

2023 Kaiser Permanente Federal Employees Health Benefit

FEHB Drug Formulary



Northern California Region

MemberServiceContactCenter

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1-800-464-4000

711 TTY



Health Benefit (FEHB) Drug Formulary

Northern California Region

This document contains information about the drugs we cover when you participate in a Federal Employees Health Benefits (FEHB) plan offered by Kaiser Permanente (Plan).

This formulary is effective **December 5, 2023**. Benefits described in this formulary are effective January 1 – December 31, 2023.

What is the Kaiser Permanente FEHB 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 high quality 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.

How much will I pay for covered drugs?

The cost-sharing you will pay for most drugs depends on:

- The tier in which your drug is categorized, and
- Whether your drug is included in our formulary. Preferred drugs are included in our formulary. Non-preferred drugs are not included in our formulary.

Below is the copayment you pay for up to a 30-day supply of prescription drugs at a Plan pharmacy. You pay only two copayments for up to a 100-day supply for most drugs dispensed through our mail order program.

Drug Tier	Type	High Option	Standard Option	Basic Option
Tier 1	Generic drugs	\$10	\$15	\$15
Tier 2	Preferred brand-name drugs	\$40	\$50	\$60
Tier 3	Non-preferred brand-name drugs	\$40	\$50	\$60
Tier 4	Specialty drugs	\$100	\$150	\$200

You pay 50% of our allowed amount for fertility and sexual dysfunction. Some drugs may be covered at no cost sharing, such as tobacco cessation medications, women’s contraceptive drugs and devices and drugs required by ACA. Specific coverage information, including limitations and exclusions, is described in your FEHB brochure (RI 73-003), see Section 5(f) Prescription drug benefits. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-800-464-4000, 24 hours a day, 7 days a week (closed holidays). For TTY for the hearing/speech impaired, call 711.

We define tiers as follows:

- Tier 1. Generic drugs are produced and sold under their generic names after the patent on the brand-name drug expires. Although the price is usually lower, the quality of generic drugs is the same as brand-name drugs. Generic drugs are also just as effective as brand-name drugs. The U.S. Food and Drug Administration (FDA) requires that a generic drug contain the same active drug ingredient in the same amount as the brand-name drug.
- Tier 2. Brand-name drugs are produced and sold under the original manufacturer's brand name. Preferred brand-name drugs are listed on our drug formulary.
- Tier 3. Non-preferred brand-name drugs are not listed on our drug formulary and are not covered unless approved through the exception process.
- Tier 4. Specialty drugs are high-cost drugs that are on our specialty drug list. Kaiser Permanente adopts the model used by most Medicare plans to determine which drugs are in the specialty tier.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, drugs that are extremely high cost, require special handling or requested to be mailed outside the state of California) may not be eligible for mailing. We provide up to a 100-day supply for most drugs when dispensed through our mail order program for two copayments.

How do I use the FEHB Drug Formulary?

Our formulary drugs are listed in this formulary by medical condition and alphabetically. We consider drugs not listed on our formulary to be “non-preferred drugs”. You may pay higher cost-sharing for non-formulary drugs that are medically necessary.

The cost-sharing you pay and other coverage information is determined by the outpatient prescription drug benefit in your FEHB brochure (RI 73-003, see Section 5(f) Prescription drug benefits).

Formulary Drugs by 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 Agents.” If you know the medical condition your drug is used for, simply look for the category name in the list. Then look under the category name for your drug.

Formulary Drugs by Alphabetical Listing

If you are not sure what category to look under, the Index starting on page 25, provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to find the drug name and the page number where you can locate coverage information. Turn to the page listed in the Index and find the name of the drug on the list. If you are using a computer to

view this document, you also use the search function (Ctrl F) to find the medication by name.

Columns on Medical Condition and Alphabetical Listings

There are three columns in the attached chart.

- The first column lists the drug name. Brand-name drugs are capitalized (e.g. ALBENZA) and generic drugs are listed in lower-case italics (e.g. *amoxicillin*). Some drugs include different dosage forms and strengths. All dosage forms and strengths for a particular drug listed may not be on the Formulary. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not. Some of these drugs may be available only in a clinic setting.
- The second column indicates drug tier. Some drugs may have more than one tier listed in this column. This means that the amount you pay may vary based on the dosage or the way the drug is administered. You will find cost-sharing for your drug in your FEHB brochure. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-800-464-4000 (TTY 711), 24 hours a day, 7 days a week (closed holidays).
- The third column indicates additional requirements or limits on coverage. These requirements and limits may include:

QL = Quantity Limit. For certain drugs, we may limit the amount of the drug you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

Does the FEHB Drug 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.

Our online formulary at kp.org/formulary is updated on a regular basis. To get updated information about the drugs covered by Kaiser Permanente or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-800-464-4000, 24 hours a day, 7 days a week (closed holidays). For TTY for the hearing/speech impaired, call 711.

Formulary Drugs by Medical Condition

Name of drug	Drug Tier	Requirement / Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	1	
BILTRICIDE	2	
<i>ivermectin</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	MB
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1, 2	
<i>ampicillin & sulbactam sodium</i>	1	MB
<i>ampicillin sodium</i>	1	MB
AVELOX	2	MB
<i>azithromycin</i>	1, 2	MB
<i>aztreonam</i>	1	MB
BICILLIN L-A	2	MB
CAYSTON	4	QL
CEFACLOR	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	MB
CEFAZOLIN SODIUM-DEXTROSE	1	MB
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	MB
CEFEPIME-DEXTROSE	2	MB
<i>cefixime</i>	1	
<i>cefotaxime sodium</i>	1	MB
CEFOTETAN DISODIUM	1	MB
CEFOTETAN DISODIUM-DEXTROSE	2	MB
<i>cefoxitin sodium</i>	1	MB
CEFOXITIN SODIUM-DEXTROSE	2	MB
<i>cefpodoxime proxetil</i>	1	
<i>ceftazidime</i>	1	MB
<i>ceftriaxone sodium</i>	1	MB
CEFTRIAZONE SODIUM IN DEXTROSE	1	MB

