

2020 Kaiser Permanente Federal Employees Health Benefit

# FEHB Drug Formulary



## Colorado Region

### Member Services

Monday through Friday, 8 a.m. to 8 p.m.

**1-855-366-9008**

**TTY 711**



# 2020 Kaiser Permanente Federal Employees Health Benefit (FEHB) Drug Formulary

## Colorado 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 15, 2020. Benefits described in this formulary are effective January 1 – December 31, 2020.

### 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 90-day supply for most drugs dispensed through our mail order program.

Drug Tier	Type	High Option	Standard Option	Basic Option
Tier 1	Preferred generic drugs	\$15	\$15	\$15
Tier 2	Preferred brand-name drugs	\$40	\$50	\$60
Tier 3	Non-preferred generic and brand-name drugs	\$60	\$70	\$80
Tier 4	Specialty drugs	\$100	\$150	\$200

You pay 50% of our allowed amount for sexual dysfunction drugs and 20% of our allowed amount for diabetic supplies. 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 73-019), 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](http://kp.org/feds) or call Member Services at **1-855-366-9008** (TTY 711), Monday through Friday, 8 a.m. to 8 p.m.

*All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.*

We define tiers as follows:

- Tier 1. Preferred 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. Preferred generic drugs are listed on our drug formulary.
- 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 generic and brand-name drugs are not listed on our drug formulary.
- 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 Colorado) may not be eligible for mailing. We provide up to a 90-day supply for most maintenance 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 73-019, see Section 5(f) Prescription drug benefits).

### **Formulary Drugs by Medical Condition**

The formulary begins on page 6. 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 70, 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.

*All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.*

## **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 **1-855-366-9008** (TTY 711), Monday through Friday, 8 a.m. to 8 p.m.
- The third column indicates additional requirements or limits on coverage. These requirements and limits may include:

**AR** = A drug that is restricted to a specific age or age range.

**LD** = A drug that can only be dispensed by certain Specialty Pharmacies, also known as Limited Distribution Pharmacies.

**MO** = Mail Order. A drug that is considered to be a maintenance medication. Note: Not all maintenance medications can be mailed from our mail order pharmacy such as high cost drugs or drugs that require special handling.

**PA** = Prior Authorization. You need to get approval from Kaiser Permanente to fill your prescription. If you don't get approval, we may not cover the drug.

**PREV** = Preventive drugs with no copayment/coinsurance under the Affordable Care Act. Some drugs require certain clinical criteria to be met to receive at no copayment/coinsurance. Refer to your *Evidence of Coverage* or *Individual Membership Agreement* for information on specific drug coverage for your plan.

**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.

**RB** = Restricted Benefit. A drug that is restricted to a certain benefit for coverage.

**ST** = A drug that requires a similar therapy be tried prior to dispensing for prescription benefit.

*All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.*

## **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](http://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](http://kp.org/feds) or call Member Services at **1-855-366-9008 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m.

*All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.*

# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b>ANTI-INFECTIVE AGENTS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tabs 200 mg</i>	4	
<i>praziquantel tabs 600 mg</i>	1	
<b>ANTIBACTERIALS</b>		
<i>amikacin sulfate soln 1 gm/4ml</i>	1	
<i>amikacin sulfate soln 500 mg/2ml</i>	1	
<i>amoxicillin caps 250 mg</i>	1	
<i>amoxicillin caps 500 mg</i>	1	
<i>amoxicillin chew 125 mg</i>	2	
<i>amoxicillin chew 250 mg</i>	2	
<i>amoxicillin susr 125 mg/5ml</i>	1	
<i>amoxicillin susr 200 mg/5ml</i>	1	
<i>amoxicillin susr 250 mg/5ml</i>	1	
<i>amoxicillin susr 400 mg/5ml</i>	1	
<i>amoxicillin tabs 500 mg</i>	1	
<i>amoxicillin tabs 875 mg</i>	1	
<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	2	
<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	2	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin caps 500 mg</i>	2	
<i>ampicillin sodium solr 1 gm</i>	1	
<i>ampicillin sodium solr 10 gm</i>	1	
<i>ampicillin sodium solr 2 gm</i>	1	
<i>ampicillin sodium solr 500 mg</i>	1	
<i>ampicillin susr 125 mg/5ml</i>	2	
<i>ampicillin susr 250 mg/5ml</i>	2	
<i>ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm</i>	1, 2	
<i>ampicillin-sulbactam sodium solr 3 (2-1) gm</i>	1, 2	
<i>AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin &amp; pot clavulanate]</i>	2	
<i>AZITHROMYCIN PACK 1 GM [azithromycin]</i>	2	MO
<i>azithromycin solr 500 mg</i>	1	MO
<i>azithromycin susr 100 mg/5ml</i>	1	MO
<i>azithromycin susr 200 mg/5ml</i>	1	MO
<i>azithromycin tabs 250 mg</i>	1	MO

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>azithromycin tabs 500 mg</i>	1	MO
<i>azithromycin tabs 600 mg</i>	1	MO
<i>aztreonam solr 1 gm</i>	1	
<i>aztreonam solr 2 gm</i>	1	
BICILLIN L-A SUSP 1200000 UNIT/2ML [ <i>penicillin g benzathine</i> ]	2	
BICILLIN L-A SUSP 2400000 UNIT/4ML [ <i>penicillin g benzathine</i> ]	2	
BICILLIN L-A SUSP 600000 UNIT/ML [ <i>penicillin g benzathine</i> ]	2	
<i>cefazolin sodium solr 1 gm</i>	1	
<i>cefazolin sodium solr 10 gm</i>	1	
<i>cefazolin sodium solr 500 mg</i>	1	
<i>cefazolin sodium-dextrose soln 1-4 gm/50ml-%</i>	2	
<i>cefdinir caps 300 mg</i>	1	
<i>cefdinir susr 125 mg/5ml</i>	1	
<i>cefdinir susr 250 mg/5ml</i>	1	
<i>cefepime hcl solr 1 gm</i>	1	
<i>cefepime hcl solr 2 gm</i>	1	
<i>cefixime caps 400 mg</i>	1	
<i>cefixime susr 100 mg/5ml</i>	1	
<i>cefotaxime sodium solr 2 gm</i>	2	
<i>cefotaxime sodium solr 500 mg</i>	2	
<i>cefotetan disodium solr 1 gm</i>	1	
<i>cefotetan disodium solr 2 gm</i>	1	
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) [ <i>cefotetan disodium and dextrose</i> ]	2	
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) [ <i>cefotetan disodium and dextrose</i> ]	2	
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	2	
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	2	
<i>ceftriaxone sodium solr 1 gm</i>	1	
<i>ceftriaxone sodium solr 10 gm</i>	1	
<i>ceftriaxone sodium solr 2 gm</i>	1	
<i>ceftriaxone sodium solr 250 mg</i>	1	
<i>ceftriaxone sodium solr 500 mg</i>	1	
<i>cefuroxime axetil tabs 250 mg</i>	1	
<i>cefuroxime axetil tabs 500 mg</i>	1	
<i>cefuroxime sodium solr 1.5 gm</i>	1	
<i>cefuroxime sodium solr 750 mg</i>	1	
<i>cephalexin caps 250 mg</i>	1	
<i>cephalexin caps 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml</i>	1	
<i>cephalexin susr 250 mg/5ml</i>	1	
CIPRO SUSR 250 MG/5ML (5%) [ <i>ciprofloxacin</i> ]	2	
<i>ciprofloxacin hcl tabs 100 mg</i>	2	
<i>ciprofloxacin hcl tabs 250 mg</i>	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b>ciprofloxacin hcl tabs 500 mg</b>	1	
<b>ciprofloxacin hcl tabs 750 mg</b>	1	
<b>ciprofloxacin in d5w soln 200 mg/100ml</b>	1	
<b>ciprofloxacin in d5w soln 400 mg/200ml</b>	1	
<b>ciprofloxacin soln 200 mg/20ml</b>	2	
<b>ciprofloxacin soln 400 mg/40ml</b>	2	
<b>ciprofloxacin susr 500 mg/5ml (10%)</b>	1	
[Cefotaxime Sodium] CLAFORAN SOLR 1 GM	2	
[Cefotaxime Sodium] CLAFORAN SOLR 2 GM	2	
<b>clarithromycin susr 125 mg/5ml</b>	2	
<b>clarithromycin susr 250 mg/5ml</b>	2	
<b>clarithromycin tabs 250 mg</b>	1	
<b>clarithromycin tabs 500 mg</b>	1	
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 600 MG/4ML	2	
<b>clindamycin hcl caps 150 mg</b>	1	
<b>clindamycin hcl caps 300 mg</b>	1	
<b>clindamycin hcl caps 75 mg</b>	1	
<b>clindamycin palmitate hcl solr 75 mg/5ml</b>	1	
CLINDAMYCIN PHOSPHATE SOLN 600 MG/4ML [ <b>clindamycin phosphate</b> ]	1	
<b>clindamycin phosphate soln 9 gm/60ml</b>	1	
<b>dicloxacillin sodium caps 250 mg</b>	1	
<b>dicloxacillin sodium caps 500 mg</b>	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MO
<b>doxycycline hyclate tabs 20 mg</b>	1	MO
<b>doxycycline monohydrate caps 100 mg</b>	1	MO
<b>doxycycline monohydrate caps 50 mg</b>	1	MO
<b>doxycycline monohydrate susr 25 mg/5ml</b>	1	MO
<b>doxycycline monohydrate tabs 100 mg</b>	1	MO
<b>doxycycline monohydrate tabs 50 mg</b>	1	MO
[Erythromycin Ethylsuccinate] E.E.S. 400 TABS 400 MG	2	
ERTAPENEM SODIUM SOLR 1 GM [ <b>ertapenem sodium</b> ]	1	QL - 30 day(s)
[Erythromycin Base] ERY-TAB TBEC 250 MG	1	
[Erythromycin Base] ERY-TAB TBEC 333 MG	1	
[Erythromycin Base] ERY-TAB TBEC 500 MG	1	
ERYPED 200 SUSR 200 MG/5ML [ <b>erythromycin ethylsuccinate</b> ]	2	
ERYPED 400 SUSR 400 MG/5ML [ <b>erythromycin ethylsuccinate</b> ]	2	
ERYTHROCIN LACTOBIONATE SOLR 500 MG [ <b>erythromycin lactobionate</b> ]	2	
<b>erythromycin base cpep 250 mg</b>	1	
FIRVANQ SOLR 25 MG/ML [ <b>vancomycin hcl</b> ]	2	
FIRVANQ SOLR 50 MG/ML [ <b>vancomycin hcl</b> ]	2	
<b>gentamicin sulfate soln 10 mg/ml</b>	1, 2	
<b>gentamicin sulfate soln 40 mg/ml</b>	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>imipenem-cilastatin solr 250 mg</i>	1	
<i>imipenem-cilastatin solr 500 mg</i>	1	
<i>levofloxacin in d5w soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w soln 750 mg/150ml</i>	1	
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg</i>	1	
<i>levofloxacin tabs 500 mg</i>	1	
<i>levofloxacin tabs 750 mg</i>	1	
<i>linezolid soln 600 mg/300ml</i>	1	QL - 30 day(s)
<i>linezolid susr 100 mg/5ml</i>	1	QL - 30 day(s)
<i>linezolid tabs 600 mg</i>	1	QL - 30 day(s)
<b>MAXIPIME SOLR 1 GM [cefepime hcl]</b>	2	
<i>minocycline hcl caps 100 mg</i>	1	MO
<i>minocycline hcl caps 50 mg</i>	1	MO
<i>minocycline hcl caps 75 mg</i>	1	MO
<i>minocycline hcl tabs 100 mg</i>	1	MO
<i>moxifloxacin hcl in nacl soln 400 mg/250ml</i>	2	
<i>moxifloxacin hcl tabs 400 mg</i>	1	
<i>neomycin sulfate tabs 500 mg</i>	1	
<b>OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [oxacillin sodium in dextrose]</b>	2	
<i>penicillin g potassium solr 20000000 unit</i>	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
<i>penicillin g procaine susp 600000 unit/ml</i>	2	
<i>penicillin g sodium solr 5000000 unit</i>	2	
<i>penicillin v potassium solr 125 mg/5ml</i>	2	
<i>penicillin v potassium solr 250 mg/5ml</i>	2	
<i>penicillin v potassium tabs 250 mg</i>	1	
<i>penicillin v potassium tabs 500 mg</i>	1	
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	1	
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	1	
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	1	
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	1	
<i>streptomycin sulfate solr 1 gm</i>	2	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	1	MO
<i>sulfasalazine tabs 500 mg</i>	1	MO
<i>sulfasalazine tbec 500 mg</i>	1	MO
<b>SUPRAX TAB 400MG [cefixime]</b>	2	
[Ceftazidime] TAZICEF SOLR 1 GM	2	
[Ceftazidime] TAZICEF SOLR 2 GM	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Ceftazidime] TAZICEF SOLR 6 GM	1	
<b>tetracycline hcl caps 250 mg</b>	1	
<b>tetracycline hcl caps 500 mg</b>	1	
<b>tobramycin sulfate soln 10 mg/ml</b>	2	
<b>tobramycin sulfate soln 2 gm/50ml</b>	2	
<b>vancomycin hcl caps 125 mg</b>	1	
<b>vancomycin hcl caps 250 mg</b>	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% <b>[vancomycin hcl-dextrose]</b>	2	
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% <b>[vancomycin hcl-dextrose]</b>	2	
<b>vancomycin hcl solr 1 gm</b>	1	
<b>vancomycin hcl solr 10 gm</b>	1	
<b>vancomycin hcl solr 5 gm</b>	1	
<b>vancomycin hcl solr 500 mg</b>	1	
ZOSYN SOLN 2-0.25 GM/50ML <b>[piperacillin sodium-tazobactam sodium in dextrose]</b>	2	
ZOSYN SOLN 3-0.375 GM/50ML <b>[piperacillin sodium-tazobactam sodium in dextrose]</b>	2	
ZOSYN SOLN 4-0.5 GM/100ML <b>[piperacillin sodium-tazobactam sodium in dextrose]</b>	2	
ZYVOX SOLN 200 MG/100ML <b>[linezolid]</b>	4	QL - 30 day(s)
<b>ANTIFUNGALS</b>		
AMBISOME SUSR 50 MG <b>[amphotericin b liposome]</b>	4	QL - 30 day(s)
<b>amphotericin b solr 50 mg</b>	2	QL - 30 day(s)
<b>caspofungin acetate solr 50 mg</b>	4	QL - 30 day(s)
<b>caspofungin acetate solr 70 mg</b>	4	QL - 30 day(s)
<b>fluconazole in nacl inj nacl 400</b>	1	
<b>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</b>	1	
<b>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</b>	1	
<b>fluconazole susr 10 mg/ml</b>	1	MO
<b>fluconazole susr 40 mg/ml</b>	1	
<b>fluconazole tabs 100 mg</b>	1	
<b>fluconazole tabs 150 mg</b>	1	
<b>fluconazole tabs 200 mg</b>	1	
<b>fluconazole tabs 50 mg</b>	1	
<b>flucytosine caps 250 mg</b>	4	QL - 30 day(s)
<b>flucytosine caps 500 mg</b>	4	QL - 30 day(s)
<b>griseofulvin microsize susp 125 mg/5ml</b>	1	
<b>griseofulvin microsize tabs 500 mg</b>	1	
<b>griseofulvin ultramicrosize tabs 125 mg</b>	1	
<b>griseofulvin ultramicrosize tabs 250 mg</b>	1	
<b>ketoconazole tabs 200 mg</b>	1	PA
<b>NYSTATIN POW [nystatin]</b>	2	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	
<i>terbinafine hcl tabs 250 mg</i>	1	
<i>voriconazole solr 200 mg</i>	1	QL - 30 day(s)
<i>voriconazole susr 40 mg/ml</i>	1	
<i>voriconazole tabs 200 mg</i>	1	
<i>voriconazole tabs 50 mg</i>	1	
<b>ANTIMYCOBACTERIALS</b>		
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	1	
<i>dapsone tabs 100 mg</i>	1	MO
<i>dapsone tabs 25 mg</i>	1	MO
<i>ethambutol hcl tabs 100 mg</i>	1	
<i>ethambutol hcl tabs 400 mg</i>	1	
<i>isoniazid syrp 50 mg/5ml</i>	2	
<i>isoniazid tabs 100 mg</i>	2	
<i>isoniazid tabs 300 mg</i>	1	
<i>pyrazinamide tabs 500 mg</i>	1	
<i>rifampin caps 150 mg</i>	1	
<i>rifampin caps 300 mg</i>	1	
<i>rifampin solr 600 mg</i>	1	QL - 30 day(s)
<b>ANTIPROTOZOALS</b>		
<i>atovaquone susp 750 mg/5ml</i>	4	QL - 30 day(s)
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	1	
<i>chloroquine phosphate tabs 250 mg</i>	1	MD
<i>chloroquine phosphate tabs 500 mg</i>	1	MD
<i>DARAPRIM TABS 25 MG [pyrimethamine]</i>	2	QL - 30 day(s)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	MD
<i>mefloquine hcl tabs 250 mg</i>	2	
<i>metronidazole caps 375 mg</i>	1	
METRONIDAZOLE IN NACL SOLN 500-0.74 MG/100ML-% [metronidazole in nac]	2	
<i>metronidazole tabs 250 mg</i>	1	
<i>metronidazole tabs 500 mg</i>	1	
NEBUPENT SOLR 300 MG [pentamidine isethionate]	2	MO
<i>paromomycin sulfate caps 250 mg</i>	1	
<i>pentamidine isethionate solr 300 mg</i>	1	
PRIMAQUINE PHOSPHATE TABS 26.3 MG [primaquine phosphate]	2	
<b>ANTIVIRALS</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	1	MO
<i>abacavir sulfate tabs 300 mg</i>	1	MO
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	1	MO
<i>abacavir-lamivudine-zidovudine tabs 300-150-300 mg</i>	1	MO
<i>acyclovir caps 200 mg</i>	1	MO
<i>acyclovir sodium inj 1000mg</i>	2	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>acyclovir sodium soln 50 mg/ml</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	MO
<i>acyclovir tabs 400 mg</i>	1	MO
<i>acyclovir tabs 800 mg</i>	1	MO
<i>adefovir dipivoxil tabs 10 mg</i>	4	QL - 30 day(s)
APTVUS CAPS 250 MG [ <i>tipranavir</i> ]	2	MO
APTVUS SOLN 100 MG/ML [ <i>tipranavir</i> ]	2	MO
<i>atazanavir sulfate caps 150 mg</i>	1	MO
<i>atazanavir sulfate caps 200 mg</i>	1	MO
<i>atazanavir sulfate caps 300 mg</i>	1	MO
BIKTARVY TABS 50-200-25 MG [ <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> ]	2	MO
CIMDUO TABS 300-300 MG [ <i>lamivudine-tenofovir disoproxil fumarate</i> ]	2	MO
COMPLERA TABS 200-25-300 MG [ <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> ]	2	MO
CRIVAN CAPS 200 MG [ <i>indinavir sulfate</i> ]	2	MO
CRIVAN CAPS 400 MG [ <i>indinavir sulfate</i> ]	2	MO
DESCOVY TABS 200-25 MG [ <i>emtricitabine-tenofovir alafenamide fumarate</i> ]	2	MO, PREV
<i>didanosine cpdr 200 mg</i>	2	MO
<i>didanosine cpdr 250 mg</i>	2	MO
<i>didanosine cpdr 400 mg</i>	2	MO
DOVATO TABS 50-300 MG [ <i>dolutegravir sodium-lamivudine</i> ]	2	MO
EDURANT TABS 25 MG [ <i>rilpivirine hcl</i> ]	2	MO
<i>efavirenz caps 200 mg</i>	1	MO
<i>efavirenz caps 50 mg</i>	1	MO
<i>efavirenz tabs 600 mg</i>	1	MO
EMTRIVA CAPS 200 MG [ <i>emtricitabine</i> ]	2	MO
<i>entecavir tabs 0.5 mg</i>	1	MO
<i>entecavir tabs 1 mg</i>	1	MO
EPCLUSA TABS 400-100 MG [ <i>sofosbuvir-velpatasvir</i> ]	4	PA, QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML [ <i>lamivudine (hbv)</i> ]	2	MO
<i>famciclovir tabs 125 mg</i>	1	MO
<i>famciclovir tabs 250 mg</i>	1	MO
<i>famciclovir tabs 500 mg</i>	1	MO
<i>fosamprenavir calcium tabs 700 mg</i>	1	MO
FOSCAVIR SOLN 6000 MG/250ML [ <i>foscarnet sodium</i> ]	2	
<i>ganciclovir sodium solr 500 mg</i>	1	
GENVOYA TABS 150-150-200-10 MG [ <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> ]	2	MO
HARVONI TABS 90-400 MG [ <i>ledipasvir-sofosbuvir</i> ]	4	PA, QL - 30 day(s)
INTELENCE TABS 100 MG [ <i>etravirine</i> ]	2	MO
INTELENCE TABS 200 MG [ <i>etravirine</i> ]	2	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
INTELENCE TABS 25 MG [ <i>etravirine</i> ]	2	MO
INVIRASE CAPS 200 MG [ <i>saquinavir mesylate</i> ]	2	MO
INVIRASE TABS 500 MG [ <i>saquinavir mesylate</i> ]	2	MO
ISENTRESS TABS 400 MG [ <i>raltegravir potassium</i> ]	2	MO
JULUCA TABS 50-25 MG [ <i>dolutegravir sodium-rilpivirine hcl</i> ]	2	MO
KALETRA TABS 100-25 MG [ <i>lopinavir-ritonavir</i> ]	2	MO
KALETRA TABS 200-50 MG [ <i>lopinavir-ritonavir</i> ]	2	MO
<i>lamivudine soln 10 mg/ml</i>	1	MO
<i>lamivudine tabs 100 mg</i>	1	MO
<i>lamivudine tabs 150 mg</i>	1	MO
<i>lamivudine tabs 300 mg</i>	1	MO
<i>lamivudine-zidovudine tabs 150-300 mg</i>	1	MO
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	1	MO
<i>nevirapine er tb24 400 mg</i>	1	MO
<i>nevirapine susp 50 mg/5ml</i>	1	MO
<i>nevirapine tabs 200 mg</i>	1	MO
ODEFSEY TABS 200-25-25 MG [ <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> ]	2	MO
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
PEGASYS SOLN 180 MCG/0.5ML [ <i>peginterferon alfa-2a</i> ]	4	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML [ <i>peginterferon alfa-2a</i> ]	4	QL - 30 day(s)
PREZISTA TABS 150 MG [ <i>darunavir ethanolate</i> ]	2	MO
PREZISTA TABS 600 MG [ <i>darunavir ethanolate</i> ]	2	MO
PREZISTA TABS 75 MG [ <i>darunavir ethanolate</i> ]	2	MO
PREZISTA TABS 800 MG [ <i>darunavir ethanolate</i> ]	2	MO
RESCRIPTOR TABS 100 MG [ <i>delavirdine mesylate</i> ]	2	MO
RESCRIPTOR TABS 200 MG [ <i>delavirdine mesylate</i> ]	2	MO
<i>ribavirin caps 200 mg</i>	1	QL - 30 day(s)
<i>ribavirin tabs 200 mg</i>	1	QL - 30 day(s)
<i>rimantadine hcl tabs 100 mg</i>	2	
<i>ritonavir tabs 100 mg</i>	1	MO
SELZENTRY TABS 150 MG [ <i>maraviroc</i> ]	2	MO
SELZENTRY TABS 25 MG [ <i>maraviroc</i> ]	2	MO
SELZENTRY TABS 300 MG [ <i>maraviroc</i> ]	2	MO
SELZENTRY TABS 75 MG [ <i>maraviroc</i> ]	2	MO
SOVALDI TABS 400 MG [ <i>sofosbuvir</i> ]	4	QL - 30 day(s)
<i>stavudine caps 15 mg</i>	1	MO
<i>stavudine caps 20 mg</i>	1	MO
<i>stavudine caps 30 mg</i>	1	MO
<i>stavudine caps 40 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
SYMFI LO TABS 400-300-300 MG [ <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ]	2	MO
SYMFI TABS 600-300-300 MG [ <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ]	2	MO
SYNAGIS SOLN 100 MG/ML [ <i>palivizumab</i> ]	4	QL - 30 day(s)
SYNAGIS SOLN 50 MG/0.5ML [ <i>palivizumab</i> ]	4	QL - 30 day(s)
<b><i>tenofovir disoproxil fumarate tabs 300 mg</i></b>	1	MO
TIVICAY TABS 50 MG [ <i>dolutegravir sodium</i> ]	2	MO
TRUVADA TABS 200-300 MG [ <i>emtricitabine-tenofovir disoproxil fumarate</i> ]	2	MO, PREV
<i>valganciclovir hcl solr 50 mg/ml</i>	1	QL - 30 day(s)
<i>valganciclovir hcl tabs 450 mg</i>	1	QL - 30 day(s)
VIDEX EC CPDR 125 MG [ <i>didanosine</i> ]	2	MO
VIDEX SOLR 2 GM [ <i>didanosine</i> ]	2	MO
VIRACEPT TABS 250 MG [ <i>nelfinavir mesylate</i> ]	2	MO
VIRACEPT TABS 625 MG [ <i>nelfinavir mesylate</i> ]	2	MO
VOSEVI TABS 400-100-100 MG [ <i>sofosbuvir-velpatasvir-voxilaprevir</i> ]	4	PA, QL - 30 day(s)
ZERIT SOLR 1 MG/ML [ <i>stavudine</i> ]	2	MO
<i>zidovudine caps 100 mg</i>	1	MO
<i>zidovudine syrup 50 mg/5ml</i>	1	MO
<i>zidovudine tabs 300 mg</i>	1	MO
<b>URINARY ANTI-INFECTIVES</b>		
METHENAMINE HIPPURATE TABS 1 GM [ <i>methenamine hippurate</i> ]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [ <i>nitrofurantoin macrocrystal</i> ]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [ <i>nitrofurantoin macrocrystal</i> ]	1	
<i>nitrofurantoin macrocrystal caps 50 mg</i>	1	
NITROFURANTOIN MONOHYD MACRO CAPS 100 MG [ <i>nitrofurantoin monohyd macro</i> ]	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
PRIMSOL SOLN 50 MG/5ML [ <i>trimethoprim hcl</i> ]	2	
<i>trimethoprim tabs 100 mg</i>	1	
UROQID #2 TAB [ <i>methenamine mandelate-sodium phosphate monobasic</i> ]	2	
<b>ANTIHISTAMINE DRUGS</b>		
<b>ANTIHISTAMINE DRUGS</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs 4 mg</i>	1	
<i>diphenhydramine hcl soln 50 mg/ml</i>	1	
<i>promethazine hcl soln 25 mg/ml</i>	1	
<i>promethazine hcl tabs 12.5 mg</i>	1	
<i>promethazine hcl tabs 25 mg</i>	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ANTINEOPLASTIC AGENTS</b>		
<b><i>abiraterone acetate tabs 250 mg</i></b>	4	QL - 30 day(s)
ABRAXANE SUSR 100 MG [ <i>paclitaxel protein-bound particles</i> ]	2	
<b><i>doxorubicin hcl solr 10 mg</i></b>	2	
AFINITOR TABS 10 MG [ <i>everolimus</i> ]	4	QL - 30 day(s)
ALECENSA CAPS 150 MG [ <i>alectinib hcl</i> ]	4	QL - 30 day(s)
ALIQOPA SOLR 60 MG [ <i>copanlisib hcl</i> ]	4	
<b><i>anastrozole tabs 1 mg</i></b>	1	MO
<b><i>azacitidine susr 100 mg</i></b>	1	
BAVENCIO SOLN 200 MG/10ML [ <i>avelumab</i> ]	4	
BELEODAQ SOLR 500 MG [ <i>belinostat</i> ]	4	QL - 30 day(s)
<b><i>bicalutamide tabs 50 mg</i></b>	1	MO
<b><i>bleomycin sulfate solr 15 unit</i></b>	1	
<b><i>bleomycin sulfate solr 30 unit</i></b>	1	
BLINCYTO SOLR 35 MCG [ <i>blinatumomab</i> ]	4	QL - 30 day(s)
<b><i>capecitabine tabs 150 mg</i></b>	1	
<b><i>capecitabine tabs 500 mg</i></b>	1	MO
<b><i>carboplatin inj 150mg</i></b>	1	
<b><i>carboplatin soln 600 mg/60ml</i></b>	1	
<b><i>carmustine solr 100 mg</i></b>	1	
<b><i>cisplatin soln 100 mg/100ml</i></b>	1	
COTELLIC TABS 20 MG [ <i>cobimetinib fumarate</i> ]	4	QL - 30 day(s)
CYCLOPHOSPHAMIDE CAPS 25 MG [ <i>cyclophosphamide</i> ]	2	
CYCLOPHOSPHAMIDE CAPS 50 MG [ <i>cyclophosphamide</i> ]	2	
<b><i>cyclophosphamide solr 1 gm</i></b>	1	
<b><i>cyclophosphamide solr 2 gm</i></b>	1	
<b><i>cyclophosphamide solr 500 mg</i></b>	1	
<b><i>cytarabine (pf) soln 100 mg/ml</i></b>	1	
<b><i>cytarabine soln 20 mg/ml</i></b>	2	
<b><i>dacarbazine solr 100 mg</i></b>	2	
<b><i>dacarbazine solr 200 mg</i></b>	1	
<b><i>dactinomycin solr 0.5 mg</i></b>	1	QL - 30 day(s)
<b><i>daunorubicin hcl inj 20mg</i></b>	1	
<b><i>daunorubicin hcl soln 20 mg/4ml</i></b>	1	
DOCETAXEL CONC 80 MG/2ML [ <i>docetaxel</i> ]	2	
DOXORUBICIN HCL SOLN 2 MG/ML [ <i>doxorubicin hcl</i> ]	1	
<b><i>doxorubicin hcl solr 50 mg</i></b>	1	
EMCYT CAPS 140 MG [ <i>estramustine phosphate sodium</i> ]	2	QL - 30 day(s)
ERBITUX SOLN 100 MG/50ML [ <i>cetuximab</i> ]	2	
<b><i>erlotinib hcl tabs 100 mg</i></b>	4	QL - 30 day(s)
<b><i>erlotinib hcl tabs 150 mg</i></b>	4	QL - 30 day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>erlotinib hcl tabs 25 mg</i>	4	QL - 30 day(s)
<i>etoposide caps 50 mg</i>	2	
<i>everolimus tabs 2.5 mg</i>	4	QL - 30 day(s)
<i>everolimus tabs 5 mg</i>	4	QL - 30 day(s)
<i>everolimus tabs 7.5 mg</i>	4	QL - 30 day(s)
<i>exemestane tabs 25 mg</i>	1	MO
<i>fludarabine phosphate soln 50 mg/2ml</i>	1	
<i>fludarabine phosphate solr 50 mg</i>	1	
<i>fluorouracil soln 1 gm/20ml</i>	1	
<i>fluorouracil soln 5 gm/100ml</i>	1	
<i>fluorouracil soln 500 mg/10ml</i>	1	
<i>flutamide caps 125 mg</i>	1	MO
<i>gemcitabine hcl solr 1 gm</i>	1	
<i>gemcitabine hcl solr 200 mg</i>	1	
<i>GLEOSTINE CAPS 10 MG [lomustine]</i>	2	
<i>GLEOSTINE CAPS 100 MG [lomustine]</i>	4	
<i>GLEOSTINE CAPS 40 MG [lomustine]</i>	4	
<i>HEXALEN CAPS 50 MG [altretamine]</i>	4	QL - 30 day(s)
<i>hydroxyurea caps 500 mg</i>	1	MO
<i>IBRANCE CAPS 100 MG [palbociclib]</i>	4	QL - 30 day(s)
<i>IBRANCE CAPS 125 MG [palbociclib]</i>	4	QL - 30 day(s)
<i>IBRANCE CAPS 75 MG [palbociclib]</i>	4	QL - 30 day(s)
<i>IBRANCE TABS 100 MG [palbociclib]</i>	4	QL - 30 day(s)
<i>IBRANCE TABS 125 MG [palbociclib]</i>	4	QL - 30 day(s)
<i>IBRANCE TABS 75 MG [palbociclib]</i>	4	QL - 30 day(s)
<i>idarubicin hcl soln 20 mg/20ml</i>	1	
<i>IFOSFAMIDE SOLR 1 GM [ifosfamide]</i>	1	
<i>IFOSFAMIDE SOLR 3 GM [ifosfamide]</i>	2	
<i>ifosfamide/mesna kit mesna</i>	2	
<i>imatinib mesylate tabs 100 mg</i>	1	QL - 30 day(s)
<i>imatinib mesylate tabs 400 mg</i>	1	QL - 30 day(s)
<i>IMBRUVICA CAPS 140 MG [ibrutinib]</i>	4	QL - 30 day(s)
<i>IMBRUVICA CAPS 70 MG [ibrutinib]</i>	4	QL - 30 day(s)
<i>IMBRUVICA TABS 140 MG [ibrutinib]</i>	4	QL - 30 day(s)
<i>IMBRUVICA TABS 280 MG [ibrutinib]</i>	4	QL - 30 day(s)
<i>IMBRUVICA TABS 420 MG [ibrutinib]</i>	4	QL - 30 day(s)
<i>IMBRUVICA TABS 560 MG [ibrutinib]</i>	4	QL - 30 day(s)
<i>IMFINZI SOLN 120 MG/2.4ML [durvalumab]</i>	4	QL - 30 day(s)
<i>IMFINZI SOLN 500 MG/10ML [durvalumab]</i>	4	QL - 30 day(s)
<i>INTRON A SOLN 10000000 UNIT/ML [interferon alfa-2b]</i>	4	QL - 30 day(s)
<i>INTRON A SOLN 6000000 UNIT/ML [interferon alfa-2b]</i>	4	QL - 30 day(s)
<i>INTRON A SOLR 10000000 UNIT [interferon alfa-2b]</i>	4	QL - 30 day(s)
<i>INTRON A SOLR 18000000 UNIT [interferon alfa-2b]</i>	4	QL - 30 day(s)

