
ZOSTAVAX INJ (Covered for members age 50 or older. Not covered if member is less than age 50.)	VAC	\$0

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3

SPERMICIDES

CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0

VAGINAL ANTI-INFECTIVES

clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3

VAGINAL ESTROGENS

ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
FEMRING (3 copays per Rx)	-	3
ESTRACE VAGINAL CREAM	-	NC
VAGIFEM TAB	-	NC
yuvafem tab (VAGIFEM equiv)	-	NC

VAGINAL PROGESTINS

CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	2
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	2
ADRENALCLICK/EPINEPHRINE INJ	-	NC
AUVI-Q/EPIPEN (JR) INJ	-	NC

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

NORTHERA CAP	-	NC
--------------	---	----

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary
Category/Class**

Last Updated* 4/7/2017

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
vitamin D cap (RX strength only)	-	1
MEPHYTON TAB	-	2
WATER SOLUBLE VITAMINS		
niacin cap	OTC	1
niacin CR tab (SLO-NIACIN equiv)	OTC	1
niacin tab	OTC	1
NIACIN TR TAB	OTC	1
niacinamide tab	OTC	1
POTABA POWDER PACKET	-	2
POTABA TAB	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

INF	NC =Not Covered Infertility	LD	generic =small letters Limited Distribution	LSP	BRANDS =CAPITAL LETTERS Lumicera Specialty Preferred
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary
Prior Authorization Drug List
Last Updated* 4/7/2017

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY DISCMELT	3
ABILIFY SOLN	3
ABSTRAL SL TAB	3
adapalene cream	2
adapalene gel 0.1%	2
ADAPALENE LOTION	2
ADCIRCA TAB	4
ADEMPAS TAB	4
AFINITOR DISPERZ	4
AFINITOR TAB	4
ALECENSA CAP	4
AMPYRA TAB	4
ANDRODERM PATCH	2
ANDROGEL 1.62% 1.25GM	2
ANDROGEL 1.62% 2.5GM	2
ANDROGEL PUMP 1.62%	2
aripiprazole ODT	3
aripiprazole soln	3
armodafinil tab	3
AUBAGIO TAB	4
AZELEX CREAM	3
BELVIQ TAB	2
BELVIQ XR TAB	2
bexarotene cap	4
BOSULIF TAB	4
CABOMETYX TAB	4
CAPRELSA TAB	4
CHOLBAM CAP	4
clobetasol foam	3
clobetasol lotion	3
clobetasol propionate cream	2
clobetasol propionate emollient cream	2
clobetasol propionate gel	2
clobetasol propionate oint	2
clobetasol propionate soln	3
clobetasol shampoo	3
clobetasol spray	3
COMETRIQ KIT	4
CONTRACE TAB	2
CORLANOR TAB	3
COSENTYX INJ	4
COTELLIC TAB	4
CRINONE GEL	2
CYSTAGON CAP	4

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary cont.
Prior Authorization Drug List
Last Updated* 4/7/2017

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
CYSTARAN OPHTH SOLN	4
DARAPRIM TAB	4
DESCOVY TAB	2
diclofenac gel	3
DIFFERIN GEL 0.3%	2
dronabinol cap	2
ENBREL INJ 25MG	4
ENBREL INJ 50MG	4
ENBREL SURECLICK INJ 50MG	4
ENDOMETRIN INSERT	2
ENTRESTO TAB	2
EPANED SOLN	3
EPCLUSA TAB	4
EPIDUO (FORTE) GEL	2
ERIVEDGE CAP	4
ESBRIET CAP	4
FANAPT TAB	3
FANAPT TITRATION PACK	3
FARYDAK CAP	4
fentanyl citrate lollipop	3
FENTORA TAB	3
FERRIPROX SOLN	4
FERRIPROX TAB	4
fondaparinux inj	2
GILENYA CAP	4
GILOTRIF TAB	4
HARVONI TAB	4
HUMIRA INJ	4
HUMIRA PEN INJ	4
HYCANTIN CAP	4
IBRANCE CAP	4
ICLUSIG TAB	4
imatinib tab	4
IMBRUVICA CAP	4
INLYTA TAB	4
IRESSA TAB	4
itraconazole cap	2
JAKAFI TAB	4
KALYDECO PAK	4
KALYDECO TAB	4
KINERET INJ	4
KORLYM TAB	4
KUVAN POWDER PACK	4
KUVAN TAB	4