Name of drug	Drug Tier	Requirement / Limits
CEFTRIAZONE SODIUM-DEXTROSE	2	MB
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	MB
<i>cephalexin</i>	1	
CHLORAMPHENICOL SOD SUCCINATE	1	MB
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in d5w</i>	1	MB
<i>clarithromycin</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1, 2	
<i>clindamycin phosphate</i>	1, 2	MB
<i>clindamycin phosphate in d5w</i>	1	MB
<i>daptomycin</i>	4	MB
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1, 4	MB
<i>erythromycin lactobionate</i>	1, 2	MB
FLUCONAZOLE IN SODIUM CHLORIDE	1	MB
<i>gentamicin in saline</i>	1	MB
<i>gentamicin sulfate</i>	1	MB
INVANZ	2	MB
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	MB
<i>linezolid</i>	1, 4	MB
<i>meropenem</i>	1	MB
<i>minocycline hcl</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>nafcillin sodium</i>	1	MB
NAFCILLIN SODIUM IN DEXTROSE	2	MB
<i>neomycin sulfate</i>	1	
OXACILLIN SODIUM IN DEXTROSE	2	MB

Name of drug	Drug Tier	Requirement / Limits
PENICILLIN G POT IN DEXTROSE	2	MB
<i>penicillin g potassium</i>	1	MB
PENICILLIN G PROCAINE	1	MB
PENICILLIN G SODIUM	1	MB
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	MB
PRIMAXIN IV	2	MB
STREPTOMYCIN SULFATE	4	MB
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	MB
<i>sulfasalazine</i>	1	
SYNERCID	2	MB
<i>tetracycline hcl</i>	1	
<i>tobramycin</i>	4	
<i>tobramycin sulfate</i>	1	MB
<i>vancomycin hcl</i>	1, 2	MB
VANCOMYCIN HCL IN DEXTROSE	2	MB
XIFAXAN	4	QL
ZOSYN	2	MB
ANTIFUNGALS		
ABELCET	2	MB
AMPHOTERICIN B	1	MB
CANCIDAS	2	MB
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	MB
<i>fluconazole in nacl</i>	1	MB
<i>flucytosine</i>	4	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1, 2	MB
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE	2	MB
<i>cycloserine</i>	4	

Name of drug	Drug Tier	Requirement / Limits
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	MB
PRETOMANID	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	MB
TRECTOR	2	
ANTIPROTOZOALS		
ALINIA	2	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
DARAPRIM	2	QL
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	2	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1	MB
NEBUPENT	2	MB
<i>paromomycin sulfate</i>	1	
PRIMAQUINE PHOSPHATE	2	
ANTIVIRALS		
<i>abacavir sulfate</i>	1, 2	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1, 2	
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	MB
<i>adefovir dipivoxil</i>	1	
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
BEYFORTUS	2	MB
BIKTARVY	2	
CABENUVA	2	
<i>cidofovir</i>	1	MB
CIMDUO	2	
COMPLERA	2	

Name of drug	Drug Tier	Requirement / Limits
CRIXIVAN	2	
<i>darunavir</i>	1, 2	
DESCOVY	2	PREV
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1, 2	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	PREV
<i>entecavir</i>	1, 2	
EPCLUSA	4	QL
<i>etravirine</i>	1, 2	
EVOTAZ	2	
<i>famciclovir</i>	1	
<i>fosamprenavir calcium</i>	1	
FOSCAVIR	2	MB
FUZEON	2	QL, MB
<i>ganciclovir sodium</i>	1	MB
GENVOYA	2	
HARVONI	4	QL
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	
<i>lamivudine</i>	1	
<i>lamivudine (hbv)</i>	1	
<i>lamivudine-zidovudine</i>	1	
LIVTENCITY	4	QL
<i>lopinavir-ritonavir</i>	1	
<i>nevirapine</i>	1	
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1, 2	
PAXLOVID (150/100)	2	
PEGASYS	4	QL
PREVYMIS	4	QL, MB
PREZCOBIX	2	
RELENZA DISKHALER	2	
RIBAVIRIN	1	
RIMANTADINE HCL	1	
<i>ritonavir</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
SELZENTRY	2	
SOVALDI	4	QL
<i>stavudine</i>	1	
STRIBILD	2	
SYMFI	2	
SYMTUZA	2	
SYNAGIS	4	MB
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TRIUMEQ	2	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1, 2	QL
VEKLURY	4	
VIRACEPT	2	
VIRAZOLE	2	
VOCABRIA	2	
<i>voriconazole</i>	4	MB
VOSEVI	4	QL
<i>zidovudine</i>	1, 2	MB
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1, 2	
<i>nitrofurantoin monohyd macro</i>	1	
<i>trimethoprim</i>	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	MB
<i>promethazine hcl</i>	1	MB
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1, 4	QL, OC
ABRAXANE	4	MB
ADCETRIS	2	MB
ALECENSA	4	QL, OC
ALKERAN	2	OC
ALUNBRIG	4	QL, OC
<i>anastrozole</i>	1	OC, PREV
ARRANON	2	MB

Name of drug	Drug Tier	Requirement / Limits
ASPARLAS	4	QL, MB
AVASTIN	4	MB
<i>azacitidine</i>	1	MB
BENDEKA	4	QL, MB
<i>bicalutamide</i>	1	OC
<i>bleomycin sulfate</i>	1	MB
BLINCYTO	4	QL, MB
BRUKINSA	4	QL
CABOMETYX	4	QL, OC
CALQUENCE	4	QL, OC
CAMPTOSAR	1, 2	MB
<i>capecitabine</i>	1	QL, OC
CAPRELSA	4	QL, OC
<i>carmustine</i>	1, 2	MB
<i>cisplatin</i>	1	MB
<i>cladribine</i>	1	MB
COPIKTRA	4	QL, OC
COTELLIC	4	QL, OC
<i>cyclophosphamide</i>	1	OC, MB
CYRAMZA	4	QL, MB
<i>cytarabine</i>	1	MB
<i>dacarbazine</i>	1	MB
DACOGEN	2	MB
DARZALEX	4	QL, MB
<i>daunorubicin hcl</i>	1	MB
<i>docetaxel</i>	1, 2	MB
<i>doxorubicin hcl</i>	1	MB
<i>doxorubicin hcl liposomal</i>	1, 2	MB
EMCYT	4	QL, OC
ENHERTU	4	MB
ERBITUX	2	MB
ERIVEDGE	4	QL, OC
<i>erlotinib hcl</i>	4	QL, OC
ERWINAZE	4	MB
<i>etoposide</i>	1	OC, MB
<i>everolimus</i>	4	QL, OC
<i>exemestane</i>	1	OC, PREV
FLUDARABINE PHOSPHATE	1	MB
<i>fluorouracil</i>	1	MB
FLUTAMIDE	1	OC
<i>fulvestrant</i>	4	QL, MB
GAZYVA	4	QL, MB

