

# KAISER PERMANENTE OF GEORGIA 2024 Mid/Large Group 4 Tier Benefit



This document includes Kaiser Permanente of Georgia's 2024  
Mid/ Large Group 4 Tier Benefit Formulary as of  
May 8, 2024

For an updated formulary, please visit our Web site at [members.kp.org](https://members.kp.org) or call 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

## What is the Kaiser Permanente Drug Formulary?

A formulary is a list of drugs determined to be safe and effective for our members by our Pharmacy and Therapeutics Committee. Use of formulary drugs enables Kaiser Permanente to provide optimal care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts.

### Does the formulary ever change?

Yes, Kaiser Permanente continually updates the formulary based on new medical evidence, considering the recommendations of appropriate physician experts and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know.

The enclosed formulary is current as of **May 8, 2024**. To get updated information about the drugs covered by Kaiser Permanente, please visit our Web site at [members.kp.org](https://members.kp.org) or call Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

### How do I use the Formulary?

Generic drugs are listed in lower-case italics (e.g., *amoxicillin*) within the formulary on page 4. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

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

#### Medical Condition

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat a heart condition are listed under

the category, “Cardiovascular Drugs.” If you know what your drug is used for, simply look for the category name in the list that begins on page 4. Then look under the category name for your drug.

#### Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 35. The Index provides an alphabetical list of all of the drugs included in this document. Both Brand-name drugs and generic drugs are listed in the Index. If a drug is available as a generic, it is only listed with the generic name. Look in the Index and find the drug. Next to the drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug on the list. You may also use the search function on your computer to search for the medication by name.

### What are generic drugs?

Generic drugs are produced and sold under their chemical names after the patent of the Brand-name drug expires. Although the price is lower, the quality and effectiveness of generic drugs is the same as Brand-name drugs. The Food and Drug Administration (FDA) require that generic drugs contain the same active ingredients in the same amount as the Brand-name drug. Kaiser Permanente pharmacies stock only generic drugs that have met the high standards of both the FDA and the experts in experts in our quality assurance program.

Because all drug product strengths and package sizes of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification.

### How much will I pay for Covered Drugs?

What you pay for covered drugs is determined by the outpatient prescription drug benefit outlined in your Evidence of Coverage.

Preventative generics are those covered at the lowest co-payment amount defined as Tier 1. Preferred generics are those covered at the 2<sup>nd</sup> lowest co-pay amount defined as Tier 2. Preferred Brands are those Brands which will be covered at your preferred Brand co-payment amount defined as Tier 3. Specialty medications are covered at the specialty cost share defined as Tier 4.

Coverage for prescription drugs is limited to drugs for which a prescription is required by law and those that are listed on the Kaiser Permanente drug formulary. Certain diabetic supplies do not require a prescription, but must still be listed in our formulary in order to be covered under the benefit.

Each prescription refill is provided on the same basis as the original prescription. Copayments are applied on a per prescription basis, for up to the lesser of the dispensing amount listed in the “Schedule of Benefits” or the standard prescription amount, including maintenance drugs as determined by Health Plan.

The standard prescription amount for the following items is:

- Migraine medications — the smallest package size commercially available
- Ophthalmic and otic medications — the smallest package size commercially available
- Oral and nasal inhalers — the smallest standard package unit

[Are there any other restrictions on coverage?](#)

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

- **Quantity Limits (QL):** For certain drugs, Kaiser Permanente limits the amount of the drug that will be covered.
- **Age Restriction (Age):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- **Prior Authorization (PA):** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Your Provider must obtain this review and authorization. The list of prescription drugs requiring review and authorization is subject to periodic review and modification by our Pharmacy and Therapeutics Committee.
- **Step Therapy (ST):** For certain drugs, Kaiser Permanente requires the use of similar, alternative medications prior to coverage.

You can find out if the drug has any additional requirements or limits by looking in the formulary that begins on page 4.

### [What if my drug is not on the Formulary?](#)

If the drug is not on the formulary and your benefit does not provide non-formulary coverage, you have two options:

- You can contact Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056 and ask Member Services for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a

similar drug that is covered under the Kaiser Permanente Drug Formulary.

- You can request an exception for coverage of your non-formulary drug. (*See below for information about how to request an exception.*)
  - You can request coverage for a drug, even though it is not on our formulary.
  - You can request that we waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can request ask us to waive the limit and cover more.

### What if I want or my doctors prescribes a non-formulary drug?

If you request a non-formulary drug, you will be responsible for the full cost of that drug unless your prescribing physician identified a clear medical reason to use it rather than the similar formulary drug. In specific cases, such as an allergy to the formulary alternative, your physician may request an exception for coverage of a non-formulary drug. In that case your regular pharmacy copay would apply. Certain

prescriptions require expert review before they can be dispensed.

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

You should contact your physician to initiate the request for exception process. When you are requesting a formulary or utilization restriction exception, you should submit a statement from your physician supporting your request.

### For more information

For more detailed information about your Kaiser Permanente prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Kaiser Permanente, please call Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

Or visit [members.kp.org](http://members.kp.org).

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
<b>ANALGESICS</b>		
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
<i>acetaminophen w/ codeine</i>	2	QL
<i>butalbital-acetaminophen-caffeine</i>	2	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	QL
<i>butalbital-aspirin-caffeine</i>	2	
<i>butalbital-aspirin-caffeine w/cod</i>	2	QL
<i>hydrocodone-acetaminophen</i>	2	QL
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>celecoxib</i>	2	
<i>diclofenac potassium</i>	4	ST
ELYXYB	4	ST
<i>ibuprofen</i>	2	
<i>ibuprofen-famotidine</i>	4	ST
<i>indomethacin</i>	2, 4	ST
<i>meloxicam</i>	2	
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>methadone hcl</i>	2	QL
<i>morphine sulfate</i>	2, 3	QL
OXYCODONE HCL ER	4	QL, ST
OXYMORPHONE HCL ER	4	QL, ST
XTAMPZA ER	4	ST
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>hydromorphone hcl</i>	2	QL
<i>morphine sulfate</i>	2	QL
<i>oxycodone hcl</i>	2, 4	QL, ST
<i>oxymorphone hcl</i>	4	QL, ST
<i>tramadol hcl</i>	2	QL
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (mouth-throat)</i>	2	
LIDOCAINE HCL URETHRAL/MUCOSAL	2	
<b>ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	2	
<b>OPIOID ANTAGONISTS</b>		
<i>buprenorphine hcl</i>	2	
<i>naltrexone hcl</i>	2	
<b>ANTI-INFECTIVE AGENTS</b>		
<b>ANTHELMINTICS</b>		
<i>ivermectin</i>	2	
<b>ANTIBACTERIALS</b>		
<i>amikacin sulfate</i>	2	
<i>amoxicillin &amp; pot clavulanate</i>	2	
ARIKAYCE	4	PA
<i>azithromycin</i>	2	

