

2020 Kaiser Permanente Federal Employees Health Benefit

FEHB Drug Formulary



Colorado Region

Member Services

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

1-855-366-9008

TTY 711



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

Colorado Region

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

This formulary is effective April 21, 2020. Benefits described in this formulary are effective January 1 – December 31, 2020.

What is the Kaiser Permanente FEHB Drug Formulary?

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

How much will I pay for covered drugs?

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

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

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

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

You pay 50% of our allowed amount for sexual dysfunction drugs and 20% of our allowed amount for diabetic supplies. Some drugs may be covered at no cost sharing, such as tobacco cessation medications, women's contraceptive drugs and devices and drugs required by ACA. Specific coverage information, including limitations and exclusions, is described in your FEHB brochure (RI 73-019), see Section 5(f) Prescription drug benefits. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds 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
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	4	
<i>praziquantel</i>	1	
ANTIBACTERIALS		
<i>amoxicillin</i>	1, 2	
<i>amoxicillin & pot clavulanate</i>	1, 2	
<i>ampicillin</i>	1, 2	
<i>ampicillin & sulbactam sodium</i>	1, 2	
<i>ampicillin sodium</i>	1	
<i>azithromycin</i>	1, 2	MO
<i>aztreonam</i>	1	
BICILLIN L-A	2	
<i>cefazolin sodium</i>	1	
CEFAZOLIN SODIUM-DEXTROSE	2	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1, 2	
<i>cefixime</i>	1, 2	
CEFOTAXIME SODIUM	2	
<i>cefotetan disodium</i>	1	
CEFOTETAN DISODIUM-DEXTROSE	2	
<i>ceftazidime</i>	1, 2	
<i>ceftriaxone sodium</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	2	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
<i>ciprofloxacin</i>	1, 2	
<i>ciprofloxacin hcl</i>	1, 2	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin</i>	1, 2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1, 2	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	MO
<i>doxycycline hyclate</i>	1	MO
E.E.S. 400	2	
<i>ertapenem sodium</i>	1	QL
ERYTHROCIN LACTOBIONATE	2	
<i>erythromycin base</i>	1	
<i>gentamicin sulfate</i>	1, 2	
<i>imipenem-cilastatin</i>	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>linezolid</i>	1, 4	QL
<i>minocycline hcl</i>	1	MO
<i>moxifloxacin hcl</i>	1	
<i>moxifloxacin hcl in sodium chloride</i>	1	
<i>neomycin sulfate</i>	1	
OXACILLIN SODIUM IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
<i>penicillin v potassium</i>	1, 2	
<i>piperacillin sodium-tazobactam sodium</i>	1	
STREPTOMYCIN SULFATE	2	
<i>sulfamethoxazole-trimethoprim</i>	1	MO
<i>sulfasalazine</i>	1	MO
<i>tetracycline hcl</i>	1	
TOBRAMYCIN SULFATE	2	
<i>vancomycin hcl</i>	1, 2	
VANCOMYCIN HCL IN DEXTROSE	2	
ZOSYN	2	
ANTIFUNGALS		
AMBISOME	4	QL
AMPHOTERICIN B	2	QL
<i>caspofungin acetate</i>	4	QL
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i>	4	QL
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>ketoconazole</i>	1	PA
<i>nystatin</i>	1, 2	
<i>nystatin (mouth-throat)</i>	1	
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1	QL
ANTIMYCOBACTERIALS		
<i>atovaquone-proguanil hcl</i>	1	
<i>dapsone</i>	1	MO
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1, 2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	QL
ANTIPROTOZOALS		
<i>atovaquone</i>	4	QL