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INTRON A SOLR 50000000 UNIT [ <i>interferon alfa-2b</i> ]	4	QL - 30 day(s)
IRESSA TABS 250 MG [ <i>gefitinib</i> ]	4	QL - 30 day(s)
KANJINTI SOLR 420 MG [ <i>trastuzumab-anns</i> ]	4	
KEYTRUDA SOL 50MG [ <i>pembrolizumab</i> ]	4	QL - 30 day(s)
KEYTRUDA SOLN 100 MG/4ML [ <i>pembrolizumab</i> ]	4	QL - 30 day(s)
LARTRUVO SOLN 190 MG/19ML [ <i>olaratumab</i> ]	4	
LARTRUVO SOLN 500 MG/50ML [ <i>olaratumab</i> ]	4	
<i>letrozole tabs 2.5 mg</i>	1	MO
LEUKERAN TABS 2 MG [ <i>chlorambucil</i> ]	4	
LYSODREN TABS 500 MG [ <i>mitotane</i> ]	2	QL - 30 day(s), LD
MATULANE CAPS 50 MG [ <i>procarbazine hcl</i> ]	4	QL - 30 day(s)
<i>megestrol acetate susp 40 mg/ml</i>	1	MO
<i>megestrol acetate tabs 20 mg</i>	1	MO
<i>megestrol acetate tabs 40 mg</i>	1	MO
<i>melphalan hcl solr 50 mg</i>	1	QL - 30 day(s)
<i>melphalan tabs 2 mg</i>	1	
<i>mercaptopurine tabs 50 mg</i>	1	MO
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	1	MO
<i>methotrexate sodium soln 250 mg/10ml</i>	2	MO
<i>methotrexate tabs 2.5 mg</i>	1	MO
<i>mitomycin solr 20 mg</i>	1	
<i>mitomycin solr 40 mg</i>	1	
<i>mitomycin solr 5 mg</i>	1	
<i>mitoxantrone hcl conc 20 mg/10ml</i>	1	MO
MUSTARGEN SOLR 10 MG [ <i>mechlorethamine hcl</i> ]	2	
MVASI SOLN 100 MG/4ML [ <i>bevacizumab-awwb</i> ]	4	
MVASI SOLN 400 MG/16ML [ <i>bevacizumab-awwb</i> ]	4	
MYLERAN TABS 2 MG [ <i>busulfan</i> ]	2	
NIPENT SOLR 10 MG [ <i>pentostatin</i> ]	2	QL - 30 day(s)
<i>paclitaxel conc 300 mg/50ml</i>	1	
PURIXAN SUSP 2000 MG/100ML [ <i>mercaptopurine</i> ]	4	QL - 30 day(s)
REVLIMID CAPS 10 MG [ <i>lenalidomide</i> ]	4	QL - 30 day(s)
REVLIMID CAPS 15 MG [ <i>lenalidomide</i> ]	4	QL - 30 day(s)
REVLIMID CAPS 2.5 MG [ <i>lenalidomide</i> ]	4	QL - 30 day(s)
REVLIMID CAPS 20 MG [ <i>lenalidomide</i> ]	4	QL - 30 day(s)
REVLIMID CAPS 25 MG [ <i>lenalidomide</i> ]	4	QL - 30 day(s)
REVLIMID CAPS 5 MG [ <i>lenalidomide</i> ]	4	QL - 30 day(s)
SPRYCEL TABS 100 MG [ <i>dasatinib</i> ]	4	PA, QL - 30 day(s)
SPRYCEL TABS 140 MG [ <i>dasatinib</i> ]	4	PA, QL - 30 day(s)
SPRYCEL TABS 20 MG [ <i>dasatinib</i> ]	4	PA, QL - 30 day(s)
SPRYCEL TABS 50 MG [ <i>dasatinib</i> ]	4	PA, QL - 30 day(s)
SPRYCEL TABS 70 MG [ <i>dasatinib</i> ]	4	PA, QL - 30 day(s)
SPRYCEL TABS 80 MG [ <i>dasatinib</i> ]	4	PA, QL - 30 day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
SUTENT CAPS 12.5 MG [ <i>sunitinib malate</i> ]	4	QL - 30 day(s)
SUTENT CAPS 25 MG [ <i>sunitinib malate</i> ]	4	QL - 30 day(s)
SUTENT CAPS 37.5 MG [ <i>sunitinib malate</i> ]	4	QL - 30 day(s)
SUTENT CAPS 50 MG [ <i>sunitinib malate</i> ]	4	QL - 30 day(s)
TABLOID TABS 40 MG [ <i>thioguanine</i> ]	2	MO
TAGRISSO TABS 40 MG [ <i>osimertinib mesylate</i> ]	4	QL - 30 day(s)
TAGRISSO TABS 80 MG [ <i>osimertinib mesylate</i> ]	4	QL - 30 day(s)
<i>tamoxifen citrate tabs 10 mg</i>	1	MO
<i>tamoxifen citrate tabs 20 mg</i>	1	MO
TASIGNA CAPS 150 MG [ <i>nilotinib hcl</i> ]	4	PA, QL - 30 day(s)
TASIGNA CAPS 200 MG [ <i>nilotinib hcl</i> ]	4	PA, QL - 30 day(s)
TAXOTERE INJ 20/0.5ML [ <i>docetaxel</i> ]	2	
TAXOTERE INJ 80MG/2ML [ <i>docetaxel</i> ]	2	
<i>temozolomide caps 100 mg</i>	1	QL - 30 day(s)
<i>temozolomide caps 140 mg</i>	1	QL - 30 day(s)
<i>temozolomide caps 180 mg</i>	1	QL - 30 day(s)
<i>temozolomide caps 20 mg</i>	1	
<i>temozolomide caps 250 mg</i>	1	QL - 30 day(s)
<i>temozolomide caps 5 mg</i>	1	
<i>temsirolimus soln 25 mg/ml</i>	1	QL - 30 day(s)
THALOMID CAPS 100 MG [ <i>thalidomide</i> ]	4	QL - 30 day(s)
THALOMID CAPS 150 MG [ <i>thalidomide</i> ]	4	QL - 30 day(s)
THALOMID CAPS 200 MG [ <i>thalidomide</i> ]	4	QL - 30 day(s)
THALOMID CAPS 50 MG [ <i>thalidomide</i> ]	4	QL - 30 day(s)
<i>thiotepa solr 15 mg</i>	4	QL - 30 day(s)
[Etoposide] TOPOSAR SOLN 1 GM/50ML	1	
<i>topotecan hcl solr 4 mg</i>	1	
<i>tretinoin caps 10 mg</i>	1	QL - 30 day(s)
TRUXIMA SOLN 100 MG/10ML [ <i>rituximab-abbs</i> ]	2	QL - 30 day(s)
TRUXIMA SOLN 500 MG/50ML [ <i>rituximab-abbs</i> ]	2	QL - 30 day(s)
TYKERB TABS 250 MG [ <i>lapatinib ditosylate</i> ]	4	QL - 30 day(s)
<i>vinblastine sulfate soln 1 mg/ml</i>	2	
<i>vincristine sulfate soln 1 mg/ml</i>	2	
<i>vinorelbine tartrate soln 10 mg/ml</i>	1	
<i>vinorelbine tartrate soln 50 mg/5ml</i>	1	
VOTRIENT TABS 200 MG [ <i>pazopanib hcl</i> ]	4	QL - 30 day(s)
XTANDI CAPS 40 MG [ <i>enzalutamide</i> ]	4	QL - 30 day(s)
ZELBORAF TABS 240 MG [ <i>vemurafenib</i> ]	4	QL - 30 day(s)
ZYDELIG TABS 100 MG [ <i>idelalisib</i> ]	4	QL - 30 day(s)
ZYDELIG TABS 150 MG [ <i>idelalisib</i> ]	4	QL - 30 day(s)
<b>AUTONOMIC DRUGS</b>		
<b>ANTICHOLINERGIC AGENTS</b>		
ATROPINE SULFATE SOLN 8 MG/20ML [ <i>atropine sulfate</i> ]	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ATROPINE SULFATE SOSY 0.25 MG/5ML [ <i>atropine sulfate</i> ]	2	
<i>dicyclomine hcl caps 10 mg</i>	1	MO
<i>dicyclomine hcl soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl soln 10 mg/ml</i>	1	
<i>dicyclomine hcl tabs 20 mg</i>	1	
<i>glycopyrrolate soln 4 mg/20ml</i>	1	MO
<i>glycopyrrolate tabs 1 mg</i>	1	MO
<i>glycopyrrolate tabs 2 mg</i>	1	MO
<i>propantheline bromide tabs 15 mg</i>	2	
<i>scopolamine hydrobromide inj 0.4mg/ml</i>	2	
<i>trihexyphenidyl hcl tabs 2 mg</i>	1	MO
<i>trihexyphenidyl hcl tabs 5 mg</i>	1	MO
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
CHANTIX TABS 1 MG [ <i>varenicline tartrate</i> ]	2	PREV
<i>phenoxybenzamine hcl caps 10 mg</i>	4	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
<i>bethanechol chloride tabs 10 mg</i>	1	
<i>bethanechol chloride tabs 25 mg</i>	1	
<i>bethanechol chloride tabs 5 mg</i>	1	
<i>bethanechol chloride tabs 50 mg</i>	1	
<i>donepezil hcl tabs 10 mg</i>	1	MO
<i>donepezil hcl tabs 5 mg</i>	1	MO
[Edrophonium Chloride] ENLON SOLN 10 MG/ML	2	
<i>galantamine hydrobromide er cp24 16 mg</i>	1	MO
<i>galantamine hydrobromide er cp24 24 mg</i>	1	MO
<i>galantamine hydrobromide er cp24 8 mg</i>	1	MO
<i>galantamine hydrobromide tabs 12 mg</i>	1	MO
<i>galantamine hydrobromide tabs 4 mg</i>	1	MO
<i>galantamine hydrobromide tabs 8 mg</i>	1	MO
MESTINON SOLN 60 MG/5ML [ <i>pyridostigmine bromide</i> ]	2	MO
<i>neostigmine methylsulfate soln 0.5 mg/ml</i>	1	
<i>neostigmine methylsulfate soln 1 mg/ml</i>	1	
<i>pilocarpine hcl tabs 5 mg</i>	1	MO
<i>pyridostigmine bromide er tbcr 180 mg</i>	1	MO
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	MO
<i>pyridostigmine bromide tabs 60 mg</i>	1	MO
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>baclofen tabs 10 mg</i>	1	MO
<i>baclofen tabs 20 mg</i>	1	MO
<i>cyclobenzaprine hcl tabs 10 mg</i>	1	
<i>dantrolene sodium caps 100 mg</i>	1	MO
<i>dantrolene sodium caps 25 mg</i>	1	MO
<i>dantrolene sodium caps 50 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b><i>methocarbamol tabs 500 mg</i></b>	1	
<b><i>methocarbamol tabs 750 mg</i></b>	1	
[Dantrolene Sodium] REVONTO SOLR 20 MG	1	
<b><i>tizanidine hcl tabs 2 mg</i></b>	1	MO
<b><i>tizanidine hcl tabs 4 mg</i></b>	1	MO
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
<b><i>tamsulosin hcl caps 0.4 mg</i></b>	1	MO
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
ADRENALIN SOLN 1 MG/ML [ <i>epinephrine (anaphylaxis)</i> ]	2	
<b><i>albuterol sulfate er tb12 4 mg</i></b>	2	MO
<b><i>albuterol sulfate er tb12 8 mg</i></b>	2	MO
<b><i>albuterol sulfate nebu (5 mg/ml) 0.5%</i></b>	1	MO
<b><i>albuterol sulfate nebu 0.63 mg/3ml</i></b>	1	MO
<b><i>albuterol sulfate nebu 1.25 mg/3ml</i></b>	1	MO
<b><i>albuterol sulfate nebu 2.5 mg/0.5ml</i></b>	1	MO
<b><i>ephedrine sulfate inj 50mg/ml</i></b>	1	
EPHEDRINE SULFATE SOLN 50 MG/ML [ <i>ephedrine sulfate (pressors)</i> ]	1	
EPINEPHRINE PF SOLN 1 MG/ML [ <i>epinephrine</i> ]	1	
<b><i>epinephrine soaj 0.15 mg/0.15ml</i></b>	2	QL - 2/day(s)
EPINEPHRINE SOLN 30 MG/30ML [ <i>epinephrine</i> ]	2	
EPINEPHRINE SOSY 1 MG/10ML [ <i>epinephrine</i> ]	1	
EPINEPHRINESNAP-V KIT 1 MG/ML [ <i>epinephrine (anaphylaxis)</i> ]	2	
EPIPEN 2-PAK SOAJ 0.3 MG/0.3ML [ <i>epinephrine (anaphylaxis)</i> ]	2	QL - 2/day(s)
EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML [ <i>epinephrine (anaphylaxis)</i> ]	2	QL - 2/day(s)
<b><i>ergoloid mesylates tabs 1 mg</i></b>	2	MO
<b><i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i></b>	1	MO
<b><i>metaproterenol sulfate syrup 10 mg/5ml</i></b>	2	MO
<b><i>metaproterenol sulfate tabs 10 mg</i></b>	2	MO
<b><i>metaproterenol sulfate tabs 20 mg</i></b>	2	MO
<b><i>midodrine hcl tabs 10 mg</i></b>	1	MO
<b><i>midodrine hcl tabs 2.5 mg</i></b>	1	MO
<b><i>midodrine hcl tabs 5 mg</i></b>	1	MO
<b><i>norepinephrine bitartrate soln 1 mg/ml</i></b>	1	
PROAIR DIGITALER AEPB 108 MCG/ACT [ <i>albuterol sulfate</i> ]	2	MO
PROAIR RESPICLICK AEPB 108 (90 Base) MCG/ACT [ <i>albuterol sulfate</i> ]	2	MO
<b><i>terbutaline sulfate soln 1 mg/ml</i></b>	1	
<b><i>terbutaline sulfate tabs 2.5 mg</i></b>	1	MO
<b><i>terbutaline sulfate tabs 5 mg</i></b>	1	MO
XOPENEX CONCENTRATE NEBU 1.25 MG/0.5ML [ <i>levalbuterol hcl</i> ]	2	MO
XOPENEX HFA AERO 45 MCG/ACT [ <i>levalbuterol tartrate</i> ]	2	MO
XOPENEX NEBU 0.31 MG/3ML [ <i>levalbuterol hcl</i> ]	2	MO
XOPENEX NEBU 0.63 MG/3ML [ <i>levalbuterol hcl</i> ]	2	MO
XOPENEX NEBU 1.25 MG/3ML [ <i>levalbuterol hcl</i> ]	2	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>		
<b>ANTITHROMBOTIC AGENTS</b>		
<i>anagrelide hcl caps 0.5 mg</i>	1	MO
<i>anagrelide hcl caps 1 mg</i>	1	MO
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [ <i>heparin sodium (porcine) lock flush</i> ]	1	
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [ <i>heparin sodium (porcine)</i> ]	1	
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [ <i>heparin sodium (porcine)</i> ]	1	
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [ <i>heparin sodium (porcine) lock flush</i> ]	1	
<b>BLOOD FORMATION MODIFIERS</b>		
BERINERT KIT 500 UNIT [ <i>c1 esterase inhibitor (human)</i> ]	4	QL - 30 day(s)
<i>icatibant acetate soln 30 mg/3ml</i>	4	QL - 30 day(s)
<b>COAGULANTS AND ANTICOAGULANTS</b>		
ACTIVASE SOLR 100 MG [ <i>alteplase</i> ]	2	
ADVATE SOLR 1000 UNIT [ <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> ]	2	QL - 30 day(s)
ADVATE SOLR 1500 UNIT [ <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> ]	2	QL - 30 day(s)
ADVATE SOLR 2000 UNIT [ <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> ]	2	QL - 30 day(s)
ADVATE SOLR 250 UNIT [ <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> ]	2	QL - 30 day(s)
ADVATE SOLR 500 UNIT [ <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> ]	2	QL - 30 day(s)
AGGRENOX CP12 25-200 MG [ <i>aspirin-dipyridamole</i> ]	2	MO
ALPHANINE SD SOLR 500 UNIT [ <i>coagulation factor ix</i> ]	2	QL - 30 day(s)
AMICAR SOLN 0.25 GM/ML [ <i>aminocaproic acid</i> ]	2	
<i>aminocaproic acid soln 250 mg/ml</i>	1	
<i>aminocaproic acid tabs 1000 mg</i>	1	
<i>aminocaproic acid tabs 500 mg</i>	1	
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	MO
BRILINTA TABS 60 MG [ <i>ticagrelor</i> ]	2	MO
BRILINTA TABS 90 MG [ <i>ticagrelor</i> ]	2	MO
CATHFLO ACTIVASE SOLR 2 MG [ <i>alteplase</i> ]	2	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	MO
<i>dipyridamole tabs 50 mg</i>	1	MO
<i>dipyridamole tabs 75 mg</i>	1	MO
<i>enoxaparin sodium soln 100 mg/ml</i>	1	
<i>enoxaparin sodium soln 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium soln 150 mg/ml</i>	1	
<i>enoxaparin sodium soln 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium soln 40 mg/0.4ml</i>	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>enoxaparin sodium soln 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium soln 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL - 30 day(s)
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	1	QL - 30 day(s)
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL - 30 day(s)
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL - 30 day(s)
HELIXATE FS KIT 1000 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
HELIXATE FS KIT 250 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
HELIXATE FS KIT 3000 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
HELIXATE FS KIT 500 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
HEMOFIL M SOLR 1000 UNIT [ <i>antihemophilic factor (human)</i> ]	2	QL - 30 day(s)
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [ <i>heparin sod (porcine) in d5w</i> ]	2	
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i>	1	
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [ <i>heparin sodium (porcine)</i> ]	1	
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML [ <i>heparin sodium (porcine)</i> ]	1	
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [ <i>heparin sodium (porcine)</i> ]	1	
<i>heparin sodium (porcine) soln 5000 unit/ml</i>	1	
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [ <i>heparin sodium (porcine) lock flush</i> ]	1	
<i>hetastarch-nacl soln 6-0.9 %</i>	1	
HUMATE-P SOLR 1000-2400 UNIT [ <i>antihemophilic factor/von willebrand factor complex (human)</i> ]	2	QL - 30 day(s)
HUMATE-P SOLR 250-600 UNIT [ <i>antihemophilic factor/von willebrand factor complex (human)</i> ]	2	QL - 30 day(s)
HUMATE-P SOLR 500-1200 UNIT [ <i>antihemophilic factor/von willebrand factor complex (human)</i> ]	2	QL - 30 day(s)
KOATE-DVI SOLR 1000 UNIT [ <i>antihemophilic factor (human)</i> ]	2	QL - 30 day(s)
KOGENATE FS KIT 1000 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
KOGENATE FS KIT 2000 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
KOGENATE FS KIT 250 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
KOGENATE FS KIT 500 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
KOVALTRY SOLR 1000 UNIT [ <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> ]	2	QL - 30 day(s)
KOVALTRY SOLR 250 UNIT [ <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> ]	2	QL - 30 day(s)
KOVALTRY SOLR 500 UNIT [ <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> ]	2	QL - 30 day(s)
LOVENOX SOLN 100 MG/ML [ <i>enoxaparin sodium</i> ]	2	
LOVENOX SOLN 120 MG/0.8ML [ <i>enoxaparin sodium</i> ]	2	
LOVENOX SOLN 150 MG/ML [ <i>enoxaparin sodium</i> ]	2	
LOVENOX SOLN 30 MG/0.3ML [ <i>enoxaparin sodium</i> ]	2	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
LOVENOX SOLN 40 MG/0.4ML [ <i>enoxaparin sodium</i> ]	2	
LOVENOX SOLN 60 MG/0.6ML [ <i>enoxaparin sodium</i> ]	2	
LOVENOX SOLN 80 MG/0.8ML [ <i>enoxaparin sodium</i> ]	2	
MONOCLOATE-P KIT 1000 UNIT [ <i>antihemophilic factor (human)</i> ]	2	QL - 30 day(s)
MONONINE SOLR 1000 UNIT [ <i>coagulation factor ix</i> ]	2	QL - 30 day(s)
<b>pentoxifylline er tbcr 400 mg</b>	1	MO
PLASMANATE SOLN 5 % [ <i>plasma protein fraction</i> ]	2	
PRADAXA CAPS 110 MG [ <i>dabigatran etexilate mesylate</i> ]	2	MO
PRADAXA CAPS 150 MG [ <i>dabigatran etexilate mesylate</i> ]	2	MO
<b>prasugrel hcl tabs 10 mg</b>	1	MO
<b>prasugrel hcl tabs 5 mg</b>	1	MO
PROFILNINE SOLR 1000 UNIT [ <i>factor ix complex</i> ]	2	QL - 30 day(s)
PROFILNINE SOLR 500 UNIT [ <i>factor ix complex</i> ]	2	QL - 30 day(s)
<b>protamine sulfate soln 10 mg/ml</b>	2	
RECOMBINATE SOLR 220-400 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
RECOMBINATE SOLR 401-800 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
RECOMBINATE SOLR 801-1240 UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	QL - 30 day(s)
REFACTO INJ 250UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	
REFACTO INJ 500UNIT [ <i>antihemophilic factor (recombinant)</i> ]	2	
THROMBIN-JMI SOLR 20000 UNIT [ <i>thrombin</i> ]	2	
THROMBIN-JMI SOLR 5000 UNIT [ <i>thrombin</i> ]	2	
TNKASE KIT 50 MG [ <i>tenecteplase</i> ]	2	QL - 30 day(s)
<b>tranexamic acid soln 1000 mg/10ml</b>	1	
<b>warfarin sodium tabs 1 mg</b>	1	MO
<b>warfarin sodium tabs 10 mg</b>	1	MO
<b>warfarin sodium tabs 2 mg</b>	1	MO
<b>warfarin sodium tabs 2.5 mg</b>	1	MO
<b>warfarin sodium tabs 3 mg</b>	1	MO
<b>warfarin sodium tabs 4 mg</b>	1	MO
<b>warfarin sodium tabs 5 mg</b>	1	MO
<b>warfarin sodium tabs 6 mg</b>	1	MO
<b>warfarin sodium tabs 7.5 mg</b>	1	MO
<b>HEMATOPOIETIC AGENTS</b>		
PROCRIT SOLN 10000 UNIT/ML [ <i>epoetin alfa</i> ]	2	QL - 30 day(s)
PROCRIT SOLN 2000 UNIT/ML [ <i>epoetin alfa</i> ]	2	QL - 30 day(s)
PROCRIT SOLN 20000 UNIT/ML [ <i>epoetin alfa</i> ]	2	QL - 30 day(s)
PROCRIT SOLN 3000 UNIT/ML [ <i>epoetin alfa</i> ]	2	QL - 30 day(s)
PROCRIT SOLN 4000 UNIT/ML [ <i>epoetin alfa</i> ]	2	QL - 30 day(s)
PROCRIT SOLN 40000 UNIT/ML [ <i>epoetin alfa</i> ]	2	QL - 30 day(s)
ZARXIO SOSY 300 MCG/0.5ML [ <i>filgrastim-sndz</i> ]	4	QL - 30 day(s)
ZARXIO SOSY 480 MCG/0.8ML [ <i>filgrastim-sndz</i> ]	4	QL - 30 day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>alfuzosin hcl er tb24 10 mg</i>	1	MO
<i>doxazosin mesylate tabs 1 mg</i>	1	MO
<i>doxazosin mesylate tabs 2 mg</i>	1	MO
<i>doxazosin mesylate tabs 4 mg</i>	1	MO
<i>doxazosin mesylate tabs 8 mg</i>	1	MO
<i>prazosin hcl caps 1 mg</i>	1	MO
<i>prazosin hcl caps 2 mg</i>	1	MO
<i>prazosin hcl caps 5 mg</i>	1	MO
<i>terazosin hcl caps 1 mg</i>	1	MO
<i>terazosin hcl caps 10 mg</i>	1	MO
<i>terazosin hcl caps 2 mg</i>	1	MO
<i>terazosin hcl caps 5 mg</i>	1	MO
<b>ANTILIPIDEMIC AGENTS</b>		
<i>atorvastatin calcium tabs 10 mg</i>	1	MO
<i>atorvastatin calcium tabs 20 mg</i>	1	MO
<i>atorvastatin calcium tabs 40 mg</i>	1	MO
<i>atorvastatin calcium tabs 80 mg</i>	1	MO
<i>cholestyramine light pack 4 gm</i>	1	MO
<i>cholestyramine light powd 4 gm/dose</i>	1	MO
<i>cholestyramine pack 4 gm</i>	1	MO
<i>cholestyramine powd 4 gm/dose</i>	1	MO
<i>colesevelam hcl tabs 625 mg</i>	1	MO
<i>colestipol hcl gran 5 gm</i>	1	MO
<i>colestipol hcl pack 5 gm</i>	1	MO
<i>colestipol hcl tabs 1 gm</i>	1	MO
<i>ezetimibe tabs 10 mg</i>	1	MO
<i>fenofibrate tabs 160 mg</i>	1	MO
<i>fenofibrate tabs 54 mg</i>	1	MO
<i>gemfibrozil tabs 600 mg</i>	1	MO
<i>lovastatin tabs 10 mg</i>	1	MO
<i>lovastatin tabs 20 mg</i>	1	MO
<i>lovastatin tabs 40 mg</i>	1	MO
<i>pravastatin sodium tabs 10 mg</i>	1	MO
<i>pravastatin sodium tabs 20 mg</i>	1	MO
<i>pravastatin sodium tabs 40 mg</i>	1	MO
<i>pravastatin sodium tabs 80 mg</i>	1	MO
<i>rosuvastatin calcium tabs 10 mg</i>	1	MO
<i>rosuvastatin calcium tabs 20 mg</i>	1	MO
<i>rosuvastatin calcium tabs 40 mg</i>	1	MO
<i>rosuvastatin calcium tabs 5 mg</i>	1	MO
<i>simvastatin tabs 10 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>simvastatin tabs 20 mg</i>	1	MO
<i>simvastatin tabs 40 mg</i>	1	MO
<i>simvastatin tabs 5 mg</i>	1	MO
<i>simvastatin tabs 80 mg</i>	1	MO
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl caps 200 mg</i>	1	MO
<i>acebutolol hcl caps 400 mg</i>	1	MO
<i>atenolol tabs 100 mg</i>	1	MO
<i>atenolol tabs 25 mg</i>	1	MO
<i>atenolol tabs 50 mg</i>	1	MO
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	MO
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	MO
<i>bisoprolol fumarate tabs 10 mg</i>	1	MO
<i>bisoprolol fumarate tabs 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	MO
<i>carvedilol tabs 12.5 mg</i>	1	MO
<i>carvedilol tabs 25 mg</i>	1	MO
<i>carvedilol tabs 3.125 mg</i>	1	MO
<i>carvedilol tabs 6.25 mg</i>	1	MO
<i>labetalol hcl soln 5 mg/ml</i>	1	
<i>labetalol hcl tabs 100 mg</i>	1	MO
<i>labetalol hcl tabs 200 mg</i>	1	MO
<i>labetalol hcl tabs 300 mg</i>	1	MO
<i>metoprolol succinate er tb24 100 mg</i>	1	MO
<i>metoprolol succinate er tb24 200 mg</i>	1	MO
<i>metoprolol succinate er tb24 25 mg</i>	1	MO
<i>metoprolol succinate er tb24 50 mg</i>	1	MO
<i>metoprolol tartrate soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs 100 mg</i>	1	MO
<i>metoprolol tartrate tabs 25 mg</i>	1	MO
<i>metoprolol tartrate tabs 50 mg</i>	1	MO
<i>nadolol tabs 20 mg</i>	1	MO
<i>nadolol tabs 40 mg</i>	1	MO
<i>nadolol tabs 80 mg</i>	1	MO
<i>propranolol hcl er cp24 120 mg</i>	1	MO
<i>propranolol hcl er cp24 160 mg</i>	1	MO
<i>propranolol hcl er cp24 60 mg</i>	1	MO
<i>propranolol hcl er cp24 80 mg</i>	1	MO
<i>propranolol hcl soln 1 mg/ml</i>	1	
<i>propranolol hcl soln 20 mg/5ml</i>	2	MO
<i>propranolol hcl soln 40 mg/5ml</i>	2	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>propranolol hcl tabs 10 mg</i>	1	MO
<i>propranolol hcl tabs 20 mg</i>	1	MO
<i>propranolol hcl tabs 40 mg</i>	1	MO
<i>propranolol hcl tabs 60 mg</i>	1	MO
<i>propranolol hcl tabs 80 mg</i>	1	MO
<i>sotalol hcl tabs 120 mg</i>	1	MO
<i>sotalol hcl tabs 160 mg</i>	1	MO
<i>sotalol hcl tabs 240 mg</i>	1	MO
<i>sotalol hcl tabs 80 mg</i>	1	MO
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine besylate tabs 10 mg</i>	1	MO
<i>amlodipine besylate tabs 2.5 mg</i>	1	MO
<i>amlodipine besylate tabs 5 mg</i>	1	MO
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 180 MG	1	MO
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	MO
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	MO
<i>diltiazem hcl cp24 120 mg</i>	1	MO
<i>diltiazem hcl cp24 180 mg</i>	1	MO
<i>diltiazem hcl cp24 240 mg</i>	1	MO
<i>diltiazem hcl soln 125 mg/25ml</i>	1	
<i>diltiazem hcl tabs 120 mg</i>	1	MO
<i>diltiazem hcl tabs 30 mg</i>	1	MO
<i>diltiazem hcl tabs 60 mg</i>	1	MO
<i>diltiazem hcl tabs 90 mg</i>	1	MO
<i>felodipine er tb24 10 mg</i>	1	MO
<i>felodipine er tb24 2.5 mg</i>	1	MO
<i>felodipine er tb24 5 mg</i>	1	MO
KATERZIA SUSP 1 MG/ML [ <i>amlodipine benzoate</i> ]	2	AR, MO
<i>nifedipine caps 10 mg</i>	1	MO
<i>nifedipine caps 20 mg</i>	1	MO
<i>nifedipine er osmotic release tb24 30 mg</i>	1	MO
<i>nifedipine er osmotic release tb24 60 mg</i>	1	MO
<i>nifedipine er osmotic release tb24 90 mg</i>	1	MO
<i>nimodipine caps 30 mg</i>	1	
<i>verapamil hcl er tbcr 120 mg</i>	1	MO
<i>verapamil hcl er tbcr 180 mg</i>	1	MO
<i>verapamil hcl er tbcr 240 mg</i>	1	MO
<i>verapamil hcl soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tabs 120 mg</i>	1	MO
<i>verapamil hcl tabs 40 mg</i>	1	MO
<i>verapamil hcl tabs 80 mg</i>	1	MO
<b>CARDIAC DRUGS</b>		
<i>adenosine soln 12 mg/4ml</i>	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>amiodarone hcl soln 150 mg/3ml</i>	1	
<i>amiodarone hcl tabs 200 mg</i>	1	MO
DIGOXIN SOLN 0.05 MG/ML [ <i>digoxin</i> ]	2	MO
<i>digoxin soln 0.25 mg/ml</i>	1	
<i>digoxin tabs 125 mcg</i>	1	MO
<i>digoxin tabs 250 mcg</i>	1	MO
<i>disopyramide phosphate caps 100 mg</i>	1	MO
<i>disopyramide phosphate caps 150 mg</i>	1	MO
DOFETILIDE CAPS 125 MCG [ <i>dofetilide</i> ]	1	MO
DOFETILIDE CAPS 250 MCG [ <i>dofetilide</i> ]	1	MO
DOFETILIDE CAPS 500 MCG [ <i>dofetilide</i> ]	1	MO
DOPAMINE HCL SOLN 40 MG/ML [ <i>dopamine hcl</i> ]	1	
<i>flecainide acetate tabs 100 mg</i>	1	MO
<i>flecainide acetate tabs 150 mg</i>	1	MO
<i>flecainide acetate tabs 50 mg</i>	1	MO
<i>lidocaine hcl (cardiac) pf sosy 100 mg/5ml</i>	2	
<i>lidocaine hcl (cardiac) pf sosy 50 mg/5ml</i>	2	
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [ <i>lidocaine in d5w</i> ]	1	
<i>mexiletine hcl caps 150 mg</i>	1	MO
<i>mexiletine hcl caps 200 mg</i>	1	MO
<i>mexiletine hcl caps 250 mg</i>	1	MO
NORPACE CR CP12 100 MG [ <i>disopyramide phosphate</i> ]	2	MO
NORPACE CR CP12 150 MG [ <i>disopyramide phosphate</i> ]	2	MO
<i>procainamide hcl soln 100 mg/ml</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	MO
<i>propafenone hcl tabs 225 mg</i>	1	MO
<i>propafenone hcl tabs 300 mg</i>	1	MO
<i>quinidine gluconate er tbcr 324 mg</i>	1	MO
<i>quinidine sulfate er tab 300mg er</i>	2	MO
<i>quinidine sulfate tabs 200 mg</i>	2	MO
<i>quinidine sulfate tabs 300 mg</i>	2	MO
<b>HYPOTENSIVE AGENTS</b>		
<i>acetazolamide er cp12 500 mg</i>	1	MO
<i>acetazolamide sodium solr 500 mg</i>	1	
<i>acetazolamide tabs 125 mg</i>	1	MO
<i>acetazolamide tabs 250 mg</i>	1	MO
<i>clonidine hcl tabs 0.1 mg</i>	1	MO
<i>clonidine hcl tabs 0.2 mg</i>	1	MO
<i>clonidine hcl tabs 0.3 mg</i>	1	MO
<i>guanfacine hcl tabs 1 mg</i>	1	MO
<i>guanfacine hcl tabs 2 mg</i>	1	MO
<i>hydralazine hcl tabs 10 mg</i>	1	MO
<i>hydralazine hcl tabs 100 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>hydralazine hcl tabs 25 mg</i>	1	MO
<i>hydralazine hcl tabs 50 mg</i>	1	MO
<i>methazolamide tabs 25 mg</i>	1	MO
<i>methazolamide tabs 50 mg</i>	1	MO
<i>methyldopa tabs 250 mg</i>	1	MO
<i>methyldopa tabs 500 mg</i>	1	MO
<i>minoxidil tabs 10 mg</i>	1	MO
<i>minoxidil tabs 2.5 mg</i>	1	MO
[Nitroprusside Sodium] NITROPRESS SOLN 25 MG/ML	2	
<i>nitroprusside sodium soln 25 mg/ml</i>	1	
<i>phentolamine mesylate solr 5 mg</i>	1	
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
<i>benazepril hcl tabs 10 mg</i>	1	MO
<i>benazepril hcl tabs 20 mg</i>	1	MO
<i>benazepril hcl tabs 40 mg</i>	1	MO
<i>benazepril hcl tabs 5 mg</i>	1	MO
<i>captopril tabs 100 mg</i>	1	MO
<i>captopril tabs 12.5 mg</i>	1	MO
<i>captopril tabs 25 mg</i>	1	MO
<i>captopril tabs 50 mg</i>	1	MO
<i>lisinopril tabs 10 mg</i>	1	MO
<i>lisinopril tabs 2.5 mg</i>	1	MO
<i>lisinopril tabs 20 mg</i>	1	MO
<i>lisinopril tabs 30 mg</i>	1	MO
<i>lisinopril tabs 40 mg</i>	1	MO
<i>lisinopril tabs 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	MO
<i>losartan potassium tabs 100 mg</i>	1	MO
<i>losartan potassium tabs 25 mg</i>	1	MO
<i>losartan potassium tabs 50 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	MO
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	MO
<i>spironolactone tabs 100 mg</i>	1	MO
<i>spironolactone tabs 25 mg</i>	1	MO
<i>spironolactone tabs 50 mg</i>	1	MO
<i>spironolactone-hctz tabs 25-25 mg</i>	1	MO
<b>VASODILATING AGENTS</b>		
ADCIRCA TABS 20 MG [ <i>tadalafil (pulmonary hypertension)</i> ]	4	QL - 30 day(s)
<i>bosentan tabs 125 mg</i>	4	QL - 30 day(s)
<i>bosentan tabs 62.5 mg</i>	4	QL - 30 day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>dipyridamole tabs 25 mg</i>	1	MO
<i>epoprostenol sodium solr 0.5 mg</i>	1	QL - 30 day(s), LD
<i>epoprostenol sodium solr 1.5 mg</i>	1	QL - 30 day(s), LD
ISORDIL TITRADOSE TABS 40 MG [ <i>isosorbide dinitrate</i> ]	2	MO
<i>isosorbide dinitrate er tbcr 40 mg</i>	2	MO
<i>isosorbide dinitrate tabs 10 mg</i>	1	MO
<i>isosorbide dinitrate tabs 20 mg</i>	1	MO
<i>isosorbide dinitrate tabs 30 mg</i>	1	MO
<i>isosorbide dinitrate tabs 5 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 120 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 30 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 60 mg</i>	1	MO
[Nitroglycerin] NITRO-BID OINT 2 %	2	MO
NITRO-DUR PT24 0.3 MG/HR [ <i>nitroglycerin</i> ]	2	MO
NITRO-DUR PT24 0.8 MG/HR [ <i>nitroglycerin</i> ]	2	MO
<i>nitroglycerin pt24 0.1 mg/hr</i>	1	MO
<i>nitroglycerin pt24 0.2 mg/hr</i>	1	MO
<i>nitroglycerin pt24 0.4 mg/hr</i>	1	MO
<i>nitroglycerin pt24 0.6 mg/hr</i>	1	MO
<i>nitroglycerin soln 0.4 mg/spray</i>	1	MO
<i>nitroglycerin soln 5 mg/ml</i>	2	
<i>nitroglycerin subl 0.3 mg</i>	1	MO
<i>nitroglycerin subl 0.4 mg</i>	1	MO
<i>nitroglycerin subl 0.6 mg</i>	1	MO
OPSUMIT TABS 10 MG [ <i>macitentan</i> ]	4	QL - 30 day(s)
<i>sildenafil citrate susr 10 mg/ml</i>	1	QL - 30 day(s)
<i>sildenafil citrate tabs 20 mg</i>	1	QL - 40/30day(s), MO
VELETRI SOLR 0.5 MG [ <i>epoprostenol sodium</i> ]	2	QL - 30 day(s), LD
VELETRI SOLR 1.5 MG [ <i>epoprostenol sodium</i> ]	2	QL - 30 day(s), LD
VENTAVIS SOLN 10 MCG/ML [ <i>iloprost</i> ]	4	QL - 30 day(s), LD
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate calcium tbec 333 mg</i>	1	MO
[Disulfiram] ANTABUSE TABS 500 MG	2	MO
<i>disulfiram tabs 250 mg</i>	1	MO
<i>disulfiram tabs 500 mg</i>	1	MO
<b>ANALGESICS AND ANTIPYRETICS</b>		
<i>acetaminophen-codeine #2 tabs 300-15 mg</i>	1	QL - 30 day(s)
<i>acetaminophen-codeine #3 tabs 300-30 mg</i>	1	QL - 30 day(s), AR
<i>acetaminophen-codeine #4 tabs 300-60 mg</i>	1	QL - 30 day(s), AR
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	1	QL - 30 day(s), AR
<i>butorphanol tartrate soln 1 mg/ml</i>	2	QL - 30 day(s)
<i>butorphanol tartrate soln 2 mg/ml</i>	2	QL - 30 day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b><i>celecoxib caps 100 mg</i></b>	1	MO
<b><i>celecoxib caps 200 mg</i></b>	1	MO
<b><i>celecoxib caps 400 mg</i></b>	1	MO
<b><i>celecoxib caps 50 mg</i></b>	1	MO
CHOLINE-MAG TRISALICYLATE LIQD 500 MG/5ML [ <b><i>choline &amp; mag salicylate</i></b> ]	1	
CODEINE SULFATE TABS 15 MG [ <b><i>codeine sulfate</i></b> ]	2	QL - 30 day(s), AR
CODEINE SULFATE TABS 30 MG [ <b><i>codeine sulfate</i></b> ]	2	QL - 30 day(s), AR
CODEINE SULFATE TABS 60 MG [ <b><i>codeine sulfate</i></b> ]	2	QL - 30 day(s), AR
<b><i>colchicine tabs 0.6 mg</i></b>	1	MO
<b><i>etodolac caps 200 mg</i></b>	1	MO
<b><i>etodolac caps 300 mg</i></b>	1	MO
<b><i>etodolac tabs 400 mg</i></b>	1	MO
<b><i>etodolac tabs 500 mg</i></b>	1	MO
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML [ <b><i>fentanyl citrate</i></b> ]	1	QL - 30 day(s)
<b><i>fentanyl pt72 100 mcg/hr</i></b>	1	QL - 30 day(s)
<b><i>fentanyl pt72 12 mcg/hr</i></b>	1	QL - 30 day(s)
<b><i>fentanyl pt72 25 mcg/hr</i></b>	1	QL - 30 day(s)
<b><i>fentanyl pt72 50 mcg/hr</i></b>	1	QL - 30 day(s)
<b><i>fentanyl pt72 75 mcg/hr</i></b>	1	QL - 30 day(s)
<b><i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i></b>	1	QL - 30 day(s)
<b><i>hydrocodone-acetaminophen tabs 10-325 mg</i></b>	1	QL - 30 day(s)
<b><i>hydrocodone-acetaminophen tabs 5-325 mg</i></b>	1	QL - 30 day(s)
<b><i>hydrocodone-acetaminophen tabs 7.5-325 mg</i></b>	1	QL - 30 day(s)
<b><i>hydromorphone hcl liqd 1 mg/ml</i></b>	1	QL - 30 day(s)
<b><i>hydromorphone hcl pf soln 10 mg/ml</i></b>	1	QL - 30 day(s)
HYDROMORPHONE HCL SOLN 1 MG/ML [ <b><i>hydromorphone hcl</i></b> ]	1	QL - 30 day(s)
HYDROMORPHONE HCL SOLN 2 MG/ML [ <b><i>hydromorphone hcl</i></b> ]	1	QL - 30 day(s)
HYDROMORPHONE HCL SOLN 4 MG/ML [ <b><i>hydromorphone hcl</i></b> ]	2	QL - 30 day(s)
HYDROMORPHONE HCL SUPP 3 MG [ <b><i>hydromorphone hcl</i></b> ]	2	QL - 30 day(s)
<b><i>hydromorphone hcl tabs 2 mg</i></b>	1	QL - 30 day(s)
<b><i>hydromorphone hcl tabs 4 mg</i></b>	1	QL - 30 day(s)
[Ibuprofen] IBU TABS 400 MG	1	MO
[Ibuprofen] IBU TABS 600 MG	1	MO
[Ibuprofen] IBU TABS 800 MG	1	MO
[Indomethacin] INDOCIN SUPP 50 MG	2	
INDOMETHACIN CAPS 25 MG [ <b><i>indomethacin</i></b> ]	1	
<b><i>indomethacin caps 50 mg</i></b>	1	
<b><i>indomethacin er cpcr 75 mg</i></b>	1	
INDOMETHACIN SODIUM SOLR 1 MG [ <b><i>indomethacin sodium</i></b> ]	1	
<b><i>ketoprofen caps 50 mg</i></b>	2	
<b><i>ketoprofen caps 75 mg</i></b>	2	
<b><i>ketorolac tromethamine soln 15 mg/ml</i></b>	1	
<b><i>ketorolac tromethamine soln 30 mg/ml</i></b>	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b><i>ketorolac tromethamine soln 60 mg/2ml</i></b>	1	
<b><i>meloxicam tabs 15 mg</i></b>	1	MO
<b><i>meloxicam tabs 7.5 mg</i></b>	1	MO
[Methadone Hcl] METHADONE HCL INTENSOL CONC 10 MG/ML	1	QL - 30 day(s)
<b><i>methadone hcl soln 5 mg/5ml</i></b>	2	QL - 30 day(s)
METHADONE HCL TABS 10 MG [ <b><i>methadone hcl</i></b> ]	1	QL - 30 day(s)
METHADONE HCL TABS 5 MG [ <b><i>methadone hcl</i></b> ]	1	QL - 30 day(s)
[Methadone Hcl] METHADOSE TBSO 40 MG	1	QL - 30 day(s)
<b><i>morphine sulfate (concentrate) soln 100 mg/5ml</i></b>	1	QL - 30 day(s)
<b><i>morphine sulfate er tbcr 100 mg</i></b>	1	QL - 30 day(s)
<b><i>morphine sulfate er tbcr 15 mg</i></b>	1	QL - 30 day(s)
<b><i>morphine sulfate er tbcr 200 mg</i></b>	1	QL - 30 day(s)
<b><i>morphine sulfate er tbcr 30 mg</i></b>	1	QL - 30 day(s)
<b><i>morphine sulfate er tbcr 60 mg</i></b>	1	QL - 30 day(s)
MORPHINE SULFATE SOLN 15 MG/ML [ <b><i>morphine sulfate</i></b> ]	2	QL - 30 day(s)
MORPHINE SULFATE SUPP 10 MG [ <b><i>morphine sulfate</i></b> ]	2	QL - 30 day(s)
MORPHINE SULFATE SUPP 20 MG [ <b><i>morphine sulfate</i></b> ]	2	QL - 30 day(s)
MORPHINE SULFATE SUPP 30 MG [ <b><i>morphine sulfate</i></b> ]	2	QL - 30 day(s)
MORPHINE SULFATE SUPP 5 MG [ <b><i>morphine sulfate</i></b> ]	2	QL - 30 day(s)
MORPHINE SULFATE TABS 15 MG [ <b><i>morphine sulfate</i></b> ]	2	QL - 30 day(s)
MORPHINE SULFATE TABS 30 MG [ <b><i>morphine sulfate</i></b> ]	2	QL - 30 day(s)
<b><i>nabumetone tabs 500 mg</i></b>	1	MO
<b><i>nabumetone tabs 750 mg</i></b>	1	MO
<b><i>naproxen tabs 250 mg</i></b>	1	MO
<b><i>naproxen tabs 375 mg</i></b>	1	MO
<b><i>naproxen tabs 500 mg</i></b>	1	MO
<b><i>oxycodone hcl caps 5 mg</i></b>	1	QL - 30 day(s)
<b><i>oxycodone hcl conc 100 mg/5ml</i></b>	1	QL - 30 day(s)
OXYCODONE HCL SOLN 5 MG/5ML [ <b><i>oxycodone hcl</i></b> ]	1	QL - 30 day(s)
<b><i>oxycodone hcl tabs 5 mg</i></b>	1	QL - 30 day(s)
<b><i>oxycodone-acetaminophen tabs 5-325 mg</i></b>	1	QL - 30 day(s)
SALSALATE TABS 500 MG [ <b><i>salsalate</i></b> ]	1	
SALSALATE TABS 750 MG [ <b><i>salsalate</i></b> ]	1	
<b><i>sufentanil citrate soln 50 mcg/ml</i></b>	1	QL - 30 day(s)
<b><i>sulindac tabs 150 mg</i></b>	1	
<b><i>sulindac tabs 200 mg</i></b>	1	
<b><i>tramadol hcl tabs 50 mg</i></b>	1	QL - 30 day(s), AR
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>		
ADDERALL XR CP24 10 MG [ <b><i>amphetamine-dextroamphetamine</i></b> ]	2	QL - 30 day(s)
ADDERALL XR CP24 15 MG [ <b><i>amphetamine-dextroamphetamine</i></b> ]	2	QL - 30 day(s)
ADDERALL XR CP24 20 MG [ <b><i>amphetamine-dextroamphetamine</i></b> ]	2	QL - 30 day(s)
ADDERALL XR CP24 25 MG [ <b><i>amphetamine-dextroamphetamine</i></b> ]	2	QL - 30 day(s)
ADDERALL XR CP24 30 MG [ <b><i>amphetamine-dextroamphetamine</i></b> ]	2	QL - 30 day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ADDERALL XR CP24 5 MG [ <i>amphetamine-dextroamphetamine</i> ]	2	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 25 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	1	QL - 30 day(s)
<i>armodafinil tabs 150 mg</i>	1	QL - 30 day(s)
<i>armodafinil tabs 200 mg</i>	1	QL - 30 day(s)
<i>armodafinil tabs 250 mg</i>	1	QL - 30 day(s)
<i>armodafinil tabs 50 mg</i>	1	QL - 30 day(s)
<i>atomoxetine hcl caps 10 mg</i>	1	MO
<i>atomoxetine hcl caps 100 mg</i>	1	MO
<i>atomoxetine hcl caps 18 mg</i>	1	MO
<i>atomoxetine hcl caps 25 mg</i>	1	MO
<i>atomoxetine hcl caps 40 mg</i>	1	MO
<i>atomoxetine hcl caps 60 mg</i>	1	MO
<i>atomoxetine hcl caps 80 mg</i>	1	MO
<i>dextroamphetamine sulfate er cp24 10 mg</i>	1	QL - 30 day(s)
<i>dextroamphetamine sulfate er cp24 15 mg</i>	1	QL - 30 day(s)
<i>dextroamphetamine sulfate er cp24 5 mg</i>	1	QL - 30 day(s)
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	QL - 30 day(s)
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	QL - 30 day(s)
<i>guanfacine hcl er tb24 1 mg</i>	1	MO
<i>guanfacine hcl er tb24 2 mg</i>	1	MO
<i>guanfacine hcl er tb24 3 mg</i>	1	MO
<i>guanfacine hcl er tb24 4 mg</i>	1	MO
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 10 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 18 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 20 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 27 mg</i>	1	QL - 30 day(s)

