

2019 Kaiser Permanente Federal Employees Health Benefit

FEHB Drug Formulary



Colorado Region

Member Services

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

1-855-366-9008

TTY 711



2019 Kaiser Permanente Federal Employees Health Benefit (FEHB) Drug Formulary

Colorado Region

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

This formulary is effective December 17, 2019. Benefits described in this formulary are effective January 1 – December 31, 2019.

What is the Kaiser Permanente FEHB Drug Formulary?

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

How much will I pay for covered drugs?

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

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

Below is the copayment you pay for up to a 30-day supply of prescription drugs at a Plan pharmacy. You pay only two copayments for up to a 90-day supply for most drugs dispensed through our mail order program.

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

You pay 50% of our allowed amount for sexual dysfunction drugs and 20% of our allowed amount for diabetic supplies. Some drugs may be covered at no cost sharing, such as tobacco cessation medications, women's contraceptive drugs and devices and drugs required by ACA. Specific coverage information, including limitations and exclusions, is described in your FEHB brochure (RI 73-019), see Section 5(f) Prescription drug benefits. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at **1-855-366-9008 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m.

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

We define tiers as follows:

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

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

Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, drugs that are extremely high cost, require special handling or requested to be mailed outside the state of Colorado) may not be eligible for mailing. We provide up to a 90-day supply for most maintenance drugs when dispensed through our mail order program for two copayments.

How do I use the FEHB Drug Formulary?

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

The cost-sharing you pay and other coverage information is determined by the outpatient prescription drug benefit in your FEHB brochure (RI 73-019, see Section 5(f) Prescription drug benefits).

Formulary Drugs by Medical Condition

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know the medical condition your drug is used for, simply look for the category name in the list. Then look under the category name for your drug.

Formulary Drugs by Alphabetical Listing

If you are not sure what category to look under, the Index starting on page 18, provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to find the drug name and the page number where you can locate coverage information. Turn to the page listed in the Index and find the name of the drug on the list. If you are using a computer to view this document, you also use the search function (Ctrl F) to find the medication by name.

Columns on Medical Condition and Alphabetical Listings

There are three columns in the attached chart.

- The first column lists the drug name. Brand-name drugs are capitalized (e.g. ALBENZA) and generic drugs are listed in lower-case italics (e.g. amoxicillin). Some drugs include different dosage forms and

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strengths. All dosage forms and strengths for a particular drug listed may not be on the Formulary. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not. Some of these drugs may be available only in a clinic setting.

- The second column indicates drug tier. Some drugs may have more than one tier listed in this column. This means that the amount you pay may vary based on the dosage or the way the drug is administered. You will find cost-sharing for your drug in your FEHB brochure. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at **1-855-366-9008** (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m.
- The third column indicates additional requirements or limits on coverage. These requirements and limits may include:

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

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

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

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

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

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

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

Does the FEHB Drug Formulary ever change?

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

Our online formulary at kp.org/formulary is updated on a regular basis. To get updated information about the drugs covered by Kaiser Permanente or if you have questions, please visit our website at kp.org/feds or call Member Services at **1-855-366-9008** (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m.

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

Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFECTIVE AGENTS			<i>levofloxacin</i>	1	
ANTHELMINTICS			<i>levofloxacin in d5w</i>	1	
<i>albendazole</i>	4		<i>linezolid</i>	1, 4	QL
<i>praziquantel</i>	1		<i>minocycline hcl</i>	1	MO
ANTIBACTERIALS			<i>moxifloxacin hcl</i>	1	
<i>amoxicillin</i>	1, 2		<i>moxifloxacin hcl in sodium chloride</i>	1	
<i>amoxicillin & pot clavulanate</i>	1, 2		<i>neomycin sulfate</i>	1	
<i>ampicillin</i>	1, 2		OXACILLIN SODIUM IN DEXTROSE	2	
<i>ampicillin & sulbactam sodium</i>	1, 2		<i>penicillin g potassium</i>	1	
<i>ampicillin sodium</i>	1		PENICILLIN G PROCAINE	2	
<i>azithromycin</i>	1, 2	MO	PENICILLIN G SODIUM	2	
<i>aztreonam</i>	1		<i>penicillin v potassium</i>	1, 2	
BICILLIN L-A	2		<i>piperacillin sodium-tazobactam sodium</i>	1	
<i>cefazolin sodium</i>	1		STREPTOMYCIN SULFATE	2	
CEFAZOLIN SODIUM-DEXTROSE	2		<i>sulfamethoxazole-trimethoprim</i>	1	MO
<i>cefdinir</i>	1		<i>sulfasalazine</i>	1	MO
<i>cefepime hcl</i>	1, 2		<i>tetracycline hcl</i>	1	
<i>cefixime</i>	1, 2		TOBRAMYCIN SULFATE	2	
CEFOTAXIME SODIUM	2		<i>vancomycin hcl</i>	1, 2	
<i>cefotetan disodium</i>	1		VANCOMYCIN HCL IN DEXTROSE	2	
CEFOTETAN DISODIUM-DEXTROSE	2		ZOSYN	2	
<i>ceftazidime</i>	1, 2		ANTIFUNGALS		
<i>ceftriaxone sodium</i>	1		AMBISOME	4	QL
CEFTRIAZONE SODIUM IN DEXTROSE	2		AMPHOTERICIN B	2	QL
<i>cefuroxime axetil</i>	1		<i>casposfungin acetate</i>	4	QL
<i>cefuroxime sodium</i>	1		<i>fluconazole</i>	1	MO
<i>cephalexin</i>	1		<i>fluconazole in nacl</i>	1	
<i>ciprofloxacin</i>	1, 2		<i>flucytosine</i>	4	QL
<i>ciprofloxacin hcl</i>	1, 2		<i>griseofulvin microsize</i>	1	
<i>ciprofloxacin in d5w</i>	1		<i>griseofulvin ultramicrosize</i>	1	
<i>clarithromycin</i>	1, 2		<i>ketoconazole</i>	1	PA
<i>clindamycin hcl</i>	1		<i>nystatin</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1		<i>nystatin (mouth-throat)</i>	1	
<i>clindamycin phosphate</i>	1, 2		<i>terbinafine hcl</i>	1	
<i>dicloxacillin sodium</i>	1		<i>voriconazole</i>	1	QL
<i>doxycycline (monohydrate)</i>	1	MO	ANTIMYCOBACTERIALS		
<i>doxycycline hyclate</i>	1	MO	<i>atovaquone-proguanil hcl</i>	1	
E.E.S. 400	2		<i>dapsone</i>	1	MO
<i>ertapenem sodium</i>	1	QL	<i>ethambutol hcl</i>	1	
ERYTHROCIN LACTOBIONATE	2		<i>isoniazid</i>	1, 2	
<i>erythromycin base</i>	1		<i>pyrazinamide</i>	1	
<i>gentamicin sulfate</i>	1, 2		<i>rifampin</i>	1	QL
<i>imipenem-cilastatin</i>	1		ANTIPROTOZOALS		

