

2020 Kaiser Permanente State Employee Health Benefit

SEHB Drug Formulary



Georgia Region

Member Services

Monday through Friday, 7 a.m. to 7 p.m.

404-261-2590 from the metropolitan Atlanta area
or **1-888-865-5813** outside Atlanta (711 TTY)

What is the Kaiser Permanente, a State Employee Health Benefit 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 the formulary enables Kaiser Permanente to provide optimal care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts. Our physicians and pharmacists work closely together to ensure that our formulary meets your needs.

Does the formulary ever change?

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

The enclosed formulary is effective as of **November 11, 2020** and represents the most commonly prescribed medications.

How do I use the Formulary?

There is an easy way to find your drug within the formulary:

To search for a specific medication or condition, press the 'CTRL' key and the 'F' key on your keyboard at the same time. In the search window that pops

up, enter the text you want to search for and press 'Enter.' Press 'Enter' again to move to the next result.

Medical Condition

The drugs on this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs." If you know what your drug is used for, simply look for the category name in the list. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index. The Index provides an alphabetical list of all the drugs included in this document. Both Preferred Brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to the drug, you will see the page number where you can find coverage information. Go to the page listed in the Index and find the name of your drug on the list.

What are generic drugs?

Kaiser Permanente covers both Preferred Brand-name drugs and generic drugs.

Generic drugs are produced and sold under their chemical names after the patent of the Preferred Brand name drug expires. Although the price is lower, the quality and effectiveness of generic drugs is the same as Preferred

Brand name drugs. The Federal Food and Drug Administration (FDA) requires that generic drugs contain the same active ingredients in the same amount as the Preferred Brand name drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin*) within the formulary. Preferred Brand-name drugs are capitalized within the formulary (e.g., FLOVENT).

What are Preferred Brand name drugs?

Preferred Brand name drugs are drugs that are produced and sold under the original manufacturer's name.

What are Non- Preferred Brand drugs?

Non-Preferred Brand drugs are drugs that are not included on the plan's list of preferred prescription drugs.

Because all drug product strengths and package sizes of a formulary drug will be included in your plan's benefits, just note the drug cost share coverage amount will be based on the specific tier of the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

How much will I pay for Covered Drugs?

What you pay for covered drugs is determined by the outpatient prescription drug benefit outlined in your Evidence of Coverage. Kaiser Permanente, the State Employee Health Benefit plan has a three-tier open formulary benefit.

Open formulary benefits have a generic cost sharing requirement. This means that if you choose to fill a Preferred Brand name drug when a

generic is available, then in addition to your standard cost share, you will also pay the difference in cost between the Preferred Brand name and generic drug.

Generics drugs are those covered at the lowest cost share defined as Tier 1 coverage amount. Preferred Brand drugs are those Preferred Brands which will be covered at your preferred Brand cost share defined as Tier 2 coverage amount. Non-preferred Brands drugs are covered at the non-preferred cost share defined as Tier 3 coverage amount.

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

Each prescription refill is provided on the same basis as the original prescription. Cost shares are applied on a per prescription basis, for up to the lesser of the dispensing amount listed in the "Schedule of Benefits" or the standard prescription amount.

The standard prescription amount for the following items is:

- Migraine medications — the smallest package size commercially available

- Ophthalmic and otic medications — the smallest package size commercially available
- Oral and nasal inhalers — the smallest standard package size
- Step Therapy (ST): For certain drugs, Kaiser Permanente requires the use of similar, alternative medications prior to coverage.

Are there any other restrictions on coverage?

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

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

You can find out if the drug has any additional requirements or limits by looking in the Restrictions Column on the formulary list.

What if my drug is not on the Formulary?

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

For more information

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

If you have questions about Kaiser Permanente, please call Member Services at **1-833-642-5973 or 770-291-4430**, Monday through Friday 7:00 a.m. to 7 p.m. TTY/TDD users should call **1-800-255-0056**.

Or visit kp.org/tricare.

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ST = Step Therapy, PA = Prior Authorization, QL = Quantity Limit, Age = Age Restriction

Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Antihistamine Drugs				
Antihistamine Drugs				
ST	1	carbinoxamine maleate	ARBINOXA	Generic
	1	cycloheptadine	PERIACTIN	Generic
	1	chlorpheniramine, phenylephrine & pyrilamine	POLY HIST FORTE	Generic
	1	promethazine & phenylephrine	PHENERGAN VC	Generic
QL	1	promethazine	PHENERGAN	Generic
Anti-infective Agents				
Anthelmintics				
	2	albendazole	ALBENZA	Preferred Brand
	1	ivermectin	STROMECTOL	Generic
PA, QL	3	ivermectin	SOOLANTRA	Non-Preferred
ST	1	praziquantel	BILTRICIDE	Generic
Anti-infectives, Miscellaneous				
ST	3	bismuth subcitrate & metronidazole	PYLERA	Non-Preferred
	3	metronidazole, tetracycline & bismuth subsalicylate	HELIDAC	Non-Preferred
	3	benznidazole	benznidazole	Non-Preferred
Antibacterials				
PA	3	amikacin liposomal Inhalation	ARIKAYCE	Non-Preferred
	1	amoxicillin	AMOXIL	Generic
	1	amoxicillin & clavulanate potassium	AUGMENTIN	Generic
	1	amoxicillin & clavulanate potassium extended-release	AUGMENTIN XR	Generic
	1	ampicillin sodium	AMPICILLIN	Generic
	1	azithromycin	ZITHROMAX	Generic
	1	cefaclor	CECLOR	Generic
	1	cefadroxil	DURICEF	Generic
	1	cefdinir	OMNICEF	Generic
ST	1	cefditoren	SPECTRACEF	Generic
	3	cefixime	SUPRAX	Non-Preferred
	1	cefixime solution	SUPRAX	Generic
	1	cefprozime	VANTIN	Generic
	1	cefprozil	CEFZIL	Generic
	1	cefuroxime axetil	CEFTIN	Generic
	1	cephalexin	KEFLEX	Generic
	1	ciprofloxacin	CIPRO	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	clarithromycin	BIAXIN	Generic
	1	clarithromycin extended-release	BIAXIN XL	Generic
	1	clindamycin hcl	CLEOCIN HCL	Generic
	1	clindamycin palmitate	CLEOCIN PEDIATRIC	Generic
ST	3	delafloxacin	BEXDELA	Non-Preferred
	1	demeclocycline	DECILOMYCIN	Generic
	1	dicloxacillin	DYNAPEN	Generic
	3	doxycycline	ORACEA	Non-Preferred
	1	doxycycline hyclate	PERIOSTAT	Generic
ST	3	doxycycline hyclate	DORYX	Non-Preferred
	1	doxycycline monohydrate	ADOXA	Generic
	1	doxycycline monohydrate	MONODOX	Generic
	1	erythromycin & sulfisoxazole	E.S.P	Generic
	1	erythromycin base	ERYTHROMYCIN	Generic
	1	erythromycin base delayed-release	ERY-TAB	Generic
	1	erythromycin ethylsuccinate	E.E.S.	Generic
	3	erythromycin ethylsuccinate	ERYPED	Non-Preferred
	3	erythromycin stearate	ERYTHROCIN	Non-Preferred
ST	3	fidaxomicin	DIFICID	Non-Preferred
	1	gentamicin sulfate	GARAMYCIN	Generic
	3	lefamulin	XENLETA	Non-Preferred
	1	levofloxacin	LEVAQUIN	Generic
	1	linezolid	ZYVOX	Generic
	1	minocycline	DYNACIN	Generic
	1	minocycline	MINOCIN	Generic
	1	minocycline	SOLODYN	Generic
ST	1	moxifloxacin	AVELOX	Generic
	1	neomycin sulfate	MYCIFRADIN	Generic
	3	norfloxacin	NOROXIN	Non-Preferred
	1	penicillin v potassium	PEN-VEE K	Generic
ST	3	omadacycline	NUZYRA	Non-Preferred
ST, QL (200 mg only)	3	rifaximin	XIFAXAN	Non-Preferred
	1	sulfadiazine	SULFADIAZINE	Generic
	1	sulfamethoxazole & trimethoprim	BACTRIM DS	Generic
	1	sulfamethoxazole & trimethoprim	SEPTRA	Generic
	1	sulfasalazine	AZULFIDINE	Generic
ST	3	tedizolid	SIVEXTRO	Non-Preferred
ST	3	telithromycin	KETEK	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	tetracycline	TETRACYCLINE	Generic
	3	tobramycin inhalation powder	TOBI PODHALER	Non-Preferred
	1	tobramycin inhalation solution	TOBI	Generic
	1	Vancomycin capsule	VANCOCIN	Generic
Antifungals				
PA, QL	3	efinaconazole	JUBLIA	Non-Preferred
QL	1	fluconazole	DIFLUCAN	Generic
	1	flucytosine	ANCOBON	Generic
	1	griseofulvin microsize	GRIFULVIN V	Generic
	1	griseofulvin ultramicrosize	GRIS-PEG	Generic
	3	isavuconazonium	CRESEMBA	Non-Preferred
	1	itraconazole	SPORANOX	Generic
	1	ketoconazole	NIZORAL	Generic
	3	luliconazole	LUZU	Non-Preferred
	1	nystatin	MYCOSTATIN	Generic
PA	3	posaconazole	NOXAFIL	Non-Preferred
PA	3	tavaborole	KERYDIN	Non-Preferred
	1	terbinafine	LAMISIL	Generic
	1	voriconazole tablet	VFEND	Generic
ST	3	voriconazole suspension	VFEND	Non-Preferred
Antimycobacterials				
	1	cycloserine	SEROMYCIN	Generic
	1	dapsone	AVLOSULFON	Generic
	1	ethambutol	MYAMBUTOL	Generic
ST	3	ethionamide	TRECTOR	Non-Preferred
	1	isoniazid	NYDRAZID	Generic
ST	3	pretomanid	PRETOMANID	Non-Preferred
	1	pyrazinamide	PYRAZINAMIDE	Generic
	1	rifabutin	MYCOBUTIN	Generic
	1	rifampin	RIFADIN	Generic
	1	rifampin & isoniazid	RIFAMATE	Generic
ST	3	rifampin, isoniazid, & pyrazinamide	RIFATER	Non-Preferred
	3	rifapentine	PRIFTIN	Non-Preferred
Antiprotozoals				
ST	3	artemether & lumefantrine	COARTEM	Non-Preferred
	1	atovaquone	MEPRON	Generic
ST	1	atovaquone & proguanil	MALARONE	Generic
ST	1	chloroquine phosphate	ARALEN	Generic
	1	hydroxychloroquine sulfate	PLAQUENIL	Generic
ST	1	mefloquine	LARIAM	Generic
	1	metronidazole	FLAGYL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	metronidazole extended-release	FLAGYL ER	Non-Preferred
PA	3	miltefosine	IMPAVIDO	Non-Preferred
	3	nitazoxanide	ALINIA	Non-Preferred
	1	paromomycin sulfate	HUMATIN	Generic
ST	3	pentamidine	NEBUPENT	Non-Preferred
	2	primaquine phosphate	PRIMAQUINE	Preferred Brand
PA	3	pyrimethamine	DARAPRIM	Non-Preferred
ST	1	quinine sulfate	QUALAQUIN	Generic
ST	3	secnidazole	SOLOSEC	Non-Preferred
Antiviral				
QL	1	abacavir sulfate & lamivudine	EPZICOM	Generic
QL	2	abacavir sulfate solution	ZIAGEN	Preferred Brand
QL	1	abacavir sulfate tablet	ZIAGEN	Generic
	3	abacavir, dolutegravir & lamivudine	TRIUMEQ	Non-Preferred
QL	1	abacavir, lamivudine & zidovudine	TRIZIVIR	Generic
	1	acyclovir	ZOVIRAX	Generic
QL,ST	1	adefovir dipivoxil	HEPSERA	Generic
	3	atazanavir & cobicistat	EVOTAZ	Non-Preferred
QL	2	atazanavir sulfate 150 mg	REYATAZ	Preferred Brand
QL	1	atazanavir sulfate 200 mg, 300 mg	REYATAZ	Generic
QL	2	bictegravir & emtricitabine & tenofovir	BIKTARVY	Preferred Brand
QL	3	boceprevir	VICTRELIS	Non-Preferred
PA	3	daclatasvir	DAKLINZA	Non-Preferred
	2	darunavir & cobicistat	PREZCOBIX	Non-Preferred
QL	2	darunavir ethanolate	PREZISTA	Preferred Brand
QL	3	darunavir/cobicistat/FTC/tenofovir	SYMTUZA	Preferred Brand
QL	2	delavirdine mesylate	RESCRIPTOR	Preferred Brand
QL	1	didanosine	VIDEX EC	Generic
QL	2	didanosine solution	VIDEX	Preferred Brand
	2	dolutegravir	TIVICAY	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	3	dolutegravir & rilpivirine	JULUCA	Non-Preferred
QL	3	dolutegravir & lamivudine	DOVATO	Preferred Brand
	3	doravirine	PIFELTRO	Non-Preferred
QL	3	doravirine/lamivudine/tenofovir	DELSTRIGO	Non-Preferred
QL	1	efavirenz 600 mg	SUSTIVA	Generic
QL	3	efavirenz, emtricitabine & tenofovir	ATRIPLA	Non-Preferred
QL	2	efavirenz 600 mg, lamivudine & tenofvir	SYMFI	Preferred Brand
QL	3	efavirenz 400 mg, lamivudine & tenofvir	SYMFI LO	Non-Preferred
PA	3	elbasvir & grazoprevir	ZEPATIER	Non-Preferred
QL	3	elvitegravir, cobicistat, emtricitabine, & tenofovir	STRIBILD	Non-Preferred
QL	2	elvitegravir, cobicistat, emtricitabine, & tenofovir	GENVOYA	Preferred Brand
QL	2	emtricitabine	EMTRIVA	Preferred Brand
QL	2	emtricitabine & tenofovir	TRUVADA	Preferred Brand
QL	2	emtricitabine & tenofovir	DESCOVY	Preferred Brand
QL	3	emtricitabine, rilpivirine, & tenofovir	COMPLERA	Non-Preferred
QL	2	emtricitabine, rilpivirine, & tenofovir	ODEFSEY	Preferred Brand
QL	2	enfuvirtide	FUZEON	Preferred Brand
QL	1	entecavir	BARACLUDE	Generic
QL	2	etravirine	INTELENCE	Preferred Brand
ST	1	famciclovir	FAMVIR	Generic
QL	2	fosamprenavir calcium	LEXIVA	Preferred Brand
	1	ganciclovir	CYTOVENE	Generic
QL, PA	3	glecaprevir & pibrentasvir	MAVYRET	Non-Preferred
QL	2	indinavir sulfate	CRIXIVAN	Preferred Brand
	3	interferon alfacon-1	INFERGEN	Non-Preferred
QL, ST	3	lamivudine	EPIVIR HBV	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	1	lamivudine	EPIVIR	Generic
QL	2	Lamivudine & tenofovir	CIMDUO	Preferred Brand
QL	1	lamivudine & zidovudine	COMBIVIR	Generic
ST	3	letermovir	PREVYMIS	Non-Preferred
QL, PA	3	ledipasvir & sofosbuvir	HARVONI	Non-Preferred
QL	2	lopinavir & ritonavir	KALETRA	Preferred Brand
QL	2	maraviroc	SELZENTRY	Preferred Brand
QL	2	nelfinavir mesylate	VIRACEPT	Preferred Brand
QL	1	nevirapine solution	VIRAMUNE	Generic
QL	1	nevirapine tablet	VIRAMUNE	Generic
PA	3	ombitasvir, paritaprevir & ritonavir	TECHNIVIE	Non-Preferred
QL, PA	3	ombitasvir, paritaprevir, ritonavir, & dasabuvir	VIEKIRA	Non-Preferred
QL, PA	2	sofosbuvir, velpatasvir, voxilaprevir	VOSEVI	Preferred Brand
QL	1	oseltamivir phosphate	TAMIFLU	Generic
	3	palivizumab	SYNAGIS	Non-Preferred
QL	2	peginterferon alfa-2a	PEGASYS	Preferred Brand
	2	peginterferon-alfa 2b	PEG-INTRON	Preferred Brand
QL	2	raltegravir	ISENTRESS	Preferred Brand
QL	2	raltegravir (600mg)	ISENTRESS HD	Preferred Brand
	1	ribavirin	REBETOL	Generic
QL	3	rilpivirine	EDURANT	Non-Preferred
QL	1	rimantadine	FLUMADINE	Generic
QL	1	ritonavir	NORVIR	Generic
QL	2	saquinavir mesylate	INVIRASE	Preferred Brand
QL, PA	3	simeprevir	OLYSIO	Non-Preferred
QL, PA	3	sofosbuvir	SOVALDI	Non-Preferred
QL, PA	2	sofosbuvir & velpatasvir	EPCLUSA	Preferred Brand
QL	1	stavudine	ZERIT	Generic
QL	3	telaprevir	INCIVEK	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	<i>telbivudine</i>	TYZEKA	Non-Preferred
QL	3	<i>tenofovir</i>	VIREAD	Non-Preferred
QL	1	<i>tenofovir 300 mg</i>	VIREAD	Generic
QL, PA	3	<i>tenofovir alafenamide</i>	VEMLIDY	Non-Preferred
QL	2	<i>tipranavir</i>	APTIVUS	Preferred Brand
ST	1	<i>valacyclovir</i>	VALTREX	Generic
	1	<i>valganciclovir</i>	VALCYTE	Generic
QL	2	<i>zanamivir</i>	RELENZA	Preferred Brand
QL	1	<i>zidovudine</i>	RETROVIR	Generic
Urinary Antiinfectives				
ST	3	<i>fosfomycin</i>	MONUROL	Non-Preferred
ST	1	<i>methenamine hippurate</i>	HIPREX	Generic
	3	<i>methenamine, sodium biphosphate, phenyl salicylate, methylene blue, and hyoscyamine</i>	URELLE	Non-Preferred
	2	<i>nitrofurantoin</i>	FURADANTIN	Preferred Brand
	1	<i>nitrofurantoin macrocrystal</i>	MACRODANTIN	Generic
	1	<i>nitrofurantoin monohydrate</i>	MACROBID	Generic
	1	<i>trimethoprim</i>	PROLOPRIM	Generic
Antineoplastic Agents				
Antineoplastic Agents				
	3	<i>abemaciclib</i>	VERZENIO	Non-Preferred
	2	<i>abiraterone</i>	ZYTIGA	Preferred Brand
	3	<i>acalabrutinib</i>	CALQUENCE	Non-Preferred
QL, PA	3	<i>alpelisib</i>	PIQRAY	Non-Preferred
	1	<i>anastrozole</i>	ARIMIDEX	Generic
QL	3	<i>avapritinib</i>	AYVAKIT	Non-Preferred
	3	<i>axitinib</i>	INLYTA	Non-Preferred
	2	<i>bexarotene</i>	TARGRETIN	Preferred Brand
	1	<i>bicalutamide</i>	CASODEX	Generic
	3	<i>binimetinib</i>	MEKTOVI	Non-Preferred
	3	<i>bosutinib</i>	BOSULIF	Non-Preferred
	2	<i>busulfan</i>	MYLERAN	Preferred Brand
	1	<i>capecitabine</i>	XELODA	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	ceritinib	ZYKADIA	Non-Preferred
	2	chlorambucil	LEUKERAN	Preferred Brand
	2	cobimetinib	COTELLIC	Preferred Brand
	2	crizotinib	XALKORI	Preferred Brand
	1	cyclophosphamide	CYTOXAN	Generic
	3	dacomitinib	VIZIMPRO	Non-Preferred
QL	2	dasatinib	SPRYCEL	Preferred Brand
QL, PA	3	darolutamide	NUBEQA	Non-Preferred
	3	enasidenib	IDHIFA	Non-Preferred
	3	encorafenib	BRAFTOVI	Non-Preferred
PA	3	entrectinib	ROZLYTREK	Non-Preferred
	2	enzalutamide	XTANDI	Preferred Brand
	2	erlotinib	TARCEVA	Preferred Brand
	2	estramustine	EMCYT	Preferred Brand
QL	2	everolimus	AFINITOR	Preferred Brand
	1	exemestane	AROMASIN	Generic
	3	gilteritinib	XOSPATA	Non-Preferred
	3	glasdegib	DAURISMO	Non-Preferred
	1	flutamide	EULEXIN	Generic
	1	hydroxyurea	HYDREA	Generic
	2	hydroxyurea	DROXIA	Preferred Brand
QL	2	ibrutinib	IMBRUVICA	Preferred Brand
QL	3	Ibrutinib 140 mg, 280 mg	IMBRUVICA	Non-Preferred
	2	idelalisib	ZYDELIG	Preferred Brand
	1	imatinib mesylate	GLEEVEC	Generic
	3	ivosidenib	TIBSOVO	Non-Preferred
	2	ixazomib	NINLARO	Preferred Brand
	2	lapatinib	TYKERB	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	<i>larotrectinib</i>	VITRAKVI	Non-Preferred
QL	2	<i>lenalidomide</i>	REVLIMID	Preferred Brand
	2	<i>lenvatinib</i>	LENVIMA	Preferred Brand
	1	<i>letrozole</i>	FEMARA	Generic
	1	<i>leuprolide acetate</i>	LUPRON	Generic
ST	1	<i>lomustine</i>	GLEOSTINE	Generic
	3	<i>lorlatinib</i>	LORBRENA	Non-Preferred
	3	<i>mechlorethamine</i>	VALCHLOR	Non-Preferred
	2	<i>melphalan</i>	ALKERAN	Preferred Brand
	1	<i>mercaptopurine</i>	PURINETHOL	Generic
	3	<i>methotrexate</i>	RASUVO	Non-Preferred
	3	<i>methotrexate</i>	OTREXUP	Non-Preferred
ST	1	<i>methotrexate sodium</i>	RHEUMATREX	Generic
	3	<i>methotrexate sodium</i>	TREXALL	Non-Preferred
	2	<i>mitotane</i>	LYSODREN	Preferred Brand
	2	<i>nilotinib</i>	TASIGNA	Preferred Brand
ST	3	<i>nilutamide</i>	NILANDRON	Non-Preferred
QL	2	<i>niraparib</i>	ZEJULA	Preferred Brand
QL	2	<i>palbociclib</i>	IBRANCE	Preferred Brand
	2	<i>pazopanib</i>	VOTRIENT	Preferred Brand
	3	<i>pemigatinib</i>	PEMAZYRE	Non-Preferred
PA, QL	3	<i>pexidartinib</i>	TURALIO	Non-Preferred
QL	2	<i>pomalidomide</i>	POMALYST	Preferred Brand
	3	<i>ponatinib</i>	ICLUSIG	Non-Preferred
	2	<i>procarbazine</i>	MATULANE	Preferred Brand
	2	<i>regorafenib</i>	STIVARGA	Preferred Brand
	3	<i>ripretinib</i>	QINLOCK	Non-Preferred
	3	<i>ruxolitinib</i>	JAKAFI	Non-Preferred
PA	3	<i>selinexor</i>	XPOVIO	Non-Preferred
PA	3	<i>selumetinib</i>	KOSELUGO	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	<i>sorafenib tosylate</i>	NEXAVAR	Preferred Brand
	2	<i>sunitinib malate</i>	SUTENT	Preferred Brand
	3	<i>talazoparib</i>	TALZENNA	Non-Preferred
	1	<i>tamoxifen citrate</i>	NOLVADEX	Generic
	3	<i>tazemetostat</i>	TAZVERIK	Non-Preferred
	1	<i>temozolomide</i>	TEMODAR	Generic
	2	<i>thioguanine</i>	TABLOID	Preferred Brand
	2	<i>topotecan</i>	HYCANTIN	Preferred Brand
ST	1	<i>toremifene</i>	FARESTON	Generic
	1	<i>tretinoin</i>	VESANOID	Generic
	2	<i>trifludine/tipiracil</i>	LONSURF	Preferred Brand
PA	3	<i>tucatinib</i>	TUKYSA	Non-Preferred
	2	<i>vandetanib</i>	CAPRELSA	Preferred Brand
	2	<i>vemurafenib</i>	ZELBORAF	Preferred Brand
	2	<i>vorinostat</i>	ZOLINZA	Preferred Brand
PA, QL	3	<i>zanubrutinib</i>	BRUKINSA	Non-Preferred
Autonomic Drugs				
Anticholinergic Agents				
	1	<i>atropine sulfate</i>	ATROPINE SULFATE	Generic
	1	<i>dicyclomine</i>	BENTYL	Generic
	1	<i>glycopyrrolate</i>	ROBINUL	Generic
	1	<i>glycopyrrolate</i>	ROBINULFORTE	Generic
	3	<i>glycopyrrolate inhalation pow</i>	SEEBRI NEOHALER	Non-Preferred
ST	3	<i>glycopyrrolate nebulizer soln</i>	LONHALA MAGNAIR	Non-Preferred
	1	<i>hyoscyamine sulfate</i>	LEVVID	Generic
	1	<i>hyoscyamine sulfate</i>	LEVSIN	Generic
	1	<i>hyoscyamine sulfate</i>	SYMAX	Generic
	3	<i>hyoscyamine sulfate</i>	SYMAX DUOTAB	Non-Preferred
	1	<i>ipratropium bromide</i>	ATROVENT	Generic
	2	<i>ipratropium bromide</i>	ATROVENT HFA	Preferred Brand
ST	1	<i>methscopolamine</i>	PAMINE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>propantheline bromide</i>	PRO-BANTHINE	Generic
ST	3	<i>revefenacin</i>	YUPELRI	Non-Preferred
	3	<i>tiotropium</i>	SPIRIVA	Non-Preferred
	2	<i>tiotropium 2.5 mcg</i>	SPIRIVA RESPIMAT	Preferred Brand
	3	<i>tiotropium 1.25 mcg</i>	SPIRIVA RESPIMAT	Non-Preferred
	3	<i>umeclidinium</i>	INCRUSE ELLIPTA	Non-Preferred
Smoking Cessation Agents				
	1	<i>nicotine gum</i>	NICORETTE	Generic
QL	3	<i>nicotine inhalation</i>	NICOTROL	Non-Preferred
	1	<i>nicotine lozenge</i>	NICORETTE	Generic
	1	<i>nicotine patch</i>	NICODERM	Generic
QL, ST	3	<i>nicotine spray</i>	NICOTROL	Non-Preferred
ST	3	<i>varenicline</i>	CHANTIX	Non-Preferred
Parasympathomimetic (Cholinergic) Agents				
PA	3	<i>amifampridine</i>	RUZURGI	Non-Preferred
	1	<i>bethanechol chloride</i>	URECHOLINE	Generic
	1	<i>cevimeline hcl</i>	EVOXAC	Generic
	1	<i>donepezil</i>	ARICEPT	Generic
	1	<i>donepezil</i>	ARICEPT ODT	Generic
	1	<i>galantamine hydrobromide</i>	RAZADYNE	Generic
	1	<i>galantamine hydrobromide</i>	RAZADYNEER	Generic
	1	<i>neostigmine bromide</i>	PROSTIGMIN	Generic
ST	1	<i>pilocarpine</i>	SALAGEN	Generic
	1	<i>pyridostigmine</i>	MESTION TIMESPAN	Generic