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>methylphenidate hcl er tbcr 36 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 54 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl tabs 10 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl tabs 20 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL - 30 day(s)
<i>modafinil tabs 100 mg</i>	1	QL - 30 day(s)
<i>modafinil tabs 200 mg</i>	1	QL - 30 day(s)
<b>ANTICONVULSANTS</b>		
<i>carbamazepine chew 100 mg</i>	1	MO
<i>carbamazepine er cp12 100 mg</i>	1	MO
<i>carbamazepine er cp12 200 mg</i>	1	MO
<i>carbamazepine er cp12 300 mg</i>	1	MO
<i>carbamazepine er tb12 400 mg</i>	1	MO
<i>carbamazepine susp 100 mg/5ml</i>	1	MO
<i>carbamazepine tabs 200 mg</i>	1	MO
CELONTIN CAPS 300 MG [ <i>methsuximide</i> ]	2	MO
<i>clonazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 0.125 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 0.25 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 0.5 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 1 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 2 mg</i>	1	QL - 30 day(s)
DASTAT ACUDIAL GEL 10 MG [ <i>diazepam (anticonvulsant)</i> ]	2	QL - 30 day(s)
DASTAT ACUDIAL GEL 20 MG [ <i>diazepam (anticonvulsant)</i> ]	2	QL - 30 day(s)
DASTAT PEDIATRIC GEL 2.5 MG [ <i>diazepam (anticonvulsant)</i> ]	2	QL - 30 day(s)
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	MO
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	2	MO
<i>divalproex sodium csdr 125 mg</i>	1	MO
<i>divalproex sodium tbec 125 mg</i>	1	MO
<i>divalproex sodium tbec 250 mg</i>	1	MO
<i>divalproex sodium tbec 500 mg</i>	1	MO
<i>ethosuximide caps 250 mg</i>	1	MO
<i>ethosuximide soln 250 mg/5ml</i>	1	MO
<i>felbamate susp 600 mg/5ml</i>	1	MO
<i>felbamate tabs 400 mg</i>	1	MO
<i>felbamate tabs 600 mg</i>	1	MO
<i>gabapentin caps 100 mg</i>	1	MO
<i>gabapentin caps 300 mg</i>	1	MO
<i>gabapentin caps 400 mg</i>	1	MO
<i>gabapentin tabs 600 mg</i>	1	MO
<i>gabapentin tabs 800 mg</i>	1	MO
<i>lamotrigine chew 25 mg</i>	1	MO
<i>lamotrigine chew 5 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>lamotrigine er tb24 200 mg</i>	1	AR, MO
<i>lamotrigine er tb24 300 mg</i>	1	AR, MO
<i>lamotrigine tabs 100 mg</i>	1	MO
<i>lamotrigine tabs 150 mg</i>	1	MO
<i>lamotrigine tabs 200 mg</i>	1	MO
<i>lamotrigine tabs 25 mg</i>	1	MO
<i>levetiracetam er tb24 500 mg</i>	1	MO
<i>levetiracetam er tb24 750 mg</i>	1	MO
<i>levetiracetam soln 100 mg/ml</i>	1	MO
<i>levetiracetam tabs 1000 mg</i>	1	MO
<i>levetiracetam tabs 250 mg</i>	1	MO
<i>levetiracetam tabs 500 mg</i>	1	MO
<i>levetiracetam tabs 750 mg</i>	1	MO
<i>magnesium sulfate soln 50 %</i>	1	
<i>oxcarbazepine susp 300 mg/5ml</i>	1	MO
<i>oxcarbazepine tabs 150 mg</i>	1	MO
<i>oxcarbazepine tabs 300 mg</i>	1	MO
<i>oxcarbazepine tabs 600 mg</i>	1	MO
[Phenytoin] PHENYTOIN INFATABS CHEW 50 MG	1	MO
<i>phenytoin sodium extended caps 100 mg</i>	1	MO
<i>phenytoin sodium soln 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	MO
<i>primidone tabs 250 mg</i>	1	MO
<i>primidone tabs 50 mg</i>	1	MO
<i>topiramate cpsp 15 mg</i>	1	MO
<i>topiramate cpsp 25 mg</i>	1	MO
<i>topiramate tabs 100 mg</i>	1	MO
<i>topiramate tabs 200 mg</i>	1	MO
<i>topiramate tabs 25 mg</i>	1	MO
<i>topiramate tabs 50 mg</i>	1	MO
<i>valproic acid caps 250 mg</i>	1	MO
<i>valproic acid soln 250 mg/5ml</i>	1	MO
<i>zonisamide caps 100 mg</i>	1	MO
<i>zonisamide caps 25 mg</i>	1	MO
<i>zonisamide caps 50 mg</i>	1	MO
<b>ANTIMIGRAINE AGENTS</b>		
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	2	QL - 24/day(s)
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	1	QL - 8/day(s)
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	1	PA, QL - 8/day(s)
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	2	QL - 12/day(s)
<i>ergotamine-caffeine tabs 1-100 mg</i>	1	QL - 24/day(s)
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	QL - 12/day(s)
<i>naratriptan hcl tabs 1 mg</i>	1	QL - 18/day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>naratriptan hcl tabs 2.5 mg</i>	1	QL - 18/day(s)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL - 18/day(s)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL - 18/day(s)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL - 18/day(s)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL - 18/day(s)
<i>sumatriptan soln 20 mg/act</i>	1	QL - 18/day(s)
<i>sumatriptan soln 5 mg/act</i>	1	QL - 18/day(s)
<i>sumatriptan succinate refill soct 6 mg/0.5ml</i>	1	QL - 4/day(s), ST
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	1	QL - 4/day(s), ST
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	1	QL - 5/day(s)
<i>sumatriptan succinate tabs 100 mg</i>	1	QL - 18/day(s)
<i>sumatriptan succinate tabs 25 mg</i>	1	QL - 18/day(s)
<i>sumatriptan succinate tabs 50 mg</i>	1	QL - 18/day(s)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl caps 100 mg</i>	1	MO
<i>amantadine hcl syrp 50 mg/5ml</i>	1	MO
<i>amantadine hcl tabs 100 mg</i>	1	MO
<i>benztropine mesylate soln 1 mg/ml</i>	1	
<i>benztropine mesylate tabs 0.5 mg</i>	1	MO
<i>benztropine mesylate tabs 1 mg</i>	1	MO
<i>benztropine mesylate tabs 2 mg</i>	1	MO
<i>bromocriptine mesylate caps 5 mg</i>	1	MO
<i>bromocriptine mesylate tabs 2.5 mg</i>	1	MO
<i>cabergoline tabs 0.5 mg</i>	1	MO
<i>carbidopa-levodopa er tbcr 25-100 mg</i>	1	MO
<i>carbidopa-levodopa er tbcr 50-200 mg</i>	1	MO
<i>carbidopa-levodopa tabs 10-100 mg</i>	1	MO
<i>carbidopa-levodopa tabs 25-100 mg</i>	1	MO
<i>carbidopa-levodopa tabs 25-250 mg</i>	1	MO
<i>ENTACAPONE TABS 200 MG [entacapone]</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	MO
<i>ropinirole hcl tabs 0.25 mg</i>	1	MO
<i>ropinirole hcl tabs 0.5 mg</i>	1	MO
<i>ropinirole hcl tabs 1 mg</i>	1	MO
<i>ropinirole hcl tabs 2 mg</i>	1	MO
<i>ropinirole hcl tabs 3 mg</i>	1	MO
<i>ropinirole hcl tabs 4 mg</i>	1	MO
<i>ropinirole hcl tabs 5 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>selegiline hcl caps 5 mg</i>	1	MO
<i>selegiline hcl tabs 5 mg</i>	2	MO
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<i>alprazolam tabs 0.25 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 1 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 2 mg</i>	1	QL - 30 day(s)
<i>buspirone hcl tabs 10 mg</i>	1	MO
<i>buspirone hcl tabs 15 mg</i>	1	MO
<i>buspirone hcl tabs 5 mg</i>	1	MO
<i>buspirone hcl tabs 7.5 mg</i>	1	
<i>chlordiazepoxide hcl caps 10 mg</i>	1	QL - 30 day(s)
<i>chlordiazepoxide hcl caps 25 mg</i>	1	QL - 30 day(s)
<i>chlordiazepoxide hcl caps 5 mg</i>	1	QL - 30 day(s)
<i>clonazepam tabs 1 mg</i>	1	QL - 30 day(s)
<i>clonazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>diazepam soln 5 mg/ml</i>	1	QL - 30 day(s)
<i>diazepam tabs 10 mg</i>	1	QL - 30 day(s)
<i>diazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>diazepam tabs 5 mg</i>	1	QL - 30 day(s)
<i>droperidol soln 2.5 mg/ml</i>	1, 2	
<i>hydroxyzine hcl soln 50 mg/ml</i>	2	
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	1	MO
<i>hydroxyzine hcl tabs 10 mg</i>	1	MO
<i>hydroxyzine hcl tabs 25 mg</i>	1	MO
<i>hydroxyzine hcl tabs 50 mg</i>	1	MO
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
<i>lorazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 1 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	1	QL - 30 day(s)
<i>midazolam hcl (pf) soln 5 mg/ml</i>	1	QL - 30 day(s)
<i>midazolam hcl soln 10 mg/2ml</i>	1	QL - 30 day(s)
<i>midazolam hcl soln 5 mg/ml</i>	1	QL - 30 day(s)
<i>oxazepam caps 10 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 30 mg</i>	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	1	MO
PHENOBARBITAL TABS 100 MG [phenobarbital]	1	MO
PHENOBARBITAL TABS 16.2 MG [phenobarbital]	1	MO
PHENOBARBITAL TABS 30 MG [phenobarbital]	1	MO
PHENOBARBITAL TABS 32.4 MG [phenobarbital]	1	MO
PHENOBARBITAL TABS 60 MG [phenobarbital]	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
PHENOBARBITAL TABS 64.8 MG [ <i>phenobarbital</i> ]	1	MO
PHENOBARBITAL TABS 97.2 MG [ <i>phenobarbital</i> ]	1	MO
[Secobarbital Sodium] SECONAL CAPS 100 MG	2	PA
<i>temazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>temazepam caps 30 mg</i>	1	QL - 30 day(s)
<i>triazolam tabs 0.125 mg</i>	1	QL - 30 day(s)
<i>triazolam tabs 0.25 mg</i>	1	QL - 30 day(s)
<i>zolpidem tartrate tabs 10 mg</i>	1	QL - 30 day(s)
<i>zolpidem tartrate tabs 5 mg</i>	1	QL - 30 day(s)
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
<i>atracurium besylate soln 50 mg/5ml</i>	1	
<i>dalfampridine er tb12 10 mg</i>	1	MO
<i>memantine hcl tabs 10 mg</i>	1	MO
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG [ <i>memantine hcl</i> ]	1	
<i>memantine hcl tabs 5 mg</i>	1	MO
<i>riluzole tabs 50 mg</i>	1	MO
<i>rocuronium bromide soln 50 mg/5ml</i>	1	
SAVELLA TABS 100 MG [ <i>milnacipran hcl</i> ]	2	PA, QL, MO
SAVELLA TABS 12.5 MG [ <i>milnacipran hcl</i> ]	2	PA, QL - 2/day, MO
SAVELLA TABS 25 MG [ <i>milnacipran hcl</i> ]	2	PA, QL - 2/day, MO
SAVELLA TABS 50 MG [ <i>milnacipran hcl</i> ]	2	PA, QL - 2/day, MO
<i>tetrabenazine tabs 12.5 mg</i>	4	QL - 30 day(s)
<i>tetrabenazine tabs 25 mg</i>	4	QL - 30 day(s)
<i>vecuronium bromide solr 10 mg</i>	1	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX KIT 30 MCG [ <i>interferon beta-1a</i> ]	4	PA, QL - 30 day(s)
AVONEX PEN AJKT 30 MCG/0.5ML [ <i>interferon beta-1a</i> ]	4	PA, QL - 30 day(s)
AVONEX PREFILLED PSKT 30 MCG/0.5ML [ <i>interferon beta-1a</i> ]	4	PA, QL - 30 day(s)
EXTAVIA KIT 0.3 MG [ <i>interferon beta-1b</i> ]	2	QL - 30 day(s)
GILENYA CAPS 0.5 MG [ <i>fingolimod hcl</i> ]	4	PA, QL - 30 day(s)
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
<b>OPIATE ANTAGONISTS</b>		
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	1	QL - 30 day(s)
<i>naloxone hcl soln 0.4 mg/ml</i>	1	
<i>naloxone hcl sosy 2 mg/2ml</i>	1	
<i>naltrexone hcl tabs 50 mg</i>	1	
NARCAN LIQD 4 MG/0.1ML [ <i>naloxone hcl</i> ]	2	
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
<i>amitriptyline hcl tabs 10 mg</i>	1	MO
<i>amitriptyline hcl tabs 100 mg</i>	1	MO
<i>amitriptyline hcl tabs 150 mg</i>	1	MO
<i>amitriptyline hcl tabs 25 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>amitriptyline hcl tabs 50 mg</i>	1	MO
<i>amitriptyline hcl tabs 75 mg</i>	1	MO
<i>ariPIPRAZOLE tabs 10 mg</i>	1	MO
<i>ariPIPRAZOLE tabs 15 mg</i>	1	MO
<i>ariPIPRAZOLE tabs 2 mg</i>	1	MO
<i>ariPIPRAZOLE tabs 20 mg</i>	1	MO
<i>ariPIPRAZOLE tabs 30 mg</i>	1	MO
<i>ariPIPRAZOLE tabs 5 mg</i>	1	MO
<i>bupropion hcl er (smoking det) tb12 150 mg</i>	1	PREV
<i>bupropion hcl er (xl) tb24 150 mg</i>	1	MO, PREV
<i>bupropion hcl er (xl) tb24 300 mg</i>	1	MO, PREV
<i>bupropion hcl tabs 75 mg</i>	1	MO
<i>chlorpromazine hcl soln 25 mg/ml</i>	1	
<i>chlorpromazine hcl tabs 10 mg</i>	1	MO
<i>chlorpromazine hcl tabs 100 mg</i>	1	MO
<i>chlorpromazine hcl tabs 25 mg</i>	1	MO
<i>chlorpromazine hcl tabs 50 mg</i>	1	MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	MO
<i>citalopram hydrobromide tabs 10 mg</i>	1	MO
<i>citalopram hydrobromide tabs 20 mg</i>	1	MO
<i>citalopram hydrobromide tabs 40 mg</i>	1	MO
<i>clomipramine hcl caps 25 mg</i>	1	MO
<i>clomipramine hcl caps 50 mg</i>	1	MO
<i>clomipramine hcl caps 75 mg</i>	1	MO
<i>clozapine tabs 100 mg</i>	1	QL - 30 day(s)
<i>clozapine tabs 200 mg</i>	1	QL - 30 day(s)
<i>clozapine tabs 25 mg</i>	1	QL - 30 day(s)
<i>clozapine tabs 50 mg</i>	1	QL - 30 day(s)
<i>desipramine hcl tabs 10 mg</i>	1	MO
<i>desipramine hcl tabs 100 mg</i>	1	MO
<i>desipramine hcl tabs 150 mg</i>	1	MO
<i>desipramine hcl tabs 25 mg</i>	1	MO
<i>desipramine hcl tabs 50 mg</i>	1	MO
<i>desipramine hcl tabs 75 mg</i>	1	MO
<i>doxepin hcl caps 10 mg</i>	1	MO
<i>doxepin hcl caps 100 mg</i>	1	MO
<i>doxepin hcl caps 150 mg</i>	2	MO
<i>doxepin hcl caps 25 mg</i>	1	MO
<i>doxepin hcl caps 50 mg</i>	1	MO
<i>doxepin hcl caps 75 mg</i>	1	MO
<i>doxepin hcl conc 10 mg/ml</i>	1	MO
<i>duloxetine hcl cpep 20 mg</i>	1	MO
<i>duloxetine hcl cpep 30 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>duloxetine hcl ccep 60 mg</i>	1	MO
<i>escitalopram oxalate tabs 10 mg</i>	1	MO
<i>escitalopram oxalate tabs 20 mg</i>	1	MO
<i>escitalopram oxalate tabs 5 mg</i>	1	MO
<i>fluoxetine hcl caps 10 mg</i>	1	MO
<i>fluoxetine hcl caps 20 mg</i>	1	MO
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	MO
<i>fluphenazine decanoate soln 25 mg/ml</i>	1	MO
<i>fluphenazine hcl conc 5 mg/ml</i>	2	
<i>fluphenazine hcl elix 2.5 mg/5ml</i>	2	MO
<i>fluphenazine hcl tabs 1 mg</i>	1	MO
<i>fluphenazine hcl tabs 10 mg</i>	1	MO
<i>fluphenazine hcl tabs 2.5 mg</i>	1	MO
<i>fluphenazine hcl tabs 5 mg</i>	1	MO
<i>fluvoxamine maleate tabs 100 mg</i>	1	MO
<i>fluvoxamine maleate tabs 25 mg</i>	1	MO
<i>fluvoxamine maleate tabs 50 mg</i>	1	MO
<i>haloperidol decanoate soln 100 mg/ml</i>	1	MO
<i>haloperidol decanoate soln 50 mg/ml</i>	1	MO
<i>haloperidol lactate conc 2 mg/ml</i>	1	MO
<i>haloperidol lactate soln 5 mg/ml</i>	1	
<i>haloperidol tabs 0.5 mg</i>	1	MO
<i>haloperidol tabs 1 mg</i>	1	MO
<i>haloperidol tabs 10 mg</i>	1	MO
<i>haloperidol tabs 2 mg</i>	1	MO
<i>haloperidol tabs 20 mg</i>	1	MO
<i>haloperidol tabs 5 mg</i>	1	MO
<i>imipramine hcl tabs 10 mg</i>	1	MO
<i>imipramine hcl tabs 25 mg</i>	1	MO
<i>imipramine hcl tabs 50 mg</i>	1	MO
LITHIUM CARBONATE CAPS 150 MG [ <i>lithium carbonate</i> ]	2	MO
LITHIUM CARBONATE CAPS 300 MG [ <i>lithium carbonate</i> ]	1	MO
<i>lithium carbonate er tbcr 300 mg</i>	1	MO
<i>lithium carbonate er tbcr 450 mg</i>	1	MO
LITHIUM CARBONATE TABS 300 MG [ <i>lithium carbonate</i> ]	1	MO
LITHIUM SOLN 8 MEQ/5ML [ <i>lithium</i> ]	2	MO
<i>loxpine succinate caps 10 mg</i>	1	MO
<i>loxpine succinate caps 25 mg</i>	1	MO
<i>loxpine succinate caps 5 mg</i>	1	MO
<i>loxpine succinate caps 50 mg</i>	1	MO
<i>mirtazapine tabs 15 mg</i>	1	MO
<i>mirtazapine tabs 30 mg</i>	1	MO
<i>mirtazapine tabs 45 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>mirtazapine tabs 7.5 mg</i>	1	MO
<i>nefazodone hcl tabs 100 mg</i>	2	MO
<i>nefazodone hcl tabs 150 mg</i>	2	MO
<i>nefazodone hcl tabs 200 mg</i>	2	MO
<i>nefazodone hcl tabs 250 mg</i>	2	MO
<i>nefazodone hcl tabs 50 mg</i>	2	MO
<i>nortriptyline hcl caps 10 mg</i>	1	MO
<i>nortriptyline hcl caps 25 mg</i>	1	MO
<i>nortriptyline hcl caps 50 mg</i>	1	MO
<i>nortriptyline hcl caps 75 mg</i>	1	MO
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	MO
<i>olanzapine tabs 10 mg</i>	1	MO
<i>olanzapine tabs 15 mg</i>	1	MO
<i>olanzapine tabs 2.5 mg</i>	1	MO
<i>olanzapine tabs 20 mg</i>	1	MO
<i>olanzapine tabs 5 mg</i>	1	MO
<i>olanzapine tabs 7.5 mg</i>	1	MO
<i>paroxetine hcl tabs 10 mg</i>	1	MO
<i>paroxetine hcl tabs 20 mg</i>	1	MO
<i>paroxetine hcl tabs 30 mg</i>	1	MO
<i>paroxetine hcl tabs 40 mg</i>	1	MO
<i>perphenazine tabs 16 mg</i>	1	MO
<i>perphenazine tabs 2 mg</i>	1	MO
<i>perphenazine tabs 4 mg</i>	1	MO
<i>perphenazine tabs 8 mg</i>	1	MO
<i>phenelzine sulfate tabs 15 mg</i>	1	MO
<i>pimozide tabs 2 mg</i>	2	MO
<i>prochlorperazine edisylate soln 10 mg/2ml</i>	1	
<i>prochlorperazine maleate tabs 10 mg</i>	1	
<i>prochlorperazine maleate tabs 5 mg</i>	1	
<i>quetiapine fumarate tabs 100 mg</i>	1	MO
<i>quetiapine fumarate tabs 200 mg</i>	1	MO
<i>quetiapine fumarate tabs 25 mg</i>	1	MO
<i>quetiapine fumarate tabs 300 mg</i>	1	MO
<i>quetiapine fumarate tabs 400 mg</i>	1	MO
<i>quetiapine fumarate tabs 50 mg</i>	1	MO
<i>RISPERIDONE SOLN 1 MG/ML [risperidone]</i>	1	MO
<i>RISPERIDONE TABS 0.25 MG [risperidone]</i>	1	MO
<i>RISPERIDONE TABS 0.5 MG [risperidone]</i>	1	MO
<i>RISPERIDONE TABS 1 MG [risperidone]</i>	1	MO
<i>RISPERIDONE TABS 2 MG [risperidone]</i>	1	MO
<i>RISPERIDONE TABS 3 MG [risperidone]</i>	1	MO
<i>RISPERIDONE TABS 4 MG [risperidone]</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>sertraline hcl tabs 100 mg</i>	1	MO
<i>sertraline hcl tabs 25 mg</i>	1	MO
<i>sertraline hcl tabs 50 mg</i>	1	MO
<i>thioridazine hcl tabs 10 mg</i>	1	MO
<i>thioridazine hcl tabs 100 mg</i>	1	MO
<i>thioridazine hcl tabs 25 mg</i>	1	MO
<i>thioridazine hcl tabs 50 mg</i>	1	MO
<i>thiothixene caps 1 mg</i>	1	MO
<i>thiothixene caps 10 mg</i>	1	MO
<i>thiothixene caps 2 mg</i>	1	MO
<i>thiothixene caps 5 mg</i>	1	MO
<i>tranylcypromine sulfate tabs 10 mg</i>	1	MO
<i>trazodone hcl tabs 100 mg</i>	1	MO
<i>trazodone hcl tabs 150 mg</i>	1	MO
<i>trazodone hcl tabs 50 mg</i>	1	MO
<i>trifluoperazine hcl tabs 1 mg</i>	1	MO
<i>trifluoperazine hcl tabs 10 mg</i>	1	MO
<i>trifluoperazine hcl tabs 2 mg</i>	1	MO
<i>trifluoperazine hcl tabs 5 mg</i>	1	MO
<i>venlafaxine hcl er cp24 150 mg</i>	1	MO
<i>venlafaxine hcl er cp24 37.5 mg</i>	1	MO
<i>venlafaxine hcl er cp24 75 mg</i>	1	MO
<i>venlafaxine hcl tabs 100 mg</i>	1	MO
<i>venlafaxine hcl tabs 50 mg</i>	1	MO
<i>venlafaxine hcl tabs 75 mg</i>	1	MO
<i>ziprasidone hcl caps 20 mg</i>	1	MO
<i>ziprasidone hcl caps 40 mg</i>	1	MO
<i>ziprasidone hcl caps 60 mg</i>	1	MO
<i>ziprasidone hcl caps 80 mg</i>	1	MO
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
<i>CHERATUSSIN AC SYRP 100-10 MG/5ML [guaiifenesin-codeine]</i>	1	QL - 30 day(s), AR
<i>hydrocod polst-cpm polst er suer 10-8 mg/5ml</i>	1	QL - 30 day(s), AR
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	QL - 30 day(s), AR
<i>succinylcholine chloride soln 20 mg/ml</i>	1	
<b>DIABETIC SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
<i>ACCU-CHEK COMPACT PLUS CARE KIT [blood glucose monitoring supplies]</i>	2	MO
<i>ACCU-CHEK COMPACT PLUS STRP [glucose blood]</i>	2	QL, MO
<i>ACETEST TAB TABLETS [acetone (urine) test]</i>	2	MO
<i>ACTI-LANCE LITE LANCETS 28G MISC [lancets]</i>	2	QL, MO
<i>ACTI-LANCE UNIVERSAL 23G MISC [lancets]</i>	2	QL, MO
<i>ADVOCATE DUO DEVI [blood glucose monitor &amp; blood pressure monitor]</i>	2	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ADVOCATE DUO KIT [blood glucose monitor & blood pressure monitor]	2	MO
ADVOCATE SAFETY LANCETS MISC [lancets]	2	QL, MO
ASSURE HAEMOLANCE PLUS HIGH MISC [lancets]	2	QL, MO
BAYER BREEZE 2 SYSTEM KIT W/DEVICE [blood glucose monitoring supplies]	2	MO
BD AUTOSHIELD DUO MISC 30G X 5 MM [insulin pen needle]	2	MO
BD AUTOSHIELD MISC 29G X 5MM [insulin pen needle]	2	MO
BD AUTOSHIELD MISC 29G X 8MM [insulin pen needle]	2	MO
BD DISP NEEDLES MISC 30G X 1/2" [needle (disp) 30 g]	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 1 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE MISC 25G X 1" 1 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE MISC 25G X 5/8" 1 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE MISC 26G X 1/2" 1 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE MISC U-100 1 ML [insulin syringes (disposable)]	2	MO
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE ULTRAFINE MISC 29G X 1/2" 0.3 ML [insulin syringe/needle u-100]	2	MO
BD INSULIN SYRINGE ULTRAFINE MISC 29G X 1/2" 0.5 ML [insulin syringe/needle u-100]	2	MO
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle]	2	MO
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle]	2	MO