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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
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1, 2	QL, MD
DARAPRIM	2	QL
<i>hydroxychloroquine sulfate</i>	1	QL, MD
MEFLOQUINE HCL	2	
<i>metronidazole</i>	1	
METRONIDAZOLE IN NACL	2	
<i>paromomycin sulfate</i>	1	
<i>pentamidine isethionate</i>	1, 2	MO
PRIMAQUINE PHOSPHATE	2	
ANTIVIRALS		
<i>abacavir sulfate</i>	1	MO
<i>abacavir sulfate-lamivudine</i>	1	MO
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	MO
<i>acyclovir</i>	1	MO
<i>acyclovir sodium</i>	1, 2	
<i>adefovir dipivoxil</i>	4	QL
APTIVUS	2	MO
<i>atazanavir sulfate</i>	1	MO
BIKTARVY	2	MO
CIMDUO	2	MO
COMPLERA	2	MO
CRIXIVAN	2	MO
DESCOVY	2	MO
DIDANOSINE	2	MO
DOVATO	2	MO
EDURANT	2	MO
<i>efavirenz</i>	1	MO
EMTRIVA	2	MO
<i>entecavir</i>	1	MO
EPCLUSA	4	PA, QL
<i>famciclovir</i>	1	MO
<i>fosamprenavir calcium</i>	1	MO
FOSCAVIR	2	
<i>ganciclovir sodium</i>	1	
GENVOYA	2	MO
HARVONI	4	PA, QL
INTELENCE	2	MO
INVIRASE	2	MO
ISENTRESS	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine (hbv)</i>	1, 2	MO
<i>lamivudine-zidovudine</i>	1	MO
<i>lopinavir-ritonavir</i>	1, 2	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nevirapine</i>	1	MO
ODEFSEY	2	MO
<i>oseltamivir phosphate</i>	1	
PEGASYS	4	QL
PREZISTA	2	MO
RESCRIPTOR	2	MO
<i>ribavirin (hepatitis c)</i>	1	QL
RIMANTADINE HCL	2	
<i>ritonavir</i>	1	MO
SELZENTRY	2	MO
SOVALDI	4	QL
<i>stavudine</i>	1, 2	MO
SYMFI	2	MO
SYNAGIS	4	QL
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO
TRUVADA	2	MO
<i>valganciclovir hcl</i>	1	QL
VIRACEPT	2	MO
VOSEVI	4	PA, QL
<i>zidovudine</i>	1	MO
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
PRIMSOL	2	
<i>trimethoprim</i>	1	
UROQID #2	2	
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>promethazine hcl</i>	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	4	QL
ABRAXANE	2	
AFINITOR	4	QL
ALECENSA	4	QL
ALIQOPA	4	
<i>anastrozole</i>	1	MO
<i>azacitidine</i>	1	
BAVENCIO	4	
BELEODAQ	4	QL