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Category/ Drug Name	Tier Level	Restrictions
<i>cefazolin sodium</i>	2	
<i>ceftazidime</i>	2	
<i>cefuroxime axetil</i>	2	
DIFICID	4	ST
<i>doxycycline hyclate</i>	2, 4	ST
<i>gentamicin sulfate</i>	2	
HUMATIN	2	
SIVEXTRO	4	ST
<i>sulfamethoxazole-trimethoprim</i>	2	
<i>sulfasalazine</i>	2	
<i>tetracycline hcl</i>	2	
<i>tobramycin</i>	4	ST
<i>tobramycin sulfate</i>	2	
<i>vancomycin hcl</i>	1, 2, 4	
<b>ANTIBACTERIALS, OTHER</b>		
<i>nitrofurantoin monohyd macro</i>	2	
<b>ANTIFUNGALS</b>		
AMPHOTERICIN B	2	
CRESEMBA	4	PA
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>	2, 4	
<i>ketoconazole</i>	2	
NOXAFIL	4	PA
VIVJOA	4	PA
<b>ANTIMYCOBACTERIALS</b>		
SIRTURO	4	
<b>ANTIPROTOZOALS</b>		
ALINIA	4	
<i>primaquine phosphate</i>	2	
<b>ANTIVIRALS</b>		
<i>abacavir sulfate-lamivudine</i>	2	QL
APTIVUS	4	QL
<i>atazanavir sulfate</i>	2, 4	QL
BIKTARVY	4	QL
<i>cidofovir</i>	2	
<i>darunavir</i>	2, 4	QL
DOVATO	4	QL
<i>entecavir</i>	2	QL
EPCLUSA	4	PA, QL
<i>etravirine</i>	4	QL
EVOTAZ	4	ST
FUZEON	4	QL
HARVONI	4	PA, QL
LIVTENCITY	4	PA
MAVYRET	4	PA, QL
PEGASYS	4	QL
PREVYMIS	4	PA
PREZCOBIX	4	
<i>ritonavir</i>	2	QL
SOVALDI	4	PA, QL

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Category/ Drug Name	Tier Level	Restrictions
SUNLENCA	4	PA
SYMTUZA	4	QL
TIVICAY	4	
<i>valacyclovir hcl</i>	2	
VIREAD	4	QL, ST
VOCABRIA	4	PA
ZEPATIER	4	PA, QL
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
BETHKIS	4	ST
<i>gentamicin sulfate (ophth)</i>	2	
<i>neomycin sulfate</i>	2	
<i>tobramycin (ophth)</i>	2, 3	
<b>ANTIBACTERIALS, OTHER</b>		
BACITRACIN	2	
CAYSTON	4	PA
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>linezolid</i>	2, 4	ST
<i>metronidazole</i>	2	
<i>metronidazole (topical)</i>	2	
<i>mupirocin</i>	2	
<i>nitrofurantoin</i>	4	PA
<i>nitrofurantoin macrocrystal</i>	2	
TRIMETHOPRIM	2	
XIFAXAN	4	QL, ST
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
CEFACLOR	2	
<i>cefdinir</i>	2	
<i>cefepodoxime proxetil</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cephalexin</i>	2	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin</i>	2	
<i>amoxicillin &amp; pot clavulanate</i>	2	
<i>ampicillin</i>	2	
<i>dicloxacillin sodium</i>	2	
<i>penicillin v potassium</i>	2	
<b>MACROLIDES</b>		
<i>clarithromycin</i>	2	
<i>erythromycin (ophth)</i>	2	
<b>QUINOLONES</b>		
BAXDELA	4	ST
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>levofloxacin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<b>SULFONAMIDES</b>		
<i>silver sulfadiazine</i>	2	
SULFADIAZINE	2	

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Category/ Drug Name	Tier Level	Restrictions
<b>TETRACYCLINES</b>		
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i>	2	
<i>minocycline hcl</i>	2	
NUZYRA	4	ST
SEYSARA	4	ST
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
BRIVIACT	4	ST
DIACOMIT	4	PA
EPIDIOLEX	4	PA
FINTEPLA	4	PA
<i>oxcarbazepine</i>	2	
SYMPAZAN	4	ST
TERIPARATIDE (RECOMBINANT)	4	PA
XCOPRI	4	QL, ST
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<i>ethosuximide</i>	2	
<i>methsuximide</i>	2	
<b>GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
<i>gabapentin</i>	2	
NAYZILAM	4	
<i>phenobarbital</i>	2	
<i>primidone</i>	2	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	4	PA
ZTALMY	4	ST
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM	4	ST
DILANTIN	2, 3	
<i>lacosamide</i>	2, 4	QL, ST
<i>phenytoin</i>	2, 3	
<i>rufinamide</i>	4	ST
<b>ANTIDEMENTIA AGENTS</b>		
<b>CHOLINESTERASE INHIBITORS</b>		
<i>donepezil hydrochloride</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>rivastigmine tartrate</i>	2	
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
<i>memantine hcl</i>	2	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
<i>bupropion hcl</i>	2, 4	ST
<i>mirtazapine</i>	2	
SEROQUEL XR	4	ST
<i>trazodone hcl</i>	1	
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM	4	ST
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	



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Category/ Drug Name	Tier Level	Restrictions
<b>SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS</b>		
<i>citalopram hydrobromide</i>	1	
<i>duloxetine hcl</i>	2	
<i>escitalopram oxalate</i>	2	
PRISTIQ	4	ST
<i>sertraline hcl</i>	2	
<i>venlafaxine hcl</i>	2	
<b>TRICYCLICS</b>		
<i>amitriptyline hcl</i>	2	
<i>clomipramine hcl</i>	4	
<i>desipramine hcl</i>	2	
<i>imipramine hcl</i>	2	
<i>nortriptyline hcl</i>	2	
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>chlorpromazine hcl</i>	2	
<i>metoclopramide hcl</i>	2	
<i>perphenazine</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl</i>	2	
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
AKYNZEO	4	ST
ANZEMET	4	ST
<i>dronabinol</i>	2, 4	ST
<i>ondansetron</i>	2	
<i>ondansetron hcl</i>	2	
<b>ANTIFUNGALS</b>		
<b>NO USP CLASS</b>		
<i>clotrimazole</i>	2	
<i>fluconazole</i>	2	
<i>flucytosine</i>	4	
<i>griseofulvin microsize</i>	2	
<i>ketoconazole (topical)</i>	2	
NATACYN	3	
<i>nystatin</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>nystatin (topical)</i>	2	
<i>posaconazole</i>	4	PA
<i>terbinafine hcl</i>	2	
VFEND	4	ST
ZOLINZA	4	
<b>ANTIGOUT AGENTS</b>		
<b>NO USP CLASS</b>		
<i>allopurinol</i>	2	
<i>colchicine</i>	2, 4	QL, ST
<i>probenecid</i>	2	
<b>ANTIMIGRAINE AGENTS</b>		
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine mesylate</i>	4	ST
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		

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Category/ Drug Name	Tier Level	Restrictions
MIGERGOT	4	ST
NURTEC	4	PA, QL
REYVOW	4	PA, QL
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine bromide</i>	2	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone</i>	2	
<i>rifabutin</i>	2	
<b>ANTITUBERCULARS</b>		
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
GLEOSTINE	4	QL, ST
LEUKERAN	4	QL
<b>ANTIANGIOGENIC AGENTS</b>		
REVLIMID	4	QL, ST
THALOMID	4	QL
<b>ANTIESTROGENS/MODIFIERS</b>		
FARESTON	4	QL, ST
<b>ANTINEOPLASTIC AGENTS</b>		
ALECENSA	4	
<i>anastrozole</i>	2	
BESREMI	4	PA
<i>bicalutamide</i>	2	
BRUKINSA	4	QL
CALQUENCE	4	PA
<i>erlotinib hcl</i>	4	ST
EXKIVITY	4	PA, QL
FARYDAK	4	
<i>fluorouracil</i>	2	
<i>gefitinib</i>	4	
IMLYGIC	4	
KESIMPTA	4	PA
<i>lenalidomide</i>	4	QL
<i>letrozole</i>	2	
LONSURF	4	
LUMAKRAS	4	PA, QL
LYNPARZA	4	PA, QL
MATULANE	4	
MELPHALAN	2	
PIQRAY (200 MG DAILY DOSE)	4	PA, QL
POMALYST	4	QL
SOLTAMOX	4	
<i>sorafenib tosylate</i>	4	
STIVARGA	4	