	1	<i>pyridostigmine</i>	MESTION	Generic
	1	<i>rivastigmine tartrate</i>	EXELON	Generic
	2	<i>rivastigmine tartrate (solution)</i>	EXELON	Preferred Brand
Skeletal Muscle Relaxants				
	1	<i>baclofen</i>	LIORESAL	Generic
ST	1	<i>carisoprodol</i>	SOMA	Generic
ST	1	<i>carisoprodol & aspirin</i>	SOMA COMPOUND	Generic
	1	<i>chlorzoxazone</i>	PARAFON FORTE DSC	Generic
	1	<i>cyclobenzaprine</i>	FLEXERIL	Generic
	3	<i>cyclobenzaprine extended-release</i>	AMRIX	Non-Preferred
	1	<i>dantrolene sodium</i>	DANTRIUM	Generic
ST	1	<i>metaxalone</i>	SKELAXIN	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>methocarbamol</i>	ROBAXIN	Generic
	1	<i>orphenadrine citrate</i>	NORFLEX	Generic
	1	<i>orphenadrine, aspirin, & caffeine</i>	NORGESIC	Generic
	1	<i>tizanidine</i>	ZANAFLEX	Generic
Sympatholytic (Adrenergic Blocking) Agents				
	1	<i>alfuzosin</i>	UROXATRAL	Generic
	1	<i>dihydroergotamine mesylate</i>	D.H.E.45	Generic
	2	<i>dihydroergotamine mesylate</i>	MIGRANAL	Preferred Brand
	1	<i>ergoloid mesylates</i>	HYDERGINE	Generic
	1	<i>ergotamine & caffeine</i>	CAFERGOT	Generic
ST	1	<i>phenoxybenzamine</i>	DIBENZYLINE	Generic
ST	3	<i>silodosin</i>	RAPAFLO	Non-Preferred
	1	<i>tamsulosin hcl</i>	FLOMAX	Generic
Sympathomimetic (Adrenergic) Agents				
	1	<i>albuterol nebulizer solution</i>	ACCUNEB	Generic
	3	<i>albuterol sulfate</i>	PROAIR HFA	Non-Preferred
	3	<i>albuterol sulfate</i>	PROVENTIL HFA	Non-Preferred
	2	<i>albuterol sulfate</i>	VENTOLIN HFA	Preferred Brand
	3	<i>albuterol sulfate & ipratropium</i>	COMBIVENT RESPIMAT	Non-Preferred
	1	<i>albuterol sulfate & ipratropium</i>	DUONEB	Generic
	1	<i>albuterol sulfate tablet</i>	VOSPIRE ER	Generic
	3	<i>arformoterol</i>	BROVANA	Non-Preferred
PA	3	<i>droxidopa</i>	NORTHERA	Non-Preferred
	1	<i>epinephrine</i>	ADRENACLICK	Generic
PA	3	<i>epinephrine</i>	AUVI-Q	Non-Preferred
	3	<i>epinephrine</i>	EIPEN	Non-Preferred
	3	<i>epinephrine</i>	EIPEN JR	Non-Preferred
	3	<i>epinephrine</i>	TWINJECT	Non-Preferred
	3	<i>formoterol fumarate</i>	FORADIL	Non-Preferred
ST	1	<i>levalbuterol nebulizer solution</i>	XOPENEX NEBULIZER	Generic
ST	1	<i>levalbuterol tartrate</i>	XOPENEX HFA	Generic
	1	<i>midodrine hcl</i>	PROAMATINE	Generic
	2	<i>olodaterol</i>	STRIVERDI RESPIMAT	Preferred Brand
ST	3	<i>pirbuterol acetate</i>	MAXAIR AUTOHALER	Non-Preferred
	1	<i>terbutaline sulfate</i>	BRETHINE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	umeclidinium & vilanterol	ANORO ELLIPTA	Non-Preferred
Blood Formation, Coagulation, and Thrombosis				
Coagulants and Anticoagulants				
	2	aminocaproic acid	AMICAR	Preferred Brand
	1	anagrelide	AGRYLIN	Generic
ST	3	apixaban	ELIQUIS	Non-Preferred
	1	aspirin & dipyridamole	AGGRENOX	Generic
ST	3	betrixaban	BEVYXXA	Non-Preferred
	1	cilostazol	PLETAL	Generic
	2	clopidogrel	PLAVIX	Generic
QL	2	dabigatran	PRADAXA	Preferred Brand
ST	3	dalteparin	FRAGMIN	Non-Preferred
	1	dipyridamole	PERSANTINE	Generic
ST	3	edoxaban	SAVAYSA	Non-Preferred
	1	enoxaparin	LOVENOX	Generic
ST	1	fondaparinux	ARIXTRA	Generic
	1	heparin	HEPARIN SODIUM	Generic
	1	pentoxifylline	TRENTAL	Generic
	1	prasugrel	EFFIENT	Generic
QL, ST	3	rivaroxaban	XARELTO	Non-Preferred
	2	ticagrelor	BRILINTA	Preferred Brand
ST	1	tranexamic acid	LYSTEDA	Generic
	3	vorapaxar	ZONTIVITY	Non-Preferred
	1	warfarin	COUMADIN	Generic
Hematopoietic Agents				
	2	darbepoetin alfa	ARANESP	Preferred Brand
	2	eltrombopag	PROMACTA	Preferred Brand
	2	epoetin alfa	PROCRIT	Preferred Brand
	3	epoetin alfa	EPOGEN	Non-Preferred
	3	filgrastim	NEUPOGEN	Non-Preferred
	2	filgrastim	ZARXIO	Preferred Brand
	2	oprelvekin	NEUMEGA	Preferred Brand
	3	pegfilgrastim	NEULASTA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>pegfilgrastim-jmdb</i>	FULPHILA	Non-Preferred
	2	<i>sargramostim</i>	LEUKINE	Preferred Brand
Cardiovascular Drugs				
a-Adrenergic Blocking Agents				
	1	<i>doxazosin</i>	CARDURA	Generic
	2	<i>prazosin</i>	MINIPRESS	Non-Preferred
	1	<i>terazosin</i>	HYTRIN	Generic
Antilipemic Agents				
PA	3	<i>alirocumab</i>	PRALUENT	Non-Preferred
	1	<i>atorvastatin</i>	LIPITOR	Generic
PA	3	<i>bempedoic acid</i>	NEXLETOL	Non-Preferred
PA	3	<i>bempedoic acid & ezetimibe</i>	NEXLIZET	Non-Preferred
	1	<i>cholestyramine light</i>	QUESTRAN LIGHT	Generic
	1	<i>cholestyramine</i>	QUESTRAN	Generic
ST	1	<i>colesevelam</i>	WELCHOL	Generic
	1	<i>colestipol</i>	COLESTID	Generic
PA	3	<i>evolocumab</i>	REPATHA	Non-Preferred
	1	<i>ezetimibe</i>	ZETIA	Generic
	3	<i>ezetimibe & simvastatin</i>	VYTORIN	Non-Preferred
	1	<i>fenofibrate</i>	LOFIBRA TAB	Generic
	1	<i>fenofibrate</i>	TRICOR	Generic
	1	<i>fenofibrate, micronized</i>	LOFIBRA CAP	Generic
	1	<i>fenofibric acid</i>	TRILIPIX	Generic
ST	1	<i>fluvastatin extended-release</i>	LESCOL XL	Generic
ST	1	<i>fluvastatin</i>	LESCOL	Generic
	1	<i>gemfibrozil</i>	LOPID	Generic
PA	3	<i>icosapent</i>	VASCEPA	Non-Preferred
PA	3	<i>lomitapide</i>	JUXTAPID	Non-Preferred
	1	<i>lovastatin</i>	MEVACOR	Generic
	3	<i>lovastatin extended-release</i>	ALTOPREV	Non-Preferred
PA	3	<i>mipomersen sodium</i>	KYNAMRO	Non-Preferred
ST	1	<i>niacin</i>	NIASPAN	Generic
	3	<i>niacin & lovastatin</i>	ADVICOR	Non-Preferred
	1	<i>omega-3 acid ethyl esters</i>	LOVAZA	Generic
	3	<i>omega-3-carboxylic acid</i>	EPANOVA	Non-Preferred
ST	3	<i>pitavastatin</i>	LIVALO	Non-Preferred
	1	<i>pravastatin</i>	PRAVACHOL	Generic
	1	<i>rosuvastatin</i>	CRESTOR	Generic
	1	<i>simvastatin</i>	ZOCOR	Generic
Calcium Channel Blocking Agents				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	amlodipine	NORVASC	Generic
	1	amlodipine & benazepril	LOTREL	Generic
	1	amlodipine & atorvastatin	CADUET	Generic
	3	amlodipine & olmesartan	AZOR	Non-Preferred
ST	1	amlodipine & telmisartan	TWYNSTA	Generic
ST	1	amlodipine & valsartan	EXFORGE	Generic
ST	1	amlodipine, valsartan & hydrochlorothiazide	EXFORGE HCT	Generic
	1	amlodipine, olmesartan & hydrochlorothiazide	TRIBENZOR	Generic
	1	diltiazem extended-release	CARDIZEM CD	Generic
	1	diltiazem extended-release	TIAZAC	Generic
	1	diltiazem extended-release	CARTIA XT	Generic
	1	diltiazem extended-release	CARDIZEM LA	Generic
	1	diltiazem	CARDIZEM	Generic
	1	felodipine	PLENDIL	Generic
ST	1	isradipine	DYNACIRC	Generic
	1	nicardipine	CARDENE	Generic
	1	nifedipine	PROCARDIA	Generic
	1	nifedipine extended-release	ADALAT CC	Generic
	1	nifedipine extended-release	PROCARDIA XL	Generic
	1	nimodipine	NIMOTOP	Generic
ST	1	nisoldipine	SULAR	Generic
	1	trandolapril & verapamil	TARKA	Generic
	1	verapamil sustained-release cap	VERELAN	Generic
	3	verapamil	COVERA-HS	Non-Preferred
	1	verapamil extended-release cap	VERELAN PM	Generic
	1	verapamil sustained-release cap	CALAN SR	Generic
	1	verapamil sustained-release tab	ISOPTIN SR	Generic
Cardiac Drugs				
	1	amiodarone	PACERONE	Generic
	1	digoxin	LANOXIN	Generic
	1	disopyramide	NORPACE	Generic
	2	disopyramide controlled-release	NORPACE CR	Preferred Brand
	1	dofetilide	TIKOSYN	Generic
ST	3	dronedarone	MULTAQ	Non-Preferred
	1	flecainide	TAMBOCOR	Generic
	3	Ivabradine	CORLANOR	Non-Preferred
	1	mexiletine	MEXITIL	Generic
	1	propafenone	RYTHMOL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	propafenone	RYTHMOL SR	Non-Preferred
	1	quinidine gluconate	QUINAGLUTE	Generic
	1	quinidine	QUINIDINE SULFATE	Generic
QL	1	ranolazine	RANEXA	Generic
	3	sacubitril & valsartan	ENTRESTO	Non-Preferred
Hypotensive Agents				
ST	1	clonidine extended-release	KAPVAY	Generic
	1	clonidine	CATAPRES	Generic
	1	clonidine transdermal	CATAPRES-TTS	Generic
	1	guanfacine	TENEX	Generic
	1	hydralazine	APRESOLINE	Generic
	1	methyldopa	ALDOMET	Generic
	1	methyldopa & hydrochlorothiazide	ALDORIL-25	Generic
	1	minoxidil	LONITEN	Generic
	3	reserpine	SERPASIL	Non-Preferred
Renin-Angiotensin-Aldosterone System Inhibitors				
ST	3	aliskiren	TEKURNA	Non-Preferred
ST	3	aliskiren, amlodipine & hydrochlorothiazide	AMTURNIDE	Non-Preferred
	3	aliskiren & amlodipine	TEKAMLO	Non-Preferred
ST	3	aliskiren & hydrochlorothiazide	TEKURNA HCT	Non-Preferred
	3	aliskiren & valsartan	VALTURNA	Non-Preferred
ST	3	azilsartan	EDARBI	Non-Preferred
	1	benazepril	LOTENSIN	Generic
	1	benazepril & hydrochlorothiazide	LOTENSIN HCT	Generic
ST	1	candesartan	ATACAND	Generic
ST	1	candesartan & hydrochlorothiazide	ATACAND HCT	Generic
	1	captopril	CAPOTEN	Generic
	1	captopril & hydrochlorothiazide	CAPOZIDE	Generic
	1	enalapril	VASOTEC	Generic
	1	enalapril & hydrochlorothiazide	VASERETIC	Generic
ST	1	eplerenone	INSpra	Generic
ST	3	eprosartan	TEVETEN	Non-Preferred
	3	eprosartan & hydrochlorothiazide	TEVETEN	Non-Preferred
ST	1	fosinopril	MONOPRIL	Generic
ST	1	fosinopril & hydrochlorothiazide	MONOPRIL HCT	Generic
ST	1	irbesartan	AVAPRO	Generic
ST	1	irbesartan & hydrochlorothiazide	AVALIDE	Generic
	1	lisinopril	ZESTRIL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	lisinopril & hydrochlorothiazide	ZESTORETIC	Generic
	1	losartan	COZAAR	Generic
	1	losartan & hydrochlorothiazide	HYZAAR	Generic
ST	1	moexipril	UNIVASC	Generic
ST	1	moexipril & hydrochlorothiazide	UNIRETIC	Generic
ST	1	olmesartan	BENICAR	Generic
ST	1	olmesartan & hydrochlorothiazide	BENICAR HCT	Generic
ST	1	perindopril	ACEON	Generic
ST	1	quinapril hcl	ACCUPRIL	Generic
ST	1	quinapril & hydrochlorothiazide	ACCURETIC	Generic
	1	ramipril	ALTACE	Generic
	1	spironolactone & hydrochlorothiazide	ALDACTAZIDE	Generic
	1	spironolactone	ALDACTONE	Generic
ST	1	telmisartan	MICARDIS	Generic
ST	1	telmisartan & hydrochlorothiazide	MICARDIS HCT	Generic
ST	1	trandolapril	MAVIK	Generic
ST	1	valsartan	DIOVAN	Generic
ST	1	valsartan & hydrochlorothiazide	DIOVAN HCT	Generic
Vasodilating Agents				
	2	ambrisentan	LETAIRIS	Preferred Brand
	2	bosentan	TRACLEER	Preferred Brand
	3	isosorbide dinitrate & hydralazine	BIDIL	Non-Preferred
	1	isosorbide dinitrate	ISORDIL	Generic
	1	isosorbide mononitrate	IMDUR	Generic
	2	macitentan	OPSUMIT	Preferred Brand
	3	nitroglycerin aerosol	NITROMIST	Non-Preferred
	1	nitroglycerin solution	NITROLINGUAL	Generic
	1	nitroglycerin sublingual	NITROSTAT	Generic
	2	nitroglycerin topical ointment	NITRO-BID	Preferred Brand
	1	nitroglycerin transdermal patch	NITRO-DUR	Generic
	2	nitroglycerin transdermal patch 0.8 mg strength	NITRO-DUR	Preferred Brand
ST	3	nitroglycerin (intra-anal)	RECTIV	Non-Preferred
	1	papaverine	PAVABID	Generic
	3	riociguat	ADEMPAS	Non-Preferred
	1	sildenafil	REVATIO	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>tadalafil</i>	ADCIRCA	Non-Preferred
	3	<i>treprostinil</i>	ORENITRAM	Non-Preferred
	2	<i>treprostinil</i>	REMODULIN	Preferred Brand
β-Adrenergic Blocking Agents				
	1	<i>acebutolol</i>	SECTRAL	Generic
	1	<i>atenolol</i>	TENORMIN	Generic
	1	<i>atenolol & chlorthalidone</i>	TENORETIC	Generic
ST	1	<i>betaxolol</i>	KERLONE	Generic
	1	<i>bisoprol & hydrochlorothiazide</i>	ZIAC	Generic
	1	<i>bisoprolol</i>	ZEBETA	Generic
	1	<i>carvedilol</i>	COREG	Generic
	3	<i>carvedilol phosphate</i>	COREG CR	Non-Preferred
	1	<i>labetalol</i>	TRANDATE	Generic
	1	<i>metoprol & hydrochlorothiazide</i>	LOPRESSOR HCT	Generic
	1	<i>metoprolol succinate</i>	TOPROL XL	Generic
	1	<i>metoprolol tartrate</i>	LOPRESSOR	Generic
	1	<i>nadolol</i>	CORGARD	Generic
	1	<i>nadolol & bendroflumethiazide</i>	CORZIDE	Generic
ST	3	<i>nebivolol</i>	BYSTOLIC	Non-Preferred
ST	3	<i>penbutolol</i>	LEVATOL	Non-Preferred
ST	1	<i>pindolol</i>	VISKEN	Generic
	1	<i>propranolol & hydrochlorothiazide</i>	INDERIDE	Generic
	3	<i>propranolol extended-release</i>	INNOPRAN XL	Non-Preferred
	1	<i>propranolol</i>	INDERAL	Generic
	1	<i>propranolol sustained-release</i>	INDERAL LA	Generic
	1	<i>sotalol</i>	BETAPACE	Generic
	1	<i>sotalol</i>	BETAPACE AF	Generic
	1	<i>timolol</i>	BLOCADREN	Generic
Central Nervous System Agents				
Analgesics and Antipyretics				
	1	<i>acetaminophen & codeine</i>	TYLENOL W/ CODEINE	Generic
	1	<i>acetaminophen, caffeine, & dihydrocodeine</i>	PANLOR SS	Generic
	1	<i>buprenorphine</i>	SUBUTEX	Generic
QL	1	<i>buprenorphine & naloxone tablet</i>	SUBOXONE	Generic
QL	3	<i>buprenorphine & naloxone film</i>	SUBOXONE	Non-Preferred
QL, ST	1	<i>buprenorphine transdermal</i>	BUTRANS	Generic
	1	<i>butalbital & acetaminophen</i>	PHRENILIN	Generic
	3	<i>butalbital & acetaminophen</i>	PHRENILIN FORTE	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	butalbital, acetaminophen, & caffeine	FIORICET	Generic
	1	butalbital, acetaminophen, caffeine, & codeine	FIORICET W/ CODEINE	Generic
	1	butalbital, aspirin, & caffeine	FIORINAL	Generic
	1	butalbital, aspirin, caffeine, & codeine	FIORINAL W/ CODEINE	Generic
	1	butorphanol tartrate	STADOL	Generic
ST	1	carisoprodol, aspirin, & codeine	SOMA COMPOUND W/ CODEINE	Generic
ST	1	celecoxib	CELEBREX	Generic
ST	1	codeine	CODEINE SULF	Generic
	1	diclofenac potassium	CATAFLAM	Generic
	1	diclofenac sodium	VOLTAREN	Generic
	1	diclofenac sodium	PENNSAID	Generic
	2	diclofenac sodium & misoprostol	ARTHROTEC	Generic
	1	diclofenac sodium extended release	VOLTAREN XR	Generic
ST	1	diflunisal	DIFLUNISAL	Generic
	1	etodolac	LODINE	Generic
ST	3	fenoprofen calcium	NALFON	Non-Preferred
	3	fentanyl film	ONSOLIS	Non-Preferred
	3	fentanyl intranasal	LAZANDA	Non-Preferred
	1	fentanyl lozenge	ACTIQ	Generic
	3	fentanyl sublingual	ABSTRAL	Non-Preferred
	3	fentanyl tablet	FENTORA	Non-Preferred
QL	1	fentanyl transdermal	DURAGESIC	Generic
ST	1	flurbiprofen	ANSAID	Generic
ST	3	hydrocodone	ZOXYDRO ER	Non-Preferred
	3	hydrocodone er	HYSINGLA ER	Non-Preferred
	1	hydrocodone & acetaminophen	NORCO	Generic
	1	hydrocodone & ibuprofen	VICOPROFEN	Generic
	3	hydromorphone oral suspension	DILAUDID	Non-Preferred
	1	hydromorphone tablet	DILAUDID	Generic
ST	3	hydromorphone tablet	EXALGO	Non-Preferred
	1	ibuprofen	MOTRIN	Generic
	1	indomethacin	INDOCIN	Generic
	1	ketoprofen	KETOPROFEN	Generic
QL	1	ketorolac tablet	TORADOL	Generic
ST	1	levorphanol	LEVO-DROMORAN	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	1	<i>meclofenamate</i>	MECLOMEN	Generic
QL, ST	1	<i>mefenamic acid</i>	PONSTEL	Generic
	1	<i>meloxicam</i>	MOBIC	Generic
	1	<i>meperidine tablet</i>	DEMEROL	Generic
	1	<i>methadone</i>	DOLOPHINE	Generic
	2	<i>morphine</i>	MORPHINE SULFATE	Preferred Brand
	1	<i>morphine</i>	MSIR	Generic
	3	<i>morphine beads</i>	AVINZA	Non-Preferred
	3	<i>morphine extended-release capsule</i>	KADIAN	Non-Preferred
	1	<i>morphine extended-release tablet</i>	MS CONTIN	Generic
ST	3	<i>morphine & naltrexone</i>	EMBEDA	Non-Preferred
	1	<i>nabumetone</i>	RELAFEN	Generic
	1	<i>nalbuphine</i>	NUBAIN	Generic
	1	<i>naproxen</i>	NAPROSYN	Generic
	1	<i>naproxen sodium</i>	ANAPROX	Generic
	3	<i>naproxen sodium</i>	NAPRELAN	Non-Preferred
	1	<i>opium & belladonna alkaloids</i>	B & O SUPPRETTES	Generic
	3	<i>opium tincture</i>	OPIUM	Non-Preferred
ST	1	<i>oxaprozin</i>	DAYPRO	Generic
ST	1	<i>oxycodone</i>	ROXICODONE	Generic
	1	<i>oxycodone & acetaminophen</i>	PERCOCET	Generic
	2	<i>oxycodone & acetaminophen</i>	ROXICET	Preferred Brand
	3	<i>oxycodone & acetaminophen er</i>	XARTEMIS XR	Non-Preferred
	1	<i>oxycodone & aspirin</i>	PERCODAN	Generic
QL	3	<i>oxycodone & ibuprofen</i>	COMBUNOX	Non-Preferred
QL, ST	1	<i>oxycodone controlled-release</i>	OXYCONTIN	Generic
ST	1	<i>oxymorphone</i>	OPANA	Generic
ST	1	<i>oxymorphone extended-release</i>	OPANA ER	Generic
	1	<i>pentazocine & naloxone</i>	TALWIN NX	Generic
ST	1	<i>piroxicam</i>	FELDENE	Generic
	1	<i>salsalate</i>	DISALCID	Generic
	1	<i>sulindac</i>	CLINORIL	Generic
QL, ST	3	<i>tapentadol</i>	NUCYNTA	Non-Preferred
	1	<i>tolmetin sodium</i>	TOLECTIN 600	Generic
	1	<i>tramadol</i>	ULTRAM	Generic
	1	<i>tramadol & acetaminophen</i>	ULTRACET	Generic
ST	1	<i>tramadol extended-release</i>	ULTRAM ER	Generic