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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>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		SUTENT	4	QL
DOCETAXEL	2		TABLOID	2	MO
<i>doxorubicin hcl</i>	1, 2		TAGRISSO	4	QL
EMCYT	2	QL	<i>tamoxifen citrate</i>	1	MO
ERBITUX	2		TASIGNA	4	PA, QL
<i>erlotinib hcl</i>	4	QL	<i>temozolomide</i>	1	QL
<i>etoposide</i>	1, 2		<i>temsirolimus</i>	1	QL
<i>exemestane</i>	1	MO	THALOMID	4	QL
<i>fludarabine phosphate</i>	1		<i>thiotepa</i>	4	QL
<i>fluorouracil</i>	1		<i>topotecan hcl</i>	1	
<i>flutamide</i>	1	MO	<i>tretinoin (chemotherapy)</i>	1	QL
<i>gemcitabine hcl</i>	1		TRUXIMA	2	QL
GLEOSTINE	2, 4		TYKERB	4	QL
HEXALEN	4	QL	VINBLASTINE SULFATE	2	
<i>hydroxyurea</i>	1	MO	VINCRISTINE SULFATE	2	
IBRANCE	4	QL	<i>vinorelbine tartrate</i>	1	
<i>idarubicin hcl</i>	1		VOTRIENT	4	QL
<i>ifosfamide</i>	1, 2		XTANDI	4	QL
IFOSFAMIDE/MESNA	2		ZELBORAF	4	QL
<i>imatinib mesylate</i>	1	QL	ZYDELIG	4	QL
IMBRUVICA	4	QL	AUTONOMIC DRUGS		
IMFINZI	4	QL	ANTICHOLINERGIC AGENTS		
INTRON A	4	QL	<i>atropine sulfate</i>	1, 2	
IRESSA	4	QL	<i>dicyclomine hcl</i>	1	MO
KANJINTI	4		<i>glycopyrrolate</i>	1	MO
KEYTRUDA	4	QL	PROPANTHELINE BROMIDE	2	
LARTRUVO	4		SCOPOLAMINE HYDROBROMIDE	2	
<i>letrozole</i>	1	MO	<i>trihexyphenidyl hcl</i>	1	MO
LEUKERAN	4		AUTONOMIC DRUGS, MISCELLANEOUS		
LYSODREN	2	QL	CHANTIX	2	
MATULANE	4	QL	<i>phenoxybenzamine hcl</i>	4	
<i>megestrol acetate</i>	1	MO	PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>melphalan</i>	1		<i>bethanechol chloride</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
<i>donepezil hydrochloride</i>	1	MO
ENLON	2	
<i>galantamine hydrobromide</i>	1	MO
<i>neostigmine methylsulfate</i>	1	
<i>pilocarpine hcl (oral)</i>	1	MO
<i>pyridostigmine bromide</i>	1, 2	MO
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i>	1	MO
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1	MO
<i>methocarbamol</i>	1	
<i>tizanidine hcl</i>	1	MO
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>tamsulosin hcl</i>	1	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADRENALIN	2	QL
<i>albuterol sulfate</i>	1, 2	QL, MO
<i>ephedrine sulfate (pressors)</i>	1	
<i>epinephrine</i>	1, 2	
ERGOLOID MESYLATES	2	MO
<i>ipratropium-albuterol</i>	1	MO
METAPROTERENOL SULFATE	2	MO
<i>midodrine hcl</i>	1	MO
<i>norepinephrine bitartrate</i>	1	
<i>terbutaline sulfate</i>	1	MO
XOPENEX	2	QL, MO
XOPENEX HFA	2	QL, MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTITHROMBOTIC AGENTS		
<i>anagrelide hcl</i>	1	MO
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) lock flush</i>	1	
BLOOD FORMATION MODIFIERS		
BERINERT	4	QL
<i>icatibant acetate</i>	4	QL
COAGULANTS AND ANTICOAGULANTS		
ACTIVASE	2	
ADVATE	2	QL
ALPHANINE SD	2	QL
<i>aminocaproic acid</i>	1, 2	
<i>aspirin-dipyridamole</i>	1, 2	MO
BRILINTA	2	MO
<i>clopidogrel bisulfate</i>	1	MO
<i>dipyridamole</i>	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>enoxaparin sodium</i>	1, 2	
<i>fondaparinux sodium</i>	1, 4	QL
HELIXATE FS	2	QL
HEMOFIL M	2	QL
HEPARIN SOD (PORCINE) IN D5W	2	
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) lock flush</i>	1	
<i>hetastarch in sodium chloride</i>	1	
HUMATE-P	2	QL
<i>pentoxifylline</i>	1	MO
PLASMANATE	2	
PRADAXA	2	MO
<i>prasugrel hcl</i>	1	MO
PROFILNINE	2	QL
PROTAMINE SULFATE	2	
THROMBIN-JMI	2	
TNKASE	2	QL
<i>tranexamic acid</i>	1	
<i>warfarin sodium</i>	1	MO
HEMATOPOIETIC AGENTS		
PROCRT	2	QL
ZARXIO	4	QL
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>alfuzosin hcl</i>	1	MO
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hcl</i>	1	MO
<i>terazosin hcl</i>	1	MO
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	MO
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>fenofibrate</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	MO
<i>rosuvastatin calcium</i>	1	MO
<i>simvastatin</i>	1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol & chlorthalidone</i>	1	MO
<i>bisoprolol & hydrochlorothiazide</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
<i>bisoprolol fumarate</i>	1	MO
<i>carvedilol</i>	1	MO
<i>labetalol hcl</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate</i>	1	MO
<i>nadolol</i>	1	MO
<i>propranolol hcl</i>	1, 2	MO
<i>sotalol hcl</i>	1	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	MO
<i>diltiazem hcl</i>	1, 2	MO
<i>diltiazem hcl coated beads</i>	1	MO
<i>felodipine</i>	1	MO
KATERZIA	2	MO, AR
<i>nifedipine</i>	1	MO
<i>nimodipine</i>	1	