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atovaquone</i>	4	QL	<i>lopinavir-ritonavir</i>	1, 2	MO
<i>atovaquone-proguanil hcl</i>	1		<i>nevirapine</i>	1	MO
<i>chloroquine phosphate</i>	1, 2		ODEFSEY	2	MO
DARAPRIM	2	QL	<i>oseltamivir phosphate</i>	1	
<i>hydroxychloroquine sulfate</i>	1	MO	PEGASYS	4	QL
MEFLOQUINE HCL	2		PREZISTA	2	MO
<i>metronidazole</i>	1		RESCRIPTOR	2	MO
METRONIDAZOLE IN NACL	2		<i>ribavirin (hepatitis c)</i>	1	QL
<i>paromomycin sulfate</i>	1		<i>rimantadine hydrochloride</i>	1	
<i>pentamidine isethionate</i>	1, 2	MO	<i>ritonavir</i>	1	MO
PRIMAQUINE PHOSPHATE	2		SELZENTRY	2	MO
ANTIVIRALS			SOVALDI	4	QL
<i>abacavir sulfate</i>	1	MO	<i>stavudine</i>	1, 2	MO
<i>abacavir sulfate-lamivudine</i>	1	MO	SYNFI	2	MO
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	MO	SYNAGIS	4	QL
<i>acyclovir</i>	1	MO	<i>tenofovir disoproxil fumarate</i>	1	MO
<i>acyclovir sodium</i>	1, 2		TIVICAY	2	MO
<i>adefovir dipivoxil</i>	4	QL	TRUVADA	2	MO
APTIVUS	2	MO	<i>valganciclovir hcl</i>	1	QL
<i>atazanavir sulfate</i>	1	MO	VIRACEPT	2	MO
BIKTARVY	2	MO	VOSEVI	4	PA, QL
CIMDUO	2	MO	<i>zidovudine</i>	1	MO
COMPLERA	2	MO	URINARY ANTI-INFECTIVES		
CRIVAN	2	MO	<i>methenamine hippurate</i>	1	
DESCOVY	2	MO	<i>nitrofurantoin</i>	1	
<i>didanosine</i>	1, 2	MO	<i>nitrofurantoin macrocrystal</i>	1	
DOVATO	2	MO	<i>nitrofurantoin monohyd macro</i>	1	
EDURANT	2	MO	PRIMSOL	2	
<i>efavirenz</i>	1	MO	<i>trimethoprim</i>	1	
EMTRIVA	2	MO	UROQID #2	2	
<i>entecavir</i>	1	MO	ANTIHISTAMINE DRUGS		
EPCLUSA	4	PA, QL	ANTIHISTAMINE DRUGS		
<i>famciclovir</i>	1	MO	<i>cyproheptadine hcl</i>	1	
<i>fosamprenavir calcium</i>	1	MO	<i>diphenhydramine hcl</i>	1	
FOSCAVIR	2		<i>promethazine hcl</i>	1	
<i>ganciclovir sodium</i>	1		ANTINEOPLASTIC AGENTS		
GENVOYA	2	MO	ANTINEOPLASTIC AGENTS		
HARVONI	4	PA, QL	<i>abiraterone acetate</i>	4	QL
INTELENCE	2	MO	ABRAXANE	2	
INVIRASE	2	MO	AFINITOR	4	QL
ISENTRESS	2	MO	ALECENSA	4	QL
<i>lamivudine</i>	1	MO	ALIQOPA	4	
<i>lamivudine (hbv)</i>	1, 2	MO	<i>anastrozole</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO	<i>azacitidine</i>	1	
			BAVENCIO	4	