Name of drug	Drug Tier	Requirement / Limits
<i>gemcitabine hcl</i>	1	MB
GLEOSTINE	2, 4	OC
HALAVEN	2	MB
HERCEPTIN	4	QL, MB
<i>hydroxyurea</i>	1	OC
IBRANCE	4	QL, OC
IDAMYCIN PFS	2	MB
<i>ifosfamide</i>	1	MB
<i>imatinib mesylate</i>	1	QL, OC
IMBRUVICA	4	QL, OC
INTRON A	4	QL, MB
IRESSA	2	QL, OC
IXEMPRA KIT	2, 4	QL, MB
JAKAFI	4	QL, OC
JEVTANA	2	MB
KADCYLA	4	QL, MB
KANJINTI	4	MB
KEYTRUDA	4	QL, MB
KISQALI (200 MG DOSE)	4	QL, OC
KYPROLIS	4	QL, MB
LENVIMA (10 MG DAILY DOSE)	4	QL, OC
<i>letrozole</i>	1	OC
LEUKERAN	4	OC
<i>leuprolide acetate</i>	1, 4	MB
LONSURF	4	QL, OC
LORBRENA	4	QL, OC
LUPRON DEPOT (3-MONTH)	4	MB
LUPRON DEPOT (4-MONTH)	4	MB
LUPRON DEPOT (6-MONTH)	4	MB
LUPRON DEPOT-PED (1-MONTH)	4	MB
LUPRON DEPOT-PED (3-MONTH)	2	MB
LYNPARZA	4	QL, OC
LYSODREN	4	QL, OC
MATULANE	4	QL, OC
<i>megestrol acetate</i>	1	OC
MEKINIST	4	QL, OC
<i>melfalan hcl</i>	1	MB

Name of drug	Drug Tier	Requirement / Limits
<i>mercaptopurine</i>	1, 4	QL, OC
<i>methotrexate sodium</i>	1	OC, MB
<i>mitomycin</i>	1	MB
<i>mitoxantrone hcl</i>	1	MB
MVASI	4	MB
MYLERAN	2	OC
NINLARO	4	QL, OC
ODOMZO	4	QL, OC
OPDIVO	4	QL, MB
<i>oxaliplatin</i>	1	MB
<i>paclitaxel</i>	1	MB
PADCEV	4	
PEMETREXED DISODIUM	2	MB
<i>pentostatin</i>	1	MB
PERJETA	4	QL, MB
POMALYST	4	QL, OC
REVLIMID	2, 4	QL, LD, OC
RIABNI	4	QL, MB
RITUXAN	4	MB
<i>romidepsin</i>	1, 2	MB
ROZLYTREK	4	QL, OC
RYDAPT	4	QL, OC
SARCLISA	4	QL
<i>sorafenib tosylate</i>	4	QL, OC
SPRYCEL	4	QL, OC
STIVARGA	4	QL, OC
<i>sunitinib malate</i>	4	QL, OC
SYLVANT	4	QL, MB
TABLOID	2	OC
TAFINLAR	4	QL, OC
TAGRISO	4	QL, OC
<i>tamoxifen citrate</i>	1	OC, PREV
TARGRETIN	2	OC
TASIGNA	4	QL, OC
TECENTRIQ	4	QL, MB
<i>temozolomide</i>	1	OC
TENIPOSIDE	2	MB
<i>thiotepa</i>	4	MB
<i>topotecan hcl</i>	1, 2	QL, OC, MB
TORISEL	2	MB
TRISENOX	2	QL, MB
TRUXIMA	2	QL, MB

Name of drug	Drug Tier	Requirement / Limits
TUKYSA	4	QL, OC
TYKERB	2	QL, OC
UNITUXIN	4	QL, MB
VELCADE	2	MB
VENCLEXTA	2, 4	QL, OC
<i>vincristine sulfate</i>	1	MB
<i>vinorelbine tartrate</i>	1	MB
VOTRIENT	4	QL, OC
VYXEOS	4	QL, MB
XALKORI	4	QL, OC
XTANDI	4	QL, OC
YONDELIS	4	QL, MB
ZANOSAR	2	MB
ZEJULA	4	QL, OC
ZELBORAF	4	QL, OC
ZYDELIG	4	QL, OC
ZYKADIA	4	QL, OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1, 2	MB
ATROVENT HFA	2	
BELLADONNA ALKALOIDS-OPIUM	2	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>dicyclomine hcl</i>	1	
DONNATAL	2	
<i>glycopyrrolate</i>	1	MB
<i>hyoscyamine sulfate</i>	1, 2	MB
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
PROPANTHELINE BROMIDE	1	
SPIRIVA RESPIMAT	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>nicotine</i>	1	PREV
<i>nicotine polacrilex</i>	1, 2	PREV
<i>varenicline tartrate</i>	1	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>galantamine hydrobromide</i>	1	
<i>neostigmine methylsulfate</i>	1, 2	MB
PHYSOSTIGMINE SALICYLATE	2	MB
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1, 2	MB
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate</i>	1	MB
<i>baclofen</i>	1, 2	MB
<i>cisatracurium besylate</i>	1	MB
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1, 2	MB
<i>methocarbamol</i>	1	
PANCURONIUM BROMIDE	1	MB
QUELICIN	2	MB
<i>rocuronium bromide</i>	1	MB
<i>tizanidine hcl</i>	1	
<i>vecuronium bromide</i>	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>dihydroergotamine mesylate</i>	1, 2, 4	QL, MB
ERGOMAR	4	
<i>guanfacine hcl</i>	1	
<i>phenoxybenzamine hcl</i>	4	
<i>phentolamine mesylate</i>	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol sulfate</i>	1	
<i>dobutamine hcl</i>	1	MB
DOBUTAMINE IN D5W	1	MB
DOPAMINE HCL	1	MB
DOPAMINE IN D5W	1	MB
EPHEDRINE SULFATE (PRESSORS)	1	MB
<i>epinephrine</i>	1, 2	MB
<i>epinephrine hcl</i>	1	MB
<i>fluticasone-salmeterol</i>	1, 2	
<i>ipratropium-albuterol</i>	1	
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate</i>	1	MB
SEREVENT DISKUS	2	