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary cont.
 Prior Authorization Drug List
 Last Updated* 4/7/2017**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
LAZANDA NASAL SPRAY	3
LENVIMA CAP	4
LETAIRIS TAB	2
LEUKINE INJ	4
LINZESS CAP	2
LONSURF TAB	4
LYNPARZA CAP	4
MEKINIST TAB	4
METHITEST TAB	3
methyltestosterone cap	3
modafinil tab	2
MOVANTIK TAB	2
NATPARA INJ	4
NEXAVAR TAB	4
NINLARO CAP	4
NORDITROPIN INJ	4
OCALIVA TAB	4
ODOMZO CAP	4
OFEV CAP	4
ONFI TAB	2
OPSUMIT TAB	4
ORENCIA CLICK INJ	4
ORENCIA SC INJ	4
ORKAMBI TAB	4
OXYTROL PATCH	3
paliperidone ER tab	2
phentermine cap	1
phentermine tab	1
PROGESTERONE SUPP	3
PROMACTA TAB	4
QSYMIA CAP	3
REBIF INJ	4
RETIN-A MICRO GEL 0.04%, 0.1%	2
REVLIMID CAP	4
SABRIL POWDER PACK	4
SABRIL TAB	4
SAPHRIS SL TAB	3
SIGNIFOR INJ	4
sildenafil tab	1
SKLICE LOTION	3
SOMAVERT INJ	4
SPORANOX SOLN	3
SPRYCEL TAB	4
STIVARGA TAB	4

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary cont.
Prior Authorization Drug List
Last Updated* 4/7/2017

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
STRENSIQ INJ	4
SUTENT CAP	4
SYLATRON INJ	4
SYPRINE CAP	4
TAFINLAR CAP	4
TAGRISSE TAB	4
TARCEVA TAB	4
TASIGNA CAP	4
testosterone gel 1% 25mg	2
TESTOSTERONE GEL 1% 50MG	2
testosterone gel 1% pump	2
TESTOSTERONE GEL PUMP	2
tetrabenazine tab	4
THALOMID CAP	4
TRACLEER TAB	2
tretinoin cream	2
tretinoin gel	2
tropium chloride SR cap	3
TRUVADA TAB	2
TYKERB TAB	4
TYVASO INH SOLN	4
UCERIS RECTAL FOAM	3
UCERIS TAB	3
UPTRAVI TAB	4
VALCHLOR GEL	4
VELTASSA POWDER	4
VENCLEXTA STARTER PACK	4
VENCLEXTA TAB	4
VENTAVIS INH SOLN	4
VOTRIENT TAB	4
XALKORI CAP	4
XELJANZ TAB	4
XELJANZ XR TAB	4
XIFAXAN TAB 550MG	3
XTANDI CAP	4
XYREM SOLN	4
ZAVESCA CAP	4
ZELBORAF TAB	4
ZEPATIER TAB	4
ZINBRYTA INJ	4
ZOLINZA CAP	4
ZORTRESS TAB	2
ZYDELIG TAB	4
ZYTIGA TAB	4

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary
Last Updated* 4/7/2017
RxCents (Cost Savings Enabled by Tablet Splitting)

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

	Product & Strength	Quantity	Member Copay	Member Annual Savings
Without Tablet Splitting	Drug A 40 mg tab	30	\$15.00	
With Tablet Splitting	Drug A 80 mg tab	15	\$7.50	\$90

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall

RxCents Program Medications

aripiprazole tab	BYSTOLIC TAB	entecavir tab	eplerenone tab
galantamine tab	irbesartan tab	JANUVIA TAB	OCALIVA TAB
rasagiline tab	rosuvastatin tab	rosuvastatin tab 20mg	tolterodine tab
ULORIC TAB	VESICARE TAB		

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary
Last Updated* 4/7/2017
Over-the-Counter (OTC)