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BELEODAQ	4	QL	<i>melphalan</i>	1	
<i>bicalutamide</i>	1	MO	<i>melphalan hcl</i>	1	QL
<i>bleomycin sulfate</i>	1		<i>mercaptopurine</i>	1, 4	QL, MO
BLINCYTO	4	QL	<i>methotrexate sodium</i>	1, 2	MO
<i>capecitabine</i>	1	MO	<i>mitomycin</i>	1	
<i>carboplatin</i>	1		<i>mitoxantrone hcl</i>	1	MO
<i>carmustine</i>	1		MUSTARGEN	2	
<i>cisplatin</i>	1		MVASI	4	
COTELLIC	4	QL	MYLERAN	2	
<i>cyclophosphamide</i>	1, 2		NIPENT	2	QL
<i>cytarabine</i>	1, 2		<i>paclitaxel</i>	1	
<i>dacarbazine</i>	1, 2		REVLIMID	4	QL
<i>dactinomycin</i>	1	QL	SPRYCEL	4	PA, QL
<i>daunorubicin hcl</i>	1, 2		SUTENT	4	QL
DOCETAXEL	2		TABLOID	2	MO
<i>doxorubicin hcl</i>	1, 2		<i>tamoxifen citrate</i>	1	MO
EMCYT	2	QL	TASIGNA	4	PA, QL
ERBITUX	2		<i>temozolomide</i>	1	QL
<i>erlotinib hcl</i>	4	QL	<i>temsirolimus</i>	1	QL
<i>etoposide</i>	1, 2		THALOMID	4	QL
<i>exemestane</i>	1	MO	<i>thiotepa</i>	4	QL
<i>fludarabine phosphate</i>	1		<i>topotecan hcl</i>	1	
<i>fluorouracil</i>	1		<i>tretinoin (chemotherapy)</i>	1	QL
<i>flutamide</i>	1	MO	TRUXIMA	2	QL
<i>gemcitabine hcl</i>	1		TYKERB	4	QL
GLEOSTINE	2, 4		VINBLASTINE SULFATE	2	
HEXALEN	4	QL	VINCRISTINE SULFATE	2	
<i>hydroxyurea</i>	1	MO	<i>vinorelbine tartrate</i>	1	
IBRANCE	4	QL	VOTRIENT	4	QL
<i>idarubicin hcl</i>	1		XTANDI	4	QL
<i>ifosfamide</i>	1, 2		ZELBORAF	4	QL
IFOSFAMIDE/MESNA	2		ZYDELIG	4	QL
<i>imatinib mesylate</i>	1	QL	AUTONOMIC DRUGS		
IMBRUVICA	4	QL	ANTICHOLINERGIC AGENTS		
IMFINZI	4	QL	<i>atropine sulfate</i>	1, 2	
INTRON A	4	QL	<i>dicyclomine hcl</i>	1	MO
IRESSA	4	QL	<i>glycopyrrolate</i>	1	MO
KANJINTI	4		PROPANTHELINE BROMIDE	2	
KEYTRUDA	4	QL	SCOPOLAMINE HYDROBROMIDE	2	
LARTRUVO	4		<i>trihexyphenidyl hcl</i>	1	MO
<i>letrozole</i>	1	MO	AUTONOMIC DRUGS, MISCELLANEOUS		
LEUKERAN	4		CHANTIX	2	
LYSODREN	2	QL	<i>phenoxybenzamine hcl</i>	4	
MATULANE	4	QL	PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>megestrol acetate</i>	1	MO	<i>bethanechol chloride</i>	1	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>donepezil hydrochloride</i>	1	MO	HELIXATE FS	2	QL
ENLON	2		HEMOFIL M	2	QL
<i>galantamine hydrobromide</i>	1	MO	HEPARIN SOD (PORCINE) IN D5W	2	
<i>neostigmine methylsulfate</i>	1		<i>heparin sodium (porcine)</i>	1	
<i>pilocarpine hcl (oral)</i>	1	MO	<i>heparin sodium (porcine) lock flush</i>	1	
<i>pyridostigmine bromide</i>	1, 2	MO	<i>hetastarch in sodium chloride</i>	1	
SKELETAL MUSCLE RELAXANTS			HUMATE-P	2	QL
<i>baclofen</i>	1	MO	<i>pentoxifylline</i>	1	MO
<i>cyclobenzaprine hcl</i>	1		PLASMANATE	2	
<i>dantrolene sodium</i>	1	MO	PRADAXA	2	MO
<i>methocarbamol</i>	1		<i>prasugrel hcl</i>	1	MO
<i>tizanidine hcl</i>	1	MO	PROFILNINE	2	QL
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS			PROTAMINE SULFATE	2	
<i>tamsulosin hcl</i>	1	MO	THROMBIN-JMI	2	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS			TNKASE	2	QL
ADRENALIN	2	QL	<i>tranexamic acid</i>	1	
<i>albuterol sulfate</i>	1	MO	<i>warfarin sodium</i>	1	MO
<i>ephedrine sulfate (pressors)</i>	1, 2		HEMATOPOIETIC AGENTS		
<i>epinephrine</i>	1, 2		PROCRT	2	QL
ERGOLOID MESYLATES	2	MO	ZARXIO	4	QL
<i>ipratropium-albuterol</i>	1	MO	CARDIOVASCULAR DRUGS		
METAPROTERENOL SULFATE	2	MO	ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>midodrine hcl</i>	1	MO	<i>alfuzosin hcl</i>	1	MO
<i>norepinephrine bitartrate</i>	1		<i>doxazosin mesylate</i>	1	MO
<i>terbutaline sulfate</i>	1	MO	<i>prazosin hcl</i>	1	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS			<i>terazosin hcl</i>	1	MO
ANTITHROMBOTIC AGENTS			ANTIPEMIC AGENTS		
<i>anagrelide hcl</i>	1	MO	<i>atorvastatin calcium</i>	1	MO
<i>heparin sodium (porcine)</i>	1		<i>cholestyramine</i>	1	MO
<i>heparin sodium (porcine) lock flush</i>	1		<i>cholestyramine light</i>	1	MO
BLOOD FORMATION MODIFIERS			<i>colestipol hcl</i>	1	MO
BERINERT	4	QL	<i>ezetimibe</i>	1	MO
<i>icatibant acetate</i>	4	QL	<i>fenofibrate</i>	1	MO
COAGULANTS AND ANTICOAGULANTS			<i>gemfibrozil</i>	1	MO
ACTIVASE	2		<i>lovastatin</i>	1	MO
ADVATE	2	QL	<i>pravastatin sodium</i>	1	MO
ALPHANINE SD	2	QL	<i>rosuvastatin calcium</i>	1	MO
<i>aminocaproic acid</i>	1, 2		<i>simvastatin</i>	1	MO
<i>aspirin-dipyridamole</i>	1, 2	MO	BETA-ADRENERGIC BLOCKING AGENTS		
BRILINTA	2	MO	<i>acebutolol hcl</i>	1	MO
<i>clopidogrel bisulfate</i>	1	MO	<i>atenolol</i>	1	MO
<i>dipyridamole</i>	1	MO	<i>atenolol & chlorthalidone</i>	1	MO
<i>enoxaparin sodium</i>	1, 2		<i>bisoprolol & hydrochlorothiazide</i>	1	MO
<i>fondaparinux sodium</i>	1, 4	QL	<i>bisoprolol fumarate</i>	1	MO
			<i>carvedilol</i>	1	MO