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Category/ Drug Name	Tier Level	Restrictions
<i>sunitinib malate</i>	4	
<i>temozolomide</i>	2	
<i>toremifene citrate</i>	4	
VANFLYTA	4	PA
<b>ANTINEOPLASTICS, OTHER</b>		
<i>abiraterone acetate</i>	2, 4	QL, ST
BOSULIF	4	PA, QL
CASODEX	4	QL, ST
COPIKTRA	4	QL, ST
COTELLIC	4	QL
DACOGEN	4	ST
DAURISMO	4	QL, ST
DROXIA	4	PA, QL
ERIVEDGE	4	QL, ST
ERLEADA	4	QL, ST
HYCAMTIN	4	QL
IBRANCE	4	QL
ICLUSIG	4	PA, QL
IDHIFA	4	PA, QL
INLYTA	4	QL, ST
INQOVI	4	PA, QL
INREBIC	4	QL, ST
IRESSA	4	QL
KRAZATI	4	PA
LYTGOBI (12 MG DAILY DOSE)	4	PA, QL
<i>methotrexate sodium</i>	2	
MYLERAN	4	QL
NERLYNX	4	QL, ST
NINLARO	4	QL
ODOMZO	4	QL
ONUREG	4	PA, QL
ORGOVYX	4	PA, QL
PEMAZYRE	4	QL, ST
PURIXAN	4	QL
QINLOCK	4	QL, ST
RETEVMO	4	PA, QL
REZLIDHIA	4	PA, QL
ROZLYTREK	4	PA, QL
RUBRACA	4	PA, QL
RYDAPT	4	QL
SCEMBLIX	4	PA, QL
SOMATULINE DEPOT	4	
SYNRIBO	4	QL
TABRECTA	4	PA, QL
TAZVERIK	4	QL, ST
TRUSELTIQ (100MG DAILY DOSE)	4	PA, QL
TUKYSA	4	PA, QL
TURALIO	4	PA, QL
VENCLEXTA	4	QL
VERZENIO	4	QL, ST

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Category/ Drug Name	Tier Level	Restrictions
VITRAKVI	4	PA, QL
VIZIMPRO	4	QL, ST
WELIREG	4	PA, QL
XALKORI	4	QL
XENLETA	4	QL, ST
XOSPATA	4	QL
XPOVIO (100 MG ONCE WEEKLY)	4	PA, QL
XTANDI	4	
ZYDELIG	4	QL, ST
ZYKADIA	4	QL, ST
<b>MOLECULAR TARGET INHIBITORS</b>		
ALUNBRIG	4	QL, ST
BALVERSA	4	PA, QL
BRAFTOVI	4	QL, ST
FOTIVDA	4	PA, QL
GAVRETO	4	PA, QL
GILOTRIF	4	QL
JAKAFI	4	QL, ST
KISQALI (200 MG DOSE)	4	QL
KOSELUGO	4	PA, QL
LENVIMA (10 MG DAILY DOSE)	4	QL
LORBRENA	4	QL, ST
MEKINIST	4	QL, ST
MEKTOVI	4	QL, ST
TAFINLAR	4	QL, ST
TAGRISO	4	QL
TALZENNA	4	PA, QL
TASIGNA	4	PA, QL
TIBSOVO	4	PA, QL
TYKERB	4	QL, ST
VOTRIENT	4	QL, ST
<b>RETINOIDS</b>		
<i>bexarotene (topical)</i>	4	PA
PANRETIN	4	PA
TARGRETIN	4	QL, ST
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
CYCLOPHOSPHAMIDE	2, 3	
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT	4	
<i>tamoxifen citrate</i>	2	
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	2	
DROXIA	3	
<i>hydroxyurea</i>	2	
TABLOID	4	
<b>ANTINEOPLASTIC AGENTS</b>		
VANFLYTA	4	PA
<b>ANTINEOPLASTICS, OTHER</b>		
<i>abiraterone acetate</i>	4	ST

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
IBRANCE	4	QL
<i>leucovorin calcium</i>	2	
SOMATULINE DEPOT	4	
VONJO	4	PA, QL
XATMEP	4	ST
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
ARIMIDEX	4	ST
<i>exemestane</i>	2	
<b>ENZYME INHIBITORS</b>		
ETOPOSIDE	2	
<b>MOLECULAR TARGET INHIBITORS</b>		
AYVAKIT	4	QL, ST
CABOMETYX	4	QL, ST
CAPRELSA	4	
<i>everolimus</i>	4	QL, ST
<i>imatinib mesylate</i>	2, 4	PA
IMBRUVICA	4	PA, QL
<i>lapatinib ditosylate</i>	4	
NEXAVAR	4	ST
SPRYCEL	4	PA, QL
SUTENT	4	ST
ZELBORAF	4	
<b>NO USP CLASS</b>		
MESNEX	4	
<b>RETINOIDS</b>		
TARGRETIN	4	
<i>tretinoin (chemotherapy)</i>	4	
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	2	
IMPAVIDO	4	PA
<b>ANTIPROTOZOALS</b>		
<i>atovaquone</i>	4	
<i>hydroxychloroquine sulfate</i>	2	
NEBUPENT	4	ST
<i>nitazoxanide</i>	4	ST
<i>pyrimethamine</i>	4	PA
<b>PEDICULICIDES/SCABICIDES</b>		
LINDANE	2	
<i>permethrin</i>	2	
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<i>trihexyphenidyl hcl</i>	2	
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>apomorphine hydrochloride</i>	4	ST
<i>carbidopa-levodopa</i>	2	
NOURIANZ	4	ST
TASMAR	4	ST
<b>DOPAMINE AGONISTS</b>		
APOKYN	4	ST

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Category/ Drug Name	Tier Level	Restrictions
<i>bromocriptine mesylate</i>	2	
INBRIJA	4	PA
<i>ropinirole hydrochloride</i>	2	
<b>DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa-levodopa</i>	2	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>selegiline hcl</i>	2	
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
<i>carbidopa-levodopa-entacapone</i>	2	
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>fluphenazine hcl</i>	2	
<i>haloperidol</i>	2	
<i>thioridazine hcl</i>	2	
<i>trifluoperazine hcl</i>	2	
<b>2ND GENERATION/ATYPICAL</b>		
FANAPT	4	ST
INVEGA	4	ST
LATUDA	4	QL, ST
NUPLAZID	4	PA
<i>olanzapine</i>	2	
<i>quetiapine fumarate</i>	2	
<i>risperidone</i>	2	
VRAYLAR	4	QL, ST
<i>ziprasidone hcl</i>	2	
<b>TREATMENT-RESISTANT</b>		
<i>clozapine</i>	2	
<b>ANTISPASTICITY AGENTS</b>		
<b>NO USP CLASS</b>		
<i>baclofen</i>	2	
<i>tizanidine hcl</i>	2	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
<i>valganciclovir hcl</i>	4	
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
JULUCA	4	ST
STRIBILD	4	ST
TRIUMEQ	4	ST
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b>		
COMPLERA	4	ST
EDURANT	4	QL
<i>efavirenz</i>	2, 4	QL
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	2	QL
INTELENCE	4	QL
<i>nevirapine</i>	2, 4	QL
PIFELTRO	4	ST
SYMFI LO	4	ST
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS</b>		
<i>abacavir sulfate</i>	2, 4	QL
<i>abacavir sulfate-lamivudine-zidovudine</i>	2, 4	QL