Name of drug	Drug Tier	Requirement / Limits
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate</i>	1	MB
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN	2	MB
PLASMANATE	2	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIEMETIC DRUGS		
INFED	2	MB
<i>polysaccharide iron complex</i>	1	
PROFERRIN ES	2	
PROFERRIN-FORTE	2	
VENOFER	2	MB
ANTIHEMORRHAGIC AGENTS		
ADVATE	2	QL, MB
AFSTYLA	2	QL, MB
ALPHANINE SD	2	QL, MB
<i>aminocaproic acid</i>	1	MB
BENEFIX	2	QL, MB
ELOCTATE	2	QL, MB
GELFOAM SPONGE SIZE 100	2	
HEMLIBRA	2	QL
HEMOFIL M	2	QL, MB
HUMATE-P	2	QL, MB
IDELVION	2	QL, MB
KCENTRA	2	MB
KOGENATE FS	2	QL, MB
NOVOSEVEN RT	2	MB
PRAXBIND	2	MB
PROFILNINE	2	QL, MB
PROTAMINE SULFATE	1	MB
RECOTHROM	2	
RIASTAP	2	QL
<i>tranexamic acid</i>	1	MB
XYNTHA	2	QL, MB
ANTITHROMBOTIC AGENTS		
ACTIVASE	2	MB
<i>anagrelide hcl</i>	1	
ANGIOMAX	2	MB
ARGATROBAN	2	MB

Name of drug	Drug Tier	Requirement / Limits
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
EFFIENT	2	
<i>heparin (porcine) in sodium chloride</i>	1	MB
HEPARIN SOD (PORCINE) IN D5W	1	MB
<i>heparin sodium (porcine)</i>	1	MB
<i>heparin sodium (porcine) lock flush</i>	1	MB
INTEGRILIN	2	MB
LOVENOX	2	QL
PRADAXA	2	
PROFILNINE	2	MB
THROMBATE III	2	MB
TNKASE	2	MB
<i>warfarin sodium</i>	1	
HEMATOPOIETIC AGENTS		
ADAKVEO	4	
LEUKINE	4	QL, MB
NIVESTYM	4	QL
PROCRIT	2, 4	QL, MB
PROMACTA	4	QL
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	PREV
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	PREV
<i>pravastatin sodium</i>	1	PREV

Name of drug	Drug Tier	Requirement / Limits
<i>rosuvastatin calcium</i>	1	PREV
<i>simvastatin</i>	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
BREVIBLOC IN NAACL	2	MB
<i>carvedilol</i>	1	
<i>esmolol hcl</i>	1	MB
<i>labetalol hcl</i>	1	MB
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	MB
<i>propranolol hcl</i>	1	MB
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/af)</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
CLEVIPREX	2	MB
<i>diltiazem hcl</i>	1	MB
<i>diltiazem hcl coated beads</i>	1	
<i>nicardipine hcl</i>	1	MB
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>verapamil hcl</i>	1	MB
CARDIAC DRUGS		
<i>adenosine</i>	1	MB
<i>amiodarone hcl</i>	1	MB
<i>digoxin</i>	1, 2	MB
<i>disopyramide phosphate</i>	1, 2	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	1	MB
LIDOCAINE HCL (CARDIAC)	1	MB
<i>lidocaine in d5w</i>	1	MB
<i>mexiletine hcl</i>	1	
<i>milrinone lactate</i>	1	MB
<i>milrinone lactate in dextrose</i>	1	MB
<i>procainamide hcl</i>	1	MB

Name of drug	Drug Tier	Requirement / Limits
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
HYPOTENSIVE AGENTS		
CARDENE IV	2	MB
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>hydralazine hcl</i>	1	MB
<i>hydrochlorothiazide</i>	1	
METHYLDOPA	1	
<i>minoxidil</i>	1	
<i>nitroprusside sodium</i>	1	MB
RESERPINE	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl</i>	1	
<i>enalaprilat</i>	1	MB
ENTRESTO	2	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
SCLEROSING AGENTS		
ETHAMOLIN	2	MB
<i>sodium tetradecyl sulfate</i>	1, 2	MB
VARITHENA	2	MB
VASODILATING AGENTS		
<i>alprostadil</i>	1	MB
<i>ambrisentan</i>	1, 2	QL, LD
CAVERJECT	2	MB
<i>dipyridamole</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2, 4	MB

Name of drug	Drug Tier	Requirement / Limits
NITROGLYCERIN IN D5W	2	MB
<i>papaverine hcl</i>	2	MB
<i>sildenafil citrate</i>	1	QL
<i>sildenafil citrate (pulmonary hypertension)</i>	1	QL
<i>tadalafil</i>	1	QL
<i>tadalafil (pulmonary hypertension)</i>	1	
TRACLEER	2	QL, LD
<i>treprostinil</i>	2, 4	QL, LD, MB
VENTAVIS	4	QL
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPIRETTICS		
<i>acetaminophen w/ codeine</i>	1	
<i>alfentanil hcl</i>	1	MB
<i>buprenorphine</i>	1	QL
<i>buprenorphine hcl</i>	1	QL, MB
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
BUTORPHANOL TARTRATE	1	MB
<i>choline & mag salicylate</i>	1	
CODEINE SULFATE	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1, 2	MB
<i>hydrocodone-acetaminophen</i>	1, 2	
<i>hydromorphone hcl</i>	1, 2	QL, MB
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1, 4	QL
INDOMETHACIN SODIUM	1	MB
INFUMORPH 200	2	MB
<i>ketorolac tromethamine</i>	1	MB
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>meperidine hcl</i>	1	MB
<i>methadone hcl</i>	1, 2	MB

Name of drug	Drug Tier	Requirement / Limits
<i>morphine sulfate</i>	1, 2	MB
<i>nabumetone</i>	1	
<i>nalbuphine hcl</i>	1	MB
<i>naproxen</i>	1	
NEOPROFEN	2	MB
OFIRMEV	2	MB
<i>oxycodone hcl</i>	1	
<i>oxycodone w/ acetaminophen</i>	1, 4	QL
<i>salsalate</i>	1	
<i>sufentanil citrate</i>	1	MB
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol-acetaminophen</i>	1	
ULTIVA	2	MB
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1	QL
<i>caffeine citrate</i>	1	MB
<i>dexmethylphenidate hcl</i>	1	QL
<i>dextroamphetamine sulfate</i>	1	
<i>methylphenidate hcl</i>	1, 2	QL
<i>modafinil</i>	1	
<i>phentermine hcl</i>	1	
QSYMIA	2	
VYVANSE	2	QL
ANTICONVULSANTS		
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	
<i>divalproex sodium</i>	1	
EQUETRO	2	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1, 4	
<i>fosphenytoin sodium</i>	1	MB
<i>gabapentin</i>	1	
<i>lacosamide</i>	1	
<i>lamotrigine</i>	1, 2	
<i>levetiracetam</i>	1	MB
LEVETIRACETAM IN NAACL	2	MB