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>labetalol hcl</i>	1	MO	<i>lisinopril</i>	1	MO
<i>metoprolol succinate</i>	1	MO	<i>lisinopril & hydrochlorothiazide</i>	1	MO
<i>metoprolol tartrate</i>	1	MO	<i>losartan potassium</i>	1	MO
<i>nadolol</i>	1	MO	<i>losartan potassium & hydrochlorothiazide</i>	1	MO
<i>propranolol hcl</i>	1, 2	MO	<i>spironolactone</i>	1	MO
<i>sotalol hcl</i>	1	MO	<i>spironolactone & hydrochlorothiazide</i>	1	MO
CALCIUM-CHANNEL BLOCKING AGENTS			VASODILATING AGENTS		
<i>amlodipine besylate</i>	1	MO	ADCIRCA	4	QL
<i>diltiazem hcl</i>	1, 2	MO	<i>bosentan</i>	4	QL
<i>diltiazem hcl coated beads</i>	1	MO	<i>dipyridamole</i>	1	MO
<i>felodipine</i>	1	MO	<i>epoprostenol sodium</i>	1, 2	QL, LD
KATERZIA	2	MO, AR	<i>isosorbide dinitrate</i>	1, 2	MO
<i>nifedipine</i>	1	MO	<i>isosorbide mononitrate</i>	1	MO
<i>nimodipine</i>	1		<i>nitroglycerin</i>	1, 2	MO
<i>verapamil hcl</i>	1, 2	MO	OPSUMIT	4	QL
CARDIAC DRUGS			<i>sildenafil citrate (pulmonary hypertension)</i>	1	QL, MO
<i>adenosine</i>	1		VENTAVIS	4	QL, LD
<i>amiodarone hcl</i>	1	MO	CENTRAL NERVOUS SYSTEM AGENTS		
<i>digoxin</i>	1, 2	MO	ALCOHOL DETERRENTS		
<i>disopyramide phosphate</i>	1, 2	MO	<i>acamprosate calcium</i>	1	MO
<i>dofetilide</i>	1	MO	<i>disulfiram</i>	1, 2	MO
<i>dopamine hcl</i>	1		ANALGESICS AND ANTIPYRETICS		
<i>flecainide acetate</i>	1	MO	<i>acetaminophen w/ codeine</i>	1	QL, AR
LIDOCAINE HCL (CARDIAC) PF	2		<i>butorphanol tartrate</i>	1, 2	QL
<i>lidocaine in d5w</i>	1		<i>choline & mag salicylate</i>	1	
MEXILETINE HCL	2	MO	CODEINE SULFATE	2	QL, AR
<i>procainamide hcl</i>	1		<i>etodolac</i>	1	MO
<i>propafenone hcl</i>	1	MO	<i>fentanyl</i>	1	QL
<i>quinidine gluconate</i>	1	MO	<i>fentanyl citrate</i>	1	QL
QUINIDINE SULFATE	2	MO	<i>hydrocodone-acetaminophen</i>	1	QL
HYPOTENSIVE AGENTS			<i>hydromorphone hcl</i>	1, 2	QL
<i>acetazolamide</i>	1	MO	<i>ibuprofen</i>	1	MO
<i>acetazolamide sodium</i>	1		<i>indomethacin</i>	1, 2	
<i>clonidine hcl</i>	1	MO	<i>indomethacin sodium</i>	1	
<i>guanfacine hcl</i>	1	MO	KETOPROFEN	2	
<i>hydralazine hcl</i>	1	MO	<i>ketorolac tromethamine</i>	1	
<i>methazolamide</i>	1	MO	<i>meloxicam</i>	1	MO
<i>methyldopa</i>	1	MO	<i>methadone hcl</i>	1, 2	QL
<i>minoxidil</i>	1	MO	<i>morphine sulfate</i>	1, 2	QL
<i>nitroprusside sodium</i>	1, 2		<i>nabumetone</i>	1	MO
<i>phentolamine mesylate</i>	1		<i>naproxen</i>	1	MO
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS			<i>oxycodone hcl</i>	1	QL
<i>benazepril hcl</i>	1	MO	<i>oxycodone w/ acetaminophen</i>	1	QL
<i>captopril</i>	1	MO			

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<i>salsalate</i>	1		<i>bromocriptine mesylate</i>	1	MO
<i>sufentanil citrate</i>	1	QL	<i>cabergoline</i>	1	MO
<i>sulindac</i>	1		<i>carbidopa-levodopa</i>	1	MO
<i>tramadol hcl</i>	1	QL, AR	<i>entacapone</i>	1	MO
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS			<i>pramipexole dihydrochloride</i>	1	MO
<i>amphetamine-dextroamphetamine</i>	1, 2	QL	<i>ropinirole hydrochloride</i>	1	MO
<i>armodafinil</i>	1	QL	<i>selegiline hcl</i>	1, 2	MO
<i>atomoxetine hcl</i>	1	MO	ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>dextroamphetamine sulfate</i>	1	QL	<i>alprazolam</i>	1	QL
<i>guanfacine hcl (adhd)</i>	1	MO	<i>buspirone hcl</i>	1	MO
<i>methylphenidate hcl</i>	1	QL	<i>chlorthalidone hcl</i>	1	QL
<i>modafinil</i>	1	QL	<i>clonazepam</i>	1	QL
ANTICONVULSANTS			<i>diazepam</i>	1	QL
<i>carbamazepine</i>	1	MO	<i>droperidol</i>	1	
CELONTIN	2	MO	<i>hydroxyzine hcl</i>	1, 2	MO
<i>clonazepam</i>	1	QL	<i>lorazepam</i>	1	QL
DIASSTAT ACUDIAL	2	QL	<i>midazolam hcl</i>	1	QL
<i>divalproex sodium</i>	1	MO	OXAZEPAM	2	QL
<i>ethosuximide</i>	1	MO	<i>phenobarbital</i>	1	MO
<i>felbamate</i>	1	MO	SECONAL	2	PA
<i>gabapentin</i>	1	MO	<i>temazepam</i>	1	QL
<i>lamotrigine</i>	1	PA, MO	<i>triazolam</i>	1	QL
<i>levetiracetam</i>	1	MO	<i>zolidem tartrate</i>	1	QL
<i>magnesium sulfate</i>	1		CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>oxcarbazepine</i>	1	MO	<i>atracurium besylate</i>	1	
<i>phenytoin</i>	1, 2	MO	<i>dalfampridine</i>	1	MO
<i>phenytoin sodium</i>	1		<i>memantine hcl</i>	1	MO
<i>phenytoin sodium extended</i>	1, 2	MO	<i>riluzole</i>	1	MO
<i>primidone</i>	1	MO	<i>rocuronium bromide</i>	1	
<i>topiramate</i>	1	MO	SAVELLA	2	PA, QL, MO
<i>valproate sodium</i>	1	MO	<i>tetrabenazine</i>	4	QL
<i>valproic acid</i>	1	MO	<i>vecuronium bromide</i>	1	
<i>zonisamide</i>	1	MO	MULTIPLE SCLEROSIS AGENTS		
ANTIMIGRAINE AGENTS			AVONEX	4	PA, QL
<i>dihydroergotamine mesylate</i>	1, 2	QL	EXTAVIA	2	QL
ERGOMAR	2	QL	GILENYA	4	PA, QL
<i>ergotamine w/ caffeine</i>	1, 2	QL	<i>glatiramer acetate</i>	1	QL
<i>naratriptan hcl</i>	1	QL	OPIATE ANTAGONISTS		
<i>rizatriptan benzoate</i>	1	QL	<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>sumatriptan</i>	1	QL	<i>naloxone hcl</i>	1, 2	
<i>sumatriptan succinate</i>	1	QL	<i>naltrexone hcl</i>	1	
ANTIPARKINSONIAN AGENTS			PSYCHOTHERAPEUTIC AGENTS		
<i>amantadine hcl</i>	1	MO			
<i>benztropine mesylate</i>	1	MO			