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
BD SAFE CLIP NEEDLE CLIPPER MISC <b>[misc. devices]</b>	2	MO
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.5 ML <b>[insulin syringe/needle u-100]</b>	2	MO
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 1 ML <b>[insulin syringe/needle u-100]</b>	2	MO
BREEZE 2 TEST DISK <b>[glucose blood]</b>	2	QL, MO
CHEMSTRIP 2 STRP <b>[ph test]</b>	2	
CHEMSTRIP K STRP <b>[acetone (urine) test]</b>	2	MO
CHEMSTRIP MICRAL STRP <b>[albumin (urine) test]</b>	2	
CHEMSTRIP UGK STRP <b>[urine glucose-ketones test]</b>	2	MO
CLINITEST TAB CHLD RES <b>[glucose urine test-(copper sulfate)]</b>	2	MO
CONTOUR NEXT CONTROL SOLN LOW <b>[blood glucose calibration]</b>	2	MO
DIASTIX STRP <b>[glucose urine test-(glucose oxidase)]</b>	2	MO
EASY TOUCH INSULIN SYRINGE MISC 27G X 1/2" 0.5 ML <b>[insulin syringe/needle u-100]</b>	2	MO
EASY TOUCH PEN NEEDLES MISC 32G X 5 MM <b>[insulin pen needle]</b>	2	MO
FORA D15G 2-IN-1 MONITOR DEVI <b>[blood glucose monitor &amp; blood pressure monitor]</b>	2	MO
FREESTYLE CONTROL SOLUTION LIQD <b>[blood glucose calibration]</b>	2	MO
FREESTYLE PRECISION INS SYR MISC 30G X 5/16" 0.5 ML <b>[insulin syringe/needle u-100]</b>	2	MO
FREESTYLE PRECISION INS SYR MISC 30G X 5/16" 1 ML <b>[insulin syringe/needle u-100]</b>	2	MO
GNP ULTRA COM INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
HEALTHY ACCENTS UNIFINE PENTIP MISC 29G X 12MM <b>[insulin pen needle]</b>	2	MO
INPEN 100-BLUE-LILLY DEVI <b>[injection device for insulin]</b>	2	MO
INSULIN SYRINGE MISC 29G X 1" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <b>[insulin syringe/needle u-100]</b>	2	MO
INSULIN SYRINGE MISC 29G X 1/2" 1 ML <b>[insulin syringe/needle u-100]</b>	2	MO
INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
INSULIN SYRINGE MISC 30G X 5/16" 0.5 ML <b>[insulin syringe/needle u-100]</b>	2	MO
INSULIN SYRINGE MISC 30G X 5/16" 1 ML <b>[insulin syringe/needle u-100]</b>	2	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
INSUPEN SENSITIVE MISC 32G X 8 MM <i>[insulin pen needle]</i>	2	MO
LANCING DEVICE MISC <i>[lancet devices]</i>	2	MO
LITETOUCH INSULIN SYRINGE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
LITETOUCH INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
MEDISENSE HI/MID/LOW CONTROL LIQD <i>[blood glucose calibration]</i>	2	MO
MICRO-BUMINTEST KIT <i>[albumin (urine) test]</i>	2	
MINILINK-REAL-TIME STARTER KIT <i>[insulin infusion pump accessories]</i>	2	MO
MINIMED RESERVOIR 1.8ML MISC <i>[insulin infusion pump supplies]</i>	2	MO
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
MONOJECT INSULIN SYRINGE MISC U-100 1 ML <i>[insulin syringes (disposable)]</i>	2	MO
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
NITRATEST PAPER TEST <i>[ph test]</i>	2	
NOVA MAX PLUS GLU/KET CONTROL LIQD <i>[blood glucose calibration]</i>	2	MO
NOVOFINE AUTOCOVER MISC 30G X 8 MM <i>[insulin pen needle]</i>	2	MO
NOVOFINE MISC 30G X 8 MM <i>[insulin pen needle]</i>	2	MO
NOVOTWIST MISC 32G X 5 MM <i>[insulin pen needle]</i>	2	MO
ON CALL EXPRESS GLUCOSE CONTR SOLN <i>[blood glucose calibration]</i>	2	MO
ONETOUCH DELICA LANCETS 30G MISC <i>[lancets]</i>	2	QL, MO
ONETOUCH DELICA LANCETS 33G MISC <i>[lancets]</i>	2	QL, MO
ONETOUCH DELICA LANCING DEV MISC <i>[lancet devices]</i>	2	MO
ONETOUCH FINEPOINT LANCETS MISC <i>[lancets]</i>	2	QL, MO
ONETOUCH ULTRA STRP <i>[glucose blood]</i>	2	QL, MO
ONETOUCH ULTRASOFT LANCETS MISC <i>[lancets]</i>	2	QL, MO
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	MO
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	MO
ONETOUCH VERIO SOLN <i>[blood glucose calibration]</i>	2	MO
ONETOUCH VERIO SOLN HIGH <i>[blood glucose calibration]</i>	2	MO
OPTUMRX GLUCOSE CONTROL SOLN <i>[blood glucose calibration]</i>	2	MO
PEN NEEDLES 5/16" MISC 30G X 8 MM <i>[insulin pen needle]</i>	2	MO
PHARMACIST CHOICE LANCETS MISC <i>[lancets]</i>	2	QL, MO
PRECISION XTRA KETONE STRP <i>[ketone blood test]</i>	2	MO
SAFESNAP INSULIN SYRINGE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
SAFESNAP INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
SAFESNAP INSULIN SYRINGE MISC 29G X 1/2" 1 ML <b>[insulin syringe/needle u-100]</b>	2	MO
SAFESNAP INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
SAFESNAP INSULIN SYRINGE MISC 30G X 5/16" 0.5 ML <b>[insulin syringe/needle u-100]</b>	2	MO
SIDEKICK BLOOD GLUCOSE SYSTEM DEVI <b>[blood glucose meter disposable with test strips]</b>	2	MO
STERILANCE TL MISC <b>[lancets]</b>	2	QL, MO
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <b>[insulin syringe/needle u-100]</b>	2	MO
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
SURE COMFORT PEN NEEDLES MISC 31G X 5 MM <b>[insulin pen needle]</b>	2	MO
TERUMO INSULIN SYRINGE/0.5ML/30G X 3/8" MIS 0.5/30G <b>[insulin syringe/needle u-100]</b>	2	MO
TERUMO INSULIN SYRINGE/1ML/30G X 3/8" MIS 1ML/30G <b>[insulin syringe/needle u-100]</b>	2	MO
THINPRO INSULIN SYRINGE/0.3ML/30G X 3/8" MIS 0.3/30G <b>[insulin syringe/needle u-100]</b>	2	MO
THINPRO INSULIN SYRINGE/0.3ML/31G X 3/8" MIS 0.3/31G <b>[insulin syringe/needle u-100]</b>	2	MO
THINPRO INSULIN SYRINGE/0.5ML/31G X 3/8" MIS 0.5/31G <b>[insulin syringe/needle u-100]</b>	2	MO
THINPRO INSULIN SYRINGE/1ML/31G X 3/8" MIS 1ML/31G <b>[insulin syringe/needle u-100]</b>	2	MO
ULTICARE INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
ULTICARE INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <b>[insulin syringe/needle u-100]</b>	2	MO
ULTICARE INSULIN SYRINGE MISC 29G X 1/2" 1 ML <b>[insulin syringe/needle u-100]</b>	2	MO
ULTICARE INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
ULTICARE INSULIN SYRINGE MISC 30G X 5/16" 0.5 ML <b>[insulin syringe/needle u-100]</b>	2	MO
ULTICARE INSULIN SYRINGE MISC 30G X 5/16" 1 ML <b>[insulin syringe/needle u-100]</b>	2	MO
ULTRA COMFORT INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML <b>[insulin syringe/needle u-100]</b>	2	MO
UNIFINE PENTIPS MISC 29G X 12MM <b>[insulin pen needle]</b>	2	MO
UNIFINE PENTIPS PLUS MISC 29G X 12MM <b>[insulin pen needle]</b>	2	MO
UNIFINE PENTIPS PLUS MISC 31G X 6 MM <b>[insulin pen needle]</b>	2	MO
UNISTIK 3 EXTRA MISC <b>[lancets misc.]</b>	2	QL, MO
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ACIDIFYING AND ALKALINIZING AGENTS</b>		