Anorexigenic Agents and Respiratory and Cerebral Stimulants

Kaiser Permanente, a State Employee Health Benefit

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	<i>amphetamine sulfate</i>	EVEKEO	Non-Preferred
ST	3	<i>amphetamine extended-release</i>	ADZENYS ER	Non-Preferred
	1	<i>amphetamine & dextroamphetamine</i>	ADDERALL	Generic
	1	<i>amphetamine & dextroamphetamine extended-release</i>	ADDERALL XR	Generic
ST	3	<i>amphetamine & dextroamphetamine extended-release</i>	MYDAYIS	Non-Preferred
QL, ST (ST-Preferred Brand only)	1	<i>armodafinil</i>	NUVIGIL	Generic
QL	1	<i>dexmethylphenidate</i>	FOCALIN	Generic
	1	<i>dexmethylphenidate extended-release</i>	FOCALIN XR	Generic
QL	1	<i>dextroamphetamine sulfate</i>	DEXTROSTAT	Generic
QL	1	<i>dextroamphetamine sulfate extended-release</i>	DEXEDRINE	Generic
QL, ST	3	<i>lisdexamfetamine</i>	VYVANSE	Non-Preferred
ST	1	<i>methamphetamine</i>	DESOXYN	Generic
	1	<i>methylphenidate</i>	METHYLIN	Generic
	1	<i>methylphenidate</i>	RITALIN	Generic
QL	1	<i>methylphenidate extended-release</i>	METADATE ER	Generic
QL	1	<i>methylphenidate extended-release</i>	CONCERTA	Generic
	1	<i>methylphenidate extended-release</i>	METADATE CD	Generic
QL, ST	1	<i>methylphenidate extended-release</i>	RITALIN LA	Generic
QL	1	<i>methylphenidate sustained release</i>	RITALIN SR	Generic
QL, ST	3	<i>methylphenidate transdermal patch</i>	DAYTRANA	Non-Preferred
ST		<i>Methylphenidate extended-release disintegrating tablet</i>	COTEMPLA XR-ODT	Non-Preferred
QL	1	<i>modafinil</i>	PROVIGIL	Generic
Anticonvulsants				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	carbamazepine	TEGRETOL	Generic
	1	carbamazepine extended-release cap	CARBATROL	Generic
	3	carbamazepine extended-release cap	EQUETRO	Non-Preferred
	1	carbamazepine extended-release tab	TEGRETOL XR	Generic
	3	clobazam	ONFI	Non-Preferred
	1	clonazepam	KLONOPIN	Generic
	1	diazepam	DIASTAT	Generic
	2	diazepam	DIASTAT ACUDIAL	Preferred Brand
	1	divalproex sodium	DEPAKOTE	Generic
	1	divalproex sodium capsule	DEPAKOTE SPRINKLE	Generic
	1	divalproex sodium extended release	DEPAKOTE ER	Generic
	3	eslicarbazepine	APTIOM	Non-Preferred
ST	3	ethontoin	PEGANONE	Non-Preferred
	1	ethosuximide	ZARONTIN	Generic
ST	3	ezogaine	POTIGA	Non-Preferred
ST	1	felbamate	FELBATOL	Generic
	1	gabapentin	NEURONTIN	Generic
ST	3	gabapentin	HORIZANT	Non-Preferred
QL, ST	3	lacosamide	VIMPAT	Non-Preferred
	1	lamotrigine	LAMICTAL	Generic
	1	lamotrigine extended-release	LAMICTAL XR	Generic
	1	levetiracetam	KEPPRA	Generic
	1	levetiracetam extended-release	KEPPRA XR	Generic
	2	methsuximide	CELONTIN	Preferred Brand
	1	oxcarbazepine	TRILEPTAL	Generic
	3	perampanel	FYCOMPA	Non-Preferred
	1	phenytoin sodium extended-release	DILANTIN	Generic
	1	phenytoin sodium extended-release	PHENYTEK	Generic
	1	phenytoin suspension	DILANTIN	Generic
	1	pregabalin	LYRICA	Generic
	1	primidone	MYSOLINE	Generic
ST	3	rufinamide	BANZEL	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	<i>stiripentol</i>	DIACOMIT	Non-Preferred
ST	1	<i>tiagabine</i>	GABITRIL	Generic
	1	<i>topiramate capsule</i>	TOPAMAX SPRINKLE	Generic
	1	<i>topiramate tablet</i>	TOPAMAX	Generic
	1	<i>valproate sodium</i>	DEPAKENE	Generic
	1	<i>valproic acid</i>	DEPAKENE	Generic
PA	3	<i>vigabatrin</i>	SABRIL	Non-Preferred
	1	<i>zonisamide</i>	ZONEGRAN	Generic
Antimigraine Agents				
ST	1	<i>almotriptan</i>	AXERT	Generic
	1	<i>ergotamine & caffeine</i>	MIGERGOT	Generic
ST	1	<i>eletriptan</i>	RELPAK	Generic
ST	1	<i>frovatriptan</i>	FROVA	Generic
QL, ST	3	<i>lasmitidan</i>	REYVOW	Non-Preferred
	1	<i>naratriptan</i>	AMERGE	Generic
QL, ST	3	<i>rimegepant</i>	NURTEC ODT	Non-Preferred
	1	<i>rizatriptan</i>	MAXALT	Generic
	1	<i>rizatriptan orally disintegrating</i>	MAXALT MLT	Generic
	1	<i>sumatriptan</i>	IMITREX	Generic
QL, ST	3	<i>ubrogepant</i>	UBRELVY	Non-Preferred
ST	1	<i>zolmitriptan</i>	ZOMIG	Generic
	1	<i>zolmitriptan orally disintegrating</i>	ZOMIG ZMT	Generic
Antiparkinsonian Agents				
	1	<i>amantadine</i>	SYMMETREL	Generic
ST	3	<i>amantadine ER</i>	GOCOVRI	Non-Preferred
ST	3	<i>apomorphine</i>	APOKYN	Non-Preferred
	1	<i>benztropine</i>	COGENTIN	Generic
	1	<i>bromocriptine</i>	PARLODEL	Generic
ST	3	<i>bromocriptine</i>	CYCLOSET	Non-Preferred
	1	<i>cabergoline</i>	DOSTINEX	Generic
ST	3	<i>carbidopa</i>	LODOSYN	Non-Preferred
	1	<i>carbidopa & levodopa</i>	SINEMET	Generic
	3	<i>carbidopa & levodopa</i>	PARCOPA	Non-Preferred
	1	<i>carbidopa & levodopa extended release</i>	SINEMET CR	Generic
	2	<i>carbidopa, levodopa, & entacapone</i>	STALEVO	Preferred Brand
	1	<i>entacapone</i>	COMTAN	Generic
PA	3	<i>levophed (oral inhalation)</i>	INBRIJA	Non-Preferred
	1	<i>pramipexole</i>	MIRAPEX	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>pramipexole extended-release</i>	MIRAPEX ER	Generic
ST	3	<i>rasagiline</i>	AZILECT	Non-Preferred
	1	<i>ropinirole</i>	REQUIP	Generic
ST	1	<i>ropinirole extended-release</i>	REQUIP XL	Generic
ST	3	<i>rotigotine</i>	NEUPRO	Non-Preferred
	1	<i>selegiline</i>	ELDEPRYL	Generic
ST	3	<i>selegiline</i>	ZELAPAR	Non-Preferred
ST	3	<i>selegiline transdermal</i>	EMSAM	Non-Preferred
	2	<i>tolcapone</i>	TASMAR	Preferred Brand
	1	<i>trihexyphenidyl</i>	ARTANE	Generic
Anxiolytics, Sedatives, and Hypnotics				
	1	<i>alprazolam</i>	XANAX	Generic
	1	<i>alprazolam extended-release</i>	XANAX XR	Generic
	3	<i>alprazolam orally disintegrating</i>	NIRAVAM	Non-Preferred
	1	<i>buspirone</i>	BUSPAR	Generic
	1	<i>chlordiazepoxide</i>	LIBRIUM	Generic
	1	<i>clorazepate</i>	TRANXENE	Generic
	1	<i>diazepam</i>	VALIUM	Generic
ST	3	<i>doxepin (sleep)</i>	SILENOR	Non-Preferred
	1	<i>eszazolam</i>	PROSOM	Generic
ST	1	<i>eszopiclone</i>	LUNESTA	Generic
	1	<i>flurazepam</i>	DALMANE	Generic
	1	<i>hydroxyzine hcl</i>	ATARAX	Generic
ST	1	<i>hydroxyzine pamoate</i>	VISTARIL	Generic
	1	<i>lorazepam</i>	ATIVAN	Generic
	1	<i>meprobamate</i>	MILTOWN	Generic
	1	<i>oxazepam</i>	SERAX	Generic
	1	<i>phenobarbital</i>	PHENOBARBITAL	Generic
ST	1	<i>ramelteon</i>	ROZEREM	Generic
	3	<i>suvorexant</i>	BELSOMRA	Non-Preferred
PA	3	<i>tasimelteon</i>	HETLIOZ	Non-Preferred
	1	<i>temazepam</i>	RESTORIL	Generic
	1	<i>triazolam</i>	HALCION	Generic
	1	<i>zaleplon</i>	SONATA	Generic
	3	<i>zolpidem sublingual</i>	EDLUAR	Non-Preferred
	1	<i>zolpidem</i>	AMBIEN	Generic
	3	<i>zolpidem extended-release</i>	AMBIEN CR	Non-Preferred
	3	<i>zolpidem oral spray</i>	ZOLPIMIST	Non-Preferred
Central Nervous System Agents Miscellaneous				
ST	1	<i>acamprosate</i>	CAMPRAL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	<i>atomoxetine</i>	STRATTERA	Non-Preferred
PA	3	<i>cannabidiol</i>	EPIDIOLEX	Non-Preferred
PA	3	<i>deutetrabenazine</i>	AUSTEDO	Non-Preferred
PA	3	<i>dextromethorphan & quinidine</i>	NUDEXTA	Non-Preferred
	1	<i>guanfacine extended-release</i>	INTUNIV	Generic
ST	3	<i>lofexidine</i>	LUCEMYRA	Non-Preferred
	1	<i>memantine</i>	NAMENDA	Generic
	3	<i>memantine er & donepezil</i>	NAMZARIC	Non-Preferred
QL, ST	3	<i>milnacipran</i>	SAVELLA	Non-Preferred
PA	3	<i>pitolisant</i>	WAKIX	Non-Preferred
	1	<i>riluzole</i>	RILUTEK	Generic
PA		<i>solriamfetol</i>	SUNOSI	Non-Preferred
PA	3	<i>sodium oxybate</i>	XYREM	Non-Preferred
PA	3	<i>tetrabenazine</i>	XENAZINE	Non-Preferred
PA	3	<i>valbenazine</i>	INGREZZA	Non-Preferred
Opioid Antagonists				
	1	<i>naloxone</i>	NARCAN	Generic
QL	2	<i>naloxone nasal spray</i>	NARCAN	Preferred Brand
	1	<i>naltrexone</i>	REVIA	Generic
Psychotherapeutic Agents				
	1	<i>amitriptyline</i>	ELAVIL	Generic
	1	<i>amitriptyline & perphenazine</i>	TRIAVIL	Generic
	1	<i>amoxapine</i>	ASENDIN	Generic
	1	<i>aripiprazole tablet</i>	ABILIFY	Generic
ST	3	<i>aripiprazole solution</i>	ABILIFY	Non-Preferred
ST	3	<i>aripiprazole</i>	ABILIFY DISCMELT	Non-Preferred
ST	3	<i>asenapine</i>	SAPHRIS	Non-Preferred
QL, ST	3	<i>brexpiprazole</i>	REXULTI	Non-Preferred
	1	<i>bupropion</i>	WELLBUTRIN	Generic
	1	<i>bupropion extended-release</i>	WELLBUTRIN XL	Generic
ST	3	<i>bupropion hydrobromide</i>	APLENZIN	Non-Preferred
	1	<i>bupropion sustained-release</i>	WELLBUTRIN SR	Generic
ST	3	<i>bupropion (smoking deterrent)</i>	ZYBAN	Non-Preferred
QL, ST	3	<i>cariprazine</i>	VRAYLAR	Non-Preferred
	1	<i>chlordiazepoxide & amitriptyline</i>	LIMBITROL DS	Generic
	1	<i>chlorpromazine</i>	THORAZINE	Generic
	1	<i>citalopram</i>	CELEXA	Generic
	1	<i>clomipramine</i>	ANAFRANIL	Generic
	1	<i>clozapine</i>	CLOZARIL	Generic
	1	<i>clozapine</i>	FAZACLO	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	desipramine	NORPRAMIN	Generic
ST	1	desvenlafaxine succinate extended release	PRISTIQ	Generic
ST	1	desvenlafaxine extended release	KHEDEZLA	Generic
	1	doxepin	SINEQUAN	Generic
	1	duloxetine	CYMBALTA	Generic
	1	escitalopram	LEXAPRO	Generic
	1	fluoxetine	PROZAC	Generic
	3	fluoxetine	PROZAC WEEKLY	Non-Preferred
	3	fluoxetine	SARAFEM	Non-Preferred
	1	fluphenazine	PROLIXIN	Generic
	1	fluvoxamine	LUVOX	Generic
	1	haloperidol	HALDOL	Generic
ST	3	iloperidone	FANAPT	Non-Preferred
	1	imipramine	TOFRANIL	Generic
	1	imipramine pamoate	TOFRANIL-PM	Generic
ST	3	isocarboxazid	MARPLAN	Non-Preferred
QL	3	levomilnacipran	FETZIMA	Non-Preferred
	1	lithium carbonate capsule	LITHIUM CARBONATE	Generic
	1	lithium carbonate extended release	LITHOBID	Generic
	1	lithium citrate	CIBALITH-S	Generic
ST	1	loxapine	LOXITANE	Generic
QL, ST	3	lurasidone	LATUDA	Non-Preferred
ST	1	maprotiline	LUDIOMIL	Generic
	1	mirtazapine	REMERON	Generic
	1	nefazodone	SERZONE	Generic
	1	nortriptyline	PAMELOR	Generic
	1	olanzapine	ZYPREXA	Generic
	1	olanzapine & fluoxetine hcl	SYMBYAX	Generic
	1	olanzapine orally disintegrating	ZYPREXA ZYDIS	Generic
ST	1	paliperidone	INVEGA	Generic
	1	paroxetine	PAXIL	Generic
	3	paroxetine extended-release	PAXIL CR	Non-Preferred
	3	paroxetine mesylate	PEXEVA	Non-Preferred
	1	perphenazine	TRILAFON	Generic
	1	phenelzine	NARDIL	Generic
PA	3	pimavanserin	NUPLAZID	Non-Preferred
ST	1	pimozide	ORAP	Generic
ST	3	protriptyline	VIVACTIL	Generic
	1	quetiapine	SEROQUEL	Generic
	3	quetiapine extended-release	SEROQUEL XR	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>risperidone</i>	RISPERDAL	Generic
	3	<i>risperidone orally disintegrating</i>	RISPERDALM-TAB	Non-Preferred
	1	<i>sertraline</i>	ZOLOFT	Generic
	1	<i>thioridazine</i>	MELLARIL	Generic
	1	<i>thiothixene</i>	NAVANE	Generic
	1	<i>tranylcypromine sulfate</i>	PARNATE	Generic
	1	<i>trazodone</i>	DESYREL	Generic
	3	<i>trazodone extended-release</i>	OLEPTRO	Non-Preferred
	1	<i>trifluoperazine</i>	STELAZINE	Generic
ST	3	<i>trimipramine</i>	SURMONTIL	Generic
	1	<i>venlafaxine</i>	EFFEXOR	Generic
	1	<i>venlafaxine extended-release</i>	EFFEXOR XR	Generic
QL, ST	3	<i>vilazodone</i>	VIIBRYD	Non-Preferred
QL, ST	3	<i>vortioxetine</i>	TRINTELLIX	Non-Preferred
	1	<i>ziprasidone</i>	GEODON	Generic
Diabetic Supplies				
Diabetic Supplies				
QL	3	<i>blood sugar diagnostic</i>	ONE TOUCH ULTRA TEST STRIPS	Non-Preferred
QL	1	<i>blood sugar diagnostic</i>	ONE TOUCH VERIO TEST STRIPS	Preferred Brand
QL	3	<i>blood sugar diagnostic</i>	ACCU-CHEK TEST STRIPS	Non-Preferred
QL	3	<i>blood sugar diagnostic</i>	ASCENSIA TEST STRIPS	Non-Preferred
QL	3	<i>blood sugar diagnostic</i>	FREESTYLE TEST STRIPS	Non-Preferred
QL	3	<i>blood sugar diagnostic</i>	PRODIGY TEST STRIPS	Non-Preferred
QL	3	<i>blood-glucose meter</i>	ONE TOUCH ULTRA 2	Non-Preferred
QL	1	<i>blood-glucose meter</i>	ONE TOUCH VERIO FLEX	Preferred Brand
QL	3	<i>blood-glucose meter</i>	ACCU-CHEK	Non-Preferred
QL	3	<i>blood-glucose meter</i>	ASCENSIA BREEZE	Non-Preferred
QL	3	<i>blood-glucose meter</i>	FREESTYLE SYSTEM	Non-Preferred
QL	3	<i>blood-glucose meter</i>	ONE TOUCH ULTRA SMART	Non-Preferred