• The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

ACCU-CHECK GUIDE CARE METER	ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE TEST STRIP
ACCU-CHEK NANO METER	ACCU-CHEK NANO SMARTVIEW METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP
AEROCHAMBER	ALCOHOL SWABS	ASPIRIN CHEW TAB 75MG	aspirin chew tab 81mg
aspirin ec tab 325mg	aspirin ec tab 81mg	aspirin tab 325mg	aspirin tab 81mg
B-D INSULIN SYRINGE	B-D PEN NEEDLE	CALIBRATION LIQUID	CLINISTIX TEST STRIP
CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
FEMALE CONDOMS	ferrous sulfate elixir	FERROUS SULFATE LIQUII	ferrous sulfate soln
FERROUS SULFATE SYRUP	folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER
FREESTYLE INSULIN SYRINGE	FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER
FREESTYLE LITE TEST STRIP	FREESTYLE TEST STRIP	guaifenesin/codeine syrup	INSULIN SYRINGE
IRON SUSP	KETO-DIASTIX TEST STRIF	KETOSTIX	ketotifen ophth soln
LANCET KIT	LANCETS	lansoprazole cap	levonorgestrel tab
meclizine chew tab	meclizine tab	NASACORT OTC NASAL SPRAY	niacin cap
niacin CR tab	niacin tab	NIACIN TR TAB	niacinamide tab
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
NOVOFINE PEN NEEDLE	NOVOLIN INJ	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE
PEAK FLOW METER	PEN NEEDLE	PLAN B TAB	PRECISION INSULIN SYRINGE
PRECISION XTRA METER	PRECISION XTRA TEST STRIP	PREVACID OTC CAP	TODAY SPONGE
triamcinolone OTC nasal spray	vcf vaginal gel	vitamin D cap 1000unit	vitamin D cap 400unit
VITAMIN D TAB 400UNIT	ZEGERID CAP OTC		

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary

Last Updated* 4/7/2017

Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

ACTIMMUNE INJ	ADEMPAS TAB	APOKYN INJ	CAPRELSA TAB
CAYSTON INH SOLN	CHOLBAM CAP	COMETRIQ KIT	CYSTAGON CAP
CYSTARAN OPTH SOLN	DARAPRIM TAB	FERRIPROX SOLN	FERRIPROX TAB
GILOTRIF TAB	ICLUSIG TAB	IMBRUVICA CAP	IRESSA TAB
KINERET INJ	KORLYM TAB	KUVAN POWDER PACK	KUVAN TAB
LENVIMA CAP	LYNPARZA CAP	NATPARA INJ	OCALIVA TAB
OPSUMIT TAB	SABRIL POWDER PACK	SABRIL TAB	SIGNIFOR INJ
SOMAVERT INJ	STRENSIQ INJ	TAGRISSE TAB	TYVASO INH SOLN
UPTRAVI TAB	VALCHLOR GEL	VELTASSA POWDER	VENCLEXTA STARTER PACK
VENCLEXTA TAB	VENTAVIS INH SOLN	XYREM SOLN	ZAVESCA CAP
ZYDELIG TAB			

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary

Last Updated* 4/7/2017

Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DESVENLAFAXINE ER TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EXTAVIA INJ	Step Therapy requires trial of 2: AVONEX, COPAXONE, or PLEGRIDY
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
gatifloxacin ophth soln	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
KHEDEZLA ER TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
METROGEL 1%	Step Therapy requires trial of FINACEA
NAMZARIC CAP	Step Therapy requires trial of donepezil and memantine
NAMZARIC STARTER PACK	Step Therapy requires trial of donepezil and memantine
nevirapine ER tab	Step Therapy requires trial of nevirapine
PANCREAZE CAP	Step Therapy requires trial of CREON
PATADAY OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of olopatadine ophth soln
risedronate DR tab	Step Therapy requires trial of alendronate
RYTARY CAP	Step Therapy requires trial of carbidopa/levodopa ER
ULORIC TAB	Step Therapy requires trial of allopurinol
ULTRESA CAP	Step Therapy requires trial of CREON
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary
Smoking Cessation Agents
Last Updated* 4/7/2017

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	\$0
CHANTIX PAK(Limited to 180 days/plan year)	\$0
CHANTIX TAB(Limited to 180 days/plan year)	\$0
nicotine gum(Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$0
nicotine lozenge(Limited to 180 days/plan year)	\$0
nicotine patch(Limited to 180 days/plan year)	\$0
NICOTROL INHALER(Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	\$0