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
NEUT SOLN 4 % <i>[sodium bicarbonate]</i>	2	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) <i>[potassium citrate (alkalinizer)]</i>	1	MO
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) <i>[potassium citrate (alkalinizer)]</i>	1	MO
SODIUM ACETATE SOLN 2 MEQ/ML <i>[sodium acetate]</i>	2	
SODIUM BICARBONATE SOLN 4.2 % <i>[sodium bicarbonate]</i>	1	
SODIUM BICARBONATE SOLN 7.5 % <i>[sodium bicarbonate]</i>	2	
<b>AMMONIA DETOXICANTS</b>		
<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	1	MO
<i>lactulose soln 10 gm/15ml</i>	1	MO
<b>CALORIC AGENTS</b>		
[Amino Acid Infusion] CLINISOL SF SOLN 15 %	1	
DEXTROSE SOLN 10 % <i>[dextrose]</i>	1	
DEXTROSE SOLN 5 % <i>[dextrose]</i>	1	
NUTRILIPID EMUL 20 % <i>[fat emulsion plant based]</i>	2	
PROSOL SOLN 20 % <i>[amino acid infusion]</i>	2	
TRAVASOL SOLN 10 % <i>[amino acid infusion]</i>	2	
TROPHAMINE SOLN 10 % <i>[amino acid infusion]</i>	2	
<b>DIURETICS</b>		
<i>amiloride hcl tabs 5 mg</i>	1	MO
<i>amiloride-hydrochlorothiazide tabs 5-50 mg</i>	1	MO
<i>bumetanide tabs 0.5 mg</i>	1	MO
<i>bumetanide tabs 1 mg</i>	1	MO
<i>bumetanide tabs 2 mg</i>	1	MO
<i>chlorothiazide tabs 250 mg</i>	2	MO
<i>chlorothiazide tabs 500 mg</i>	2	MO
<i>chlorthalidone tabs 25 mg</i>	1	MO
<i>chlorthalidone tabs 50 mg</i>	1	MO
DYRENIUM CAPS 100 MG <i>[triamterene]</i>	2	MO
DYRENIUM CAPS 50 MG <i>[triamterene]</i>	2	MO
<i>ethacrynat sodium solr 50 mg</i>	1	QL - 30 day(s)
<i>furosemide soln 10 mg/ml</i>	1	
<i>furosemide soln 10 mg/ml</i>	1	MO
<i>furosemide tabs 20 mg</i>	1	MO
<i>furosemide tabs 40 mg</i>	1	MO
<i>furosemide tabs 80 mg</i>	1	MO
<i>hydrochlorothiazide caps 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tabs 25 mg</i>	1	MO
<i>hydrochlorothiazide tabs 50 mg</i>	1	MO
<i>metolazone tabs 10 mg</i>	1	MO
<i>metolazone tabs 2.5 mg</i>	1	MO
<i>metolazone tabs 5 mg</i>	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>torsemide tabs 10 mg</i>	1	MO
<i>torsemide tabs 100 mg</i>	1	MO
<i>torsemide tabs 20 mg</i>	1	MO
<i>torsemide tabs 5 mg</i>	1	MO
<i>triamterene-hctz caps 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 75-50 mg</i>	1	MO
<b>ION-REMOVING AGENTS</b>		
[Sodium Polystyrene Sulfonate] KIONEX SUSP 15 GM/60ML	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	MO
<i>sevelamer carbonate tabs 800 mg</i>	1	MO
<i>sodium polystyrene sulfonate powd</i>	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
<b>IRRIGATING SOLUTIONS</b>		
LACTATED RINGERS SOLN [ <i>lactated ringer's (irrigation)</i> ]	1	
RINGERS IRRIGATION SOLN [ <i>ringer's irrigation</i> ]	1	
SODIUM CHLORIDE FLUSH SOLN 0.9 % [ <i>sodium chloride flush</i> ]	1	
SODIUM CHLORIDE SOLN 0.9 % [ <i>sodium chloride (gu irrigant)</i> ]	1	
STERILE WATER FOR IRRIGATION SOLN [ <i>water for irrigation, sterile</i> ]	1	
<b>REPLACEMENT PREPARATIONS</b>		
ADDAMEL N SOLN [ <i>trace minerals (cr-cu-f-fe-i-mn-mo-se-zn)</i> ]	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN [ <i>water for inject, bacteriostatic benzyl alcohol</i> ]	2	
<i>calcium acetate (phos binder) caps 667 mg</i>	1	MO
<i>calcium acetate (phos binder) tabs 667 mg</i>	1	MO
CALCIUM CHLORIDE SOLN 10 % [ <i>calcium chloride (dihydrate)</i> ]	1	
CALCIUM GLUCONATE SOLN 10 % [ <i>calcium gluconate</i> ]	2	
CAROSPIR SUSP 25 MG/5ML [ <i>spironolactone</i> ]	2	AR, MO
CHROMIC CHLORIDE SOLN 40 MCG/10ML [ <i>chromic chloride</i> ]	2	
CUPRIC CHLORIDE SOLN 0.4 MG/ML [ <i>cupric chloride</i> ]	2	
DEXTROSE IN LACTATED RINGERS SOLN 5 % [ <i>dextrose in lactated ringers</i> ]	1	
DEXTROSE-NACL SOLN 5-0.2 % [ <i>dextrose w/ sodium chloride</i> ]	1	
DEXTROSE-NACL SOLN 5-0.45 % [ <i>dextrose w/ sodium chloride</i> ]	1	
DEXTROSE-NACL SOLN 5-0.9 % [ <i>dextrose w/ sodium chloride</i> ]	1	
K-PHOS TABS 500 MG [ <i>potassium phosphate monobasic</i> ]	2	
K-TAB TBCR 10 MEQ [ <i>potassium chloride</i> ]	2	MO
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [ <i>potassium chloride in dextrose &amp; sodium chloride</i> ]	1	
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [ <i>potassium chloride in dextrose &amp; sodium chloride</i> ]	1	
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [ <i>potassium chloride in dextrose &amp; sodium chloride</i> ]	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Potassium Chloride Microencapsulated Crystals Er] KLOR-CON M20 TBCR 20 MEQ	1	MO
LACTATED RINGERS SOLN [ <i>lactated ringer's</i> ]	2	
MANGANESE CHLORIDE SOLN 0.1 MG/ML [ <i>manganese chloride</i> ]	2	
MANGANESE SULFATE SOLN 0.1 MG/ML [ <i>manganese sulfate</i> ]	2	
POTASSIUM ACETATE SOLN 2 MEQ/ML [ <i>potassium acetate</i> ]	1	
<i>potassium chloride crys er tbcr 10 meq</i>	1	MO
<i>potassium chloride er cpcr 10 meq</i>	1	MO
<i>potassium chloride er cpcr 8 meq</i>	1	MO
<i>potassium chloride er tbcr 20 meq</i>	1	MO
POTASSIUM CHLORIDE ER TBCR 8 MEQ [ <i>potassium chloride</i> ]	1	MO
<i>potassium chloride soln 2 meq/ml</i>	1	
POTASSIUM PHOSPHATES SOLN 45 MMOLE/15ML [ <i>potassium phosphates</i> ]	1	
RINGERS SOLN [ <i>ringer's</i> ]	1	
SELENIUM SOLN 40 MCG/ML [ <i>selenious acid</i> ]	2	
SODIUM BICARBONATE SOLN 8.4 % [ <i>sodium bicarbonate</i> ]	1	
SODIUM CHLORIDE (PF) SOLN 0.9 % [ <i>sodium chloride</i> ]	1	
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [ <i>bacteriostatic sodium chloride</i> ]	1	
SODIUM CHLORIDE SOLN 0.45 % [ <i>sodium chloride</i> ]	1	
SODIUM CHLORIDE SOLN 0.9 % [ <i>sodium chloride</i> ]	1	
SODIUM CHLORIDE SOLN 4 MEQ/ML [ <i>sodium chloride</i> ]	1	
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [ <i>sodium phosphates (sodium phosphate dibasic &amp; monobasic)</i> ]	1	
SSKI SOLN 1 GM/ML [ <i>potassium iodide (expectorant)</i> ]	2	
STERILE WATER FOR INJECTION SOLN [ <i>water for injection, sterile</i> ]	1	
ZINC CHLORIDE SOLN 1 MG/ML [ <i>zinc chloride</i> ]	2	
ZINC SULFATE CAPS 50 MG [ <i>zinc sulfate</i> ]	2	
ZINC SULFATE SOLN 1 MG/ML [ <i>zinc sulfate</i> ]	2	
ZINC SULFATE SOLN 5 MG/ML [ <i>zinc sulfate</i> ]	2	
<b>URICOSURIC AGENTS</b>		
<i>probencid tabs 500 mg</i>	1	MO
<b>ENZYMES</b>		
<b>ENZYMES</b>		
ADAGEN SOLN 250 UNIT/ML [ <i>pegademase bovine</i> ]	2	QL - 30 day(s), LD
CEREZYME SOLR 400 UNIT [ <i>imiglucerase</i> ]	4	QL - 30 day(s)
CREON CPEP 12000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
CREON CPEP 24000-76000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
CREON CPEP 3000-9500 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
CREON CPEP 36000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
CREON CPEP 6000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
VPRIV SOLR 400 UNIT [ <i>velaglucerase alfa</i> ]	4	QL - 30 day(s)
ZENPEP CPEP 25000-79000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
ZENPEP CPEP 40000-126000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b>		
<b>ANTI-INFECTIVES</b>		
<i>bacitracin oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
<i>CILOXAN OINT 0.3 % [ciprofloxacin hcl (ophth)]</i>	2	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	2	
<i>gentamicin sulfate soln 0.3 %</i>	1	
<i>moxifloxacin hcl soln 0.5 %</i>	1	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>tobramycin soln 0.3 %</i>	1	
TOBREX OINT 0.3 % [ <i>tobramycin (ophth)</i> ]	2	
<i>trifluridine soln 1 %</i>	2	
<b>ANTI-INFLAMMATORY AGENTS</b>		
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	2	
BLEPHAMIDE SUSP 10-0.2 % [ <i>sulfacetamide sod-prednisolone</i> ]	2	
CEQUA SOLN 0.09 % [ <i>cyclosporine (ophth)</i> ]	2	QL - 30 day(s)
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	1	
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [ <i>neomycin-colistin-hc-thonzonium</i> ]	2	
<i>dexamethasone sodium phosphate soln 0.1 %</i>	2	MO
<i>diclofenac sodium soln 0.1 %</i>	1	
<i>fluorometholone susp 0.1 %</i>	1	MO
<i>flurbiprofen sodium soln 0.03 %</i>	2	
FML FORTE SUSP 0.25 % [ <i>fluorometholone (ophth)</i> ]	2	MO
FML OINT 0.1 % [ <i>fluorometholone (ophth)</i> ]	2	MO
HYDROCORTISONE-ACETIC ACID SOLN 1-2 % [ <i>hydrocortisone w/acetic acid</i> ]	1	
<i>ketorolac tromethamine soln 0.5 %</i>	1	
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc soln 1 %</i>	1	
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	1, 2	
PRED MILD SUSP 0.12 % [ <i>prednisolone acetate (ophth)</i> ]	2	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
PRED-G S.O.P. OINT 0.3-0.6 % [ <i>gentamicin-prednisolone acetate</i> ]	2	
PRED-G SUSP 0.3-1 % [ <i>gentamicin-prednisolone acetate</i> ]	2	
<i>prednisolone acetate susp 1 %</i>	2	MO
<i>prednisolone sodium phosphate soln 1 %</i>	2	MO
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	2	
<b>ANTIALLERGIC AGENTS</b>		
<i>azelastine hcl soln 0.1 %</i>	1	MO
<i>cromolyn sodium soln 4 %</i>	1	MO
<b>ANTIGLAUCOMA AGENTS</b>		
<i>levobunolol hcl soln 0.5 %</i>	1	MO
<i>pilocarpine hcl soln 1 %</i>	1	MO
<i>pilocarpine hcl soln 2 %</i>	1	MO
<i>pilocarpine hcl soln 4 %</i>	1	MO
<i>timolol maleate soln 0.25 %</i>	1	MO
<i>timolol maleate soln 0.5 %</i>	1	MO
<b>EENT DRUGS, MISCELLANEOUS</b>		
<i>acetic acid soln 2 %</i>	1	MO
<i>acetic acid-aluminum acetate soln 2 %</i>	2	
ALTAFLUOR SOLN 0.25-0.4 % [ <i>fluorescein w/ benoxinate</i> ]	1	
<i>ophthalmic irrigation solution - intraocular soln</i>	1	
<i>betaxolol hcl soln 0.5 %</i>	1	MO
BIO GLO STRP 1 MG [ <i>fluorescein sodium topical</i> ]	1	
<i>brimonidine tartrate soln 0.2 %</i>	1	MO
<i>dorzolamide hcl soln 2 %</i>	1	MO
<i>dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml</i>	1	MO
EYLEA SOLN 2 MG/0.05ML [ <i>afibercept</i> ]	4	MO
FLUCAINE SOLN 0.25-0.5 % [ <i>fluorescein w/ proparacaine</i> ]	1	
HEALON GV SOLN 14 MG/ML [ <i>sodium hyaluronate</i> ]	2	
LACRISERT INST 5 MG [ <i>artificial tear insert</i> ]	2	MO
<i>latanoprost soln 0.005 %</i>	1	MO
LUCENTIS SOLN 0.5 MG/0.05ML [ <i>ranibizumab</i> ]	4	MO
PHOSPHOLINE IODIDE SOLR 0.125 % [ <i>echothiophate iodide</i> ]	2	MO
<b>LOCAL ANESTHETICS</b>		
C-TOPICAL SOLN 4 % [ <i>cocaine hcl</i> ]	2	
COCAINE HCL SOLN 10 % [ <i>cocaine hcl</i> ]	2	
<i>lidocaine viscous hcl soln 2 %</i>	1	MO
<i>proparacaine hcl soln 0.5 %</i>	1	
PROVISC SOLN 10 MG/ML [ <i>sodium hyaluronate</i> ]	2	
TETRACAIN HCL SOLN 0.5 % [ <i>tetracaine hcl (ophth)</i> ]	1	
<b>MYDRIATICS</b>		
ATROPINE SULFATE OINT 1 % [ <i>atropine sulfate (ophthalmic)</i> ]	2	MO
ATROPINE SULFATE SOLN 1 % [ <i>atropine sulfate (ophthalmic)</i> ]	2	MO
[Cyclopentolate HCl] CYCLOGYL SOLN 0.5 %	2	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Cyclopentolate Hcl] CYCLOGYL SOLN 2 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
<b>cyclopentolate hcl soln 0.5 %</b>	1	
<b>cyclopentolate hcl soln 1 %</b>	1	
<b>cyclopentolate hcl soln 2 %</b>	1	
HOMATROPINE HBR SOLN 5 % [ <i>homatropine hbr</i> ]	1	MO
<b>tropicamide soln 0.5 %</b>	1	
<b>tropicamide soln 1 %</b>	1	
<b>VASOCONSTRICATORS</b>		
ADRENALIN SOLN 0.1 % [ <i>epinephrine hcl (nasal)</i> ]	2	
PHENYLEPHRINE HCL SOLN 10 % [ <i>phenylephrine hcl (mydriatic)</i> ]	1	
PHENYLEPHRINE HCL SOLN 2.5 % [ <i>phenylephrine hcl (mydriatic)</i> ]	1	
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<b>balsalazide disodium caps 750 mg</b>	1	MO
LIALDA TBEC 1.2 GM [ <i>mesalamine</i> ]	2	MO
<b>mesalamine enem 4 gm</b>	1	MO
MESALAMINE SUPP 1000 MG [ <i>mesalamine</i> ]	1	MO
PENTASA CPCR 250 MG [ <i>mesalamine</i> ]	2	MO
PENTASA CPCR 500 MG [ <i>mesalamine</i> ]	2	MO
<b>ANTIEMETICS</b>		
AKYNZEO CAPS 300-0.5 MG [ <i>netupitant-palonosetron</i> ]	2	QL - 30 day(s)
<b>dimenhydrinate soln 50 mg/ml</b>	2	
<b>dronabinol caps 10 mg</b>	1	
<b>dronabinol caps 2.5 mg</b>	1	
<b>dronabinol caps 5 mg</b>	1	
<b>ondansetron hcl soln 4 mg/2ml</b>	1	
<b>ondansetron hcl soln 4 mg/5ml</b>	1	
<b>ondansetron hcl soln 40 mg/20ml</b>	1	
<b>ondansetron hcl tabs 4 mg</b>	1	
<b>ondansetron hcl tabs 8 mg</b>	1	
<b>ondansetron tbdp 4 mg</b>	1	
<b>ondansetron tbdp 8 mg</b>	1	
<b>prochlorperazine supp 25 mg</b>	1	
<b>scopolamine pt72 1 mg/3days</b>	1	
TRANSDERM-SCOP (1.5 MG) PT72 1 MG/3DAYS [ <i>scopolamine</i> ]	2	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<b>cimetidine hcl soln 300 mg/5ml</b>	2	MO
<b>famotidine premixed soln 20-0.9 mg/50ml-%</b>	2	
<b>famotidine soln 20 mg/2ml</b>	1	
<b>famotidine soln 40 mg/4ml</b>	1	
<b>famotidine susr 40 mg/5ml</b>	1	MO
<b>misoprostol tabs 100 mcg</b>	1	MO