QL	3	<i>blood-glucose meter</i>	ONE TOUCH ULTRAMINI	Non-Preferred
QL	3	<i>blood-glucose meter</i>	PRODIGY	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	<i>insulin delivery system</i>	OMNIPOD DASH™ SYSTEM KIT AND PODs	Non-Preferred
QL	1	<i>syringe with needle, disposable</i>	BD INSULIN SYRINGE	Generic
Electrolytic, Caloric and Water Balance				
Acidifying and Alkalinizing Agents				
	3	<i>citric acid, sodium citrate, & potassium citrate</i>	CYTRA-3	Non-Preferred
	1	<i>potassium citrate</i>	UROCIT-K	Generic
	2	<i>potassium citrate & citric acid</i>	POLYCITRA-K	Preferred Brand
	3	<i>sodium citrate & citric acid</i>	BICITRA	Non-Preferred
Ammonia Detoxicants				
ST	3	<i>carglumic acid</i>	CARBAGLU	Non-Preferred
PA	3	<i>glycerol phenylbutyrate</i>	RAVICTI	Non-Preferred
	3	<i>sodium phenylbutyrate</i>	BUPHENYL	Non-Preferred
	3	<i>lactulose</i>	CHRONULAC	Non-Preferred
	1	<i>lactulose</i>	ENULOSE	Generic
	3	<i>lactulose</i>	KRISTALOSE	Non-Preferred
Diuretics				
ST	1	<i>amiloride</i>	MIDAMOR	Generic
	1	<i>amiloride & hydrochlorothiazide</i>	MODURETIC	Generic
	1	<i>bumetanide</i>	BUMEX	Generic
ST	1	<i>chlorothiazide</i>	DIURIL	Generic
	1	<i>chlorthalidone</i>	HYGROTON	Generic
ST	3	<i>ethacrynic acid</i>	EDECIN	Non-Preferred
	1	<i>furosemide</i>	LASIX	Generic
	1	<i>hydrochlorothiazide</i>	MICROZIDE	Generic
	1	<i>indapamide</i>	LOZOL	Generic
ST	1	<i>methyclothiazide</i>	METHYCLOTHIAZIDE	Generic
	1	<i>metolazone</i>	ZAROXOLYN	Generic
PA	3	<i>tolvaptan</i>	JYNARQUE	Non-Preferred
QL	3	<i>tolvaptan</i>	SAMSCA	Non-Preferred
	1	<i>torsemide</i>	DEMADEX	Generic
ST	3	<i>triamterene</i>	DYRENIUM	Non-Preferred
	1	<i>triamterene & hydrochlorothiazide</i>	DYAZIDE	Generic
	1	<i>triamterene & hydrochlorothiazide</i>	MAXZIDE	Generic
Ion-Removing Agents				
ST	1	<i>sevelamer carbonate</i>	REVELA	Generic
	1	<i>sodium polystyrene sulfonate</i>	SPS	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	sucroferic oxyhydroxide	VELPHORO	Non-Preferred
ST	3	lanthanum carbonate	FOSRENOL	Non-Preferred
	3	patiomer	VELTASSA	Non-Preferred
	1	sevelamer hcl	RENAGEL	Generic
ST	3	sodium zirconium cyclosilicate	LOKELMA	Non-Preferred
Replacement Products				
	2	calcium acetate	ELIPHOS	Preferred Brand
	1	calcium acetate	PHOSLO	Generic
	2	calcium acetate	PHOSLYRA	Preferred Brand
	1	potassium bicarbonate & potassium chloride	K-LYTE/CL	Generic
	1	potassium chloride	K-DUR	Generic
	1	potassium chloride	K-TAB 10, K-LOR-CON 20 MEQ	Generic
	3	potassium chloride powder	K-LOR-CON 20 MEQ	Non-Preferred
	1	potassium gluconate	KAON	Generic
	2	potassium phosphate	PHOSPHA	Preferred Brand
	3	potassium phosphate, monobasic	K-PHOS NEUTRAL	Non-Preferred
	2	potassium phosphate, monobasic	K-PHOS ORIGINAL	Preferred Brand
Uricosuric Agents				
	1	colchicine & probenecid	COL-BENEMID	Generic
	1	probenecid	BENEMID	Generic
Enzymes				
Enzymes				
	2	dornase alfa	PULMOZYME	Preferred Brand
Eye, Ear, Nose and Throat (EENT)				
Anti-infectives				
	3	azithromycin (ophth)	AZASITE	Non-Preferred
	1	bacitracin & polymyxin B (ophth)	POLYSPORIN	Generic
	1	bacitracin (ophth)	AK-TRACIN	Generic
ST	3	besifloxacin	BESIVANCE	Non-Preferred
	1	chlorhexidine (mouth-throat)	PERIDEX	Generic
	3	ciprofloxacin (ophth) ointment	CILOXAN	Non-Preferred
	1	ciprofloxacin (ophth) solution	CILOXAN	Generic
	1	erythromycin (ophth)	ROMYCIN	Generic
ST	3	ganciclovir (ophth)	ZIRGAN	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	1	gatifloxacin (ophth)	ZYMAXID	Generic
	1	gentamicin (ophth)	GENTAK	Generic
	1	levofloxacin (ophth)	QUIXIN	Generic
	2	moxifloxacin (ophth)	VIGAMOX	Generic
	2	natamycin	NATACYN	Preferred Brand
	1	neomycin, bacitracin & polymyxin b (ophth)	NEO-POLYCIN	Generic
	1	neomycin, polymyxin b & gramicidin (ophth)	NEOSPORIN	Generic
	1	ofloxacin (ophth)	OCUFLOX	Generic
	1	ofloxacin (otic)	FLOXIN	Generic
	1	polymyxin b & trimethoprim (ophth)	POLYTRIM	Generic
	1	sulfacetamide sodium (ophth) ointment	SULFAC	Generic
	1	sulfacetamide sodium (ophth) solution	BLEPH-10	Generic
	2	tobramycin sulfate (ophth) ointment	TOBREX	Preferred Brand
	1	tobramycin sulfate (ophth) solution	TOBREX	Generic
	1	trifluridine	VIROPTIC	Generic
Anti-Inflammatory Agents				
	1	bacitracin, neomycin, polymyxin B & hydrocortisone (ophth)	NEO-POLYCIN HC	Generic
ST	3	bromfenac (ophth)	XIBROM	Non-Preferred
	2	ciprofloxacin & dexamethasone (ophth)	CIPRODEX	Preferred Brand
ST	3	ciprofloxacin & hydrocortisone (otic)	CIPRO HC	Non-Preferred
QL, ST	3	cyclosporine (ophth)	CEQUA	Non-Preferred
QL, ST	3	cyclosporine (ophth)	RESTASIS	Non-Preferred
	1	dexamethasone (ophth) solution	DECADRON	Generic
	2	dexamethasone (ophth) suspension	MAXIDEX	Preferred Brand
	1	diclofenac sodium (ophth)	VOLTAREN	Generic
ST	3	difluprednate	DUREZOL	Non-Preferred
ST	3	fluocinolone acetonide (otic)	DERMOTIC	Non-Preferred
	1	fluorometholone (ophth)	FML	Generic
	3	fluorometholone (ophth)	FML FORTE	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	fluorometholone (ophth oint)	FML OINT	Non-Preferred
	2	fluorometholone acetate	FLAREX	Preferred Brand
ST	1	flurbiprofen (ophth)	OCUFEN	Generic
	2	gentamicin & prednisolone	PRED-G	Preferred Brand
	1	hydrocortisone & acetic acid (otic)	ACETASOL HC	Generic
	1	ketorolac (ophth)	ACULAR	Generic
	1	ketorolac (ophth)	ACULAR LS	Generic
QL, ST	3	lifitegrast	XIIDRA	Non-preferred
	3	loteprednol	ALREX	Non-Preferred
ST	3	loteprednol	LOTEMAX	Non-Preferred
	3	loteprednol & tobramycin	ZYLET	Non-Preferred
	3	neomycin, colistin, hydrocortisone & thonzonium (otic)	CORTISPORIN-TC	Non-Preferred
	1	neomycin, polymyxin B & dexamethasone (ophth)	MAXITROL	Generic
	3	neomycin, polymyxin B & hydrocortisone (ophth)	CORTISPORIN	Non-Preferred
	1	neomycin, polymyxin B & hydrocortisone (otic)	CORTISPORIN	Generic
ST	3	nepafenac	NEVANAC	Non-Preferred
	1	prednisolone acetate (ophth)	OMNIPRED	Generic
	1	prednisolone acetate (ophth)	PRED FORTE	Generic
	2	prednisolone acetate (ophth)	PRED MILD	Preferred Brand
	3	prednisolone sodium phosphate (ophth)	INFLAMASE FORTE	Non-Preferred
	1	prednisolone sodium phosphate (ophth)	PREDNISOL	Generic
ST	3	rimexolone	VEXOL	Non-Preferred
	1	sulfacetamide sodium & prednisolone	BLEPHAMIDE	Generic
	2	tobramycin & dexamethasone ointment	TOBRADEX	Preferred Brand
	1	tobramycin & dexamethasone suspension	TOBRADEX	Generic
Antiallergic Agents				
ST	3	aflcaftadine	LASTACAFT	Non-Preferred
	1	azelastine	ASTELIN	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	azelastine	ASTEPRO	Generic
	3	azelastine & fluticasone	DYMISTA	Non-Preferred
ST	1	azelastine (ophth)	OPTIVAR	Generic
ST	3	bepotastine	BEPREVE	Non-Preferred
	1	cromolyn sodium (ophth)	OPTICROM	Generic
ST	3	emedastine	S	Non-Preferred
ST	1	epinastine (ophth)	ELESTAT	Generic
	3	grass pollen allergen extract (5 glass extract)	ORALAIR	Non-Preferred
ST	3	lodoxamide tromethamine	ALOMIDE	Non-Preferred
	3	house dust mite allergen extract	ODACTRA	Non-Preferred
ST	3	nedocromil sodium (ophth)	ALOCRIAL	Non-Preferred
ST	3	olopatadine	PATADAY	Non-Preferred
ST	3	olopatadine (nasal)	PATANASE	Non-Preferred
ST	1	olopatadine (ophth)	PATANOL	Generic
	3	short ragweed pollen allergen extract	RAGWITEK	Non-Preferred
	3	timothy grass pollen allergen extract	GRASTEK	Non-Preferred
Antiglaucoma Agents				
	1	acetazolamide	DIAMOX	Generic
	1	acetazolamide	DIAMOX SEQUELS	Generic
	1	betaxolol hcl	BETOPTIC	Generic
	2	betaxolol hcl	BETOPTIC S	Preferred Brand
ST	3	bimatoprost	LUMIGAN	Non-Preferred
	1	brimonidine	ALPHAGAN	Generic
	1	brimonidine tartrate	ALPHAGAN P	Generic
ST	3	brimonidine & timolol	COMBIGAN	Non-Preferred
ST	3	brinzolamide	AZOPT	Non-Preferred
	2	carbachol	ISOPTO CARBACHOL	Preferred Brand
ST	1	carteolol (ophth)	OCUPRESS	Generic
	1	dorzolamide	TRUSOPT	Generic
	1	dorzolamide & timolol	COSOPT	Generic
	2	ecothiophate	PHOSPHOLINE IODIDE	Preferred Brand
	1	latanoprost	XALATAN	Generic
PA	3	latanoprostene bunod	VYZULTA	Non-Preferred
	1	levobunolol	BETAGAN	Generic
	1	methazolamide	NEPTAZANE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>metipranolol</i>	OPTIPRANOLOL	Generic
PA	3	<i>netarsudil</i>	RHOPRESSA	Non-Preferred
	1	<i>pilocarpine</i>	ISOPTO CARPINE	Generic
	3	<i>pilocarpine gel</i>	PILOPINE HS	Non-Preferred
	3	<i>timolol</i>	BETIMOL	Non-Preferred
	3	<i>timolol</i>	ISTALOL	Non-Preferred
	1	<i>timolol</i>	TIMOPTIC	Generic
	3	<i>timolol</i>	TIMOPTIC-XE	Non-Preferred
ST	3	<i>travoprost</i>	TRAVATAN Z	Non-Preferred
	3	<i>unoprostone isopropyl</i>	RESCULA	Non-Preferred
EENT Drugs, Miscellaneous				
	1	<i>acetic acid</i>	VOSOL	Generic
	2	<i>apraclonidine</i>	IOPIDINE	Preferred Brand
ST	3	<i>artificial tear insert</i>	LACRISERT	Non-Preferred
PA	3	<i>cenegermin-bkbj</i>	OXERVATE	Non-Preferred
Local Anesthetics				
	1	<i>antipyrine & benzocaine</i>	AURODEX	Generic
	1	<i>lidocaine (mouth-throat)</i>	XYLOCAINE VISCOUS	Generic
	1	<i>proparacaine</i>	OPHTHETIC	Generic
Mydriatics				
	1	<i>atropine</i>	ISOPTO ATROPINE	Generic
	2	<i>homatropine</i>	ISOPTO HOMATROPINE	Preferred Brand
	2	<i>scopolamine (ophth)</i>	ISOPTO HYOSCINE	Preferred Brand
Vasoconstrictors				
ST	1	<i>tetrahydrozoline</i>	TYZINE	Generic
Gastrointestinal Drugs				
Anti-inflammatory Agents				
	1	<i>alosetron</i>	LOTRONEX	Generic
	1	<i>balsalazide</i>	COLAZAL	Generic
	3	<i>balsalazide</i>	GIAZO	Non-Preferred
PA	3	<i>eluxadolone</i>	VIBERZI	Non-Preferred
	2	<i>mesalamine controlled-release</i>	PENTASA	Preferred Brand
	2	<i>mesalamine suppository</i>	CANASA	Preferred Brand
	1	<i>mesalamine suspension</i>	ROWASA	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	<i>mesalamine tablet</i>	LIALDA	Preferred Brand
ST	3	<i>olsalazine</i>	DIPENTUM	Non-Preferred
Antidiarrhea Agents				
ST	3	<i>difenoxin & atropine</i>	MOTOFEN	Non-Preferred
	1	<i>diphenoxylate & atropine</i>	LOMOTIL	Generic
	3	<i>paregoric</i>	PAREGORIC	Non-Preferred
Antiemetics				
	2	<i>aprepitant</i>	EMEND	Preferred Brand
ST	3	<i>dolasetron</i>	ANZEMET	Non-Preferred
	1	<i>dronabinol</i>	MARINOL	Generic
ST	3	<i>granisetron</i>	KYTRIL	Non-Preferred
	3	<i>granisetron</i>	SANCUSO	Non-Preferred
ST	3	<i>nabilone</i>	CESAMET	Non-Preferred
	2	<i>netupitant & palonosetron</i>	AKYNZEO	Preferred Brand
	1	<i>ondansetron</i>	ZOFRAN	Generic
	1	<i>ondansetron (orally disintegrating)</i>	ZOFRAN ODT	Generic
QL	1	<i>prochlorperazine</i>	COMPazine	Generic
	3	<i>rolapitant</i>	VARUBI	Non-Preferred
ST	1	<i>scopolamine hydrobromide</i>	TRANSDERM-SCOP	Generic
ST	1	<i>trimethobenzamide</i>	TIGAN	Generic
Antiulcer Agents and Acid Suppressants				
	3	<i>amoxicillin, clarithromycin, & lansoprazole</i>	PREVPAC	Non-Preferred
	1	<i>cimetidine</i>	TAGAMET	Generic
ST	3	<i>dexlansoprazole</i>	DEXILANT	Non-Preferred
ST	1	<i>esomeprazole</i>	NEXIUM	Generic
	1	<i>famotidine</i>	PEPCID	Generic
		<i>lansoprazole</i>	PREVACID	Generic
	1	<i>misoprostol</i>	CYTOTEC	Generic
ST	1	<i>nizatidine</i>	AXID	Generic
	1	<i>omeprazole</i>	PRILOSEC	Generic
	1	<i>pantoprazole</i>	PROTONIX	Generic
ST	1	<i>rabeprazole</i>	ACIPHEX	Generic
	1	<i>ranitidine</i>	ZANTAC	Generic
	1	<i>sucralfate tablets</i>	CARAFATE	Generic
	3	<i>sucralfate suspension</i>	CARAFATE	Non-Preferred
Cathartics and Laxatives				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>polyethylene glycol-electrolyte solution</i>	HALFLYTELY	Non-Preferred
ST	3	<i>polyethylene glycol-electrolyte solution</i>	MOVIPREP	Non-Preferred
	1	<i>polyethylene glycol-electrolyte solution</i>	COLYTE	Generic
	1	<i>polyethylene glycol-electrolyte solution</i>	GOLYTELY	Generic
	1	<i>polyethylene glycol-electrolyte solution</i>	GAVILYTE-C	Generic
	1	<i>polyethylene glycol-electrolyte solution</i>	NULYTELY	Generic