<i>verapamil hcl</i>	1, 2	MO
CARDIAC DRUGS		
<i>adenosine</i>	1	
<i>amiodarone hcl</i>	1	MO
<i>digoxin</i>	1, 2	MO
<i>disopyramide phosphate</i>	1, 2	MO
<i>dofetilide</i>	1	MO
<i>dopamine hcl</i>	1	
<i>flecainide acetate</i>	1	MO
LIDOCAINE HCL (CARDIAC) PF	2	
<i>lidocaine in d5w</i>	1	
MEXILETINE HCL	2	MO
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	MO
<i>quinidine gluconate</i>	1	MO
QUINIDINE SULFATE	2	MO
HYPOTENSIVE AGENTS		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>clonidine hcl</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>hydralazine hcl</i>	1	MO
<i>methazolamide</i>	1	MO
<i>methyldopa</i>	1	MO
<i>minoxidil</i>	1	MO
<i>nitroprusside sodium</i>	1, 2	
<i>phentolamine mesylate</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benazepril hcl</i>	1	MO
<i>captopril</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril & hydrochlorothiazide</i>	1	MO
<i>losartan potassium</i>	1	MO
<i>losartan potassium & hydrochlorothiazide</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone & hydrochlorothiazide</i>	1	MO
VASODILATING AGENTS		
ADCIRCA	4	QL
<i>bosentan</i>	4	QL
<i>dipyridamole</i>	1	MO
<i>epoprostenol sodium</i>	1, 2	QL, LD
<i>isosorbide dinitrate</i>	1, 2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitroglycerin</i>	1, 2	MO
OPSUMIT	4	QL
<i>sildenafil citrate (pulmonary hypertension)</i>	1	QL, MO
VENTAVIS	4	QL, LD
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	1	MO
<i>disulfiram</i>	1, 2	MO
ANALGESICS AND ANTIPIRETTICS		
<i>acetaminophen w/ codeine</i>	1	QL, AR
<i>butorphanol tartrate</i>	1, 2	QL
<i>choline & mag salicylate</i>	1	
CODEINE SULFATE	2	QL, AR
<i>etodolac</i>	1	MO
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydromorphone hcl</i>	1, 2	QL
<i>ibuprofen</i>	1	MO
<i>indomethacin</i>	1, 2	
<i>indomethacin sodium</i>	1	
KETOPROFEN	2	
<i>ketorolac tromethamine</i>	1	
<i>meloxicam</i>	1	MO
<i>methadone hcl</i>	1, 2	QL
<i>morphine sulfate</i>	1, 2	QL
<i>nabumetone</i>	1	MO
<i>naproxen</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
<i>oxycodone hcl</i>	1	QL
<i>oxycodone w/ acetaminophen</i>	1	QL
<i>salsalate</i>	1	
<i>sufentanil citrate</i>	1	QL
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	QL, AR
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1, 2	QL
<i>armodafinil</i>	1	QL
<i>atomoxetine hcl</i>	1	MO
<i>dextroamphetamine sulfate</i>	1	QL
<i>guanfacine hcl (adhd)</i>	1	MO
<i>methylphenidate hcl</i>	1	QL
<i>modafinil</i>	1	QL
ANTICONVULSANTS		
<i>carbamazepine</i>	1	MO
CELONTIN	2	MO
<i>clonazepam</i>	1	QL
DIASTAT ACUDIAL	2	QL
<i>divalproex sodium</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
<i>gabapentin</i>	1	MO
<i>lamotrigine</i>	1	PA, MO
<i>levetiracetam</i>	1	QL, MO
<i>magnesium sulfate</i>	1	
<i>oxcarbazepine</i>	1	MO
<i>phenytoin</i>	1, 2	MO
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1, 2	MO
<i>primidone</i>	1	MO
<i>topiramate</i>	1	MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>zonisamide</i>	1	MO
ANTIMIGRAINE AGENTS		
<i>dihydroergotamine mesylate</i>	1, 2	QL
ERGOMAR	2	QL
<i>ergotamine w/ caffeine</i>	1, 2	QL
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate</i>	1	QL
ANTIPARKINSONIAN AGENTS		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amantadine hcl</i>	1	MO
<i>benztropine mesylate</i>	1	MO
<i>bromocriptine mesylate</i>	1	MO
<i>cabergoline</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>entacapone</i>	1	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>ropinirole hydrochloride</i>	1	MO
<i>selegiline hcl</i>	1, 2	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	1	QL
<i>buspirone hcl</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	QL
<i>clonazepam</i>	1	QL
<i>diazepam</i>	1	QL
<i>droperidol</i>	1	
<i>hydroxyzine hcl</i>	1, 2	MO
<i>lorazepam</i>	1	QL
<i>midazolam hcl</i>	1	QL
OXAZEPAM	2	QL
<i>phenobarbital</i>	1	MO
SECONAL	2	PA
<i>temazepam</i>	1	QL
<i>triazolam</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>atracurium besylate</i>	1	
<i>dalfampridine</i>	1	MO
<i>memantine hcl</i>	1	MO
<i>riluzole</i>	1	MO
<i>rocuronium bromide</i>	1	
SAVELLA	2	PA, QL, MO
<i>tetrabenazine</i>	4	QL
<i>vecuronium bromide</i>	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	PA, QL
EXTAVIA	2	QL
GILENYA	4	PA, QL
<i>glatiramer acetate</i>	1	QL
OPIATE ANTAGONISTS		
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>naloxone hcl</i>	1, 2	
<i>naltrexone hcl</i>	1	
PSYCHOTHERAPEUTIC AGENTS		