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<i>misoprostol tabs 200 mcg</i>	1	MO
<i>nizatidine soln 15 mg/ml</i>	2	MO
<i>omeprazole cpdr 10 mg</i>	1	MO
<i>omeprazole cpdr 20 mg</i>	1	MO
<i>omeprazole cpdr 40 mg</i>	1	MO
<i>pantoprazole sodium tbec 20 mg</i>	1	MO
<i>pantoprazole sodium tbec 40 mg</i>	1	MO
<i>ranitidine hcl soln 150 mg/6ml</i>	1	
<i>ranitidine hcl syrup 15 mg/ml</i>	1	MO
<i>sucralfate tabs 1 gm</i>	1	MO
<b>CATHARTICS AND LAXATIVES</b>		
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-C SOLR 240 GM	2	PREV
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	PREV
GOLYTELY SOLR 236 GM [ <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> ]	2	PREV
<b>DIGESTANTS</b>		
ZENPEP CPEP 10000-32000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
ZENPEP CPEP 15000-47000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
ZENPEP CPEP 20000-63000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
ZENPEP CPEP 25000-79000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
ZENPEP CPEP 5000-24000 UNIT [ <i>pancrelipase (lipase-protease-amylase)</i> ]	2	MO
<b>GI DRUGS, MISCELLANEOUS</b>		
CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [ <i>chlordiazepoxide hcl-clidinium bromide</i> ]	1	
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
LINZESS CAPS 145 MCG [ <i>linaclootide</i> ]	2	AR, MO
LINZESS CAPS 290 MCG [ <i>linaclootide</i> ]	2	AR, MO
LINZESS CAPS 72 MCG [ <i>linaclootide</i> ]	2	AR, MO
<i>metoclopramide hcl soln 10 mg/10ml</i>	1	
<i>metoclopramide hcl soln 5 mg/ml</i>	1	
<i>metoclopramide hcl tabs 10 mg</i>	1	
<i>metoclopramide hcl tabs 5 mg</i>	1	
PAREGORIC TINC 2 MG/5ML [ <i>paregoric</i> ]	2	QL - 30 day(s)
<i>ursodiol tabs 250 mg</i>	1	MO
<i>ursodiol tabs 500 mg</i>	1	MO
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		

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RIDAURA CAPS 3 MG [ <i>auranofin</i> ]	2	MO
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
BAL IN OIL SOLN 100 MG/ML [ <i>dimercaprol</i> ]	2	QL - 30 day(s)
CHEMET CAPS 100 MG [ <i>succimer</i> ]	2	MO
<i>deferasirox tabs 360 mg</i>	4	QL - 30 day(s)
<i>deferasirox tabs 90 mg</i>	4	QL - 30 day(s)
<i>deferoxamine mesylate soln 500 mg</i>	1	QL - 30 day(s)
DEPEN TITRATABS TABS 250 MG [ <i>penicillamine</i> ]	2	QL - 30 day(s)
<i>flumazenil soln 0.5 mg/5ml</i>	1	
JADENU SPRINKLE PACK 180 MG [ <i>deferasirox</i> ]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG [ <i>deferasirox</i> ]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG [ <i>deferasirox</i> ]	4	QL - 30 day(s)
JADENU TABS 180 MG [ <i>deferasirox</i> ]	4	QL - 30 day(s)
<i>methylene blue inj 1%</i>	1	
METHYLENE BLUE SOLN 1 % [ <i>methylene blue (antidote)</i> ]	2	
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML [ <i>physostigmine salicylate</i> ]	2	
SODIUM THIOSULFATE SOLN 25 % [ <i>sodium thiosulfate</i> ]	2	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
ARISTOSSPAN INTRA-ARTICULAR INJ 20MG/ML [ <i>triamcinolone hexacetonide</i> ]	2	
ARISTOSSPAN INTRALESIONAL INJ 5MG/ML [ <i>triamcinolone hexacetonide</i> ]	2	
<i>betamethasone sod phos &amp; acet susp 6 (3-3) mg/ml</i>	1	
<i>budesonide cprep 3 mg</i>	1	QL - 30 day(s)
<i>cortisone acetate tabs 25 mg</i>	2	
DEPO-MEDROL SUSP 20 MG/ML [ <i>methylprednisolone acetate</i> ]	2	
DEPO-MEDROL SUSP 80 MG/ML [ <i>methylprednisolone acetate</i> ]	2	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	1	
<i>dexamethasone tabs 0.5 mg</i>	1	
<i>dexamethasone tabs 0.75 mg</i>	1	
<i>dexamethasone tabs 1 mg</i>	2	
<i>dexamethasone tabs 1.5 mg</i>	1	
<i>dexamethasone tabs 2 mg</i>	2	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
<i>fludrocortisone acetate tabs 0.1 mg</i>	1	MO
<i>hydrocortisone tabs 10 mg</i>	1	MO
<i>hydrocortisone tabs 20 mg</i>	1	MO