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CIMDUO	4	QL
<i>emtricitabine</i>	2, 4	QL
<i>emtricitabine-tenofovir disoproxil fumarate</i>	2, 4	PA, QL
EPIVIR HBV	4	QL, ST
EPZICOM	4	QL
<i>lamivudine</i>	2, 4	QL
<i>lamivudine-zidovudine</i>	2, 4	QL
<i>zidovudine</i>	2	QL
<b>ANTI-HIV AGENTS, OTHER</b>		
DESCOVY	4	QL, ST
<i>fosamprenavir calcium</i>	2	QL
GENVOYA	4	QL
ISENTRESS	4	QL
<i>maraviroc</i>	4	QL, ST
ODEFSEY	4	QL
RUKOBIA	4	PA
SYMFI	4	QL
TYBOST	4	ST
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS</b>		
CRIXIVAN	4	
INVIRASE	4	QL
LEXIVA	4	QL
<i>lopinavir-ritonavir</i>	4	QL
NORVIR	4	QL
VIRACEPT	4	QL
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate</i>	2	QL
RELENZA DISKHALER	3	QL
RIMANTADINE HCL	2	QL
<b>ANTIHEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	4	QL, ST
BARACLUDE	4	QL, ST
RIBAVIRIN	2	
VEMLIDY	4	PA, QL
VOSEVI	4	PA, QL
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir</i>	2	
TRIFLURIDINE	2	
<b>ANTIVIRALS</b>		
LAGEVRIO	4	QL, ST
<i>tenofovir disoproxil fumarate</i>	2	QL
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
ATRIPLA	4	QL
DELSTRIGO	4	QL
PAXLOVID (150/100)	4	QL, ST
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>alprazolam</i>	2	QL
<b>AUTONOMIC DRUGS</b>		
<b>SKELETAL MUSCLE RELAXANTS</b>		

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Category/ Drug Name	Tier Level	Restrictions
<i>cyclobenzaprine hcl</i>	2	
<i>tizanidine hcl</i>	2	
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
<i>alfuzosin hcl</i>	2	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
BROVANA	4	ST
<i>droxidopa</i>	4	PA
<i>fluticasone-salmeterol</i>	2	
<b>BIPOLAR AGENTS</b>		
<b>BIPOLAR AGENTS, OTHER</b>		
SAPHRIS	4	ST
SECUADO	4	ST
<b>MOOD STABILIZERS</b>		
<i>lithium carbonate</i>	2	
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>		
<b>COAGULANTS AND ANTICOAGULANTS</b>		
BRILINTA	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i>	4	ST
PRADAXA	3	QL
<i>prasugrel hcl</i>	2	
<i>tranexamic acid</i>	2	QL
XARELTO	4	ST
<b>HEMATOPOIETIC AGENTS</b>		
ALVAIZ	4	
GRANIX	4	
NEULASTA	4	ST
NEUPOGEN	4	
NYVEPRIA	4	ST
PROMACTA	4	
RETACRIT	4	
ZARXIO	4	ST
ZIEXTENZO	4	ST
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND	4	PA
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose</i>	2	
ALOGLIPTIN BENZOATE	4	PA
ALOGLIPTIN-METFORMIN HCL	4	PA
ALOGLIPTIN-PIOGLITAZONE	4	PA
BYDUREON BCISE	4	PA, QL
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	4	PA
INPEFA	4	PA
JARDIANCE	3, 4	PA, QL
JENTADUETO XR	4	PA
KORLYM	4	PA



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Category/ Drug Name	Tier Level	Restrictions
<i>metformin hcl</i>	1, 4	PA
MOUNJARO	4	PA, QL
ONGLYZA	4	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE)	4	PA, QL
<i>pioglitazone hcl</i>	1	
QTERN	4	PA
SEGLUROMET	4	PA
STEGLATRO	4	PA
STEGLUJAN	4	PA
SYMLINPEN 120	4	PA
SYNJARDY XR	4	PA
TRULICITY	4	PA, QL
VICTOZA	4	PA, QL
XIGDUO XR	4	PA
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose</i>	2	
GATTEX	4	PA
<i>glipizide</i>	1	
JANUVIA	4	PA
<i>metformin hcl</i>	1	
NESINA	4	PA
<b>DEVICES</b>		
CONTOUR BLOOD GLUCOSE SYSTEM	3	
<b>DIABETIC AGENTS</b>		
BAQSIMI ONE PACK	3	AGE
<b>GLYCEMIC AGENTS</b>		
ZEGALOGUE	3	ST
<b>INSULINS</b>		
HUMULIN 70/30	3	
HUMULIN N	3	
HUMULIN R	3	
INSULIN GLARGINE-YFGN	3	
SOLIQUA	4	PA, QL
XULTOPHY	4	PA, QL
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
BD INSULIN SYRINGE HALF-UNIT	2	
CONTOUR TEST	3	
<i>diazoxide</i>	2	
JANUMET	4	PA
KAZANO	4	PA
KOMBIGLYZE XR	4	PA
OSENI	4	PA
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
FULPHILA	4	ST
RELEUKO	4	ST
<b>BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate</i>	2	QL
<i>enoxaparin sodium</i>	2	

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Category/ Drug Name	Tier Level	Restrictions
FRAGMIN	4	ST
<i>warfarin sodium</i>	1	
<b>BLOOD FORMATION MODIFIERS</b>		
<i>anagrelide hcl</i>	2	
ARANESP (ALBUMIN FREE)	4	
<i>icatibant acetate</i>	4	PA
LEUKINE	4	
MOZOBIL	4	
PROCRIT	4	
<b>PLATELET MODIFYING AGENTS</b>		
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate</i>	2	
<i>dipyridamole</i>	2	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine hcl</i>	2	
<i>methyldopa</i>	2	
NORTHERA	4	PA
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
DIBENZYLINE	4	ST
<i>terazosin hcl</i>	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>losartan potassium</i>	1	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>captopril</i>	1, 2	
<i>enalapril maleate</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>ramipril</i>	2	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i>	2	
DIGOXIN	4	ST
<i>disopyramide phosphate</i>	2, 3	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
<i>propafenone hcl</i>	2, 4	ST
<i>quinidine sulfate</i>	2	
TIKOSYN	4	ST
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
INDERAL XL	4	ST
<i>labetalol hcl</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	2	
<i>nebivolol hcl</i>	2	
<i>propranolol hcl</i>	2, 4	ST

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Category/ Drug Name	Tier Level	Restrictions
<i>sotalol hcl</i>	2	
<b>CALCIUM CHANNEL BLOCKING AGENTS</b>		
<i>felodipine</i>	2	
<i>nifedipine</i>	2	
<i>nimodipine</i>	2	
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>digoxin</i>	2, 3	
<i>pentoxifylline</i>	2	
<b>DIURETICS, LOOP</b>		
<i>furosemide</i>	1, 2	
<i>toremide</i>	2	
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>spironolactone</i>	1	
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1, 2	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
<i>triamterene &amp; hydrochlorothiazide</i>	1	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate</i>	2	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
<b>DYSLIPIDEMICS, OTHER</b>		
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	1, 4	ST
JUXTAPID	4	PA
PRALUENT	4	PA
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>atenolol &amp; chlorthalidone</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide</i>	2	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<i>hydralazine hcl</i>	1	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate-hydralazine hcl</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>minoxidil</i>	2	
<i>nitroglycerin</i>	2, 4	ST
<b>CARDIOVASCULAR DRUGS</b>		
<b>A-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate</i>	2	
<b>ANTILIPEMIC AGENTS</b>		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>lovastatin</i>	1	