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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
<i>amitriptyline hcl</i>	1	MO
<i>aripiprazole</i>	1	MO
<i>bupropion hcl</i>	1	MO
<i>bupropion hcl (smoking deterrent)</i>	1	
<i>chlorpromazine hcl</i>	1, 2	MO
<i>citalopram hydrobromide</i>	1	MO
<i>clomipramine hcl</i>	1	MO
<i>clozapine</i>	1	QL
<i>desipramine hcl</i>	1	MO
<i>doxepin hcl</i>	1, 2	MO
<i>duloxetine hcl</i>	1	MO
<i>escitalopram oxalate</i>	1	MO
<i>fluoxetine hcl</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
FLUPHENAZINE HCL	2	MO
<i>fluvoxamine maleate</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate</i>	1	MO
<i>imipramine hcl</i>	1	MO
LITHIUM	2	MO
<i>lithium carbonate</i>	1, 2	MO
<i>loxapine succinate</i>	1	MO
<i>mirtazapine</i>	1	MO
NEFAZODONE HCL	2	MO
<i>nortriptyline hcl</i>	1, 2	MO
<i>olanzapine</i>	1	MO
<i>paroxetine hcl</i>	1	MO
<i>perphenazine</i>	1	MO
<i>phenelzine sulfate</i>	1	MO
PIMOZIDE	2	MO
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>quetiapine fumarate</i>	1	MO
<i>risperidone</i>	1	MO
<i>sertraline hcl</i>	1	MO
<i>thioridazine hcl</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl</i>	1	MO
<i>trifluoperazine hcl</i>	1	MO
<i>venlafaxine hcl</i>	1	MO
<i>ziprasidone hcl</i>	1	MO
RESPIRATORY AGENTS, MISCELLANEOUS		
<i>guaifenesin-codeine</i>	1	QL, AR