ST	3	<i>sodium phosphates</i>	OSMOPREP	Non-Preferred
	3	<i>sodium phosphates</i>	VISICOL	Non-Preferred
ST	3	<i>sodium picosulfate-mag ox-anhydrous citric acid</i>	PREPOPIK	Non-Preferred
Digestants				
	2	<i>pancrelipase (lipase-protease-amylase)</i>	CREON	Preferred Brand
	2	<i>pancrelipase (lipase-protease-amylase)</i>	ZENPEP	Preferred Brand
	2	<i>pancrelipase (lipase-protease-amylase)</i>	PANCREAZE	Preferred Brand
	3	<i>pancrelipase (lipase-protease-amylase)</i>	VIOKACE	Non-Preferred
	3	<i>pancrelipase (lipase-protease-amylase)</i>	PERTZYE	Non-Preferred
GI Drugs, Miscellaneous				
PA	3	<i>certolizumab pegol</i>	CIMZIA	Non-Preferred
	1	<i>clidinium & chlordiazepoxide</i>	LIBRAX	Generic
QL, ST	3	<i>linaclotide</i>	LINZESS	Non-Preferred
ST	3	<i>lubiprostone</i>	AMITIZA	Non-Preferred
ST	3	<i>mepenzolate</i>	CANTIL	Non-Preferred
	1	<i>metoclopramide</i>	REGLAN	Generic
ST	3	<i>methylnaltrexone</i>	RELISTOR	Non-Preferred
	3	<i>phenobarbital and belladonna alkaloids</i>	DONNATAL	Non-Preferred
	3	<i>teduglutide</i>	GATTEX	Non-Preferred
	1	<i>ursodiol</i>	ACTIGALL	Generic
	1	<i>ursodiol</i>	URSO	Generic
	1	<i>ursodiol</i>	URSO FORTE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Gold Compounds				
Gold Compounds				
	2	auranofin	RIDAURA	Preferred Brand
Heavy Metal Antagonists				
Heavy Metal Antagonists				
	2	deferasirox	EXJADE	Preferred Brand
	3	deferiprone	FERRIPROX	Non-Preferred
	2	penicillamine	CUPRIMINE	Preferred Brand
	2	penicillamine	DEPEN	Preferred Brand
ST	3	succimer	CHEMET	Non-Preferred
PA	3	trientine	SYPRINE	Non-Preferred
Hormones and Synthetic Substitutes				
Adrenals				
ST	1	budesonide	ENTOCORT EC	Generic
	3	budesonide	UCERIS	Non-Preferred
ST	1	cortisone acetate	CORTONE ACETATE	Generic
	1	dexamethasone	DECADRON	Generic
	1	fludrocortisone	FLORINEF ACETATE	Generic
	1	hydrocortisone	CORTEF	Generic
	1	methylprednisolone	MEDROL	Generic
	1	prednisolone	PRELONE	Generic
	1	prednisolone acetate	PREDNISOLONE	Generic
	1	prednisolone sodium phosphate	ORAPRED	Generic
	1	prednisolone sodium phosphate	ORAPRED ODT	Generic
	1	prednisolone sodium phosphate	PEDIAPRED	Generic
	1	prednisone	PREDNISONE	Generic
	3	prednisone	RAYOS	Non-Preferred
Anabolic Steroid				
ST	3	oxymetholone	ANADROL-50	Non-Preferred
Androgens				
	1	danazol	DANOCRINE	Generic
	2	fluoxymesterone	ANDROXY	Preferred Brand
	2	methyltestosterone	ANDROID 10	Preferred Brand
	3	methyltestosterone	METHITEST	Non-Preferred
	1	methyltestosterone	TESTRED	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	oxandrolone	OXANDRIN	Generic
	3	testosterone	ANDRODERM	Non-Preferred
	3	testosterone	AXIRON	Non-Preferred
ST	1	testosterone	ANDROGEL	Generic
	1	testosterone	TESTIM	Generic
	3	testosterone	FORTESTA	Non-Preferred
	1	testosterone cypionate	DEPO-TESTOSTERONE	Generic
Contraceptives				
QL	1	desogestrel & ethinyl estradiol	APRI	Generic
QL	3	desogestrel & ethinyl estradiol	DESOGEN	Non-Preferred
QL	3	desogestrel & ethinyl estradiol	ORTHO-CEPT	Non-Preferred
QL	1	desogestrel & ethinyl estradiol	RECLIPSEN	Generic
QL	1	desogestrel & ethinyl estradiol (biphasic)	KARIVA	Generic
QL	1	desogestrel & ethinyl estradiol (triphasic)	CYCLESSA	Generic
QL	1	desogestrel & ethinyl estradiol (triphasic)	VELIVET	Generic
ST	3	drospirenone	SLYND	Non-Preferred
QL	1	drospirenone & ethinyl estradiol	GIANVI	Generic
QL	1	drospirenone & ethinyl estradiol	OCELLA	Generic
QL	1	drospirenone & ethinyl estradiol	YASMIN	Generic
QL	1	drospirenone & ethinyl estradiol	YAZ	Generic
QL	3	drospirenone & ethinyl estradiol w/ folate	BEYAZ	Non-Preferred
QL, ST	3	drospirenone & ethinyl estradiol w/ folate	SAFYRAL	Non-Preferred
	1	estradiol cypionate	DELESTROGEN	Generic
	1	estradiol valerate	DEPO-ESTRADIOL	Generic
QL, ST	3	estradiol valerate & dienogest	NATAZIA	Non-Preferred
QL	1	ethynodiol diacetate & ethinyl estradiol	KELNOR	Generic
QL	1	ethynodiol diacetate & ethinyl estradiol	ZOVIA	Generic
QL	2	etonogestrel & ethinyl estradiol	NUVARING	Preferred Brand
AGE	1	levonorgestrel	PLAN B	Generic
QL	1	levonorgestrel & ethinyl estradiol	LUTERA	Generic
QL	1	levonorgestrel & ethinyl estradiol	LESSINA	Generic
QL	1	levonorgestrel & ethinyl estradiol	PORTIA	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	3	levonorgestrel & ethinyl estradiol	NORDETTE-28	Non-Preferred
QL	1	levonorgestrel & ethinyl estradiol (91-day)	INTROVALE	Generic
QL	3	levonorgestrel & ethinyl estradiol (91-day)	LOSEASONIQUE	Non-Preferred
QL	1	levonorgestrel & ethinyl estradiol (91-day)	SEASONALE	Generic
QL	3	levonorgestrel & ethinyl estradiol (91-day)	SEASONIQUE	Non-Preferred
QL	1	levonorgestrel & ethinyl estradiol (continuous)	AMYTHYST	Generic
QL	3	levonorgestrel & ethinyl estradiol (continuous)	LYPREL	Non-Preferred
QL	1	levonorgestrel & ethinyl estradiol (triphasic)	TRIVORA	Generic
QL	3	norelgestromin & ethinyl estradiol	ORTHO EVRA	Non-Preferred
QL, ST	1	norelgestromin & ethinyl estradiol	XULANE	Generic
QL	1	norethindrone	CAMILA	Generic
QL	1	norethindrone	NORA-BE	Generic
QL	3	norethindrone	NOR-QD	Non-Preferred
QL	1	norethindrone & ethinyl estradiol	BALZIVA	Generic
QL	3	norethindrone & ethinyl estradiol	BREVICON	Non-Preferred
QL	1	norethindrone & ethinyl estradiol	JUNEL	Generic
QL	1	norethindrone & ethinyl estradiol	MICROGESTIN	Generic
QL	3	norethindrone & ethinyl estradiol	MODICON	Non-Preferred
QL	1	norethindrone & ethinyl estradiol	NECON	Generic
QL	3	norethindrone & ethinyl estradiol	NORINYL 1+35	Non-Preferred
QL	1	norethindrone & ethinyl estradiol	NORTREL 1/35	Generic
QL	1	norethindrone & ethinyl estradiol	OVCON-35	Generic
QL	3	norethindrone & ethinyl estradiol	OVCON-50	Non-Preferred
QL	1	norethindrone & ethinyl estradiol (biphasic)	NECON 10/11	Generic
QL	1	norethindrone & ethinyl estradiol (triphasic)	ARANELLE	Generic
QL	1	norethindrone & ethinyl estradiol (triphasic)	NORTREL 7/7/7	Generic
QL	3	norethindrone & ethinyl estradiol (triphasic)	ORTHO-NOVUM	Non-Preferred
QL	3	norethindrone & ethinyl estradiol (triphasic)	TRI-NORINYL	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	3	norethindrone & ethinyl estradiol w/ ferrous fumarate	ESTROSTEP FE	Non-Preferred
QL, ST	3	norethindrone & ethinyl estradiol w/ ferrous fumarate	FEMCON FE	Non-Preferred
QL	1	norethindrone & ethinyl estradiol w/ ferrous fumarate	GENERESS FE	Generic
QL	3	norethindrone & ethinyl estradiol w/ ferrous fumarate	JUNEL FE	Non-Preferred
QL	1	norethindrone & ethinyl estradiol w/ ferrous fumarate	MICROGESTIN FE	Generic
QL, ST	3	norethindrone & ethinyl estradiol w/ ferrous fumarate	MINASTRIN 24 FE	Non-Preferred
QL	3	norethindrone acetate & ethinyl estradiol w/ ferrous fumarate	LOESTRIN 24 FE	Non-Preferred
QL	3	norethindrone acetate & ethinyl estradiol w/ ferrous fumarate	LOESTRIN FE	Non-Preferred
QL	1	norethindrone acetate & ethinyl estradiol w/ ferrous fumarate	TILIA	Generic
QL, ST	3	norethindrone acetate & ethinyl estradiol w/ ferrous fumarate (biphasic)	LO LOESTRIN FE	Non-Preferred
QL	3	norethindrone-mestranol	NORINYL 1+50	Non-Preferred
QL	3	norethindrone-mestranol	ORTHO-NOVUM	Non-Preferred
QL	1	norgestimate & ethinyl estradiol	CRYSSELLE	Generic
QL	1	norgestimate & ethinyl estradiol	MONONESSA	Generic
QL	3	norgestimate & ethinyl estradiol	ORTHO-CYCLEN	Non-Preferred
QL	1	norgestimate & ethinyl estradiol	SPRINTEC	Generic
QL	1	norgestimate & ethinyl estradiol	TRINESSA	Generic
QL	3	norgestimate & ethinyl estradiol (triphasic)	ORTHO TRI-CYCLEN	Non-Preferred
QL	1	norgestimate & ethinyl estradiol (triphasic)	TRI-LO-SPRINTEC	Generic
QL	1	norgestimate & ethinyl estradiol (triphasic)	TRI-SPRINTEC	Generic
QL	3	norgestrel & ethinyl estradiol	LO/OVRAL-28	Non-Preferred
QL	1	norgestrel & ethinyl estradiol	LOW-OGESTREL	Generic
QL	1	norgestrel & ethinyl estradiol	OGESTREL	Generic
QL, ST	3	segesterone & ethinyl estradiol	ANNOVERA	Non-Preferred
	2	ulipristal	ELLA	Preferred Brand
Diabetic Agents				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	acarbose	PRECOSE	Generic
PA	3	albiglutide	TANZEUM	Non-Preferred
PA	1	alogliptin	NESINA	Generic
PA	1	alogliptin & metformin	KAZANO	Generic
PA	1	alogliptin & pioglitazone	OSENI	Generic
PA	3	canagliflozin	INVOKANA	Non-Preferred
PA	3	canagliflozin & metformin	INVOKAMET	Non-Preferred
ST	1	chlorpropamide	CHLORPROPAMIDE	Generic
PA	3	dapagliflozin	FARXIGA	Non-Preferred
PA	3	dapagliflozin & metformin	XIGDUO XR	Non-Preferred
PA, QL	3	dulaglutide	TRULICITY	Non-Preferred
PA, QL	2	empagliflozin	JARDIANCE	Non-Preferred
PA	3	empagliflozin & lingalipatin	GLYXAMBI	Non-Preferred
PA	3	empagliflozin & metformin	SYNJARDY	Non-Preferred
PA	3	ertugliflozin	STEGLATRO	Non-Preferred
PA	3	ertugliflozin & metformin	SEGLUROMET	Non-Preferred
PA	3	ertugliflozin & sitagliptin	STEGLUJAN	Non-Preferred
PA, QL	3	exenatide	BYETTA	Non-Preferred
PA, QL	3	exenatide extended-release	BYDUREON	Non-Preferred
	1	glimepiride	AMARYL	Generic
	1	glipizide	GLUCOTROL	Generic
	1	glipizide & metformin	METAGLIP	Generic
	1	glipizide extended-release	GLUCOTROL XL	Generic
	2	glucagon	BAQSIMI	Preferred Brand
	2	glucagon	GLUCAGON EMERGENCY KIT	Preferred Brand
	3	glucagon	GLUCAGEN HYPOKIT	Non-Preferred
	2	glucagon	GVOKE	Preferred Brand
	1	glyburide	DIABETA	Generic
	1	glyburide & metformin	GLUCOVANCE	Generic
	1	glyburide micronized	GLYNASE	Generic
QL, PA	3	insulin (oral inhalation)	AFREZZA	Non-Preferred
ST	3	insulin aspart	NOVOLOG	Non-Preferred
ST	3	insulin aspart	FIASP	Non-Preferred
ST	3	insulin aspart	FIASP FILEXPEN	Non-Preferred
ST	3	insulin aspart protamine & insulin aspart	NOVOLOG MIX 70/30	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	<i>insulin aspart protamine & insulin aspart</i>	NOVOLOG MIX 70/30 FLEXPEN	Non-Preferred
ST	3	<i>insulin degludec</i>	TRESIBA	Non-Preferred
	3	<i>insulin degludec/insulin aspart</i>	RYZODEG 70/30	Non-Preferred
PA, QL	3	<i>Insulin degludec/ liraglutide</i>	XULTOPHY	Non-Preferred
ST	3	<i>insulin detemir</i>	LEVEMIR	Non-Preferred
ST	3	<i>insulin glargine</i>	LANTUS	Non-Preferred
ST	3	<i>insulin glargine</i>	LANTUS SOLOSTAR	Non-Preferred
ST	3	<i>insulin glargine</i>	BASAGLAR	Non-Preferred
PA, QL	3	<i>Insulin glargine/ lixisenatide</i>	SOLIQUA	Non-Preferred
ST	3	<i>insulin glulisine</i>	APIDRA	Non-Preferred
	3	<i>insulin isophane</i>	NOVOLIN N	Non-Preferred
	2	<i>insulin isophane</i>	HUMULIN N	Preferred Brand
ST	3	<i>insulin isophane</i>	HUMULIN N KWIKPEN	Non-Preferred
	3	<i>insulin isophane & regular insulin</i>	NOVOLIN 70/30	Non-Preferred
	3	<i>insulin isophane & regular insulin</i>	HUMULIN 50/50	Non-Preferred
	2	<i>insulin isophane & regular insulin</i>	HUMULIN 70/30	Preferred Brand
ST	3	<i>insulin isophane & regular insulin</i>	HUMULIN 70/30 KIWKPEN	Non-Preferred
ST	3	<i>insulin lispro</i>	HUMALOG	Non-Preferred
ST	3	<i>insulin lispro</i>	HUMALOG KWIKPEN	Non-Preferred
ST	3	<i>insulin lispro</i>	ADMELOG	Non-Preferred
	3	<i>insulin lispro protamine & insulin lispro</i>	HUMALOG MIX 50/50	Non-Preferred
ST	3	<i>insulin lispro protamine & insulin lispro</i>	HUMALOG MIX 75/25	Non-Preferred
ST	3	<i>insulin lispro protamine & insulin lispro</i>	HUMALOG MIX 75/25 KWIKPEN	Non-Preferred
	3	<i>insulin regular</i>	NOVOLIN R	Non-Preferred
	2	<i>insulin regular</i>	HUMULIN R	Preferred Brand
ST	2	<i>insulin regular</i>	HUMULIN R U-500	Preferred Brand
PA	3	<i>linagliptin</i>	TRADJENTA	Non-Preferred
PA	3	<i>linagliptin & metformin</i>	JENTADUETO	Non-Preferred
PA, QL	3	<i>liraglutide</i>	VICTOZA	Non-Preferred
PA, QL	3	<i>lixisenatide</i>	ADLYXIN	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	metformin	GLUCOPHAGE	Generic
PA	1	metformin ER	FORTAMET	Generic
PA	1	metformin ER	GLUMETZA	Generic
	3	metformin	RIOMET	Non-Preferred
	1	metformin extended-release	GLUCOPHAGE XR	Generic