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Category/ Drug Name	Tier Level	Restrictions
WELCHOL	4	ST
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	2	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine besylate</i>	1	
<i>diltiazem hcl</i>	2	
<i>diltiazem hcl coated beads</i>	2, 4	ST
<i>verapamil hcl</i>	2	
<b>CARDIAC DRUGS</b>		
CAMZYOS	4	PA
MULTAQ	4	ST
<i>quinidine gluconate</i>	2	
VYNDAMAX	4	PA
VYNDAQEL	4	PA
<b>NO USP CLASS</b>		
<i>dofetilide</i>	2	
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
<i>benazepril hcl</i>	1	
ENTRESTO	3	
<i>lisinopril</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	2	
<b>VASODILATING AGENTS</b>		
ADCIRCA	4	ST
ADEMPAS	4	QL, ST
<i>ambrisentan</i>	2	
<i>nitroglycerin</i>	2, 4	ST
OPSUMIT	4	PA
ORENITRAM	4	ST
REVATIO	4	PA, QL
TYVASO	4	ST
VENTAVIS	4	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANALGESICS AND ANTIPYRETICS</b>		
<i>diclofenac sodium</i>	2	
<i>etodolac</i>	2	
<i>fentanyl</i>	2	QL
<i>fentanyl citrate</i>	4	QL, ST
HYDROCODONE BITARTRATE ER	4	QL, ST
<i>hydrocodone bitartrate-homatropine methylbromide</i>	2	QL
<i>levorphanol tartrate</i>	4	QL, ST
NUCYNTA	4	QL, ST
OXAYDO	4	QL, ST
<i>oxycodone w/ acetaminophen</i>	2, 4	QL, ST
QDOLO	4	QL, ST
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>		
<i>amphetamine-dextroamphetamine</i>	2	QL
<i>dexmethylphenidate hcl</i>	2	QL
<i>methamphetamine hcl</i>	4	PA, ST
<i>methylphenidate hcl</i>	2	QL

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Category/ Drug Name	Tier Level	Restrictions
<i>modafinil</i>	2	QL
<b>ANTICONVULSANTS</b>		
<i>carbamazepine</i>	2	
<i>clobazam</i>	2	
<i>diazepam (anticonvulsant)</i>	2, 4	
<i>divalproex sodium</i>	2	
FELBATOL	4	ST
FYCOMPA	4	ST
<i>gabapentin</i>	2	
<i>lamotrigine</i>	2	
<i>levetiracetam</i>	2, 4	ST
<i>phenobarbital</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin</i>	2	
<i>topiramate</i>	2	
<i>valproate sodium</i>	2	
<i>zonisamide</i>	2	
<b>ANTIMIGRAINE AGENTS</b>		
<i>naratriptan hcl</i>	2	QL
QULIPTA	4	PA, QL
<i>rizatriptan benzoate</i>	2	QL
<i>sumatriptan</i>	2, 4	ST
<i>sumatriptan succinate</i>	2	QL
UBRELVY	4	PA, QL
ZAVZPRET	4	PA
<i>zolmitriptan</i>	2	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i>	2, 4	ST
<i>benztropine mesylate</i>	2	
<i>carbidopa</i>	4	ST
<i>entacapone</i>	2	
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate</i>	2	
<i>tolcapone</i>	4	
ZELAPAR	4	ST
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<i>bupirone hcl</i>	1	
<i>clonazepam</i>	2	QL
<i>diazepam</i>	2	QL
HETLIOZ	4	PA
<i>hydroxyzine hcl</i>	2	
<i>lorazepam</i>	2	QL
<i>temazepam</i>	2	QL
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
<i>amphetamine-dextroamphetamine</i>	2	QL
<i>dextroamphetamine sulfate</i>	2	QL
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
<i>methylphenidate hcl</i>	2, 4	QL, ST
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
<i>atomoxetine hcl</i>	2	

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Category/ Drug Name	Tier Level	Restrictions
<i>butalbital-acetaminophen</i>	4	QL, ST
<i>guanfacine hcl (adhd)</i>	2	
RELYVRIO	4	PA
<i>riluzole</i>	2, 4	
<i>tetrabenazine</i>	4	
WAKIX	4	PA
XYWAV	4	PA
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
<i>armodafinil</i>	2	QL
<i>carbamazepine</i>	2	
NUDEXTA	4	PA
RILUTEK	4	
XENAZINE	4	PA
<b>GLUCOCORTICOID/MINERALOCORTICOID</b>		
<i>dexamethasone</i>	2	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PREFILLED	4	PA
BAFIERTAM	4	PA
<i>dalfampridine</i>	2, 4	PA
EXTAVIA	2, 3	
<i> fingolimod hcl</i>	2, 4	PA
<i>glatiramer acetate</i>	2, 4	PA
LYVISPAH	4	ST
PONVORY	4	PA
TASCENSO ODT	4	PA
ZEPOSIA	4	PA, QL
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
ABILIFY MYCITE MAINTENANCE KIT	4	ST
ALENZIN	4	ST
<i>aripiprazole</i>	2, 4	ST
AUVELITY	4	PA
CAPLYTA	4	ST
<i>chlorpromazine hcl</i>	2	
<i>doxepin hcl</i>	2	
<i>fluoxetine hcl</i>	1, 2	
<i>fluvoxamine maleate</i>	2	
<i>haloperidol lactate</i>	2	
<i>lurasidone hcl</i>	2	QL
LYBALVI	4	ST
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	2	
REXULTI	4	QL, ST
SAPHRIS	4	ST
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>venlafaxine hcl</i>	2	
VERSACLOZ	4	ST
<b>DENTAL AND ORAL AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	2	

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Category/ Drug Name	Tier Level	Restrictions
<b>NO USP CLASS</b>		
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
<b>DERMATOLOGICAL AGENTS</b>		
<b>ACNE AND ROSACEA AGENTS</b>		
ABSORICA LD	4	ST
<b>DERMATITIS AND PRURITUS AGENTS</b>		
APEXICON E	4	ST
CORDRAN	4	ST
<b>NO USP CLASS</b>		
ADAPALENE-BENZOYL PEROXIDE	4	
BENZOYL PEROXIDE	4	
DRYSOL	3	
<i>fluorouracil (topical)</i>	2, 3	
<i>imiquimod</i>	2	
<i>iodoquinol-hc</i>	2	
<i>isotretinoin</i>	2	
METHOXSALEN RAPID	4	ST
PODOFILOX	2	
REGRANEX	4	
SANTYL	3	
<i>selenium sulfide</i>	2	
VECTICAL	2	
VEREGEN	4	ST
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
BENZOYL PEROXIDE FORTE- HC	4	
<b>DEVICES</b>		
<b>DEVICES</b>		
AEROCHAMBER PLUS FLO-VU LARGE	3	
ONETOUCH DELICA LANCETS 30G	3	
TODAY SPONGE	3	
<b>DIABETIC SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
BD INSULIN SYRINGE HALF-UNIT	2, 3	
BD INSULIN SYRINGE U-500	3	
BD PEN NEEDLE MINI U/F	2, 3	
INPEN 100-BLUE-LILLY-HUMALOG	4	PA
OMNIPOD 5 G6 INTRO (GEN 5)	4	PA, QL
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
DIASTIX	3	
<b>DIAGNOSTIC AGENTS</b>		
<b>DIABETES MELLITUS</b>		
BD PEN NEEDLE MINI U/F	3	
<b>ELECTROLYTES/ MINERALS/ METALS/ VITAMINS</b>		
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
EXJADE	4	ST
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>AMMONIA DETOXICANTS</b>		
LITHOSTAT	4	
RAVICTI	4	PA