Name of drug	Drug Tier	Requirement / Limits
<i>magnesium sulfate</i>	1, 2	MB
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	
PHENYTOIN SODIUM	1	MB
<i>phenytoin sodium extended</i>	1, 2	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>rufinamide</i>	1, 4	
SABRIL	2	QL
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	MB
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
ANTIMANIC AGENTS		
<i>lithium carbonate</i>	1	
ANTIMIGRAINE AGENTS		
<i>eletriptan hydrobromide</i>	1	
<i>ergotamine w/ caffeine</i>	1, 2	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	4	QL, LD
<i>benztropine mesylate</i>	1	MB
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1, 2	
<i>carbidopa-levodopa</i>	1, 2	MB
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<i>rasagiline mesylate</i>	1	
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	1	QL
<i>bupirone hcl</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	2	QL
<i>diazepam</i>	1	MB
DROPERIDOL	1	MB
<i>hydroxyzine hcl</i>	1	MB
<i>hydroxyzine pamoate</i>	1	
<i>lorazepam</i>	1	QL, MB
<i>midazolam hcl</i>	1	MB
NEMBUTAL	2	MB
<i>oxazepam</i>	1	QL
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	MB
PRECEDEX	2	MB
<i>temazepam</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	
<i>atomoxetine hcl</i>	1	
<i>flumazenil</i>	1	MB
<i>guanfacine hcl (adhd)</i>	1	
<i>memantine hcl</i>	1, 2	
<i>riluzole</i>	1	
<i>selegiline hcl</i>	1	
GENERAL ANESTHETICS		
BREVITAL SODIUM	2	MB
<i>etomidate</i>	1	MB
FORANE	2	
<i>ketamine hcl</i>	1	MB
<i>propofol</i>	1	MB
OPIATE ANTAGONISTS		
<i>escitalopram oxalate</i>	1	
<i>naloxone hcl</i>	1	MB
<i>naltrexone hcl</i>	1	
NALTREXONE HCL	2	
VIVITROL	4	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>aripiprazole</i>	1	
ARISTADA	4	MB
<i>bupropion hcl</i>	1	PREV
<i>chlorpromazine hcl</i>	1	MB

Name of drug	Drug Tier	Requirement / Limits
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
<i>clozapine</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	MB
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	MB
<i>haloperidol lactate</i>	1	MB
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA	2, 4	MB
<i>loxapine succinate</i>	1	
<i>lurasidone hcl</i>	1	
<i>mirtazapine</i>	1	
NEFAZODONE HCL	1	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	MB
<i>paliperidone</i>	1	
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
PERPHENAZINE-AMITRIPTYLINE	1	
<i>phenelzine sulfate</i>	1	
PIMOZIDE	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	MB
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL CONSTA	2, 4	QL, MB
<i>risperidone</i>	1	
<i>sertraline hcl</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>trifluoperazine hcl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60	2	PREV
DEVICES		
DEVICES		
1/2 ALLERGIST TRAY SYRINGE 27G X 3/8"	2	
3ML MEDSAVER SYRINGE/PERMNEEDLE 25G X 1"	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROTRACH PLUS	2	
ASSESS FULL RANGE PEAK METER	2	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	2	
BD CATHETER TIP SYRINGE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD FILTER NEEDLE/5 MICRON	2	
BD HYPODERMIC NEEDLE	2	
BD INSULIN SYRINGE	1, 2	
BD INTERLINK BLUNT CANNULA	2	
BD LANCET DEVICE	2	
BD LUER-LOK SYRINGE	2	
BD PEN NEEDLE MINI U/F	2	
BD SAFETYGLIDE SYRINGE/NEEDLE	2	
CONTOUR NEXT CONTROL	2	
DISPOSABLE POWER	2	
INSUFLON	2	

Name of drug	Drug Tier	Requirement / Limits
OMNITROPE PEN 5 INJ DEVICE	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH VERIO FLEX SYSTEM	2	
PEDIATRIC SMALL MASK	2	
POLYFIN QR INFUSION SET 42"	2	
<i>syringe (disposable)</i>	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST	2	
<i>adenosine (diagnostic)</i>	1	MB
ALBUSTIX	2	
CANDIN	2	MB
CHEMSTRIP 9	2	
CHIRHOSTIM	2	MB
CONRAY	2	MB
CORTROSYN	2	MB
CREON	2	
CYSTOGRAFIN	2	MB
DIASTIX	2	
EOVIST	2	MB
<i>fluorescein sodium injection</i>	1	MB
<i>fluorescein sodium topical</i>	1	
<i>fluorescein w/ benoxinate</i>	1	
GDAVIST	2	MB
<i>gadoterate meglumine</i>	1	
GASTROGRAFIN	2	
<i>indigotindisulfonate sodium</i>	2	MB
KETO-DIASTIX	2	
LEXISCAN	2	MB
LUMASON	2	MB
METOPIRONE	2	
MULTIHANCE	2	MB

Name of drug	Drug Tier	Requirement / Limits
OMNIPAQUE	2	MB
ONETOUCH ULTRA	2	
READI-CAT 2	2	
THYROGEN	4	MB
TISSUEBLUE	2	
TUBERSOL	2	MB
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS	1	
<i>potassium citrate (alkalinizer)</i>	1	
SODIUM ACETATE	2	MB
<i>sodium bicarbonate</i>	1, 2	MB
<i>sodium citrate & citric acid</i>	1	
AMMONIA DETOXICANTS		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
LITHOSTAT	4	
<i>sodium phenylbutyrate</i>	2, 4	QL
CALORIC AGENTS		
AMINOSYN II	2	MB
CLINIMIX E/DEXTROSE (2.75/5)	2	MB
CLINIMIX E/DEXTROSE (4.25/10)	2	MB
CLINIMIX E/DEXTROSE (5/15)	2	MB
CLINIMIX E/DEXTROSE (5/20)	2	MB
CLINIMIX/DEXTROSE (4.25/10)	2	MB
<i>dextrose</i>	1, 2	MB
INTRALIPID	2	MB
PHENEX-1	2	
DIURETICS		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	MB
<i>chlorthalidone</i>	1	
<i>ethacrynic acid</i>	1, 2	
<i>furosemide</i>	1	MB

Name of drug	Drug Tier	Requirement / Limits
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	1	MB
<i>metolazone</i>	1	
SODIUM EDECRIN	2	MB
<i>toremide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
ION-REMOVING AGENTS		
<i>sevelamer carbonate</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
IRRIGATING SOLUTIONS		
<i>acetic acid</i>	1	MB
DIANEAL LOW CALCIUM/4.25% DEX	2	MB
<i>ringer's irrigation</i>	1	MB
<i>sodium chloride (gu irrigant)</i>	1	MB
<i>water for irrigation, sterile</i>	1	MB
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	1	MB
CALCIUM GLUCONATE	1	MB
CHROMIC CHLORIDE	2	MB
CUPRIC CHLORIDE	2	MB
<i>dextrose in lactated ringers</i>	1	MB
<i>dextrose in ringers</i>	1	MB
<i>dextrose w/ sodium chloride</i>	1, 2	MB
<i>hetastarch in sodium chloride</i>	1	MB
HEXTEND	2	MB
K-PHOS	2	
KCL-LACTATED RINGERS-D5W	2	MB
LACTATED RINGERS	2	MB
LMD IN D5W	2	MB
LMD IN NACL	2	MB
MAGNESIUM SULFATE IN D5W	2	MB