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<b>hydrocortisone tabs 5 mg</b>	1	MO
KENALOG SUSP 10 MG/ML [ <i>triamcinolone acetonide</i> ]	2	
MEDROL TABS 2 MG [ <i>methylprednisolone</i> ]	2	
<b>methylprednisolone acetate susp 40 mg/ml</b>	1	
<b>methylprednisolone acetate susp 80 mg/ml</b>	1	
<b>methylprednisolone sodium succ solr 1000 mg</b>	1	
<b>methylprednisolone sodium succ solr 125 mg</b>	1	
<b>methylprednisolone sodium succ solr 40 mg</b>	1	
<b>methylprednisolone tabs 16 mg</b>	1	
<b>methylprednisolone tabs 4 mg</b>	1	
<b>methylprednisolone tbpk 4 mg</b>	1	
[Prednisolone] MILLIPRED TABS 5 MG	2	
<b>prednisolone sodium phosphate soln 15 mg/5ml</b>	1	
<b>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</b>	1	
<b>prednisolone soln 15 mg/5ml</b>	2	
<b>prednisone soln 5 mg/5ml</b>	2	MO
<b>prednisone tabs 1 mg</b>	1	MO
<b>prednisone tabs 10 mg</b>	1	MO
<b>prednisone tabs 2.5 mg</b>	1	MO
<b>prednisone tabs 20 mg</b>	1	MO
<b>prednisone tabs 5 mg</b>	1	MO
<b>prednisone tabs 50 mg</b>	1	MO
<b>prednisone tbpk 5 mg (21)</b>	1	MO
SOLU-CORTEF SOLR 100 MG [ <i>hydrocortisone sod succinate</i> ]	2	
SOLU-CORTEF SOLR 1000 MG [ <i>hydrocortisone sod succinate</i> ]	2	
SOLU-CORTEF SOLR 250 MG [ <i>hydrocortisone sod succinate</i> ]	2	
SOLU-CORTEF SOLR 500 MG [ <i>hydrocortisone sod succinate</i> ]	2	
SOLU-MEDROL SOLR 1000 MG [ <i>methylprednisolone sod succ</i> ]	2	
SOLU-MEDROL SOLR 125 MG [ <i>methylprednisolone sod succ</i> ]	2	
SOLU-MEDROL SOLR 2 GM [ <i>methylprednisolone sod succ</i> ]	2	
SOLU-MEDROL SOLR 40 MG [ <i>methylprednisolone sod succ</i> ]	2	
SOLU-MEDROL SOLR 500 MG [ <i>methylprednisolone sod succ</i> ]	2	
<b>triamcinolone acetonide susp 40 mg/ml</b>	1	
<b>ANDROGENS</b>		
ANADROL-50 TABS 50 MG [ <i>oxymetholone</i> ]	2	QL - 30 day(s)
<b>danazol caps 100 mg</b>	1	MO
<b>danazol caps 200 mg</b>	1	MO
<b>danazol caps 50 mg</b>	1	MO
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	QL - 30 day(s)
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	2	QL - 30 day(s)
<b>methyltestosterone tabs 10 mg</b>	2	MO
<b>methyltestosterone caps 10 mg</b>	2	MO
<b>testosterone cypionate soln 100 mg/ml</b>	1	QL - 30 day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b><i>testosterone cypionate soln 200 mg/ml</i></b>	1	QL - 30 day(s)
<b><i>testosterone gel 25 mg/2.5gm (1%)</i></b>	1	QL - 30 day(s)
<b><i>testosterone gel 50 mg/5gm (1%)</i></b>	1	QL - 30 day(s)
TESTOSTERONE PROPIONATE POWD [testosterone propionate (bulk)]	2	QL - 30 day(s)
<b>CONTRACEPTIVES</b>		
[Desogestrel & Ethinyl Estradiol] APRI TABS 0.15-30 MG-MCG	1	MO, PREV
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	MO, PREV
[Levonorgestrel & Eth Estradiol] AVIANE TABS 0.1-20 MG-MCG	1	MO, PREV
ELLA TABS 30 MG [ <i>ulipristal acetate</i> ]	2	PREV
<b><i>ethynodiol diac-eth estradiol tabs 1-50 mg-mcg</i></b>	1	MO, PREV
<b><i>etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr</i></b>	1	MO, PREV
[Norethindrone Acet & Eth Estra] JUNEL 1.5/30 TABS 1.5-30 MG-MCG	1	MO, PREV
[Norethindrone Acet & Eth Estra] JUNEL 1/20 TABS 1-20 MG-MCG	1	MO, PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	MO, PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	MO, PREV
[Ethynodiol Diacet & Eth Estrad] KELNOR 1/35 TABS 1-35 MG-MCG	1	MO, PREV
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	MO, PREV
NECON 1/50 (28) TABS 1-50 MG-MCG [ <b><i>norethindrone &amp; mestranol</i></b> ]	2	MO, PREV
[Norethindrone (contraceptive)] NORA-BE TABS 0.35 MG	1	MO, PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (21) TABS 1-35 MG-MCG	1	MO, PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	MO, PREV
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	MO, PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	MO, PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	MO, PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	MO, PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	MO, PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	MO, PREV
<b>DIABETIC AGENTS</b>		
<b><i>acarbose tabs 100 mg</i></b>	1	MO
<b><i>acarbose tabs 25 mg</i></b>	1	MO
<b><i>acarbose tabs 50 mg</i></b>	1	MO
BAQSIMI ONE PACK POWD 3 MG/DOSE [ <b><i>glucagon</i></b> ]	2	
<b><i>glimepiride tabs 1 mg</i></b>	1	MO
<b><i>glimepiride tabs 2 mg</i></b>	1	MO
<b><i>glimepiride tabs 4 mg</i></b>	1	MO
<b><i>glipizide tabs 10 mg</i></b>	1	MO
<b><i>glipizide tabs 5 mg</i></b>	1	MO
GLUCAGON EMERGENCY KIT 1 MG [ <b><i>glucagon (rdna)</i></b> ]	2	QL - 2/day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b>glyburide tabs 1.25 mg</b>	1	MO
<b>glyburide tabs 2.5 mg</b>	1	MO
<b>glyburide tabs 5 mg</b>	1	MO
HUMALOG JUNIOR KWIKPEN SOPN 100 UNIT/ML [ <i>insulin lispro</i> ]	2	AR, MO
HUMALOG KWIKPEN SOPN 100 UNIT/ML [ <i>insulin lispro</i> ]	2	AR, MO
HUMALOG SOCT 100 UNIT/ML [ <i>insulin lispro</i> ]	2	AR, MO
HUMALOG SOLN 100 UNIT/ML [ <i>insulin lispro</i> ]	2	MO
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [ <i>insulin nph isophane &amp; reg (human)</i> ]	2	MO
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [ <i>insulin nph (human) (isophane)</i> ]	2	AR, MO
HUMULIN N SUSP 100 UNIT/ML [ <i>insulin nph (human) (isophane)</i> ]	2	MO
HUMULIN R SOLN 100 UNIT/ML [ <i>insulin regular (human)</i> ]	2	MO
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [ <i>insulin regular (human)</i> ]	2	MO
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [ <i>insulin regular (human)</i> ]	2	MO
JARDIANCE TABS 10 MG [ <i>empagliflozin</i> ]	2	AR, MO
JARDIANCE TABS 25 MG [ <i>empagliflozin</i> ]	2	AR, MO
LANTUS SOLN 100 UNIT/ML [ <i>insulin glargine</i> ]	2	AR, MO
LANTUS SOLOSTAR SOPN 100 UNIT/ML [ <i>insulin glargine</i> ]	2	AR, MO
<b>metformin hcl er tb24 500 mg</b>	1	MO
<b>metformin hcl er tb24 750 mg</b>	1	MO
<b>metformin hcl tabs 1000 mg</b>	1	MO
<b>metformin hcl tabs 500 mg</b>	1	MO
<b>metformin hcl tabs 850 mg</b>	1	MO
<b>pioglitazone hcl tabs 15 mg</b>	1	MO
<b>pioglitazone hcl tabs 30 mg</b>	1	MO
<b>pioglitazone hcl tabs 45 mg</b>	1	MO
RIOMET SOLN 500 MG/5ML [ <i>metformin hcl</i> ]	2	MO
<b>tolbutamide tabs 500 mg</b>	2	MO
<b>ESTROGENS AND ANTIESTROGENS</b>		
CLIMARA PTWK 0.025 MG/24HR [ <i>estradiol</i> ]	2	MO
CLIMARA PTWK 0.0375 MG/24HR [ <i>estradiol</i> ]	2	MO
CLIMARA PTWK 0.05 MG/24HR [ <i>estradiol</i> ]	2	MO
CLIMARA PTWK 0.06 MG/24HR [ <i>estradiol</i> ]	2	MO
CLIMARA PTWK 0.075 MG/24HR [ <i>estradiol</i> ]	2	MO
CLIMARA PTWK 0.1 MG/24HR [ <i>estradiol</i> ]	2	MO
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	2	
EEMT HS TABS 0.625-1.25 MG [ <i>esterified estrogens &amp; methyltestosterone</i> ]	1	MO
EEMT TABS 1.25-2.5 MG [ <i>esterified estrogens &amp; methyltestosterone</i> ]	1	MO
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>estradiol crea 0.1 mg/gm</i>	1	MO
<i>estradiol ptwk 0.025 mg/24hr</i>	1	MO
<i>estradiol ptwk 0.0375 mg/24hr</i>	1	MO
<i>estradiol ptwk 0.1 mg/24hr</i>	1	MO
<i>estradiol tabs 0.5 mg</i>	1	MO
<i>estradiol tabs 1 mg</i>	1	MO
<i>estradiol tabs 2 mg</i>	1	MO
<i>estradiol valerate oil 20 mg/ml</i>	1	
<i>estradiol valerate oil 40 mg/ml</i>	1	
<i>estropipate tabs 0.75 mg</i>	2	MO
<i>estropipate tabs 1.5 mg</i>	2	MO
<i>estropipate tabs 3 mg</i>	2	MO
OSPHENA TABS 60 MG [ <i>ospemifene</i> ]	2	QL - 30 day(s), RB
PREMARIN SOLR 25 MG [ <i>estrogens, conjugated</i> ]	2	
<i>raloxifene hcl tabs 60 mg</i>	1	MO
<b>GONADOTROPINS</b>		
BRAVELLE SOLR 75 UNIT [ <i>urofollitropin purified</i> ]	2	QL - 30 day(s), RB
<i>clomiphene citrate tabs 50 mg</i>	2	RB
GONAL-F RFF REDIRECT SOLN 300 UNIT/0.5ML [ <i>follitropin alfa</i> ]	2	QL
GONAL-F RFF REDIRECT SOLN 450 UNT/0.75ML [ <i>follitropin alfa</i> ]	2	QL - 30 day(s)
GONAL-F RFF REDIRECT SOLN 900 UNIT/1.5ML [ <i>follitropin alfa</i> ]	2	QL - 30 day(s)
GONAL-F RFF SOLR 75 UNIT [ <i>follitropin alfa</i> ]	2	QL
GONAL-F SOLR 1050 UNIT [ <i>follitropin alfa</i> ]	2	QL - 30 day(s)
GONAL-F SOLR 450 UNIT [ <i>follitropin alfa</i> ]	2	QL - 30 day(s)
MENOPUR SOLR 75 UNIT [ <i>menotropins</i> ]	2	QL - 30 day(s), RB
ORILISSA TABS 150 MG [ <i>elagolix sodium</i> ]	4	PA, QL - 30 day(s)
ORILISSA TABS 200 MG [ <i>elagolix sodium</i> ]	4	PA, QL - 30 day(s)
PREGNYL SOLR 10000 UNIT [ <i>chorionic gonadotropin</i> ]	2	QL - 30 day(s), RB
SYNAREL SOLN 2 MG/ML [ <i>nafarelin acetate</i> ]	2	
<b>PARATHYROID</b>		
<i>calcitonin (salmon) soln 200 unit/act</i>	1	MO
<i>cinacalcet hcl tabs 30 mg</i>	1	QL - 30 day(s)
<i>cinacalcet hcl tabs 60 mg</i>	1	QL - 30 day(s)
<i>cinacalcet hcl tabs 90 mg</i>	1	QL - 30 day(s)
<b>PITUITARY</b>		
ACTHAR GEL 80 UNIT/ML [ <i>corticotropin</i> ]	4	PA, QL - 30 day(s)
<i>desmopressin ace spray refrigerated soln 0.01 %</i>	1	MO
DESMOPRESSIN ACETATE SOLN 4 MCG/ML [ <i>desmopressin acetate</i> ]	1	
<i>desmopressin acetate spray soln 0.01 %</i>	1	MO
DESMOPRESSIN ACETATE TABS 0.1 MG [ <i>desmopressin acetate</i> ]	1	MO
DESMOPRESSIN ACETATE TABS 0.2 MG [ <i>desmopressin acetate</i> ]	1	MO
STIMATE SOLN 1.5 MG/ML [ <i>desmopressin acetate</i> ]	2	MO
<i>vasopressin inj 20unt/ml</i>	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b>PROGESTINS</b>		
DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML [medroxyprogesterone acetate (contraceptive)]	2	MO, PREV
medroxyprogesterone acetate tabs 10 mg	1	MO
medroxyprogesterone acetate tabs 2.5 mg	1	MO
medroxyprogesterone acetate tabs 5 mg	1	MO
norethindrone acetate tabs 5 mg	1	MO
progesterone oil 50 mg/ml	1	
PROGESTERONE WETTABLE POWD [progesterone (bulk)]	2	
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
octreotide acetate soln 100 mcg/ml	1	QL - 30 day(s)
octreotide acetate soln 1000 mcg/ml	1	MO
octreotide acetate soln 200 mcg/ml	1	MO
octreotide acetate soln 50 mcg/ml	1	QL - 30 day(s)
octreotide acetate soln 500 mcg/ml	1	QL - 30 day(s)
OMNITROPE SOCT 10 MG/1.5ML [somatropin]	2	PA, QL - 30 day(s)
OMNITROPE SOCT 5 MG/1.5ML [somatropin]	2	PA, QL - 30 day(s)
SANDOSTATIN LAR DEPOT KIT 10 MG [octreotide acetate]	4	QL - 30 day(s)
SANDOSTATIN LAR DEPOT KIT 20 MG [octreotide acetate]	4	QL - 30 day(s)
SANDOSTATIN LAR DEPOT KIT 30 MG [octreotide acetate]	4	QL - 30 day(s)
<b>THYROID AND ANTITHYROID AGENTS</b>		
levothyroxine sodium tabs 100 mcg	1	MO
levothyroxine sodium tabs 112 mcg	1	MO
levothyroxine sodium tabs 125 mcg	1	MO
levothyroxine sodium tabs 137 mcg	1	MO
levothyroxine sodium tabs 150 mcg	1	MO
levothyroxine sodium tabs 175 mcg	1	MO
levothyroxine sodium tabs 200 mcg	1	MO
levothyroxine sodium tabs 25 mcg	1	MO
levothyroxine sodium tabs 300 mcg	1	MO
levothyroxine sodium tabs 50 mcg	1	MO
levothyroxine sodium tabs 75 mcg	1	MO
levothyroxine sodium tabs 88 mcg	1	MO
liothyronine sodium tabs 25 mcg	1	MO
liothyronine sodium tabs 5 mcg	1	MO
liothyronine sodium tabs 50 mcg	1	MO
methimazole tabs 10 mg	1	MO
methimazole tabs 5 mg	1	MO
propylthiouracil tabs 50 mg	1	MO
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>ANTIDOTES</b>		
leucovorin calcium solr 50 mg	1	
leucovorin calcium tabs 25 mg	1	
leucovorin calcium tabs 5 mg	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol tabs 100 mg</i>	1	MO
<i>allopurinol tabs 300 mg</i>	1	MO
COLCHICINE CAPS 0.6 MG [ <i>colchicine</i> ]	2	MO
<i>febuxostat tabs 40 mg</i>	1	MO
<i>febuxostat tabs 80 mg</i>	1	MO
<b>BONE RESORPTION INHIBITORS</b>		
<i>alendronate sodium tabs 35 mg</i>	1	MO
<i>alendronate sodium tabs 70 mg</i>	1	MO
<i>etidronate disodium tabs 200 mg</i>	2	MO
<i>etidronate disodium tabs 400 mg</i>	2	MO
<i>pamidronate disodium solr 90 mg</i>	2	
<b>CONTRACEPTIVES</b>		
ORTHO DIAPHRAGM ALL-FLEX KIT 65 DPR 65MM [ <i>diaphragm arc-spring</i> ]	2	RB, PREV
ORTHO DIAPHRAGM ALL-FLEX KIT 70 DPR 70MM [ <i>diaphragm arc-spring</i> ]	2	RB, PREV
ORTHO DIAPHRAGM ALL-FLEX KIT 75 DPR 75MM [ <i>diaphragm arc-spring</i> ]	2	RB, PREV
ORTHO DIAPHRAGM ALL-FLEX KIT 80 DPR 80MM [ <i>diaphragm arc-spring</i> ]	2	RB, PREV
<b>DIAGNOSTIC AGENT</b>		
METOPIRONE CAPS 250 MG [ <i>metyrapone</i> ]	2	LD
<b>DISEASE-MODIFYING ANTI-RHEUMATIC AGENTS</b>		
ACTEMRA ACTPEN SOAJ 162 MG/0.9ML [ <i>tocilizumab</i> ]	4	QL - 30 day(s)
ACTEMRA SOSY 162 MG/0.9ML [ <i>tocilizumab</i> ]	4	QL - 30 day(s)
ENBREL SOLR 25 MG [ <i>etanercept</i> ]	4	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [ <i>etanercept</i> ]	4	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [ <i>etanercept</i> ]	4	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [ <i>etanercept</i> ]	4	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.4ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.8ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PEN-PS/UV/ADOL HS START PNKT 40 MG/0.8ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PEN-PSOR/UVEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.1ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.2ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.4ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.8ML [ <i>adalimumab</i> ]	4	QL - 30 day(s)

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Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
INFLECTRA SOLR 100 MG [ <i>infliximab-dyyb</i> ]	4	QL - 30 day(s)
KINERET SOSY 100 MG/0.67ML [ <i>anakinra</i> ]	4	QL - 30 day(s), LD
<b>leflunomide tabs 10 mg</b>	1	MO
<b>leflunomide tabs 20 mg</b>	1	MO
ORENCIA CLICKJECT SOAJ 125 MG/ML [ <i>abatacept</i> ]	4	QL - 30 day(s)
ORENCIA SOLR 250 MG [ <i>abatacept</i> ]	4	QL - 30 day(s)
ORENCIA SOSY 125 MG/ML [ <i>abatacept</i> ]	4	QL - 30 day(s)
OTEZLA TABS 30 MG [ <i>apremilast</i> ]	4	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG [ <i>apremilast</i> ]	4	QL - 30 day(s)
XELJANZ TABS 10 MG [ <i>tofacitinib citrate</i> ]	4	PA, QL - 30 day(s)
XELJANZ TABS 5 MG [ <i>tofacitinib citrate</i> ]	4	PA, QL - 30 day(s)
XELJANZ XR TB24 11 MG [ <i>tofacitinib citrate</i> ]	4	PA, QL - 30 day(s)
<b>IMMUNE SUPPRESSANTS</b>		
<b>azathioprine tabs 50 mg</b>	1	MO
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	MO
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	MO
[Cyclosporine Modified (for Microemulsion)] GENGRAF SOLN 100 MG/ML	1	MO
<b>mycophenolate mofetil caps 250 mg</b>	1	MO
<b>mycophenolate mofetil susr 200 mg/ml</b>	4	MO
<b>mycophenolate mofetil tabs 500 mg</b>	1	MO
NEORAL SOLN 100 MG/ML [ <i>cyclosporine modified (for microemulsion)</i> ]	2	MO
NULOJIX SOLR 250 MG [ <i>belatacept</i> ]	4	
PROGRAF SOLN 5 MG/ML [ <i>tacrolimus</i> ]	2	
SANDIMMUNE CAPS 100 MG [ <i>cyclosporine</i> ]	2	MO
SANDIMMUNE CAPS 25 MG [ <i>cyclosporine</i> ]	2	MO
SANDIMMUNE SOLN 100 MG/ML [ <i>cyclosporine</i> ]	2	MO
SIMULECT SOLR 10 MG [ <i>basiliximab</i> ]	2	
SIMULECT SOLR 20 MG [ <i>basiliximab</i> ]	2	
<b>sirolimus soln 1 mg/ml</b>	1	MO
<b>sirolimus tabs 0.5 mg</b>	1	MO
<b>sirolimus tabs 1 mg</b>	1	MO
<b>sirolimus tabs 2 mg</b>	1	MO
<b>tacrolimus caps 0.5 mg</b>	1	
<b>tacrolimus caps 1 mg</b>	1	
<b>tacrolimus caps 5 mg</b>	1	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
AMPHADASE SOLN 150 UNIT/ML [ <i>hyaluronidase bovine</i> ]	2	QL - 30 day(s)
ATGAM INJ 50 MG/ML [ <i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i> ]	2	
BORIC ACID TOPICAL POWD [ <i>boric acid (bulk)</i> ]	2	
BOTOX SOLR 100 UNIT [ <i>onabotulinumtoxinA</i> ]	2	
BREVITAL SODIUM SOLR 500 MG [ <i>methohexitital sodium</i> ]	2	
<b>bupivacaine hcl (pf) soln 0.25 %</b>	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	
<i>bupivacaine hcl (pf) soln 0.75 %</i>	1	
<i>bupivacaine hcl soln 0.25 %</i>	1	
<i>bupivacaine hcl soln 0.5 %</i>	1	
<i>bupivacaine-epinephrine (pf) soln 0.25% -1:200000</i>	1	
<i>bupivacaine-epinephrine (pf) soln 0.5% -1:200000</i>	1	
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	1	
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	1	
CARNITOR SF SOLN 1 GM/10ML [ <i>levocarnitine (metabolic modifiers)</i> ]	2	MO
CARNITOR SOLN 1 GM/10ML [ <i>levocarnitine (metabolic modifiers)</i> ]	2	MO
CARNITOR SOLN 200 MG/ML [ <i>levocarnitine (metabolic modifiers)</i> ]	2	
CARNITOR TABS 330 MG [ <i>levocarnitine (metabolic modifiers)</i> ]	2	MO
CYSTAGON CAPS 150 MG [ <i>cysteamine bitartrate</i> ]	2	MO, LD
CYSTAGON CAPS 50 MG [ <i>cysteamine bitartrate</i> ]	2	MO, LD
<i>desflurane soln</i>	1	
DILTIAZEM HCL POWD [ <i>diltiazem hcl (bulk)</i> ]	2	
ELMIRON CAPS 100 MG [ <i>pentosan polysulfate sodium</i> ]	2	
ETHYOL SOLR 500 MG [ <i>amifostine</i> ]	2	QL - 30 day(s)
<i>finasteride tabs 5 mg</i>	1	MO
GELFILM FILM [ <i>gelatin absorbable</i> ]	2	
GELFOAM COMPRESSED SIZE 100 MISC [ <i>gelatin absorbable</i> ]	2	
GELFOAM SPONGE MISC 12-7 MM [ <i>gelatin absorbable</i> ]	2	
GELFOAM SPONGE SIZE 100 MISC [ <i>gelatin absorbable</i> ]	2	
GELFOAM SPONGE SIZE 50 MISC [ <i>gelatin absorbable</i> ]	2	
HYPERTET S/D INJ 250 UNIT/ML [ <i>tetanus immune globulin (human)</i> ]	2	
<i>isoflurane soln</i>	1	
<i>ketamine hcl soln 100 mg/ml</i>	1	
<i>levocarnitine soln 1 gm/10ml</i>	1	MO
LEVOCARNITINE TABS 330 MG [ <i>levocarnitine (metabolic modifiers)</i> ]	1	MO
<i>lidocaine hcl soln 1 %</i>	1	
<i>lidocaine hcl soln 2 %</i>	1	
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	
<i>mesna soln 100 mg/ml</i>	1	
MESNEX TABS 400 MG [ <i>mesna</i> ]	2	
NESACAIN SOLN 1 % [ <i>chloroprocaine hcl</i> ]	2	
NESACAIN SOLN 2 % [ <i>chloroprocaine hcl</i> ]	2	
<i>propofol emul 200 mg/20ml</i>	1	
RIMSO-50 SOLN 50 % [ <i>dimethyl sulfoxide</i> ]	2	
<i>sevoflurane soln</i>	1	
<i>sterile water for injection soln</i>	1	
THIOLA TABS 100 MG [ <i>tiopronin</i> ]	4	QL - 30 day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
XYLOCAINE-MPF SOLN 1 % [ <i>lidocaine hcl (local anesth.)</i> ]	2	
<b>zoledronic acid conc 4 mg/5ml</b>	1	MO
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
HEMABATE SOLN 250 MCG/ML [ <i>carboprost tromethamine</i> ]	2	QL - 30 day(s)
[Methylergonovine Maleate] METHERGINE TABS 0.2 MG	1	
<b>methylergonovine maleate soln 0.2 mg/ml</b>	1	
OXYTOCIN SOLN 10 UNIT/ML [ <i>oxytocin</i> ]	1	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
ADVAIR DISKUS AEPB 100-50 MCG/DOSE [ <i>fluticasone-salmeterol</i> ]	2	MO
ADVAIR DISKUS AEPB 250-50 MCG/DOSE [ <i>fluticasone-salmeterol</i> ]	2	MO
ADVAIR DISKUS AEPB 500-50 MCG/DOSE [ <i>fluticasone-salmeterol</i> ]	2	MO
ADVAIR HFA AERO 115-21 MCG/ACT [ <i>fluticasone-salmeterol</i> ]	2	ST, MO
ADVAIR HFA AERO 230-21 MCG/ACT [ <i>fluticasone-salmeterol</i> ]	2	ST, MO
ADVAIR HFA AERO 45-21 MCG/ACT [ <i>fluticasone-salmeterol</i> ]	2	ST, MO
ALVESCO AERS 160 MCG/ACT [ <i>ciclesonide</i> ]	2	MO
ALVESCO AERS 80 MCG/ACT [ <i>ciclesonide</i> ]	2	MO
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH [ <i>mometasone furoate (inhalation)</i> ]	2	MO
ASMANEX (14 METERED DOSES) AEPB 220 MCG/INH [ <i>mometasone furoate (inhalation)</i> ]	2	MO
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH [ <i>mometasone furoate (inhalation)</i> ]	2	MO
ASMANEX (30 METERED DOSES) AEPB 220 MCG/INH [ <i>mometasone furoate (inhalation)</i> ]	2	MO
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH [ <i>mometasone furoate (inhalation)</i> ]	2	MO
ASMANEX HFA AERO 100 MCG/ACT [ <i>mometasone furoate (inhalation)</i> ]	2	MO
ASMANEX HFA AERO 200 MCG/ACT [ <i>mometasone furoate (inhalation)</i> ]	2	MO
<i>budesonide susp 0.25 mg/2ml</i>	1	MO
<i>budesonide susp 0.5 mg/2ml</i>	1	MO
FLOVENT HFA AERO 44 MCG/ACT [ <i>fluticasone propionate hfa</i> ]	2	QL - 30 day(s), AR
<b>ANTITUSSIVES</b>		
<i>benzonatate caps 100 mg</i>	1	
<i>benzonatate caps 200 mg</i>	1	
<b>CYSTIC FIBROSIS</b>		
CAYSTON SOLR 75 MG [ <i>aztreonam lysine</i> ]	4	QL - 30 day(s), LD
<i>tobramycin nebu 300 mg/5ml</i>	1	QL - 30 day(s)
<b>PULMONARY FIBROSIS</b>		
ESBRIET CAPS 267 MG [ <i>pirfenidone</i> ]	4	PA, QL - 30 day(s)
ESBRIET TABS 267 MG [ <i>pirfenidone</i> ]	4	PA, QL - 30 day(s)