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Category/ Drug Name	Tier Level	Restrictions
<b>DIURETICS</b>		
<i>acetazolamide</i>	2	
<i>furosemide</i>	2	
<b>ION-REMOVING AGENTS</b>		
AURYXIA	4	ST
<i>sodium polystyrene sulfonate</i>	2	
VELPHORO	4	ST
VELTASSA	4	ST
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>potassium chloride</i>	2	
<b>ENZYME REPLACEMENT/ MODIFIERS</b>		
<b>NO USP CLASS</b>		
CERDELGA	4	PA
CYSTADANE	4	ST
CYSTAGON	4	ST
<i>sapropterin dihydrochloride</i>	4	PA
<i>sodium phenylbutyrate</i>	4	
SUCRAID	4	PA
ZAVESCA	4	PA
<b>ENZYMES</b>		
<b>ENZYMES</b>		
<i>miglustat</i>	4	PA
PALYNZIQ	4	PA
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>fluocinolone acetonide (otic)</i>	2	
<i>hydrocortisone w/acetic acid</i>	2	
<b>EENT DRUGS, MISCELLANEOUS</b>		
<i>acetic acid (otic)</i>	2	
APRACLONIDINE HCL	2	
CARTEOLOL HCL	2	
CYSTADROPS	4	
HOMATROPAIRE	3	
<i>ketorolac tromethamine (ophth)</i>	2	
MIEBO	4	ST
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
IBSRELA	4	PA
<b>ANTIDIARRHEA AGENTS</b>		
MYTESI	4	PA
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl</i>	2	
<i>glycopyrrolate</i>	2	
<i>hyoscyamine sulfate</i>	2	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
CHOLBAM	4	PA
<i>diphenoxylate w/ atropine</i>	2	
GIMOTI	4	ST
<i>ursodiol</i>	2, 4	ST
VIBERZI	4	PA



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Category/ Drug Name	Tier Level	Restrictions
VOWST	4	PA
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine hcl</i>	2	
<b>LAXATIVES</b>		
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
GOLYTELY	2	
<b>PROTECTANTS</b>		
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX SPRINKLE	4	ST
<i>dexlansoprazole</i>	4	ST
PREVACID SOLUTAB	4	ST
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>alosetron hcl</i>	4	ST
SKYRIZI	4	PA, QL
<b>ANTIEMETICS</b>		
SANCUSO	4	ST
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
NEXIUM	4	ST
PROTONIX	4	ST
PYLERA	4	ST
ZEGERID	4	ST
<b>CATHARTICS AND LAXATIVES</b>		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2, 3	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i>	2, 3	
<b>DIGESTANTS</b>		
CREON	3	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
CHENODAL	4	PA
<b>GI DRUGS, MISCELLANEOUS</b>		
CREON	3	
LINZESS	4	QL, ST
<i>metoclopramide hcl</i>	2	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>NO USP CLASS</b>		
STRENSIQ	4	PA
ZOKINVY	4	PA
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>oxybutynin chloride</i>	2	
<i>tropium chloride</i>	2	
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>finasteride</i>	2	
<i>tadalafil</i>	4	ST
<i>tamsulosin hcl</i>	2	

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Category/ Drug Name	Tier Level	Restrictions
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride</i>	2	
ELMIRON	4	PA
<i>penicillamine</i>	4	ST
<b>NO USP CLASS</b>		
<i>methylergonovine maleate</i>	2	
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate (phosphate binder)</i>	2, 3	
FOSRENOL	4	ST
<i>sevelamer carbonate</i>	2	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>GLUCOCORTICOIDS/MINERALOCORTICOIDS</b>		
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone valerate</i>	2	
<i>dexamethasone</i>	2, 3	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone</i>	2	
<i>hydrocortisone (intrarectal)</i>	2	
<i>methylprednisolone</i>	2	
<i>prednisolone sodium phosphate</i>	2	
<i>triamcinolone acetonide (topical)</i>	2	
<b>NO USP CLASS</b>		
<i>dexamethasone sodium phosphate</i>	2	
<i>esterified estrogens &amp; methyltestosterone</i>	2	
<i>norelgestromin-ethinyl estradiol</i>	2	QL
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
<b>ANDROGENS</b>		
<i>testosterone cypionate</i>	2	
<b>NO USP CLASS</b>		
ACTHAR	4	PA
GENOTROPIN	4	PA
SAIZEN	4	PA
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
<i>raloxifene hcl</i>	2	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>		
<b>ANDROGENS</b>		
<i>danazol</i>	2	
JATENZO	4	PA
<i>methyltestosterone</i>	2	
<b>ESTROGENS</b>		
DEPO-ESTRADIOL	2	
<i>estradiol</i>	2, 3	
<i>estradiol valerate</i>	2	
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
<i>desogestrel &amp; ethinyl estradiol</i>	2	QL
<i>esterified estrogens &amp; methyltestosterone</i>	2	
<i>levonorgestrel-eth estradiol (triphasic)</i>	2	QL
<i>norethin acet &amp; estrad-fe</i>	2	QL
<i>norethindrone-eth estradiol (triphasic)</i>	2	QL

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Category/ Drug Name	Tier Level	Restrictions
<i>norgestimate-ethinyl estradiol</i>	2	QL
<i>norgestrel &amp; ethinyl estradiol</i>	2	
<b>PROGESTINS</b>		
CRINONE	4	
ELLA	3	
<i>levonorgestrel (emergency oc)</i>	2	
<i>medroxyprogesterone acetate</i>	2	
<i>megestrol acetate</i>	2	
<i>norethindrone (contraceptive)</i>	2	QL
<i>norethindrone acetate</i>	2	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
<b>NO USP CLASS</b>		
<i>levothyroxine sodium</i>	2	
<i>liothyronine sodium</i>	2	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
<b>NO USP CLASS</b>		
LYSODREN	4	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
SYNAREL	4	PA
<b>NO USP CLASS</b>		
<i>cabergoline</i>	2	
SKYTROFA	4	PA, QL
<b>HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)</b>		
<b>ANTIANDROGENS</b>		
FLUTAMIDE	2	
<i>nilutamide</i>	4	ST
NUBEQA	4	PA, QL
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methazolamide</i>	2	
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
ALKINDI SPRINKLE	4	PA
DEXAMETHASONE INTENSOL	2	
<i>prednisolone</i>	2	
<i>prednisone</i>	2, 3, 4	ST
<i>triamcinolone acetonide</i>	2	
<b>ANDROGENS</b>		
AVEED	4	PA, QL
<i>testosterone</i>	2	
TESTOSTERONE PROPIONATE	3	
<b>CONTRACEPTIVES</b>		
<i>drospirenone-ethinyl estradiol</i>	2	QL
<i>ethynodiol diacet &amp; eth estrad</i>	2	QL
<i>etonogestrel-ethinyl estradiol</i>	2	QL
<i>levonorgestrel &amp; eth estradiol</i>	2	QL
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	QL