Name of drug	Drug Tier	Requirement / Limits
<i>potassium acetate</i>	1	MB
<i>potassium bicarbonate</i>	1	
<i>potassium chloride</i>	1, 2	MB
<i>potassium chloride in dextrose</i>	1	MB
<i>potassium chloride in dextrose & sodium chloride</i>	1, 2	MB
POTASSIUM CHLORIDE IN NACL	1	MB
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium phosphates</i>	1	MB
<i>ringer's</i>	1	MB
SELENIUM	2	MB
<i>sodium chloride</i>	1	MB
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	1	MB
<i>trace minerals (cr-cu-mn-zn)</i>	1, 2	MB
ZINC CHLORIDE	2	MB
URICOSURIC AGENTS		
<i>colchicine w/ probenecid</i>	1	
<i>probenecid</i>	1	
ENZYMES		
ENZYMES		
ALDURAZYME	2	MB
ARALAST NP	2	QL, MB
CEREZYME	4	MB
ELAPRASE	4	QL, MB
ELITEK	2	MB
FABRAZYME	4	QL, MB
HYLENEX	2	MB
LUMIZYME	4	QL, MB
NAGLAZYME	4	QL, MB
PULMOZYME	4	QL
STRENSIQ	4	QL
VIMIZIM	4	QL, MB
VORAXAZE	4	QL, MB
VPRIV	4	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		

Name of drug	Drug Tier	Requirement / Limits
ANTI-INFECTIVES		
BACITRACIN	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1, 2	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
BLEPHAMIDE	1, 2	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>cyclosporine (ophth)</i>	1, 2	
DEXAMETHASONE SODIUM PHOSPHATE	1	
<i>diclofenac sodium (ophth)</i>	1	
<i>flunisolide (nasal)</i>	1	
<i>fluorometholone (ophth)</i>	1, 2	
FLURBIPROFEN SODIUM	1	
<i>fluticasone propionate (nasal)</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>neomycin-polymy-dexameth</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>neomycin-polymyxin-hc (otic)</i>	1	
PRED MILD	1, 2	
RETISERT	4	MB
ANTIALLERGIC AGENTS		
<i>azelastine hcl</i>	1	
CROMOLYN SODIUM	1	
<i>olopatadine hcl</i>	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	MB
BETAXOLOL HCL	1	
<i>bimatoprost</i>	1	
<i>brimonidine tartrate</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost</i>	1	
LEVOBUNOLOL HCL	1	
<i>methazolamide</i>	1	
MIOCHOL-E	2	MB
MIOSTAT	2	MB
MITOSOL	2	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
APRACLONIDINE HCL	1, 2	
BSS	2	MB
BYOOVIZ	4	MB
EYLEA	4	MB
HEALON5	2	MB
LUCENTIS	4	QL, MB
MACUGEN	2	MB
PHOTREXA- PHOTREXA VISCOUS KIT	2	
VISUDYNE	2	MB
LOCAL ANESTHETICS		
AKTEN	2	
C-TOPICAL	2	

Name of drug	Drug Tier	Requirement / Limits
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1, 2	
<i>tetracaine hcl (ophth)</i>	1	
MYDRIATICS		
<i>atropine sulfate (ophthalmic)</i>	1	
CYCLOMYDRIL	2	
<i>cyclopentolate hcl</i>	1, 2	
HOMATROPAIRE	1	
<i>tropicamide</i>	1	
VASOCONSTRICTORS		
<i>phenylephrine hcl (mydriatic)</i>	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1, 2	
ANTIDIARRHEA AGENTS		
<i>bismuth subsalicylate</i>	1	
<i>diphenoxylate w/ atropine</i>	1	
ANTIEMETICS		
AKYNZEO	2	QL
<i>aprepitant</i>	1, 2	QL
<i>dronabinol</i>	1	
<i>fosaprepitant dimeglumine</i>	1	MB
<i>granisetron hcl</i>	1	
<i>meclizine hcl</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	MB
<i>scopolamine</i>	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	MB
FAMOTIDINE PREMIXED	1	MB
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1, 2	MB
<i>sucralfate</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
CATHARTICS AND LAXATIVES		
<i>castor oil</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1, 2	PREV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	PREV
SORBITOL	2	
CHOLELITHOLYTIC AGENTS		
<i>ursodiol</i>	1	
DIGESTANTS		
CREON	2	
PROKINETIC AGENTS		
<i>metoclopramide hcl</i>	1	MB
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA	4	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
BAL IN OIL	2	MB
CHEMET	4	
<i>deferasirox</i>	1, 2	QL
<i>deferoxamine mesylate</i>	1	MB
<i>penicillamine</i>	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES)	2	
<i>betamethasone sod phosphate & acetate</i>	1	MB
<i>budesonide</i>	1	
<i>budesonide (inhalation)</i>	1, 2	QL
<i>budesonide-formoterol fumarate dihydrate</i>	1, 2	
<i>dexamethasone</i>	1, 2	
<i>dexamethasone sodium phosphate</i>	1	MB
FLOVENT HFA	2	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
KENALOG	2	MB
<i>methylprednisolone</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>methylprednisolone acetate</i>	1	MB
<i>methylprednisolone sod succ</i>	1, 2	MB
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
SOLU-CORTEF	2	MB
ANDROGENS		
<i>danazol</i>	1	
<i>methyltestosterone</i>	1	
<i>testosterone</i>	1, 2	
<i>testosterone cypionate</i>	1, 2	MB
<i>testosterone enanthate</i>	1	MB
ANTIDIABETIC AGENTS		
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide</i>	1	
HUMALOG	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
INSULIN GLARGINE	2	
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	
<i>metformin hcl</i>	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	QL
<i>pioglitazone hcl</i>	1	
VICTOZA	2	QL
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK	2	
GLUCAGEN	2	MB
<i>glucagon (rdna)</i>	1	MB
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	PREV
<i>drospirenone-ethinyl estradiol</i>	1	PREV
ELLA	2	PREV