PA	3	mifepristone	KORLYM	Non-Preferred
ST	3	miglitol	GLYSET	Non-Preferred
ST	1	nateglinide	STARLIX	Generic
	1	pioglitazone	ACTOS	Generic
	3	pioglitazone & glimepiride	DUETACT	Non-Preferred
	3	pioglitazone & metformin	ACTOPLUS MET	Non-Preferred
PA	3	pramlintide acetate	SYMLIN	Non-Preferred
ST	1	repaglinide	PRANDIN	Generic
ST	1	repaglinide & metformin	PRANDIMET	Generic
ST	3	rosiglitazone	AVANDIA	Non-Preferred
ST	3	rosiglitazone & glimepiride	AVANDARYL	Non-Preferred
ST	3	rosiglitazone & metformin	AVANDAMET	Non-Preferred
PA	3	saxagliptin	ONGLYZA	Non-Preferred
PA	3	saxagliptin & metformin extended-release	KOMBIGLYZE XR	Non-Preferred
PA	3	sitagliptin & metformin	JANUMET	Non-Preferred
PA	3	sitagliptin & simvastatin	JUVISYNC	Non-Preferred
PA	3	sitagliptin phosphate	JANUVIA	Non-Preferred
ST	1	tolazamide	TOLINASE	Generic
ST	1	tolbutamide	ORINASE	Generic
Estrogens and Antiestrogens				
	3	conjugated estrogens & bazedoxifene	DUAVEE	Non-Preferred
	3	conjugated estrogens & medroxyprogesterone acetate	PREMPHASE	Non-Preferred
	3	conjugated estrogens & medroxyprogesterone acetate	PREMPRO	Non-Preferred
	3	drospirenone & estradiol	ANGELIQ	Non-Preferred
ST	3	esterified estrogens	MENEST	Non-Preferred
	1	estradiol	ESTRACE TAB	Generic
	1	estradiol	GYNODIOL	Generic
ST	3	estradiol & levonorgestrel	CLIMARA PRO	Non-Preferred
	1	estradiol & norethindrone	ACTIVELLA	Generic
ST	3	estradiol & norethindrone	COMBIPATCH	Non-Preferred
	3	estradiol & norgestimate	PREFEST	Non-Preferred
	3	estradiol acetate	FEMTRACE	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	<i>estradiol acetate vaginal tablets</i>	FEMRING	Non-Preferred
ST	3	<i>estradiol gel</i>	DIVIGEL	Non-Preferred
ST	3	<i>estradiol gel</i>	ELESTRIN GEL	Non-Preferred
ST	3	<i>estradiol transdermal</i>	ALORA	Non-Preferred
	1	<i>estradiol transdermal</i>	CLIMARA DIS	Generic
	3	<i>estradiol transdermal</i>	ESTRADERM	Non-Preferred
ST	3	<i>estradiol transdermal</i>	EVAMIST	Non-Preferred
ST	3	<i>estradiol transdermal</i>	MENOSTAR	Non-Preferred
	1	<i>estradiol transdermal</i>	MINIVELLE	Generic
ST	3	<i>estradiol transdermal</i>	VIVELLE-DOT	Non-Preferred
	1	<i>estradiol vaginal</i>	ESTRACE CREAM	Generic
	2	<i>estradiol vaginal</i>	ESTRING	Preferred Brand
	2	<i>estradiol vaginal 10 mg</i>	VAGIFEM	Preferred Brand
	3	<i>estradiol vaginal</i>	VAGIFEM	Non-Preferred
	1	<i>estradiol vaginal</i>	YUVAFEM	Generic
	1	<i>estradiol vaginal</i>	ESTRACE	Generic
	1	<i>estrogen, ester/me-testosterone</i>	ESTRATEST	Generic
ST	3	<i>estrogens, conjugated</i>	PREMARIN	Non-Preferred
	3	<i>estrogens, conjugated synthetic a</i>	CENESTIN	Non-Preferred
ST	3	<i>estrogens, conjugated synthetic b</i>	ENJUVIA	Non-Preferred
ST	2	<i>estrogens, conjugated vaginal</i>	PREMARIN CREAM	Preferred Brand
	1	<i>estropipate</i>	ORTHO-EST	Generic
	1	<i>norethindrone acetate & ethinyl estradiol</i>	FEMHRT	Generic
	3	<i>ospemifene</i>	OSPHENA	Non-Preferred
	1	<i>raloxifene hcl</i>	EVISTA	Generic
Estrogen and Progestin (Combination Product)				
ST	3	<i>estradiol and progesterone</i>	BIJUVA	Non-Preferred
Gonadatropins				
	2	<i>nafarelin</i>	SYNAREL	Preferred Brand
Parathyroid				
PA	3	<i>abaloparatide</i>	TYMLOS	Non-Preferred
ST	1	<i>calcitonin salmon</i>	FORTICAL	Generic
ST	1	<i>calcitonin salmon</i>	MIACALCIN	Generic
PA	3	<i>teriparatide</i>	FORTEO	Non-Preferred
Pituitary				
PA	3	<i>corticotropin</i>	ACTHAR	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>desmopressin (non-refrigerated)</i>	DDAVP	Generic
	3	<i>desmopressin acetate</i>	STIMATE	Non-Preferred
Progestins				
	1	<i>medroxyprogesterone acetate</i>	PROVERA	Generic
	1	<i>megestrol acetate</i>	MEGACE	Generic
	1	<i>norethindrone acetate</i>	AYGESTIN	Generic
	1	<i>progesterone, micronized</i>	PROMETRIUM	Generic
Somatotropin Agonists and Antagonists				
PA	3	<i>somatropin</i>	GENTROPIN	Non-Preferred
PA	3	<i>somatropin</i>	HUMATROPE	Non-Preferred
PA	3	<i>somatropin</i>	NORDITROPIN	Non-Preferred
PA	3	<i>somatropin</i>	NUTROPIN AQ	Non-Preferred
PA	3	<i>somatropin</i>	OMNITROPE	Non-Preferred
PA	3	<i>somatropin</i>	SAIZEN	Non-Preferred
PA	3	<i>somatropin</i>	SEROSTIM	Non-Preferred
PA	3	<i>pegvisomant</i>	SOMAVERT	Non-Preferred
PA	3	<i>somatropin</i>	ZORBTIVE	Non-Preferred
Thyroid and Antithyroid Agent				
	1	<i>levothyroxine</i>	LEVOTHROID	Generic
	1	<i>levothyroxine</i>	LEVOXYL	Generic
	1	<i>levothyroxine</i>	SYNTHROID	Generic
	3	<i>levothyroxine</i>	TIROSINT	Non-Preferred
	1	<i>levothyroxine</i>	UNITHROID	Generic
	1	<i>liothyronine</i>	CYTOMEL	Generic
ST	3	<i>liotrix</i>	THYROLAR	Non-Preferred
	1	<i>methimazole</i>	TAPAZOLE	Generic
	2	<i>potassium iodide & iodine</i>	LUGOL'S SOLUTION	Preferred Brand
	1	<i>propylthiouracil</i>	PROPYLTHIOURACIL	Generic
	3	<i>thyroid</i>	ARMOUR THYROID	Non-Preferred
Miscellaneous Therapeutic Agents				
Miscellaneous Therapeutic Agents				
	2	<i>abatacept</i>	ORENCIA	Preferred Brand
	1	<i>acetylcysteine</i>	MUCOMYST-10	Generic
PA	3	<i>adalimumab</i>	HUMIRA	Non-Preferred
PA	3	<i>adalimumab</i>	HUMIRA citrate free	Non-Preferred
	1	<i>alendronate</i>	FOSAMAX	Generic
	3	<i>alendronate & cholecalciferol</i>	FOSAMAX PLUS D	Non-Preferred
	1	<i>allopurinol</i>	ZYLOPRIM	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	<i>amifampridine</i>	FIRDAPSE	Non-Preferred
	3	<i>anakinra</i>	KINERET	Non-Preferred
PA	2	<i>apremilast</i>	OTEZLA	Preferred Brand
	1	<i>azathioprine</i>	AZASAN	Generic
	1	<i>azathioprine</i>	IMURAN	Generic
PA	3	<i>baricitnib</i>	OLUMIANT	Non-Preferred
	3	<i>bedaquiline</i>	SIRTURO	Non-Preferred
ST	3	<i>betaine</i>	CYSTADANE POWD	Non-Preferred
PA	3	<i>brodalumab</i>	SILIQ	Non-Preferred
PA	3	<i>c-1 esterase inhibitor</i>	HAEGARDA	Non-Preferred
PA	3	<i>canakinumab</i>	ILARIS	Non-Preferred
PA	3	<i>cholic acid</i>	CHOLBAM	Non-Preferred
	2	<i>cinacalcet</i>	SENSIPAR	Preferred Brand
ST	1	<i>colchicine</i>	COLCRYS	Generic
	1	<i>cyclosporine</i>	SANDIMMUNE	Generic
	1	<i>cyclosporine, modified</i>	NEORAL	Generic
PA	3	<i>cysteamine delayed-release</i>	PROCYSBI	Non-Preferred
ST	3	<i>cysteamine immediate-release</i>	CYSTAGON	Non-Preferred
	1	<i>dalfampridine</i>	AMPYRA	Generic
QL, PA	3	<i>dichlorphenamide</i>	KEVEYIS	Non-Preferred
PA	3	<i>daflazacort</i>	EMFLAZA	Non-Preferred
PA	1	<i>dimethyl fumarate</i>	TECFIDERA	Generic
PA	3	<i>dupilumab</i>	DUPIXENT	Non-Preferred
	1	<i>disulfiram</i>	ANTABUSE	Generic
ST	1	<i>dutasteride</i>	AVODART	Generic
	1	<i>dutasteride & tamsulosin</i>	JALYN	Generic
PA	3	<i>elagolix</i>	ORILISSA	Non-Preferred
PA	3	<i>eliglustat</i>	CERDELGA	Non-Preferred
PA	3	<i>emicizumab-kxwh</i>	HEMLIBRA	Non-Preferred
PA	3	<i>erenumab-aooe</i>	AIMOVIG	Non-Preferred
PA	3	<i>etanercept</i>	ENBREL	Non-Preferred
ST	1	<i>etidronate</i>	DIDRONEL	Generic
	3	<i>everolimus</i>	ZORTRESS	Non-Preferred
ST	3	<i>febuxostat</i>	ULORIC	Non-Preferred
PA	3	<i>fingolimod</i>	GILENYA	Non-Preferred
PA	3	<i>fostamatinib</i>	TAVALISSE	Non-Preferred
PA	3	<i>galcanezumab</i>	EMGALITY	Non-Preferred
PA	3	<i>guselkumab</i>	TREMFYA	Non-Preferred
PA	3	<i>glatiramer acetate</i>	COPAXONE 20 mg	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>glatiramer acetate</i>	COPAXONE 40 mg	Generic
	1	<i>glatiramer acetate</i>	GLATOPA	Generic
PA	3	<i>golimumab</i>	SIMPONI	Non-Preferred
ST	1	<i>ibandronate</i>	BONIVA	Generic
PA	3	<i>icatibant</i>	FIRAZYR	Non-Preferred
PA	3	<i>immune globulin</i>	HYQVIA	Non-Preferred
PA	3	<i>Immune globulin</i>	HIZENTRA	Non-Preferred
PA	3	<i>Inotersen</i>	TEGSEDI	Non-Preferred
PA	3	<i>interferon beta-1a</i>	AVONEX	Non-Preferred
PA	3	<i>interferon beta-1a</i>	PLEGRIDY	Non-Preferred
PA	3	<i>interferon beta-1a</i>	REBIF	Non-Preferred
PA	3	<i>interferon beta-1a</i>	REBIF REBIDOSE	Non-Preferred
	3	<i>interferon beta-1b</i>	BETASERON	Non-Preferred
	2	<i>Interferon beta-1b</i>	EXTAVIA	Preferred Brand
	2	<i>interferon gamma-1b</i>	ACTIMMUNE	Preferred Brand
PA	3	<i>ixekizumab</i>	TALTZ	Non-Preferred
PA	3	<i>lanadelumab</i>	TAKHZYRO	Non-Preferred
	3	<i>lanreotide</i>	SOMATULINE DEPOT	Non-Preferred
	3	<i>lesinurad</i>	ZURAMPIC	Non-Preferred
	1	<i>leflunomide</i>	ARAVA	Generic
	1	<i>leucovorin</i>	LEUCOVORIN	Generic
PA	3	<i>L-glutamine</i>	ENDARI	Non-Preferred
	2	<i>mesna</i>	MESNEX	Preferred Brand
	1	<i>methenamine, sodium biphosphate, phenyl salicylate, methylene blue, and hyoscyamine</i>	URO-MP	Generic
	1	<i>methylergonovine maleate</i>	METHERGINE	Generic
	3	<i>metreleptin</i>	MYALEPT	Non-Preferred
	3	<i>mifepristone</i>	MIFEPREX	Non-Preferred
PA	3	<i>migalastat</i>	GALAFOLD	Non-Preferred
PA	3	<i>miglustat</i>	ZAVESCA	Non-Preferred
	1	<i>mycophenolate mofetil</i>	CELLCEPT	Generic
	1	<i>mycophenolate sodium</i>	MYFORTIC	Generic
	3	<i>nitisinone</i>	ORFADIN	Non-Preferred
	1	<i>octreotide acetate</i>	SANDOSTATIN	Generic
PA	3	<i>ozanimod</i>	ZEPOSIA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	<i>parathyroid hormone</i>	NATPARA	Non-Preferred
PA	3	<i>pasireotide</i>	SIGNIFOR	Non-Preferred
	1	<i>pediatric multivitamins w/ fluoride</i>	POLY-VI-FLOR	Generic
	1	<i>pediatric multivitamins w/ fluoride & iron</i>	POLY-VI-FLOR W/IRON	Generic
	1	<i>pediatric vitamins a, c, & d, w/ fluoride</i>	TRI-VI-FLOR	Generic
	1	<i>pediatric vitamins a, c, & d, w/ fluoride & iron</i>	TRI-VI-FLOR W/IRON	Generic
PA	3	<i>pegvaliase</i>	PALYNZIQ	Non-Preferred
PA	2	<i>pentosan polysulfate sodium</i>	ELMIRON	Preferred Brand
PA	3	<i>risankizumab</i>	SKYRIZI	Non-Preferred
ST	1	<i>risedronate sodium</i>	ACTONEL	Generic
	3	<i>risedronate sodium</i>	ATELVIA	Non-Preferred
PA	3	<i>sapropterin dihydrochloride</i>	KUVAN	Non-Preferred
PA	3	<i>sarilumab</i>	KEVZARA	Non-Preferred
PA	3	<i>secukinumab</i>	COSENTYX	Non-Preferred
	3	<i>sirolimus solution</i>	RAPAMUNE	Non-Preferred
	1	<i>sirolimus</i>	RAPAMUNE	Generic
	3	<i>sodium fluoride</i>	FLUORABON BASIC	Generic
	1	<i>sodium fluoride</i>	FLUORITAB	Generic
	1	<i>sodium fluoride</i>	LURIDE CHEW	Generic
	1	<i>sodium fluoride (dental)</i>	PREVIDENT	Generic
	1	<i>sodium fluoride (dental)</i>	PREVIDENT 5000 PLUS	Generic
	1	<i>sodium fluoride drops</i>	LURIDE DROPS	Generic
	2	<i>stannous fluoride</i>	GEL-KAM	Preferred Brand
	1	<i>tacrolimus</i>	PROGRAF	Generic
PA	3	<i>teriflunomide</i>	AUBAGIO	Non-Preferred
QL	2	<i>thalidomide</i>	THALOMID	Preferred Brand
PA	3	<i>tildrakizumab-asmn</i>	ILUMYA	Non-Preferred
ST	3	<i>tiludronate</i>	SKELID	Non-Preferred
	2	<i>tocilizumab</i>	ACTEMRA	Preferred Brand
	2	<i>tofacitinib</i>	XELJANZ	Preferred Brand
PA	3	<i>upadacitinib</i>	RINVOQ	Non-Preferred
PA	3	<i>ustekinumab</i>	STELARA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA, QL	3	voxelotor	OXBRYTA	Non-Preferred
Respiratory Tract Agents				
Antitussives				
	1	benzonatate	TESSALON PERLES	Generic
	1	guaifenesin & codeine	CHERATUSSIN AC	Generic
	3	hydrocodone & chlorpheniramine	TUSSIONEX	Non-Preferred
	1	hydrocodone & homatropine	HYCODAN	Generic
	1	promethazine & codeine	PHENERGAN W/ CODEINE	Generic
	1	promethazine & dextromethorphan	PROMETHAZINE-DM	Generic
	1	promethazine, phenylephrine & codeine	PHENERGAN VC W/CODEINE	Generic
	3	pseudoephedrine, brompheniramine & codeine	M-END MAX D	Non-Preferred
Anti-Inflammatory Agents				
	3	cromolyn sodium	GASTROCROM	Non-Preferred
	1	cromolyn sodium	INTAL	Generic
	1	montelukast	SINGULAIR	Generic
ST	3	zafirlukast	ACCOLATE	Non-Preferred
ST	1	zileuton	ZYFLO CR	Generic
ST	3	zileuton	ZYFO	Non-Preferred
Respiratory Agents, Miscellaneous				
	3	beclomethasone dipropionate	QVAR RediHaler	Non-Preferred
	3	budesonide	PULMICORT FLEXHALER	Non-Preferred
	1	budesonide	PULMICORT RESPULES	Generic
ST	3	budesonide & formoterol	SYMBICORT	Non-Preferred
	2	ciclesonide	ALVESCO	Preferred Brand