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<i>amitriptyline hcl</i>	1	MO	<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	1	QL, AR
<i>aripiprazole</i>	1	MO	<i>hydrocodone w/ homatropine</i>	1	QL, AR
<i>bupropion hcl</i>	1	MO	<i>succinylcholine chloride</i>	1	
<i>bupropion hcl (smoking deterrent)</i>	1		DIABETIC SUPPLIES		
<i>chlorpromazine hcl</i>	1, 2	MO	DIABETIC SUPPLIES		
<i>citalopram hydrobromide</i>	1	MO	ACCU-CHEK COMPACT PLUS	2	QL, MO
<i>clomipramine hcl</i>	1	MO	ACCU-CHEK COMPACT PLUS CARE	2	MO
<i>clozapine</i>	1	QL	ACETEST	2	MO
<i>desipramine hcl</i>	1	MO	ACTI-LANCE LITE LANCETS 28G	2	QL, MO
<i>doxepin hcl</i>	1, 2	MO	ADVOCATE DUO	2	MO
<i>duloxetine hcl</i>	1	MO	BD AUTOSHIELD	2	MO
<i>escitalopram oxalate</i>	1	MO	BD DISP NEEDLES	2	
<i>fluoxetine hcl</i>	1	MO	BD INSULIN SYRINGE	2	MO
<i>fluphenazine decanoate</i>	1	MO	BD SAFE CLIP NEEDLE CLIPPER	2	MO
FLUPHENAZINE HCL	2	MO	CHEMSTRIP 2	2	
<i>fluvoxamine maleate</i>	1	MO	CHEMSTRIP MICRAL	2	
<i>haloperidol</i>	1	MO	CHEMSTRIP UGK	2	MO
<i>haloperidol decanoate</i>	1	MO	CLINITEST	2	MO
<i>haloperidol lactate</i>	1	MO	CONTOUR NEXT CONTROL	2	MO
<i>imipramine hcl</i>	1	MO	DIASTIX	2	MO
LITHIUM	2	MO	INPEN 100-BLUE-LILLY	2	MO
<i>lithium carbonate</i>	1, 2	MO	LANCING DEVICE	2	MO
<i>loxapine succinate</i>	1	MO	MINILINK-REAL-TIME STARTER	2	MO
<i>mirtazapine</i>	1	MO	MINIMED RESERVOIR 1.8ML	2	MO
NEFAZODONE HCL	2	MO	PRECISION XTRA KETONE	2	MO
<i>nortriptyline hcl</i>	1, 2	MO	SIDEKICK BLOOD GLUCOSE SYSTEM	2	MO
<i>olanzapine</i>	1	MO	UNISTIK 3 EXTRA	2	QL, MO
<i>paroxetine hcl</i>	1	MO	ELECTROLYTIC, CALORIC, AND WATER BALANCE		
<i>perphenazine</i>	1	MO	ACIDIFYING AND ALKALINIZING AGENTS		
<i>phenelzine sulfate</i>	1	MO	<i>potassium citrate (alkalinizer)</i>	1	MO
PIMOZIDE	2	MO	SODIUM ACETATE	2	
<i>prochlorperazine edisylate</i>	1		<i>sodium bicarbonate</i>	1, 2	
<i>prochlorperazine maleate</i>	1		AMMONIA DETOXICANTS		
<i>quetiapine fumarate</i>	1	MO	<i>lactulose</i>	1	MO
<i>risperidone</i>	1	MO	<i>lactulose (encephalopathy)</i>	1	MO
<i>sertraline hcl</i>	1	MO	CALORIC AGENTS		
<i>thioridazine hcl</i>	1	MO	<i>amino acid infusion</i>	1, 2	
<i>thiothixene</i>	1	MO	<i>dextrose</i>	1	
<i>tranylcypromine sulfate</i>	1	MO	NUTRILIPID	2	
<i>trazodone hcl</i>	1	MO	DIURETICS		
<i>trifluoperazine hcl</i>	1	MO	<i>amiloride & hydrochlorothiazide</i>	1	MO
<i>venlafaxine hcl</i>	1	MO	<i>amiloride hcl</i>	1	MO
<i>ziprasidone hcl</i>	1	MO	<i>bumetanide</i>	1	MO
RESPIRATORY AGENTS, MISCELLANEOUS			CHLOROTHIAZIDE	2	MO
<i>guaifenesin-codeine</i>	1	QL, AR			