Name of drug	Drug Tier	Requirement / Limits
<i>ethynodiol diacet & eth estrad</i>	1	PREV
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	PREV
<i>levonorgestrel (emergency oc)</i>	1	PREV
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	PREV
MIRENA (52 MG)	2	PREV, MB
NECON 10/11-28	1	PREV
NEXPLANON	2	MB
<i>norelgestromin-ethinyl estradiol</i>	1	PREV
<i>norethin acet & estrad-fe</i>	1	PREV
<i>norethindrone & eth estradiol</i>	1	PREV
<i>norethindrone (contraceptive)</i>	1	PREV
<i>norethindrone-eth estradiol (triphasic)</i>	1	PREV
<i>norgestimate-ethinyl estradiol</i>	1	PREV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLOMIPHENE CITRATE	1	
DEPO-ESTRADIOL	2	MB
<i>esterified estrogens & methyltestosterone</i>	1	
<i>estradiol</i>	1, 2	
<i>estradiol vaginal</i>	1, 2	
<i>estradiol valerate</i>	1, 2	
<i>raloxifene hcl</i>	1	OC, PREV
GONADOTROPINS		
ELIGARD	2	
GONAL-F	2	MB
MENOPUR	2	
NOVAREL	4	MB
OVIDREL	2	
SYNAREL	4	
PARATHYROID		
<i>calcitonin (salmon)</i>	1	

Name of drug	Drug Tier	Requirement / Limits
FORTEO	4	QL, MB
PITUITARY		
ACTHAR	4	LD, MB
DDAVP RHINAL TUBE	2	
<i>desmopressin acetate</i>	1, 2	MB
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
PROGESTINS		
DEPO-PROVERA	2	MB
ENDOMETRIN	2	
<i>medroxyprogesterone acetate</i>	1	OC
<i>medroxyprogesterone acetate (contraceptive)</i>	1	MB
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	OC, MB
SOMATROPIN AGONISTS-ANTAGONISTS		
NORDITROPIN FLEXPPO	2, 4	QL
SEROSTIM	4	QL
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1, 2	MB
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
<i>bupivacaine hcl</i>	1	MB
<i>bupivacaine in dextrose</i>	1	MB
<i>bupivacaine w/ epinephrine</i>	1, 2	MB
<i>chloroprocaine hcl</i>	1, 2	MB
LIDOCAINE HCL (CARDIAC) PF	1, 2	MB
<i>lidocaine hcl (local anesth.)</i>	1	MB
<i>lidocaine w/ epinephrine</i>	1, 2	MB
NAROPIN	2	MB
POLOCAINE	1	MB
<i>tetracaine hcl</i>	1	MB
MISCELLANEOUS THERAPEUTIC AGENTS		

Name of drug	Drug Tier	Requirement / Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine</i>	1	
<i>acetylcysteine (antidote)</i>	1	MB
ACTIMMUNE	4	QL
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
AMJEVITA	2	
AVONEX	2, 4	QL, MB
<i>azathioprine</i>	1	
BETASERON	4	QL
BOTOX	2	MB
BOTOX COSMETIC	2	MB
BRIDION	2	MB
CERDELGA	4	QL
<i>cinacalcet hcl</i>	1	
CINRYZE	4	QL, MB
<i>colchicine</i>	1	
<i>cyclosporine modified (for microemulsion)</i>	1, 2	
CYSTADANE	4	QL
CYSTAGON	2	QL
<i>dexrazoxane hcl</i>	1	MB
<i>dimethyl fumarate</i>	1	
<i>disulfiram</i>	1, 2	
ELMIRON	4	
ENBREL	4	QL
<i>finasteride</i>	1	
FUSILEV	2	MB
<i>glatiramer acetate</i>	1	QL
GRASTEK	2	
<i>icatibant acetate</i>	2, 4	QL, MB
INFLECTRA	4	MB
KALYDECO	4	QL
KINERET	2	QL
<i>leflunomide</i>	1	
<i>leucovorin calcium</i>	1	MB
<i>levocarnitine (metabolic modifiers)</i>	1	MB
<i>mesna</i>	1, 4	QL, MB
<i>methylene blue (antidote)</i>	1	MB
<i>mycophenolate mofetil</i>	1, 4	
<i>mycophenolate sodium</i>	1	

Name of drug	Drug Tier	Requirement / Limits
MYOBLOC	2	MB
<i>octreotide acetate</i>	1, 4	QL, MB
ORENCIA	4	QL, MB
OTEZLA	4	QL
<i>pamidronate disodium</i>	1	MB
RASUVO	2	
RIMSO-50	2	MB
SANDIMMUNE	2	MB
<i>sirolimus</i>	1, 2, 4	
<i>sodium fluoride</i>	1	PREV
<i>sodium fluoride (dental)</i>	1, 2	
SOLIRIS	2	MB
<i>tacrolimus</i>	1, 2	MB
TAKHZYRO	4	QL
THALOMID	4	QL
THIOLA	4	
TYSABRI	2	QL, LD, MB
ULTOMIRIS	4	
VYVGART	4	QL, MB
<i>water for injection, sterile</i>	1	MB
XELJANZ	4	QL
<i>zoledronic acid</i>	1	MB
OXYTOCICS		
OXYTOCICS		
HEMABATE	2	MB
<i>methylergonovine maleate</i>	1	MB
MIFEPREX	2	PREV
<i>oxytocin</i>	1	MB
PREPIDIL	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALOE VERA	2	
ALPROSTADIL	2	
ATROPINE SULFATE MONOHYDRATE	2	
BIOTIN-D	2	
BORIC ACID	2	
CANTHARIDIN	2	
CARBAMAZEPINE	2	
CHLORPROMAZINE HCL	2	

Name of drug	Drug Tier	Requirement / Limits
CHOLESTEROL	2	
CLINDAMYCIN HCL	2	
CLOBETASOL PROPIONATE	2	
CLOTRIMAZOLE	2	
COLLODION FLEXIBLE	2	
CYSTEAMINE HCL	2	
DEXAMETHASONE	2	
ESTRADIOL	2	
GLYCERIN	2	
GLYCOPYRROLATE	2	
HALOPERIDOL	2	
HYDROCORTISONE	2	
HYDROXOCOBALAMIN	2	
HYDROXYPROGESTERONE CAPROATE	2	
INDOMETHACIN	2	
KETAMINE HCL	2	
L-ARGININE	2	
L-CITRULLINE	2	
L-ISOLEUCINE	2	
L-VALINE	2	
LACTIC ACID	2	
LACTOSE	2	
LACTOSE MONOHYDRATE	2	
LIDOCAINE HCL	2	
METHADONE HCL	2	
METOCLOPRAMIDE HCL MONOHYDRATE	2	
MORPHINE SULFATE	2	
NEOMYCIN SULFATE	2	
PHENOBARBITAL	2	
PLURONIC F127	2	
PODOPHYLLUM RESIN	2	
POLYETHYLENE GLYCOL 400	2	
PROGESTERONE MICRONIZED	2	
PROGESTERONE WETTABLE	2	
PROPYLENE GLYCOL	2	
QUINACRINE HCL	2	
SALICYLIC ACID	2	