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Category/ Drug Name	Tier Level	Restrictions
<i>medroxyprogesterone acetate (contraceptive)</i>	2	QL
<i>norethindrone &amp; eth estradiol</i>	2	QL
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	QL
<b>DIABETIC AGENTS</b>		
DAPAGLIFLOZIN PRO-METFORMIN ER	4	PA
DAPAGLIFLOZIN PROPANEDIOL	4	PA
FIASP	4	ST
INSULIN ASPART	4	ST
INSULIN ASPART PROT & ASPART	4	ST
INVOKAMET	4	PA
INVOKANA	4	PA
SYNJARDY	4	PA
<b>ESTROGENS AND ANTIESTROGENS</b>		
<i>estradiol vaginal</i>	2, 3	
ORIAHNN	4	PA
<b>GLYCEMIC AGENTS</b>		
GLUCAGON EMERGENCY	2	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>methimazole</i>	2	
MYFEMBREE	4	PA
<b>NO USP CLASS</b>		
<b>PARATHYROID</b>		
<i>calcitonin (salmon)</i>	2	
FORTEO	4	PA
<b>PITUITARY</b>		
EGRIFTA SV	4	PA
<b>PROGESTINS</b>		
<i>progesterone</i>	2	
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
INCRELEX	4	
SAIZEN	4	PA
SIGNIFOR LAR	4	PA
<b>IMMUNOLOGICAL AGENTS</b>		
<b>IMMUNE SUPPRESSANTS</b>		
<i>azathioprine</i>	2, 4	ST
<i>cyclosporine</i>	2	
<i>cyclosporine modified (for microemulsion)</i>	2	
DUPIXENT	4	PA
ENBREL	4	PA
<i>mercaptopurine</i>	2	
<i>mycophenolate mofetil</i>	2, 4	ST
<i>mycophenolate sodium</i>	2, 4	ST
ORENCIA	4	ST
<i>sirolimus</i>	2, 4	ST
<i>tacrolimus</i>	2, 4	ST
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
SAPHNELO	4	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	4	
ARCALYST	4	PA

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Category/ Drug Name	Tier Level	Restrictions
HIZENTRA	4	PA
HYQVIA	4	PA
JOENJA	4	PA, QL
<i>leflunomide</i>	2	
OLUMIANT	4	PA, QL
RINVOQ	4	PA
<i>teriflunomide</i>	2, 4	PA
XELJANZ	3, 4	QL, ST
XEMBIFY	4	PA
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
GAMMAGARD	4	PA
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
<i>balsalazide disodium</i>	2	
DIPENTUM	4	ST
<i>mesalamine</i>	2, 4	ST
<b>GLUCOCORTICOIDS</b>		
<i>budesonide</i>	2, 4	PA
<b>SULFONAMIDES</b>		
<i>sulfasalazine</i>	2	
<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>NO USP CLASS</b>		
ACTONEL	4	ST
<i>alendronate sodium</i>	1, 2	
<i>calcitriol</i>	2	
RAYALDEE	4	ST
TYMLOS	4	PA
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>IMMUNE SUPPRESSANTS</b>		
<i>everolimus (immunosuppressant)</i>	4	QL, ST
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ACTEMRA	3, 4	
AEROCHAMBER PLUS FLO-VU LARGE	3	
<i>aminocaproic acid</i>	2	
AMJEVITA	3	
AUSTEDO	4	PA
AUVI-Q	4	PA, ST
AVONEX PEN	4	PA
BENLYSTA	4	PA
BERINERT	4	PA
<i>betaine</i>	4	ST
BRONCHITOL	4	PA
BYLVAY	4	PA
CABLIVI	4	PA
CIBINQO	4	PA
CIMZIA	4	PA
<i>cinacalcet hcl</i>	2, 4	ST
CONSENSI	4	
CONTRAVE	4	PA
COSENTYX	4	PA

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Category/ Drug Name	Tier Level	Restrictions
CUTAQUIG	4	PA
<i>cyproheptadine hcl</i>	2	
DAYBUE	4	PA
<i>deferasirox</i>	4	
<i>deferiprone</i>	4	ST
<i>desmopressin acetate</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>dimethyl fumarate</i>	2, 4	PA
<i>disulfiram</i>	2	
DOJOLVI	4	PA
DOPTELET	4	PA, QL
EMFLAZA	4	PA
EMGALITY (300 MG DOSE)	4	PA
EMPAVELI	4	PA
ENBREL	4	PA
ENDARI	4	PA
ENSPRYNG	4	PA
EVRYSDI	4	PA
FASENRA	4	PA
FC2 FEMALE CONDOM	3	
FILSPARI	4	PA
FIRDAPSE	4	PA
GALAFOLD	4	PA
HEMLIBRA	4	PA
HUMIRA (2 PEN)	4	PA
ILARIS	4	PA
ILUMYA	4	PA
IMCIVREE	4	PA
INGREZZA	4	PA
IODINE STRONG	3	
ISTURISA	4	PA
KETO-DIASTIX	3	
KETOSTIX	3	
KEVEYIS	4	PA
KEVZARA	4	PA
KINERET	4	ST
<i>lanthanum carbonate</i>	4	ST
LIVMARLI	4	PA, QL
LUCEMYRA	4	ST
LUPKYNIS	4	PA
MAVENCLAD (10 TABS)	4	PA
MAYZENT	4	PA
<i>metirosine</i>	4	PA
<i>midodrine hcl</i>	2	
MULPLETA	4	PA, QL
MYALEPT	4	PA
MYCAPSSA	4	PA
<i>naloxone hcl</i>	2	QL
<i>nitisinone</i>	4	PA, ST

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Category/ Drug Name	Tier Level	Restrictions
NIVESTYM	4	
NULOJIX	4	
ORENCIA CLICKJECT	4	ST
ORILISSA	4	PA
ORLADEYO	4	PA
OTEZLA	4	PA
OTREXUP	4	ST
OXBRYTA	4	PA, QL
PALFORZIA (12 MG DAILY DOSE)	4	PA
PLEGRIDY	4	PA
<i>plerixafor</i>	4	
PROCYSBI	4	PA
RECORLEV	4	ST
REZUROCK	4	PA, QL
SAXENDA	4	PA, QL
SILIQ	4	PA
SIMPONI	4	PA
SKYRIZI	4	PA
SOMAVERT	4	PA
SYMDEKO	4	PA
TAKHZYRO	4	PA
TARPEYO	4	QL
TAVALISSE	4	PA, QL
TAVNEOS	4	PA, QL
TEGSEDI	4	PA
TEPMETKO	4	PA
<i>teriflunomide</i>	2	
THYMOL	2	
<i>tiopronin</i>	4	
TREMFYA	4	PA
VIJOICE	4	PA
VISTOGARD	4	
VOXZOGO	4	PA
VUMERITY	4	PA
WEGOVY	4	PA, QL
XELJANZ	4	QL, ST
XERMELO	4	PA
XURIDEN	4	
<b>OPHTHALMIC AGENTS</b>		
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
<i>bacitracin-poly-neomycin-hc</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BLEPHAMIDE	2, 3	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymy-dexameth</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
NEOMYCIN-POLYMYXIN-HC	2	
<i>polymyxin b-trimethoprim</i>	2	
PRED-G	3	
<b>OPHTHALMIC AGENTS, OTHER</b>		