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<i>chlorthalidone</i>	1	MO
DYRENIUM	2	MO
<i>ethacrynate sodium</i>	1	QL
<i>furosemide</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>metolazone</i>	1	MO
<i>torsemide</i>	1	MO
<i>triamterene & hydrochlorothiazide</i>	1	MO
ION-REMOVING AGENTS		
<i>sevelamer carbonate</i>	1	MO
<i>sodium polystyrene sulfonate</i>	1	
IRRIGATING SOLUTIONS		
<i>lactated ringer's (irrigation)</i>	1	
<i>ringer's irrigation</i>	1	
<i>sodium chloride (gu irrigant)</i>	1	
<i>sodium chloride flush</i>	1	
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		
ADDAMEL N	2	
<i>bacteriostatic sodium chloride</i>	1	
BACTERIOSTATIC WATER (BENZ ALC)	2	
<i>calcium acetate (phosphate binder)</i>	1	MO
<i>calcium chloride (dihydrate)</i>	1	
<i>calcium gluconate</i>	1	
CAROSPIR	2	PA, MO
CHROMIC CHLORIDE	2	
COPPER CHLORIDE	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
K-PHOS	2	
LACTATED RINGERS	2	
MANGANESE CHLORIDE	2	
MANGANESE SULFATE	2	
<i>potassium acetate</i>	1	
<i>potassium chloride</i>	1, 2	MO
<i>potassium chloride in dextrose & sodium chloride</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MO
<i>potassium phosphates</i>	1	
<i>ringer's</i>	1	
SELENIUM	2	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	1	
SSKI	2	
<i>water for injection, sterile</i>	1	
ZINC SULFATE	2	
ZINC TRACE METAL	2	
URICOSURIC AGENTS		
<i>probenecid</i>	1	MO
ENZYMES		
ENZYMES		
ADAGEN	2	QL, LD
CEREZYME	4	QL
CREON	2	MO
VPRIV	4	QL
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1, 2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1, 2	
<i>moxifloxacin hcl (ophth)</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1, 2	
TRIFLURIDINE	2	
ANTI-INFLAMMATORY AGENTS		
BLEPHAMIDE	2	
CIPRODEX	2	
COLY-MYCIN S	2	
DEXAMETHASONE SODIUM PHOSPHATE	2	MO
<i>diclofenac sodium (ophth)</i>	1	
<i>fluorometholone (ophth)</i>	1, 2	MO
FLURBIPROFEN SODIUM	2	
<i>hydrocortisone w/ acetic acid</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>neomycin-polymy-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC	2	

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<i>neomycin-polymyxin-hc (otic)</i>	1	
PRED MILD	2	MO
PRED-G	2	
PREDNISOLONE SODIUM PHOSPHATE	2	MO
RESTASIS	2	QL
ANTIALLERGIC AGENTS		
<i>azelastine hcl</i>	1	MO
<i>cromolyn sodium (ophth)</i>	1	MO
ANTIGLAUCOMA AGENTS		
<i>levobunolol hcl</i>	1	MO
<i>pilocarpine hcl</i>	1	MO
<i>timolol maleate (ophth)</i>	1	MO
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	MO
ACETIC ACID-ALUMINUM ACETATE	2	
<i>betaxolol hcl (ophth)</i>	1	MO
<i>brimonidine tartrate</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl-timolol maleate</i>	1	MO
EYLEA	2	MO
<i>fluorescein sodium topical</i>	1	
<i>fluorescein w/ benoxinate</i>	1	
<i>fluorescein w/ proparacaine</i>	1	
HEALON GV	2	
LACRISERT	2	MO
<i>latanoprost</i>	1	MO
LUCENTIS	4	MO
<i>ophthalmic irrigation solution - intraocular</i>	1	
PHOSPHOLINE IODIDE	2	MO
LOCAL ANESTHETICS		
C-TOPICAL	2	
<i>lidocaine hcl (mouth-throat)</i>	1	MO
<i>proparacaine hcl</i>	1	
PROVISC	2	
<i>tetracaine hcl (ophth)</i>	1	
MYDRIATICS		
ATROPINE SULFATE	2	MO
CYCLOMYDRIL	2	
<i>cyclopentolate hcl</i>	1, 2	
<i>homatropine hbr</i>	1	MO
<i>tropicamide</i>	1	
VASOCONSTRICTORS		
ADRENALIN	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phenylephrine hcl (mydriatic)</i>	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	MO
<i>mesalamine</i>	1, 2	MO
ANTIEMETICS		
AKYNZEO	2	QL
DIMENHYDRINATE	2	
<i>dronabinol</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>prochlorperazine</i>	1	
<i>scopolamine</i>	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CIMETIDINE HCL	2	MO
<i>famotidine</i>	1	MO
FAMOTIDINE PREMIXED	2	
<i>misoprostol</i>	1	MO
NIZATIDINE	2	MO
<i>omeprazole</i>	1	MO
<i>pantoprazole sodium</i>	1	MO
<i>ranitidine hcl</i>	1	MO
<i>sucralfate</i>	1	MO
CATHARTICS AND LAXATIVES		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
DIGESTANTS		
ZENPEP	2	MO
GI DRUGS, MISCELLANEOUS		
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>diphenoxylate w/ atropine</i>	1, 2	
LINZESS	2	PA, MO
<i>metoclopramide hcl</i>	1	
PAREGORIC	2	QL
<i>ursodiol</i>	1	MO
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA	2	MO
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
BAL IN OIL	2	QL
CHEMET	2	MO
<i>deferoxamine mesylate</i>	1	QL
DEPEN TITRATABS	2	QL

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<i>flumazenil</i>	1	
JADENU	4	QL
<i>methylene blue (antidote)</i>	1, 2	
PHYSOSTIGMINE SALICYLATE	2	
SODIUM THIOSULFATE	2	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ARISTOSPAN INTRA-ARTICULAR	2	
<i>betamethasone sod phosphate & acetate</i>	1	
<i>budesonide</i>	1	QL
CORTISONE ACETATE	2	
<i>dexamethasone</i>	1, 2	
<i>dexamethasone sodium phosphate</i>	1, 2	
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone</i>	1	MO
<i>methylprednisolone</i>	1, 2	
<i>methylprednisolone acetate</i>	1, 2	
<i>methylprednisolone sod succ</i>	1, 2	
MILLIPRED	2	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1, 2	MO
SOLU-CORTEF	2	
<i>triamcinolone acetonide</i>	1, 2	
ANDROGENS		
ANADROL-50	2	QL
<i>danazol</i>	1	MO
METHITEST	2	MO
<i>testosterone</i>	1	QL
<i>testosterone cypionate</i>	1, 2	QL
TESTOSTERONE PROPIONATE	2	QL
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	MO
ELLA	2	
<i>ethynodiol diacet & eth estrad</i>	1	MO
<i>levonorgestrel & eth estradiol</i>	1	MO
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	MO
NECON 1/50 (28)	2	MO
<i>norethin acet & estrad-fe</i>	1	MO
<i>norethindrone & eth estradiol</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acet & eth estra</i>	1	MO
<i>norethindrone-eth estradiol (triphasic)</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	MO