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ESBRIET TABS 801 MG [ <i>pirfenidone</i> ]	4	PA, QL - 30 day(s)
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
<i>acetylcysteine soln 10 %</i>	1	
<i>acetylcysteine soln 20 %</i>	1	
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	1	MO
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	MO
<i>albuterol sulfate tabs 2 mg</i>	1	MO
<i>albuterol sulfate tabs 4 mg</i>	1	MO
<i>ambrisentan tabs 10 mg</i>	1	QL - 30 day(s)
<i>ambrisentan tabs 5 mg</i>	1	QL - 30 day(s)
ARALAST NP SOLR 1000 MG [ <i>alpha1-proteinase inhibitor (human)</i> ]	4	QL - 30 day(s)
ARALAST NP SOLR 500 MG [ <i>alpha1-proteinase inhibitor (human)</i> ]	4	QL - 30 day(s)
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [ <i>ipratropium-albuterol</i> ]	2	MO
<i>cromolyn sodium nebu 20 mg/2ml</i>	1	MO
[Theophylline] ELIXOPHYLLIN ELIX 80 MG/15ML	2	MO
FASENRA PEN SOA J 30 MG/ML [ <i>benralizumab</i> ]	4	PA, QL - 30 day(s)
<i>ipratropium bromide soln 0.02 %</i>	1	MO
<i>ipratropium bromide soln 0.03 %</i>	1	ST, MO
<i>montelukast sodium chew 4 mg</i>	1	MO
<i>montelukast sodium chew 5 mg</i>	1	MO
<i>montelukast sodium tabs 10 mg</i>	1	MO
PULMOZYME SOLN 1 MG/ML [ <i>dornase alfa</i> ]	4	QL - 30 day(s)
REMODULIN SOLN 100 MG/20ML [ <i>treprostinil</i> ]	4	QL - 30 day(s), LD
REMODULIN SOLN 20 MG/20ML [ <i>treprostinil</i> ]	4	QL - 30 day(s), LD
REMODULIN SOLN 200 MG/20ML [ <i>treprostinil</i> ]	4	QL - 30 day(s), LD
REMODULIN SOLN 50 MG/20ML [ <i>treprostinil</i> ]	4	QL - 30 day(s), LD
SODIUM CHLORIDE NEBU 0.9 % [ <i>sodium chloride (inhalant)</i> ]	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [ <i>tiotropium bromide monohydrate</i> ]	2	MO
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [ <i>tiotropium bromide-olodaterol hcl</i> ]	2	MO
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [ <i>olodaterol hcl</i> ]	2	MO
[Theophylline] THEO-24 CP24 300 MG	2	MO
<i>theophylline er tb12 100 mg</i>	1	MO
<i>theophylline er tb12 200 mg</i>	1	MO
<i>theophylline er tb12 300 mg</i>	1	MO
<i>theophylline er tb12 450 mg</i>	1	MO
<i>theophylline er tb24 400 mg</i>	1	MO
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [ <i>albuterol sulfate</i> ]	2	MO
<b>SERUMS, TOXOIDS, AND VACCINES</b>		
<b>SERUMS</b>		
CARIMUNE NF SOLR 12 GM [ <i>immune globulin (human) iv</i> ]	2	MO
CARIMUNE NF SOLR 6 GM [ <i>immune globulin (human) iv</i> ]	2	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
GAMUNEX-C SOLN 1 GM/10ML [ <i>immune globulin (human) iv or subcutaneous</i> ]	2	QL - 30 day(s)
GAMUNEX-C SOLN 10 GM/100ML [ <i>immune globulin (human) iv or subcutaneous</i> ]	2	QL - 30 day(s)
GAMUNEX-C SOLN 2.5 GM/25ML [ <i>immune globulin (human) iv or subcutaneous</i> ]	2	QL - 30 day(s)
GAMUNEX-C SOLN 20 GM/200ML [ <i>immune globulin (human) iv or subcutaneous</i> ]	2	QL - 30 day(s)
GAMUNEX-C SOLN 5 GM/50ML [ <i>immune globulin (human) iv or subcutaneous</i> ]	2	QL - 30 day(s)
HIZENTRA SOLN 1 GM/5ML [ <i>immune globulin (human) subcutaneous</i> ]	2	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML [ <i>immune globulin (human) subcutaneous</i> ]	2	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML [ <i>immune globulin (human) subcutaneous</i> ]	2	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML [ <i>immune globulin (human) subcutaneous</i> ]	2	QL - 30 day(s)
HYPERRHO S/D SOSY 1500 UNIT [ <i>rho d immune globulin (human)</i> ]	2	
HYQVIA KIT 10 GM/100ML [ <i>immune globulin (human)-hyaluronidase (human recombinant)</i> ]	4	PA, QL - 30 day(s)
HYQVIA KIT 2.5 GM/25ML [ <i>immune globulin (human)-hyaluronidase (human recombinant)</i> ]	4	PA, QL - 30 day(s)
HYQVIA KIT 20 GM/200ML [ <i>immune globulin (human)-hyaluronidase (human recombinant)</i> ]	4	PA, QL - 30 day(s)
HYQVIA KIT 30 GM/300ML [ <i>immune globulin (human)-hyaluronidase (human recombinant)</i> ]	4	PA, QL - 30 day(s)
HYQVIA KIT 5 GM/50ML [ <i>immune globulin (human)-hyaluronidase (human recombinant)</i> ]	4	PA, QL - 30 day(s)
IMOGLAM RABIES-HT SOLN 300 UNIT/2ML [ <i>rabies immune globulin (human)</i> ]	2	
NABI-HB SOLN [ <i>hepatitis b immune globulin (human)</i> ]	2	
OCTAGAM SOLN 5 GM/100ML [ <i>immune globulin (human) iv</i> ]	2	MO
RHOPHYLAC SOSY 1500 UNIT/2ML [ <i>rho d immune globulin (human)</i> ]	2	
VARIZIG SOLR 125 UNIT [ <i>varicella-zoster immune globulin (human)</i> ]	2	
<b>SEXUAL DYSFUNCTION</b>		
<b>VASODILATING AGENTS</b>		
CAVERJECT SOLR 20 MCG [ <i>alprostadil (vasodilator)</i> ]	2	QL - 8/30 day(s), RB
CAVERJECT SOLR 40 MCG [ <i>alprostadil (vasodilator)</i> ]	2	QL - 8/30 day(s), RB
EDEX KIT 10 MCG [ <i>alprostadil (vasodilator)</i> ]	2	QL - 8/30 day(s), RB
EDEX KIT 20 MCG [ <i>alprostadil (vasodilator)</i> ]	2	QL - 8/30 day(s), RB
EDEX KIT 40 MCG [ <i>alprostadil (vasodilator)</i> ]	2	QL - 8/30 day(s), RB
MUSE PLLT 1000 MCG [ <i>alprostadil (vasodilator)</i> ]	2	QL - 8/30 day(s), RB
MUSE PLLT 125 MCG [ <i>alprostadil (vasodilator)</i> ]	2	QL - 8/30 day(s), RB
MUSE PLLT 250 MCG [ <i>alprostadil (vasodilator)</i> ]	2	QL - 8/30 day(s), RB

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
MUSE PLLT 500 MCG [ <i>alprostadil (vasodilator)</i> ]	2	QL - 8/30 day(s), RB
<i>tadalafil tabs 10 mg</i>	1	QL - 8/30 day(s), RB
<i>tadalafil tabs 2.5 mg</i>	1	QL - 8/30 day(s), RB
<i>tadalafil tabs 20 mg</i>	1	QL - 8/30 day(s), RB
<i>tadalafil tabs 5 mg</i>	1	QL - 32/30 day(s), RB
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
AKTIPAK PACK 5-3 % [ <i>benzoyl peroxide-erythromycin</i> ]	2	MO
BACTROBAN NASAL OINT 2 % [ <i>mupirocin calcium</i> ]	2	
BENZOIC ACID POWD [ <i>benzoic acid</i> ]	2	
<i>clindamycin phosphate crea 2 %</i>	1	
<i>clindamycin phosphate lotn 1 %</i>	1	ST, MO
<i>clindamycin phosphate soln 1 %</i>	1	MO
<i>clotrimazole troc 10 mg</i>	1	
<i>clotrimazole-betamethasone crea 1-0.05 %</i>	1	
<i>erythromycin gel 2 %</i>	1	MO
<i>erythromycin soln 2 %</i>	1	MO
<i>gentamicin sulfate crea 0.1 %</i>	1	
<i>gentamicin sulfate oint 0.1 %</i>	1	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [ <i>iodoquinol-hc</i> ]	1	
<i>ketoconazole crea 2 %</i>	1	
<i>ketoconazole sham 2 %</i>	1	
<i>metronidazole crea 0.75 %</i>	1	
<i>metronidazole gel 0.75 %</i>	1	
<i>mupirocin calcium crea 2 %</i>	1	
<i>mupirocin oint 2 %</i>	1	
<i>nystatin crea 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
<i>selenium sulfide lotn 2.5 %</i>	1	
SILVER SULFADIAZINE CREA 1 % [ <i>silver sulfadiazine</i> ]	1	
<i>sulfacetamide sodium (acne) lotn 10 %</i>	1	MO
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>alclometasone dipropionate oint 0.05 %</i>	1	MO
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	1	MO
<i>betamethasone dipropionate aug crea 0.05 %</i>	1	MO
<i>betamethasone dipropionate aug gel 0.05 %</i>	2	MO
<i>betamethasone dipropionate aug lotn 0.05 %</i>	1	MO
<i>betamethasone dipropionate aug oint 0.05 %</i>	1	MO
<i>betamethasone dipropionate lotn 0.05 %</i>	1	MO
BETAMETHASONE DIPROPIONATE OINT 0.05 % [ <i>betamethasone dipropionate (topical)</i> ]	1	MO
BETAMETHASONE VALERATE CREA 0.1 % [ <i>betamethasone valerate</i> ]	1	MO
BETAMETHASONE VALERATE LOTN 0.1 % [ <i>betamethasone valerate</i> ]	1	MO

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>betamethasone valerate oint 0.1 %</i>	1	MO
<i>ciclopirox olamine crea 0.77 %</i>	1	
<i>clobetasol propionate crea 0.05 %</i>	1	MO
<i>clobetasol propionate emollient base crea 0.05 %</i>	1	MO
<i>clobetasol propionate gel 0.05 %</i>	1	MO
<i>clobetasol propionate oint 0.05 %</i>	1	MO
CLOBETASOL PROPIONATE POWD [clobetasol propionate]	2	
<i>clobetasol propionate sham 0.05 %</i>	1	MO
<i>clobetasol propionate soln 0.05 %</i>	1	MO
CLOBEX SHAM 0.05 % [clobetasol propionate]	2	MO
[Hydrocortisone (intrarectal)] COLOCORT ENEM 100 MG/60ML	1	MO
CORDRAN TAPE 4 MCG/SQCM [flurandrenolide]	2	MO
<i>desonide crea 0.05 %</i>	1	MO
<i>desonide oint 0.05 %</i>	1	MO
<i>desoximetasone crea 0.25 %</i>	1	MO
<i>diclofenac sodium gel 1 %</i>	1	MO
DUPIXENT SOSY 200 MG/1.14ML [dupilumab]	4	PA, QL - 30 day(s)
<i>fluocinolone acetonide body oil 0.01 %</i>	1	MO
<i>fluocinolone acetonide crea 0.01 %</i>	1	MO
<i>fluocinolone acetonide crea 0.025 %</i>	1	MO
<i>fluocinolone acetonide oint 0.025 %</i>	1	MO
<i>fluocinolone acetonide scalp oil 0.01 %</i>	1	MO
<i>fluocinolone acetonide soln 0.01 %</i>	1	MO
FLUOCINONIDE CREA 0.05 % [fluocinonide]	1	MO
<i>fluocinonide emulsified base crea 0.05 %</i>	1	MO
<i>fluocinonide gel 0.05 %</i>	1	MO
<i>fluocinonide oint 0.05 %</i>	1	MO
<i>fluocinonide soln 0.05 %</i>	1	MO
<i>halobetasol propionate crea 0.05 %</i>	1	MO
<i>halobetasol propionate oint 0.05 %</i>	1	MO
HYDROCORTISONE ACETATE SUPP 25 MG [hydrocortisone acetate (rectal)]	1	MO
<i>hydrocortisone butyr lipo base crea 0.1 %</i>	1	MO
<i>hydrocortisone butyrate crea 0.1 %</i>	1	MO
<i>hydrocortisone butyrate oint 0.1 %</i>	1	MO
<i>hydrocortisone butyrate soln 0.1 %</i>	2	MO
<i>hydrocortisone crea 2.5 %</i>	1	MO
<i>hydrocortisone lotn 2.5 %</i>	1	MO
HYDROCORTISONE MICRONIZED POWD [hydrocortisone micronized]	2	
<i>hydrocortisone oint 2.5 %</i>	1	MO
<i>mometasone furoate crea 0.1 %</i>	1	MO
<i>mometasone furoate oint 0.1 %</i>	1	MO
<i>mometasone furoate soln 0.1 %</i>	1	MO
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	1	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b>	1	
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 %	1	MO
<b>triamcinolone acetonide aers 0.147 mg/gm</b>	1	MO
<b>triamcinolone acetonide crea 0.025 %</b>	1	MO
<b>triamcinolone acetonide crea 0.1 %</b>	1	MO
<b>triamcinolone acetonide crea 0.5 %</b>	1	MO
<b>triamcinolone acetonide oint 0.025 %</b>	1	MO
<b>triamcinolone acetonide oint 0.1 %</b>	1	MO
<b>triamcinolone acetonide oint 0.5 %</b>	1	MO
TRIACINOLONE ACETONIDE POWD <b>[triamcinolone acetonide (topical)]</b>	2	
<b>triamcinolone acetonide pste 0.1 %</b>	1	MO
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
<b>lidocaine hcl soln 4 %</b>	1	MO
<b>lidocaine hcl urethral/mucosal gel 2 %</b>	2	MO
<b>lidocaine-prilocaine crea 2.5-2.5 %</b>	1	MO
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
RETIN-A CREA 0.025 % <b>[tretinoin]</b>	2	AR, MO
RETIN-A CREA 0.05 % <b>[tretinoin]</b>	2	AR, MO
RETIN-A CREA 0.1 % <b>[tretinoin]</b>	2	AR, MO
RETIN-A GEL 0.01 % <b>[tretinoin]</b>	2	AR, MO
RETIN-A GEL 0.025 % <b>[tretinoin]</b>	2	AR, MO
<b>tretinoin crea 0.025 %</b>	1	AR, MO
<b>tretinoin crea 0.05 %</b>	1	AR, MO
<b>tretinoin crea 0.1 %</b>	1	AR, MO
<b>tretinoin gel 0.01 %</b>	1	AR, MO
<b>tretinoin gel 0.025 %</b>	1	AR, MO
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
<b>acitretin caps 10 mg</b>	1	
<b>acitretin caps 25 mg</b>	1	
<b>adapalene gel 0.3 %</b>	1	MO
<b>calcipotriene soln 0.005 %</b>	1	MO
[Isotretinoin] CLARAVIS CAPS 10 MG	1	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML <b>[secukinumab]</b>	4	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML <b>[secukinumab]</b>	4	QL - 30 day(s)
DIFFERIN GEL 0.3 % <b>[adapalene]</b>	2	MO
DRITHO-CREME HP CREA 1 % <b>[anthralin]</b>	2	MO
DRYSOL SOLN 20 % <b>[aluminum chloride]</b>	2	MO
DUPIXENT SOPN 300 MG/2ML <b>[dupilumab]</b>	4	PA, QL - 30 day(s)
DUPIXENT SOSY 300 MG/2ML <b>[dupilumab]</b>	4	PA, QL - 30 day(s)
ETHYL CHLORIDE AERO <b>[ethyl chloride]</b>	2	
<b>fluorouracil crea 5 %</b>	1	
<b>fluorouracil soln 2 %</b>	2	
<b>fluorouracil soln 5 %</b>	2	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
GLYCOPYRROLATE POWD [glycopyrrolate (bulk)]	2	
GRANULEX AER [trypsin w/ castor oil & peruvian balsam]	2	
<i>imiquimod crea 5 %</i>	1	
<i>isotretinoin caps 20 mg</i>	1	
<i>isotretinoin caps 30 mg</i>	1	
<i>isotretinoin caps 40 mg</i>	1	
<i>methoxsalen rapid caps 10 mg</i>	1	
<i>permethrin crea 5 %</i>	1	
<i>podofilox soln 0.5 %</i>	1	MO
SANTYL OINT 250 UNIT/GM [collagenase]	2	
TACROLIMUS OINT 0.03 % [tacrolimus (topical)]	1	MO
TACROLIMUS OINT 0.1 % [tacrolimus (topical)]	1	MO
<i>tazarotene crea 0.1 %</i>	1	MO
TAZORAC CREA 0.05 % [tazarotene]	2	MO
TAZORAC GEL 0.05 % [tazarotene]	2	MO
TAZORAC GEL 0.1 % [tazarotene]	2	MO
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	2	MO
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol]	2	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>SMOOTH MUSCLE RELAXANTS</b>		
<i>oxybutynin chloride er tb24 10 mg</i>	1	MO
<i>oxybutynin chloride er tb24 15 mg</i>	1	MO
<i>oxybutynin chloride er tb24 5 mg</i>	1	MO
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	MO
<i>oxybutynin chloride tabs 5 mg</i>	1	MO
<i>solifenacin succinate tabs 10 mg</i>	1	QL - 1/day, MO
<i>solifenacin succinate tabs 5 mg</i>	1	QL - 1/day, MO
<i>trospium chloride tabs 20 mg</i>	1	MO
<b>VITAMINS</b>		
<b>VITAMINS</b>		
AQUASOL A SOLN 15 MG/ML [vitamin a]	2	QL - 30 day(s)
<i>calcitriol caps 0.25 mcg</i>	1	MO
<i>calcitriol caps 0.5 mcg</i>	1	MO
<i>cyanocobalamin soln 1000 mcg/ml</i>	1	MO
DECARA CAPS 1.25 MG (50000 UT) [cholecalciferol]	1	
<i>folic acid soln 5 mg/ml</i>	1	
<i>folic acid tabs 1 mg</i>	1	MO
INFED SOLN 50 MG/ML [iron dextran]	2	
INFUVITE ADULT INJ [multiple vitamin]	2	
MEPHYTON TABS 5 MG [phytonadione]	2	
<i>phytonadione tabs 5 mg</i>	1	
POTABA CAPS 500 MG [potassium aminobenzoate]	2	MO
POTABA TAB 500MG [potassium aminobenzoate]	2	

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# Formulary Drugs by Medical Condition

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>pyridoxine hcl soln 100 mg/ml</i>	2	
<i>thiamine hcl soln 100 mg/ml</i>	1	
<i>VENOFER SOLN 20 MG/ML [iron sucrose]</i>	2	
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	1	MO
<i>vitamin k1 soln 10 mg/ml</i>	1	QL - 30 day(s)

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

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<i>abiraterone acetate tabs 250 mg</i>	15
ABRAXANE SUSR 100 MG [ <i>paclitaxel protein-bound particles</i> ]	15
<i>acamprosate calcium tbec 333 mg</i>	29
<i>acarbose tabs 100 mg</i>	55
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<i>acarbose tabs 50 mg</i>	55
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<i>acebutolol hcl caps 400 mg</i>	25
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<i>acetaminophen-codeine #3 tabs 300-30 mg</i>	29
<i>acetaminophen-codeine #4 tabs 300-60 mg</i>	29
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	29
<i>acetazolamide er cp12 500 mg</i>	27
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<i>acetylcysteine soln 20 %</i>	63
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<i>acyclovir sodium inj 1000mg</i>	11
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**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  
1-800-632-9700 (TTY: 711)。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **711 :TTY** **1-800-632-9700** تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: 711).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-632-9700** (TTY: 711).

**Igbo (Igbo) NRUBAMA:** Ọ bụru na ị na asụ Igbo, ọru enyemaka asusụ, n'efu, díjiri gi.  
Kpoo 1-800-632-9700 (TTY: 711).

**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。 **1-800-632-9700** (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. **1-800-632-9700** (TTY: 711) 번으로 전화해 주십시오.

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yániłti'go Diné Bizaad, saad bee aká'ánida'áwo'déé', t'áá jiik'eh, éí ná hólǫ, koji' hódiílnih **1-800-632-9700** (TTY: 711).

**नेपाली (Nepali) ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्नि भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: 711) फोन गर्नुहोस् ।

**Afaan Oromoo (Oromo) XIYYEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: 711).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: 711).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (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 **1-800-632-9700** (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 **1-800-632-9700** (TTY: 711).

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: 711).