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	1	QL, AR
<i>hydrocodone w/ homatropine</i>	1	QL, AR
<i>succinylcholine chloride</i>	1	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK COMPACT PLUS	2	QL, MO
ACCU-CHEK COMPACT PLUS CARE	2	MO
ACETEST	2	MO
ACTI-LANCE LITE LANCETS 28G	2	QL, MO
ADVOCATE DUO	2	MO
BD AUTOSHIELD	2	MO
BD DISP NEEDLES	2	
BD INSULIN SYRINGE	2	MO
BD SAFE CLIP NEEDLE CLIPPER	2	MO
CHEMSTRIP 2	2	
CHEMSTRIP MICRAL	2	
CHEMSTRIP UGK	2	MO
CLINITEST	2	MO
CONTOUR NEXT CONTROL	2	MO
DIASTIX	2	MO
INPEN 100-BLUE-LILLY	2	MO
LANCING DEVICE	2	MO
MINILINK-REAL-TIME STARTER	2	MO
MINIMED RESERVOIR 1.8ML	2	MO
PRECISION XTRA KETONE	2	MO
SIDEKICK BLOOD GLUCOSE SYSTEM	2	MO
UNISTIK 3 EXTRA	2	QL, MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
<i>potassium citrate (alkalinizer)</i>	1	MO
SODIUM ACETATE	2	
<i>sodium bicarbonate</i>	1, 2	
AMMONIA DETOXICANTS		
<i>lactulose</i>	1	MO
<i>lactulose (encephalopathy)</i>	1	MO
CALORIC AGENTS		
<i>amino acid infusion</i>	1, 2	
<i>dextrose</i>	1	
NUTRILIPID	2	
DIURETICS		
<i>amiloride & hydrochlorothiazide</i>	1	MO
<i>amiloride hcl</i>	1	MO
<i>bumetanide</i>	1	MO
CHLOROTHIAZIDE	2	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
<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>toremide</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	
CALCIUM GLUCONATE	2	
CAROSPIR	2	PA, MO
CHROMIC CHLORIDE	2	
CUPRIC 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 CHLORIDE	2	
ZINC SULFATE	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-polymyx-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC	2	
<i>neomycin-polymyxin-hc (otic)</i>	1	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	4	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	
<i>phenylephrine hcl (mydriatic)</i>	1	
GASTROINTESTINAL DRUGS		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, 2	
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>deferasirox</i>	4	QL
<i>deferoxamine mesylate</i>	1	QL
DEPEN TITRATABS	2	QL
<i>flumazenil</i>	1	
<i>methylene blue (antidote)</i>	1, 2	