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary
Last Updated* 4/7/2017
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY DISCMELT	QL= 2 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALSUMA INJ	QL= 4 inj/fill, 2 fills/30 days
AMPYRA TAB	QL= 2 tabs/day
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
AUBAGIO TAB	QL= 1 tab/day
BELVIQ TAB	QL= 2 tabs/day
BELVIQ XR TAB	QL= 1 tab/day
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH	QL= 4 patches/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
CABOMETYX TAB	QL= 1 tab/day
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CONTRACE TAB	QL= 4 tabs/day
COSENTYX INJ	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole
diclofenac gel 1%	QL= 5 tubes/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
duloxetine EC cap	QL= 2 caps/day
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Last Updated* 4/7/2017
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA TAB	QL= 1 tab/day
EPINEPHRINE PEN INJ 0.15MG (MYLAN)	QL= 2 inj/fill
EPINEPHRINE PEN INJ 0.3MG (MYLAN)	QL= 2 inj/fill
ESBRIET CAP	QL= 9 caps/day
eszopiclone tab	QL= 1 tab/day
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB	QL= 120 tabs/30 days
FLECTOR PATCH	QL= 30 patches/fill
flunisolide nasal spray	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
GILENYA CAP	QL= 1 cap/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
GLYXAMBI TAB	QL= 1 tab/day
granisetron tab	QL= 9 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
HARVONI TAB	QL= 1 tab/day
HUMIRA INJ	QL= 2 inj/28 days
HUMIRA PEN INJ	QL= 2 inj/28 days
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill, 2 fills/month
HYSINGLA ER TAB	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IMBRUVICA CAP	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KINERET INJ	QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Last Updated* 4/7/2017
Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LASTACRAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LETAIRIS TAB	QL= 1 tab/day
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
LUMIGAN/BIMATOPROST OPHTH SOLN	QL= 2.5ml/30 days
malathion lotion	QL= 2 bottles/fill
medroxyprogesterone inj	
METHERGINE TAB	QL= 28 tabs/fill, 1 fill/365 days
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
MIGRANAL/ DIHYDROERGOTAMINE SPRAY	QL= 8 sprays/fill, 2 fills/30 days
modafinil tab	QL= 2 tabs/day
MOVIPREP SOLN	QL= 1 bottle/fill
NALOXONE INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NARCAN NASAL SPRAY	QL= 2 sprays/fill
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NASONEX NASAL SPRAY	QL= 2 bottles/fill
NATROBA SUSP	QL= 1 bottle/fill
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NUCYNTA ER TAB	QL= 2 tabs/day
NUDEXTA CAP	QL= 2 caps/day
OCALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ	QL= 4 inj/28 days
ORKAMBI TAB	QL= 4 tabs/day
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
OXYCONTIN CR TAB	QL= 4 tabs/day
PATADAY OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of olopatadine ophth soln
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
phentermine cap	QL= 1 cap/day
phentermine tab	QL= 1 tab/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Last Updated* 4/7/2017
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PICATO GEL	QL= 1 box/fill
POTIGA TAB	QL= 3 tabs/day
QSYMIA CAP	QL= 1 cap/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REVLIMID CAP	QL= 1 cap/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
ROZEREM TAB	QL= 1 tab/day
SANCUSO PATCH	QL= 4 patches/fill
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SPINOSAD SUSP	QL= 1 bottle/fill
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SUMAVEL DOSEPRO INJ	QL= 6 inj/fill, 2 fills/30 days
SYNJARDY TAB	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAMIFLU SUSP 6MG/ML	QL= 250ml/fill
testosterone gel 1% 25mg	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
TIVICAY TAB	QL= 2 tabs/day
TRACLEER TAB	QL= 2 tabs/day
TRADJENTA TAB	QL= 1 tab/day
TRAVATAN Z OPHTH SOLN	QL= 5ml/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone OTC nasal spray	QL= 2 bottles/fill
trilyte soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
TUSSICAPS	QL= 20 caps/fill, 2 fills/30 days
TUSSI-ORGANI SYRUP	QL= 240ml/fill
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana University System Employee Benefits Plan (MUS Plan) Formulary Cont.
Last Updated* 4/7/2017
Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
UCERIS TAB	QL= 1 tab/day
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF CAP	QL= 4 caps/fill
VYTORIN TAB	QL= 1 tab/day (10/80mg is Not Covered)
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XTANDI CAP	QL= 4 caps/day
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEPATIER TAB	QL= 1 tab/day
ZETIA TAB	QL= 1 tab/day
ZINBRYTA INJ	QL= 1 inj/28 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem tab 10mg	Male QL= 1 tab/day; Female QL= 0.5 tab/day
zolpidem tab 5mg	QL= 1 tab/day
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYTIGA TAB	QL= 4 tabs/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.