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Category/ Drug Name	Tier Level	Restrictions
ATROPINE SULFATE	2	
<i>cyclopentolate hcl</i>	2, 3	
<i>cyclosporine (ophth)</i>	2, 4	QL, ST
<i>moxifloxacin hcl (ophth)</i>	2	
OXERVATE	4	PA
<i>phenylephrine hcl (mydriatic)</i>	2	
<i>proparacaine hcl</i>	2	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
DEXAMETHASONE SODIUM PHOSPHATE	2	
<i>diclofenac sodium (ophth)</i>	2	
<i>fluorometholone (ophth)</i>	2	
MAXIDEX	3	
PRED MILD	2, 3	
<b>OPHTHALMIC ANTIGLAUCOMA AGENTS</b>		
<i>betaxolol hcl (ophth)</i>	2, 3	
<i>brimonidine tartrate</i>	2	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
<i>levobunolol hcl</i>	2	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl</i>	2	
<i>timolol maleate (ophth)</i>	2	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>latanoprost</i>	2	
<b>OTIC AGENTS</b>		
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
<i>ofloxacin (otic)</i>	2	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
ASMANEX HFA	3	
BREZTRI AEROSPHERE	4	ST
<i>budesonide (inhalation)</i>	2	
<i>budesonide-formoterol fumarate dihydrate</i>	2, 3	
FLUTICASONE PROPIONATE HFA	3	QL, AGE
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>montelukast sodium</i>	1	
<i>zileuton</i>	4	ST
<b>ANTICHOLINERGIC AGENTS</b>		
DUAKLIR PRESSAIR	4	ST
<b>ANTIHISTAMINES</b>		
<i>cyproheptadine hcl</i>	2	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	2	
SPIRIVA RESPIMAT	3	
STIOLTO RESPIMAT	3	
YUPELRI	4	ST
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate</i>	2	
<i>arformoterol tartrate</i>	4	ST



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Category/ Drug Name	Tier Level	Restrictions
EPINEPHRINE	2	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate</i>	2	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium</i>	2	
<b>NO USP CLASS</b>		
OFEV	4	
PULMOZYME	4	
<b>NO USP CLASS (COMBINATION PRODUCT)</b>		
<i>guaifenesin-codeine</i>	2	
<i>ipratropium-albuterol</i>	2, 3	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
<i>bosentan</i>	4	
LETAIRIS	4	
REMODULIN	4	ST
<i>tadalafil (pulmonary hypertension)</i>	4	
UPTRAVI	4	ST
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
ALVESCO	3	
LONHALA MAGNAIR REFILL KIT	4	ST
<i>pirfenidone</i>	2, 4	ST
<i>roflumilast</i>	2	
<i>theophylline</i>	2	
TRIKAFTA	4	PA
XOLAIR	4	PA
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine</i>	2	
<i>benzonatate</i>	2	
KALYDECO	4	PA
ORKAMBI	4	PA
TEZSPIRE	4	PA
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>NO USP CLASS</b>		
<i>chlorzoxazone</i>	2	
FLEQSUVY	4	ST
<i>methocarbamol</i>	2	
NORGESIC FORTE	4	ST
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>ciclopirox</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clotrimazole w/ betamethasone</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>penciclovir</i>	4	ST
<b>ANTI-INFLAMMATORY AGENTS</b>		
ADBRY	4	PA
<i>fluocinolone acetonide</i>	2	
ULTRAVATE	4	
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>betamethasone dipropionate augmented</i>	2	

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Category/ Drug Name	Tier Level	Restrictions
<i>calcipotriene-betamethasone dipropionate</i>	4	PA, ST
<i>clobetasol propionate</i>	2	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinonide</i>	2, 4	ST
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i>	2	
LOCOID	4	ST
<i>mometasone furoate</i>	2	
NEO-SYNALAR	4	ST
<i>nystatin-triamcinolone</i>	2	
PANDEL	4	ST
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
HYDROCORTISONE ACE-PRAMOXINE	4	ST
<i>lidocaine hcl</i>	2	QL
<b>KERATOLYTIC AGENTS</b>		
<i>urea</i>	2	
<b>NO USP CLASS</b>		
<i>lidocaine-prilocaine</i>	2	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
<i>acitretin</i>	2, 4	ST
ADAPALENE	4	ST
<i>calcipotriene</i>	2, 4	ST
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
COAL TAR	3	
<i>diclofenac sodium (topical)</i>	4	ST
DUOBRII	4	
FLUOROPLEX	4	ST
HYFTOR	4	PA
KLISYRI	4	ST
NORITATE	4	ST
OPZELURA	4	PA
RETIN-A MICRO PUMP	4	AGE
SOTYKTU	4	PA
STELARA	4	PA, QL
<i>sulfacetamide sodium w/ sulfur</i>	2	
<i>tacrolimus (topical)</i>	2	
TALTZ	4	PA
TARGRETIN	4	QL, ST
<i>tretinoin</i>	2	AGE
VALCHLOR	4	QL
VTAMA	4	PA
<b>SLEEP DISORDER AGENTS</b>		
<b>GABA RECEPTOR MODULATORS</b>		
<i>zaleplon</i>	2	QL
<i>zolpidem tartrate</i>	2	QL
<b>SLEEP DISORDERS, OTHER</b>		

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Category/ Drug Name	Tier Level	Restrictions
NUVIGIL	4	QL, ST
<i>temazepam</i>	2	QL
XYREM	4	PA, QL
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
<i>theophylline</i>	2	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<i>darifenacin hydrobromide</i>	2	
<i>solifenacin succinate</i>	2	
<b>THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES</b>		
<b>ELECTROLYTE/MINERAL MODIFIERS</b>		
CHEMET	4	ST
<i>pot &amp; sod citrates w/citric ac</i>	2	
<i>tolvaptan</i>	4	PA, QL, ST
<i>trientine hcl</i>	4	PA
<b>ELECTROLYTE/MINERAL REPLACEMENT</b>		
<i>carglumic acid</i>	4	ST
<i>ergocalciferol</i>	2	
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K-PHOS	3	
<i>ped multivitamins w/fl &amp; iron</i>	2	
<i>pediatric multivitamins w/fl</i>	2	
<i>pediatric vitamins acd w/ fluoride</i>	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium citrate (alkalinizer)</i>	2	
<i>sodium fluoride</i>	2	
<b>NO USP CLASS</b>		
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- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-888-865-5813** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-888-865-5813** (TTY: **711**)።

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**)።

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-888-865-5813** (TTY: **711**)。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-865-5813** (TTY: **711**) تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-865-5813** (TTY: **711**).



**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-888-865-5813** (TTY: **711**).

**ગુજરાતી (Gujarati) સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813** (TTY: **711**).

**Kreyòl Ayisyen (Haitian Creole) ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-865-5813** (TTY: **711**).

**हिन्दी (Hindi) ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-865-5813** (TTY: **711**) पर कॉल करें।

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-888-865-5813** (TTY: **711**) まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-865-5813** (TTY: **711**) 번으로 전화해 주십시오.

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóji' hódíilnih **1-888-865-5813** (TTY: **711**).

**Português (Portuguese) ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-865-5813** (TTY: **711**).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-865-5813** (TTY: **711**).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-865-5813** (TTY: **711**).

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-865-5813** (TTY: **711**).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-865-5813** (TTY: **711**).