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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
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>etonogestrel-ethinyl estradiol</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
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIABETIC AGENTS		
<i>acarbose</i>	1	MO
BAQSIMI ONE PACK	2	
<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
JARDIANCE	2	PA, 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	
ESTROPIATE	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
ORLISSA	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	
PROGESTINS		
DEPO-SUBQ PROVERA 104	2	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
<i>medroxyprogesterone acetate</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>progesterone</i>	1	
PROGESTERONE WETTABLE	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
<i>octreotide acetate</i>	1, 4	QL, MO
OMNITROPE	2	PA, QL
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1	MO
<i>liothyronine sodium</i>	1	MO
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
MISCELLANEOUS THERAPEUTIC AGENTS		
ANTIDOTES		
<i>leucovorin calcium</i>	1	MO
ANTIGOUT AGENTS		
<i>allopurinol</i>	1	MO
COLCHICINE	2	MO
BONE RESORPTION INHIBITORS		
<i>alendronate sodium</i>	1, 2	MO
ETIDRONATE DISODIUM	2	MO
PAMIDRONATE DISODIUM	2	
CONTRACEPTIVES		
ORTHO DIAPHRAGM ALL-FLEX KIT	2	RB
DIAGNOSTIC AGENT		
METOPIRON	2	LD
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA	4	QL
ENBREL	4	QL
HUMIRA	4	QL
INFLECTRA	4	QL
KINERET	4	QL, LD
<i>leflunomide</i>	1	MO
OLUMIANT	4	PA, QL
ORENCIA	4	QL
OTEZLA	4	QL
XELJANZ	4	PA, QL
IMMUNE SUPPRESSANTS		
<i>azathioprine</i>	1	MO
<i>cyclosporine modified (for microemulsion)</i>	1, 2	MO
<i>mycophenolate mofetil</i>	1, 4	MO
NULOJIX	4	
SANDIMMUNE	2	MO
SIMULECT	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sirolimus</i>	1	MO
<i>tacrolimus</i>	1, 2	QL
MISCELLANEOUS THERAPEUTIC AGENTS		
AMPHADASE	2	QL
ATGAM	2	
BORIC ACID TOPICAL	2	
BOTOX	2	
BREVITAL SODIUM	2	
<i>bupivacaine hcl</i>	1	
<i>bupivacaine w/ epinephrine</i>	1	
CYSTAGON	2	MO, LD
<i>desflurane</i>	1	
DILTIAZEM HCL	2	
ELMIRON	2	
ETHYOL	2	QL
<i>finasteride</i>	1	MO
GELFILM	2	
HYPERTET S/D	2	
<i>isoflurane</i>	1	
<i>ketamine hcl</i>	1	
<i>levocarnitine (metabolic modifiers)</i>	1, 2	MO
<i>lidocaine hcl (local anesth.)</i>	1, 2	
<i>lidocaine w/ epinephrine</i>	1	
<i>mesna</i>	1, 2	
NESACAINE	2	
<i>propofol</i>	1	
RIMSO-50	2	
<i>sevoflurane</i>	1	
THIOLA	4	QL
<i>water for injection, sterile</i>	1	
<i>zoledronic acid</i>	1	MO
OXYTOCICS		
OXYTOCICS		
HEMABATE	2	QL
<i>methylergonovine maleate</i>	1	
<i>oxytocin</i>	1	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO	2	MO
ASMANEX	2	MO
<i>budesonide (inhalation)</i>	1	MO
FLOVENT HFA	2	QL, MO, AR
<i>fluticasone-salmeterol</i>	1, 2	QL, ST, MO
ANTITUSSIVES		
<i>benzonatate</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
CYSTIC FIBROSIS		
CAYSTON	4	QL, LD
<i>tobramycin</i>	1	QL
PULMONARY FIBROSIS		
ESBRIET	4	PA, QL
RESPIRATORY AGENTS, MISCELLANEOUS		
<i>acetylcysteine</i>	1	
<i>albuterol sulfate</i>	1, 2	QL, MO
<i>ambrisentan</i>	1	QL
ARALAST NP	4	QL
COMBIVENT RESPIMAT	2	MO
<i>cromolyn sodium</i>	1	MO
<i>ipratropium bromide</i>	1	MO
<i>ipratropium bromide (nasal)</i>	1	MO
<i>montelukast sodium</i>	1	MO
PULMOZYME	4	QL
REMODULIN	4	QL, LD
<i>sodium chloride (inhalant)</i>	1	
SPIRIVA RESPIMAT	2	MO
STIOLTO RESPIMAT	2	MO
STRIVERDI RESPIMAT	2	MO
<i>theophylline</i>	1, 2	MO
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CARIMUNE NF	2	MO
GAMUNEX-C	2	QL
HIZENTRA	2	QL
HYPERRHO S/D	2	
HYQVIA	4	PA, QL
IMOGAM RABIES-HT	2	
NABI-HB	2	
VARIZIG	2	
SEXUAL DYSFUNCTION		
VASODILATING AGENTS		
CAVERJECT	2	QL, RB
<i>tadalafil</i>	1	QL, RB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
AKTIPAK	2	MO
BACTROBAN NASAL	2	
BENZOIC ACID	2	
<i>clindamycin phosphate (topical)</i>	1	MO
<i>clindamycin phosphate vaginal</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole w/ betamethasone</i>	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>erythromycin (acne aid)</i>	1	MO
<i>gentamicin sulfate (topical)</i>	1	
<i>iodoquinol-hc</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>metronidazole (topical)</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
MUPIROCIN CALCIUM	2	
<i>nystatin (topical)</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	MO
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>alclometasone dipropionate</i>	1	MO
<i>benzoyl peroxide-erythromycin</i>	1	MO
<i>betamethasone dipropionate (topical)</i>	1	MO
<i>betamethasone dipropionate augmented</i>	1, 2	MO
<i>betamethasone valerate</i>	1	MO
<i>ciclopirox olamine</i>	1	
<i>clobetasol propionate</i>	1, 2	MO
<i>clobetasol propionate emollient base</i>	1	MO
CORDRAN	2	MO
<i>desonide</i>	1	MO
<i>desoximetasone</i>	1	MO
<i>diclofenac sodium (topical)</i>	1	MO
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinonide</i>	1	MO
<i>fluocinonide emulsified base</i>	1	MO
<i>halobetasol propionate</i>	1	MO
<i>hydrocortisone (intrarectal)</i>	1	MO
<i>hydrocortisone (rectal)</i>	1	MO
<i>hydrocortisone (topical)</i>	1	MO
<i>hydrocortisone acetate (rectal)</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	MO
HYDROCORTISONE MICRONIZED	2	
<i>mometasone furoate</i>	1	MO
<i>nystatin-triamcinolone</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	MO
<i>triamcinolone acetonide (topical)</i>	1, 2	MO
ANTIPRURITICS AND LOCAL ANESTHETICS		

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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
<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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