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<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	MO
NUVARING	2	MO
DIABETIC AGENTS		
<i>acarbose</i>	1	MO
<i>glimepiride</i>	1	MO
<i>glipizide</i>	1	MO
GLUCAGON EMERGENCY	2	QL
<i>glyburide</i>	1	MO
HUMALOG	2	PA, MO
HUMULIN 70/30	2	MO
HUMULIN N	2	PA, MO
HUMULIN R	2	MO
LANTUS	2	PA, MO
<i>metformin hcl</i>	1, 2	MO
<i>pioglitazone hcl</i>	1	MO
TOLBUTAMIDE	2	MO
ESTROGENS AND ANTIESTROGENS		
DEPO-ESTRADIOL	2	
<i>esterified estrogens & methyltestosterone</i>	1	MO
<i>estradiol</i>	1, 2	MO
<i>estradiol vaginal</i>	1, 2	MO
<i>estradiol valerate</i>	1	
ESTROPIPATE	2	MO
OSPHENA	2	QL, RB
PREMARIN	2	
<i>raloxifene hcl</i>	1	MO
GONADOTROPINS		
BRAVELLE	2	QL, RB
CLOMIPHENE CITRATE	2	RB
MENOPUR	2	QL, RB
ORILISSA	4	PA, QL
PREGNYL	2	QL, RB
SYNAREL	2	
PARATHYROID		
<i>calcitonin (salmon)</i>	1	MO
<i>cinacalcet hcl</i>	1	QL
PITUITARY		
ACTHAR	4	PA, QL
<i>desmopressin acetate</i>	1, 2	MO
<i>desmopressin acetate spray</i>	1	MO
<i>desmopressin acetate spray refrigerated</i>	1	MO
<i>vasopressin</i>	1	

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PROGESTINS			SANDIMMUNE	2	MO
DEPO-SUBQ PROVERA 104	2	MO	SIMULECT	2	
<i>medroxyprogesterone acetate</i>	1	MO	<i>sirolimus</i>	1	MO
<i>norethindrone acetate</i>	1	MO	<i>tacrolimus</i>	1, 2	QL
<i>progesterone</i>	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PROGESTERONE WETTABLE	2		AMPHADASE	2	QL
SOMATOTROPIN AGONISTS AND ANTAGONISTS			ATGAM	2	
<i>octreotide acetate</i>	1, 4	QL, MO	BORIC ACID TOPICAL	2	
OMNITROPE	2	PA, QL	BOTOX	2	
THYROID AND ANTITHYROID AGENTS			BREVITAL SODIUM	2	
<i>levothyroxine sodium</i>	1	MO	<i>bupivacaine hcl</i>	1	
<i>liothyronine sodium</i>	1	MO	<i>bupivacaine w/ epinephrine</i>	1	
<i>methimazole</i>	1	MO	CYSTAGON	2	MO, LD
<i>propylthiouracil</i>	1	MO	<i>desflurane</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS			DILTIAZEM HCL	2	
ANTIDOTES			ELMIRON	2	
<i>leucovorin calcium</i>	1	MO	ETHYOL	2	QL
ANTIGOUT AGENTS			<i>finasteride</i>	1	MO
<i>allopurinol</i>	1	MO	GELFILM	2	
COLCHICINE	2	MO	HYPERTET S/D	2	
BONE RESORPTION INHIBITORS			<i>isoflurane</i>	1	
<i>alendronate sodium</i>	1, 2	MO	<i>ketamine hcl</i>	1	
ETIDRONATE DISODIUM	2	MO	<i>levocarnitine (metabolic modifiers)</i>	1, 2	MO
PAMIDRONATE DISODIUM	2		<i>lidocaine hcl (local anesth.)</i>	1, 2	
CONTRACEPTIVES			<i>lidocaine w/ epinephrine</i>	1	
ORTHO DIAPHRAGM ALL-FLEX KIT	2	RB	<i>mesna</i>	1, 2	
DIAGNOSTIC AGENT			NESACAINE	2	
METOPIRON	2	LD	<i>propofol</i>	1	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS			RIMSO-50	2	
ACTEMRA	4	QL	<i>sevoflurane</i>	1	
ENBREL	4	QL	THIOLA	4	QL
HUMIRA	4	QL	<i>water for injection, sterile</i>	1	
INFLECTRA	4	QL	<i>zoledronic acid</i>	1	MO
KINERET	4	QL, LD	OXYTOCICS		
<i>leflunomide</i>	1	MO	OXYTOCICS		
OLUMIANT	4	PA, QL	HEMABATE	2	QL
ORENCIA	4	QL	<i>methylergonovine maleate</i>	1	
OTEZLA	4	QL	<i>oxytocin</i>	1	
XELJANZ	4	PA, QL	RESPIRATORY TRACT AGENTS		
IMMUNE SUPPRESSANTS			ANTI-INFLAMMATORY AGENTS		
<i>azathioprine</i>	1	MO	ALVESCO	2	MO
<i>cyclosporine modified (for microemulsion)</i>	1, 2	MO	ASMANEX	2	MO
<i>mycophenolate mofetil</i>	1, 4	MO	<i>budesonide (inhalation)</i>	1	MO
NULOJIX	4		FLOVENT HFA	2	MO, AR
			<i>fluticasone-salmeterol</i>	1, 2	ST, MO