Name of drug	Drug Tier	Requirement / Limits
SODIUM BENZOATE	2	
SORBITOL	2	
SQUARIC ACID DIBUTYLESTER	2	
SULFUR PRECIPITATED	2	
TESTOSTERONE PROPIONATE	2	
THYMOL	2	
TRANEXAMIC ACID	2	
TRIAMCINOLONE ACETONIDE	2	
UREA	2	
ZINC SULFATE	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO	2	
ASMANEX HFA	2	
COMBIVENT RESPIMAT	2	
<i>cromolyn sodium</i>	4	
<i>montelukast sodium</i>	1	
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>guaifenesin-codeine</i>	1	
PHENYLHISTINE DH	2	
<i>promethazine-dm</i>	1	
MUCOLYTIC AGENTS		
<i>sodium chloride (inhalant)</i>	1	
PULMONARY SURFACTANTS		
CUROSURF	2	MB
SURVANTA	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP	2	QL, MB
KALYDECO	4	QL
ORKAMBI	4	QL
STIOLTO RESPIMAT	2	
SYMDEKO	4	QL
TRIKAFTA	4	QL
VASODILATING		
TRACLEER	4	QL
SERUMS, TOXOIDS, AND VACCINES		

Name of drug	Drug Tier	Requirement / Limits
SERUMS		
ANAVIP	2	
ANTIVENIN LATRODECTUS MACTANS	2	MB
CROFAB	2	MB
DIGIFAB	2	MB
FLEBOGAMMA DIF	2, 4	MB
GAMASTAN	2	MB
GAMMAGARD	2, 4	MB
HIZENTRA	2	QL
HYPERRAB	2	MB
HYPERTET	2	MB
MICRHOGAM ULTRA- FILTERED PLUS	2	MB
NABI-HB	2	MB
TOXOIDS		
ADACEL	2	MB
INFANRIX	2	MB
ODACTRA	2	
TDVAX	2	MB
VACCINES		
ACTHIB	2	MB
AFLURIA QUADRIVALENT	2	MB
AREXVY	2	MB
BEXSERO	2	MB
ENGERIX-B	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT	2	MB
GARDASIL	2	MB
GARDASIL 9	2	MB
HAVRIX	2	MB
IMOVAX RABIES	2	MB
IPOL	2	MB
IXIARO	2	MB
KINRIX	2	MB
M-M-R II	2	MB
MENVEO	2	MB
PEDIARIX	2	MB
PNEUMOVAX 23	2	MB
PREVNAR 13	2	MB
PREVNAR 20	2	MB

Name of drug	Drug Tier	Requirement / Limits
PROQUAD	2	MB
RABAVERT	2	MB
ROTARIX	2	MB
ROTATEQ	2	MB
SHINGRIX	2	MB
TICE BCG	2	MB
TICOVAC	2	MB
TWINRIX	2	MB
TYPHIM VI	2	MB
VARIVAX	2	MB
VAXCHORA	2	MB
VIVOTIF	2	MB
YF-VAX	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>benzoyl peroxide- erythromycin</i>	1	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>clindamycin phosphate- benzoyl peroxide</i>	1	
<i>clindamycin phosphate- benzoyl peroxide (refrigerate)</i>	1	
<i>clotrimazole</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>gentamicin sulfate (topical)</i>	1	
GENTIAN VIOLET	2	
<i>iodoquinol-hc</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>metronidazole (topical)</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
NEOMYCIN- POLYMYXIN B GU	1	MB
<i>nystatin (topical)</i>	1	
<i>permethrin</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sodium hypochlorite</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1, 2	
CORDRAN	2	
CORTISPORIN	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone acetate (rectal)</i>	1	
<i>mometasone furoate</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
PHENOL	2	
PROCTOFOAM HC	2	
ASTRINGENTS		
DRYSOL	2	
XERAC AC	2	
CELL STIMULANTS AND PROLIFERANTS		
KEPIVANCE	4	QL, MB
RETIN-A MICRO	2	
<i>tretinoin</i>	1, 2	
DEPIGMENTING AND PIGMENTING AGENTS		
METHOXSALEN RAPID	4	

Name of drug	Drug Tier	Requirement / Limits
KERATOLYTIC AGENTS		
<i>sulfacetamide sodium w/ sulfur</i>	1, 2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	1	QL
<i>adapalene</i>	1, 2	
<i>adapalene-benzoyl peroxide</i>	1, 2	
BENZOIN	2	
<i>benzoin compound</i>	1	
<i>bexarotene (topical)</i>	4	
<i>calcipotriene</i>	1	
COSENTYX	4	QL
<i>diclofenac sodium (topical)</i>	1	
DRITHO-CREME HP	2	
<i>fluorouracil (topical)</i>	1, 2	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	QL
LEVULAN KERASTICK	2	
<i>pimecrolimus</i>	1	
PODOCON-25	2	
<i>podofilox</i>	1, 2	
SANTYL	2	
SKYRIZI	4	
STELARA	4	
<i>tacrolimus (topical)</i>	1	
<i>tazarotene</i>	1, 2	
TREMFYA	4	
VECTICAL	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
MYRBETRIQ	2	
<i>oxybutynin chloride</i>	1	
<i>solifenacin succinate</i>	1	
<i>trospium chloride</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	1	MB
<i>theophylline</i>	1	
VITAMINS		

Name of drug	Drug Tier	Requirement / Limits
MULTIVITAMIN PREPARATIONS		
<i>b-complex w/ c & folic acid</i>	1	
INFUVITE ADULT	2	MB
INFUVITE PEDIATRIC	2	MB
<i>ped multivitamins w/fl & iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	

Name of drug	Drug Tier	Requirement / Limits
VITAMIN B COMPLEX		
<i>cyanocobalamin</i>	1	MB
<i>folic acid</i>	1	MB
<i>niacin</i>	1, 2	
<i>thiamine hcl</i>	1	MB
VITAMIN D		
<i>calcitriol</i>	1	
<i>ergocalciferol</i>	1	
VITAMIN K ACTIVITY		
<i>phytonadione</i>	1, 2	MB

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