PA	3	elexacaftor, tezacaftor, and ivacaftor	TRIKAFTA	Non-Preferred
ST	3	fluticasone & salmeterol (100/50 mcg)	ADVAIR DISKUS	Non-Preferred
ST	1	fluticasone & salmeterol (100/50 mcg)	WIXELA INHUB	Generic
	1	fluticasone & salmeterol (250/50 mcg and 500/50 mcg)	WIXELA INHUB	Generic
ST	3	fluticasone & salmeterol	ADVAIR HFA	Non-Preferred
ST	3	fluticasone & vilanterol	BREO ELLIPTA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>fluticasone propionate</i>	FLOVENT DISKUS AER	Non-Preferred
	3	<i>fluticasone propionate</i>	FLOVENT HFA	Non-Preferred
ST	3	<i>fluticasone & umecclidinium & vilanterol</i>	TRELEGY ELLIPTA	Non-Preferred
	3	<i>glycopyrrolate & indacaterol</i>	UTIBRON NEOHALER	Non-Preferred
ST	3	<i>indacaterol</i>	ARCAPTA NEOHALER	Non-Preferred
PA	3	<i>ivacaftor</i>	KALYDECO	Non-Preferred
PA	3	<i>lumacaftor & ivacaftor</i>	ORKAMBI	Non-Preferred
ST	3	<i>mometasone & formoterol</i>	DULERA	Non-Preferred
	2	<i>mometasone furoate</i>	ASMANEX	Preferred Brand
PA	3	<i>mepolizumab</i>	NUCALA	Non-Preferred
	3	<i>nintedanib</i>	OFEV	Non-Preferred
PA	3	<i>omalizumab</i>	XOLAIR	Non-Preferred
	3	<i>pirfenidone</i>	ESBRIET	Non-Preferred
ST	3	<i>roflumilast</i>	DALIRESP	Non-Preferred
	3	<i>salmeterol</i>	SEREVENT DISKUS	Non-Preferred
	3	<i>sodium chloride</i>	HYPERSAL	Non-Preferred
PA	3	<i>tezacaftor & ivacaftor</i>	SYMDEKO	Non-Preferred
	2	<i>tiotropium bromide and olodaterol</i>	STIOLTO RESPIMAT	Preferred Brand
Skin and Mucous Membrane Agents				
Anti-infectives (Skin and Mucous Membranes)				
ST	1	<i>acyclovir</i>	ZOVIRAX	Generic
	3	<i>benzoyl peroxide & erythromycin</i>	BENZAMYCIN	Non-Preferred
ST	3	<i>butenafine</i>	MENTAX	Non-Preferred
	3	<i>butoconazole nitrate (vaginal)</i>	GYNAZOLE-1	Non-Preferred
	1	<i>ciclopirox</i>	LOPROX	Generic
	1	<i>ciclopirox</i>	PENLAC	Generic
ST	1	<i>clindamycin & benzoyl peroxide</i>	BENZACLIN	Generic
	1	<i>clindamycin & benzoyl peroxide</i>	DUAC	Generic
PA	3	<i>clindamycin & benzoyl peroxide</i>	ONEXTON	Non-Preferred
	1	<i>clindamycin phosphate (topical)</i>	CLEOCIN T	Generic
	1	<i>clindamycin phosphate (topical)</i>	CLINDAGEL	Generic
	3	<i>clindamycin phosphate (topical)</i>	EVOCLIN	Non-Preferred
	1	<i>clindamycin phosphate (vaginal)</i>	CLEOCIN	Generic
	1	<i>clotrimazole</i>	MYCELEX	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	1	clotrimazole & betamethasone	LOTRISONE	Generic
ST	3	crotamiton	EURAX	Non-Preferred
	1	econazole nitrate	SPECTAZOLE	Generic
	3	erythromycin (acne acid)	AKNE-MYCIN	Non-Preferred
	1	erythromycin (acne acid)	ERYGEL	Generic
	1	gentamicin sulfate (topical)	GARAMYCIN	Generic
	3	hexachlorophene	PHISOHEX	Non-Preferred
	1	iodoquinol & hydrocortisone	VYTONE	Generic
	1	ketoconazole (topical)	NIZORAL	Generic
	1	lindane	KWELL	Generic
ST	3	mafenide acetate	SULFAMYLON	Non-Preferred
	1	malathion	OVIDE	Generic
	1	metronidazole (topical)	METROCREAM	Generic
	1	metronidazole (topical)	METROGEL	Generic
	1	metronidazole (topical)	METROLOTION	Generic
	1	metronidazole (vaginal)	METROGEL-VAGINAL	Generic
	3	miconazole nitrate & zinc oxide	VUSION	Non-Preferred
	1	mupirocin	BACTROBAN	Generic
	3	mupirocin calcium	BACTROBAN NASAL	Non-Preferred
	3	na sulfacetm/avobenzene/sulfur	ROSAC	Non-Preferred
ST	1	naftifine cream	NAFTIN	Generic
ST	3	Naftifine gel	NAFTIN	Non-Preferred
	1	nystatin (topical)	NYSTATIN	Generic
ST	3	oxiconazole nitrate	OXISTAT	Non-Preferred
ST	3	penciclovir	DENAVIR	Non-Preferred
	1	permethrin	ELIMITE	Generic
ST	3	retapamulin	ALTABAX	Non-Preferred
	3	selenium sulfide	SELSEB	Non-Preferred
	3	selenium sulfide	SELSUN RX	Non-Preferred
ST	3	sertaconazole nitrate	ERTACZO	Non-Preferred
	1	silver sulfadiazine	SILVADENE	Generic
	3	spinosad	NATROBA	Non-Preferred
ST	3	sulconazole nitrate	EXELDERM	Non-Preferred
	1	sulfacetamide sodium (acne)	KLARON	Generic
	3	sulfacetamide sodium (acne)	SEB-PREV	Non-Preferred
	3	sulfanilamide	AVC	Non-Preferred
ST	1	terconazole	TERAZOL 7	Generic
ST	1	terconazole (vaginal)	TERAZOL 3	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Anti-inflammatory Agents (Skin and Mucous Membranes)				
	1	<i>alclometasone dipropionate</i>	ACLOVATE	Generic
ST	1	<i>amcinonide</i>	CYCLOCORT	Generic
ST	3	<i>bacitracin, polymyxin, neomycin & hydrocortisone</i>	CORTISPORIN	Non-Preferred
	3	<i>benzoyl peroxide & hydrocortisone</i>	VANOXIDE-HC	Non-Preferred
	1	<i>betamethasone dipropionate (topical)</i>	DIPROSONE	Generic
	1	<i>betamethasone dipropionate augmented</i>	DIPROLENE	Generic
	1	<i>betamethasone valerate</i>	LUXIQ	Generic
	1	<i>betamethasone valerate</i>	VALISONE	Generic
ST	1	<i>calcipotriene & betamethasone</i>	TACLONEX	Generic
	1	<i>clobetasol propionate</i>	CLOBEX	Generic
	1	<i>clobetasol propionate</i>	TEMOVATE	Generic
	1	<i>clobetasol propionate emollient</i>	TEMOVATE E	Generic
	3	<i>clobetasol propionate emulsion</i>	OLUX-E	Non-Preferred
ST	1	<i>clocortolone pivalate</i>	CLODERM	Generic
ST	3	<i>crisaborole</i>	EUCRISA	Non-Preferred
QL	1	<i>desonide</i>	DESOWEN	Generic
ST	1	<i>desoximetasone</i>	TOPICORT	Generic
ST	1	<i>diflorasone diacetate</i>	APEXICON	Generic
	3	<i>fluocinolone acetone</i>	CAPEX SHAMPOO	Non-Preferred
	1	<i>fluocinolone acetone</i>	DERMA-SMOOTH/FS OIL	Generic
	1	<i>fluocinolone acetone</i>	SYNALAR	Generic
	1	<i>fluocinonide</i>	LIDEX	Generic
	3	<i>fluocinonide</i>	VANOS	Non-Preferred
	1	<i>fluocinonide emollient</i>	LIDEX-E	Generic
ST	1, 3	<i>flurandrenolide</i>	CORDRAN	Generic
ST	1	<i>fluticasone propionate (topical)</i>	CUTIVATE	Generic
ST	3	<i>halcinonide</i>	HALOG	Non-Preferred
	1	<i>halobetasol propionate</i>	ULTRAVATE	Generic
	1	<i>hydrocortisone (intrarectal)</i>	CORTENEMA	Generic
	3	<i>hydrocortisone (rectal)</i>	ANUSOL-HC	Non-Preferred
	1	<i>hydrocortisone (rectal)</i>	PROCTOCORT	Generic
	1	<i>hydrocortisone (topical)</i>	HYTONE	Generic
	1	<i>hydrocortisone acetate & urea</i>	CARMOL HC	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	hydrocortisone acetate (intrarectal)	CORTIFOAM	Non-Preferred
	1	hydrocortisone butyrate	LOCOID	Generic
	3	hydrocortisone butyrate hydrophilic lipo base	LOCOID LIPOCREAM	Non-Preferred
	3	hydrocortisone probutate	PANDEL	Non-Preferred
	1	hydrocortisone valerate	WESTCORT	Generic
	1	mometasone furoate	ELOCON	Generic
ST	1	nystatin & triamcinolone	MYCOLOG II	Generic
ST	1	prednicarbate	DERMATOP	Generic
	1	triamcinolone acetonide (topical)	KENALOG	Generic
Antipruritics and Local Anesthetics				
ST	3	doxepin (antipruritic)	ZONALON	Non-Preferred
	3	hydrocortisone & pramoxine	ANALPRAM HC	Non-Preferred
	3	hydrocortisone & pramoxine	PRAMOSONE	Non-Preferred
	3	hydrocortisone & pramoxine	PRAMOSONE-E	Non-Preferred
	3	hydrocortisone & pramoxine	PROCTOFOAM-HC	Non-Preferred
ST	3	lidocaine	LIDODERM	Non-Preferred
	1	lidocaine (jelly, topical)	XYLOCAINE	Generic
	3	lidocaine & hydrocortisone	LIDAMANTLE	Non-Preferred
	1	lidocaine & prilocaine	EMLA	Generic
ST	3	lidocaine & tetracaine	SYNERA PATCH	Non-Preferred
	1	pramoxine	PROCTOFOAM	Generic
Astringents				
	2	aluminum chloride hexahydrate	HYPERCARE	Preferred Brand
Keratolytic Agents				
	3	sulfacetamide sodium & sulfur	AVAR	Non-Preferred
	1	sulfacetamide sodium & sulfur	PLEXION	Generic
	3	sulfacetamide sodium & sulfur	PLEXION SCT	Non-Preferred
	1	sulfacetamide sodium & sulfur	ROSULA	Generic
	1	urea	CARMOL	Generic
Keratoplastic Agents				
ST	3	anthralin	DRITHOCREME HP	Non-Preferred
	3	anthralin	PSORiatec	Non-Preferred
Cell Stimulants and Proliferants				
QL, AGE	1	tretinoin	RETIN-A	Generic
QL, AGE	3	tretinoin microspheres	RETIN-A MICRO	Non-Preferred
Skin and Mucous Membrane Agents, Miscellaneous				
ST	1	acitretin	SORIATANE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL, AGE, ST	1	<i>adapalene</i>	DIFFERIN	Generic
QL, AGE, ST	3	<i>adapalene & benzoyl peroxide</i>	EPIDUO	Non-Preferred
QL, AGE	3	<i>alitretinoin</i>	PANRETIN	Non-Preferred
	1	<i>ammonium lactate</i>	LAC-HYDRIN	Generic
ST	3	<i>azelaic acid</i>	FINACEA	Non-Preferred
ST	3	<i>azelaic acid (acne)</i>	AZELEX	Non-Preferred
	2	<i>becaplermin</i>	REGRANEX	Preferred Brand
	3	<i>bexarotene (topical)</i>	TARGETIN	Non-Preferred
PA, QL	3	<i>brimonidine (topical)</i>	MIRVASO	Non-Preferred
	1	<i>calcipotriene</i>	DOVONEX	Generic
	3	<i>calcipotriene</i>	SORILUX	Non-Preferred
	2	<i>calcitriol (topical)</i>	VECTICAL	Preferred Brand
AGE, ST	3	<i>clindamycin & tretinoin</i>	VELTIN	Non-Preferred
AGE, ST	3	<i>clindamycin & tretinoin</i>	ZIANA	Non-Preferred
	2	<i>collagenase</i>	SANTYL	Preferred Brand
	3	<i>dapsone (topical)</i>	ACZONE	Non-Preferred
ST	3	<i>diclofenac epolamine</i>	FLECTOR	Non-Preferred
	1	<i>diclofenac sodium</i>	VOLTAREN GEL	Generic
	3	<i>diclofenac sodium (actinic keratosis)</i>	SOLARAZE	Non-Preferred
ST	3	<i>doxepin (antipruritic)</i>	PRUDOXIN	Non-Preferred
	3	<i>doxycycline (rosacea)</i>	ORACEA	Non-Preferred
	3	<i>fluorouracil (topical)</i>	CARAC	Non-Preferred
	1	<i>fluorouracil (topical)</i>	EFUDEX	Generic
	2	<i>fluorouracil (topical)</i>	FLUOROPLEX	Preferred Brand
	1	<i>imiquimod</i>	ALDARA	Generic
	3	<i>imiquimod</i>	ZYCLARA	Non-Preferred
PA	3	<i>ingenol mebutate</i>	PICATO	Non-Preferred
	1	<i>isotretinoin</i>	AC CUTANE	Generic
	1	<i>isotretinoin</i>	CLARAVIS	Generic
	3	<i>lactic acid (ammonium lactate)</i>	LACTINOL	Non-Preferred
	2	<i>methoxsalen</i>	8-MOP	Preferred Brand
	1	<i>methoxsalen, rapid</i>	OXSORALEN-ULTRA	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	<i>pimecrolimus</i>	ELIDEL	Preferred Brand
	1	<i>podofilox</i>	CONDYLOX	Generic
ST	3	<i>sinecatechins</i>	VEREGEN	Non-Preferred
	1	<i>tacrolimus (topical)</i>	PROTOPIC	Generic
ST	3	<i>tazarotene</i>	FABIOR	Non-Preferred
QL, AGE, ST	3	<i>tazarotene</i>	TAZORAC	Non-Preferred
Smooth Muscle Relaxants				
Smooth Muscle Relaxants				
	1	<i>darifenacin</i>	ENABLEX	Generic
ST	3	<i>dyphylline</i>	LUFYLLIN	Non-Preferred
ST	3	<i>fesoterodine</i>	TOVIAZ	Non-Preferred
ST	3	<i>flavoxate</i>	FLAVOXATE	Non-Preferred
ST	3	<i>mirabegron</i>	MYRBETRIQ	Non-Preferred
	1	<i>oxybutynin</i>	DITROPAN	Generic
	1	<i>oxybutynin extended-release</i>	DITROPAN XL	Generic
	3	<i>oxybutynin transdermal</i>	OXYTROL	Non-Preferred
	1	<i>solifenacin</i>	VESICARE	Generic
	1	<i>theophylline</i>	UNIPHYL	Generic
ST	1	<i>tolterodine</i>	DETROL	Generic
ST	1	<i>tolterodine extended-release</i>	DETROL LA	Generic
	1	<i>trospium</i>	SANCTURA	Generic
	3	<i>trospium extended-release</i>	SANCTURA XR	Non-Preferred
Vitamins				
Vitamins				
	1	<i>calcitriol</i>	ROCALTROL	Generic
ST	1	<i>doxercalciferol</i>	HECTOROL	Generic
	1	<i>ergocalciferol</i>	DRISDOL	Generic
	1	<i>niacin</i>	NIACOR	Generic
ST	1	<i>paricalcitol</i>	ZEMPLAR	Generic
	2	<i>phytonadione</i>	MEPHYTON	Preferred Brand

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ગજુરાતી	ના: જો	રાત્રી બોલતા હો, તો નન:શક્કુ ક ભાષા સહાય
(Gujarati) સચુ	તમે ગજુ	સેવાઓ

તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813** (TTY: **711**).

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

हिन्दी (Hindi) ध्यान दें: यहद आप हिंिंदी बोलते िैं तो आपके ललए मुफ्त में भाषा सियायता सेवाएिं उपलब्ध िैं। **1-888-865-5813** (TTY: **711**) पर कॉले करें।

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

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

Kaiser Permanente, a State Employee Health Benefit Formulary

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

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

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

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

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa **1-888-865-5813** (TTY: **711**).

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