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTITUSSIVES			<i>clotrimazole</i>	1	
<i>benzonatate</i>	1		<i>clotrimazole w/ betamethasone</i>	1	
CYSTIC FIBROSIS			<i>erythromycin (acne aid)</i>	1	MO
CAYSTON	4	QL, LD	<i>gentamicin sulfate (topical)</i>	1	
<i>tobramycin</i>	1	QL	<i>iodoquinol-hc</i>	1	
PULMONARY FIBROSIS			<i>ketoconazole (topical)</i>	1	
ESBRIET	4	PA, QL	<i>metronidazole (topical)</i>	1	
RESPIRATORY AGENTS, MISCELLANEOUS			<i>metronidazole vaginal</i>	1	
<i>acetylcysteine</i>	1		<i>mupirocin</i>	1	
<i>albuterol sulfate</i>	1, 2	MO	MUPIROCIN CALCIUM	2	
<i>ambrisentan</i>	1	QL	<i>nystatin (topical)</i>	1	
ARALAST NP	4	QL	<i>selenium sulfide</i>	1	
COMBIVENT RESPIMAT	2	MO	<i>silver sulfadiazine</i>	1	
<i>cromolyn sodium</i>	1	MO	<i>sulfacetamide sodium (acne)</i>	1	MO
<i>ipratropium bromide</i>	1	MO	ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>ipratropium bromide (nasal)</i>	1	MO	<i>alclometasone dipropionate</i>	1	MO
<i>montelukast sodium</i>	1	MO	<i>benzoyl peroxide-erythromycin</i>	1	MO
PULMOZYME	4	QL	<i>betamethasone dipropionate (topical)</i>	1	MO
REMODULIN	4	QL, LD	<i>betamethasone dipropionate augmented</i>	1, 2	MO
<i>sodium chloride (inhalant)</i>	1		<i>betamethasone valerate</i>	1	MO
SPIRIVA RESPIMAT	2	MO	<i>ciclopirox olamine</i>	1	
STIOLTO RESPIMAT	2	MO	<i>clobetasol propionate</i>	1, 2	MO
STRIVERDI RESPIMAT	2	MO	<i>clobetasol propionate emollient base</i>	1	MO
<i>theophylline</i>	1, 2	MO	CORDRAN	2	MO
SERUMS, TOXOIDS, AND VACCINES			<i>desonide</i>	1	MO
SERUMS			<i>desoximetasone</i>	1	MO
CARIMUNE NF	2	MO	<i>diclofenac sodium (topical)</i>	1	MO
GAMUNEX-C	2	QL	<i>fluocinolone acetonide</i>	1	MO
HIZENTRA	2	QL	<i>fluocinonide</i>	1	MO
HYPERRHO S/D	2		<i>fluocinonide emulsified base</i>	1	MO
HYQVIA	4	PA, QL	<i>halobetasol propionate</i>	1	MO
IMOGAM RABIES-HT	2		<i>hydrocortisone (intrarectal)</i>	1	MO
NABI-HB	2		<i>hydrocortisone (rectal)</i>	1	MO
VARIZIG	2		<i>hydrocortisone (topical)</i>	1	MO
SEXUAL DYSFUNCTION			<i>hydrocortisone acetate (rectal)</i>	1	MO
VASODILATING AGENTS			<i>hydrocortisone butyrate</i>	1	MO
CAVERJECT	2	QL, RB	<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	MO
<i>tadalafil</i>	1	QL, RB	HYDROCORTISONE MICRONIZED	2	
SKIN AND MUCOUS MEMBRANE AGENTS			<i>mometasone furoate</i>	1	MO
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)			<i>nystatin-triamcinolone</i>	1	
AKTIPAK	2	MO	<i>triamcinolone acetonide (mouth)</i>	1	MO
BACTROBAN NASAL	2		<i>triamcinolone acetonide (topical)</i>	1, 2	MO
BENZOIC ACID	2				
<i>clindamycin phosphate (topical)</i>	1	MO			
<i>clindamycin phosphate vaginal</i>	1				

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine hcl</i>	1, 2	MO
<i>lidocaine-prilocaine</i>	1	MO
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin</i>	1, 2	MO, AR
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	1	
<i>adapalene</i>	1, 2	MO
<i>calcipotriene</i>	1	MO
COSENTYX (300 MG DOSE)	4	QL
DRITHO-CREME HP	2	MO
DRYSOL	2	MO
ETHYL CHLORIDE	2	
<i>fluorouracil (topical)</i>	1, 2	
GLYCOPYRROLATE	2	
GRANULEX	2	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	
<i>methoxsalen rapid</i>	1	
<i>permethrin</i>	1	
<i>podofilox</i>	1	MO
SANTYL	2	
<i>tacrolimus (topical)</i>	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tazarotene</i>	1, 2	MO
VECTICAL	2	MO
XERAC AC	2	
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin chloride</i>	1	MO
<i>solifenacin succinate</i>	1	QL, MO
<i>trospium chloride</i>	1	MO
VITAMINS		
VITAMINS		
AQUASOL A	2	QL
<i>calcitriol</i>	1	MO
<i>cholecalciferol</i>	1	
<i>cyanocobalamin</i>	1	MO
<i>ergocalciferol</i>	1	MO
<i>folic acid</i>	1, 2	MO
INFED	2	
INFUVITE ADULT	2	
<i>phytonadione</i>	1, 2	QL
POTABA	2	MO
PYRIDOXINE HCL	2	
<i>thiamine hcl</i>	1	
VENOFER	2	

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VARIZIG.....	16
<i>vasopressin</i>	14
VECTICAL.....	17
<i>vecuronium bromide</i>	10
<i>venlafaxine hcl</i>	11
VENOFER.....	17
VENTAVIS.....	9
<i>verapamil hcl</i>	9
VINBLASTINE SULFATE.....	7
VINCRISTINE SULFATE.....	7
<i>vinorelbine tartrate</i>	7
VIRACEPT.....	6
<i>voriconazole</i>	5
VOSEVI.....	6
VOTRIENT.....	7
VPRIV.....	12

W

<i>warfarin sodium</i>	8
<i>water for injection, sterile</i>	12, 15
<i>water for irrigation, sterile</i>	12

X

XELJANZ.....	15
XERAC AC.....	17
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Z

ZARXIO.....	8
ZELBORAF.....	7
ZENPEP.....	13
<i>zidovudine</i>	6
ZINC SULFATE.....	12
ZINC TRACE METAL.....	12
<i>ziprasidone hcl</i>	11
<i>zoledronic acid</i>	15
<i>zolpidem tartrate</i>	10
<i>zonisamide</i>	10
ZOSYN.....	5
ZYDELIG.....	7

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

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

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

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**)፡

Bàsɔ̀ò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké ò Bàsɔ̀ò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béìn ò gbo kpáa. Dá **1-800-632-9700** (TTY: **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**)。

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

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

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

Igbo (Igbo) NRUBAMA: O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-632-9700** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih **1-800-632-9700** (TTY: **711**).

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

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

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

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

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: **711**).

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