

2020 Kaiser Permanente Federal Employees Health Benefit

# FEHB Drug Formulary



Northern California Region

**Member Service Contact Center**

24 hours a day, 7 days a week. Closed holidays.

**1-800-464-4000**

711 TTY

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

## Northern California Region

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

This formulary is effective **May 27, 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 100-day supply for most drugs dispensed through our mail order program.

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

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

We define tiers as follows:

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

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

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

### **How do I use the FEHB Drug Formulary?**

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

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

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

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know the medical condition your drug is used for, simply look for the category name in the list. Then look under the category name for your drug.

#### **Formulary Drugs by Alphabetical Listing**

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

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

### **Columns on Medical Condition and Alphabetical Listings**

There are three columns in the attached chart.

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

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

### **Does the FEHB Drug Formulary ever change?**

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

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

# Formulary Drugs by Medical Condition

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

Name of drug	Drug Tier	Requirement / Limits
CEFTRIAZONE SODIUM IN DEXTROSE	1	MB
CEFTRIAZONE SODIUM-DEXTROSE	2	MB
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1, 2	MB
<i>cephalexin</i>	1	
CHLORAMPHENICOL SOD SUCCINATE	1	MB
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in d5w</i>	1	MB
<i>clarithromycin</i>	1	
CLEOCIN IN D5W	2	MB
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1	MB
CUBICIN	4	MB
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	MB
ERYTHROCIN LACTOBIONATE	1, 2	MB
FLUCONAZOLE IN SODIUM CHLORIDE	1	MB
<i>gentamicin in saline</i>	1	MB
<i>gentamicin sulfate</i>	1	MB
INVANZ	2	MB
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	MB
<i>linezolid</i>	1	MB
<i>meropenem</i>	1	MB
<i>minocycline hcl</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>nafcillin sodium</i>	1	MB
NAFCILLIN SODIUM IN DEXTROSE	2	MB
<i>neomycin sulfate</i>	1	



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

Name of drug	Drug Tier	Requirement / Limits
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1, 2	MB
<b>ANTIMYCOBACTERIALS</b>		
CAPASTAT SULFATE	2	MB
<i>cycloserine</i>	1	
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	MB
PRETOMANID	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	MB
TRECTOR	2	
<b>ANTIPROTOZOALS</b>		
ALINIA	2	
<i>atovaquone</i>	4	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
DARAPRIM	2	QL
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	2	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl</i>	1, 2	MB
NEBUPENT	2	MB
<i>paromomycin sulfate</i>	1	
PRIMAQUINE PHOSPHATE	2	
<b>ANTIVIRALS</b>		
<i>abacavir sulfate</i>	1, 2	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	MB
<i>adefovir dipivoxil</i>	4	
APTIVUS	2	

Name of drug	Drug Tier	Requirement / Limits
<i>atazanavir sulfate</i>	1	
ATRIPLA	2	
BIKTARVY	2	
<i>cidofovir</i>	1	MB
CIMDUO	1	
COMPLERA	2	
CRIXIVAN	2	
DAKLINZA	4	QL
DESCOVY	2	
<i>didanosine</i>	1, 2	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
EMTRIVA	2	
<i>entecavir</i>	1, 2	
EPCLUSA	4	QL
EVOTAZ	2	
<i>famciclovir</i>	1	
<i>fosamprenavir calcium</i>	1	
FOSCAVIR	2	MB
FUZEON	2	QL, MB
<i>ganciclovir sodium</i>	1	MB
GENVOYA	2	
HARVONI	4	QL
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	
KALETRA	2	
<i>lamivudine</i>	1	
<i>lamivudine (hbv)</i>	1	
<i>lamivudine-zidovudine</i>	1	
<i>nevirapine</i>	1	
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1, 2	
PEGASYS	4	QL
PREVYMIS	4	QL, MB
PREZCOBIX	2	
PREZISTA	2	
RELENZA DISKHALER	2	
RESCRIPTOR	2	

Name of drug	Drug Tier	Requirement / Limits
<i>ribavirin (hepatitis c)</i>	1	
RIMANTADINE HCL	1	
<i>ritonavir</i>	1, 2	
SELZENTRY	2	
SOVALDI	4	QL
<i>stavudine</i>	1	
STRIBILD	2	
SYMFI	1	
SYMTUZA	2	
SYNAGIS	4	MB
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1, 2	QL
VIRACEPT	2	
VIRAZOLE	2	
<i>voriconazole</i>	1	MB
VOSEVI	4	QL
<i>zidovudine</i>	1, 2	MB
<b>URINARY ANTI-INFECTIVES</b>		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1, 2	
<i>nitrofurantoin monohyd macro</i>	1	
<i>trimethoprim</i>	1	
<b>ANTIHISTAMINE DRUGS</b>		
<b>FIRST GENERATION ANTIHISTAMINES</b>		
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	MB
<i>promethazine hcl</i>	1	MB
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	4	QL, OC
ABRAXANE	2	MB
ADCETRIS	2	MB
AFINITOR	4	QL, OC
ALECENSA	4	QL, OC

Name of drug	Drug Tier	Requirement / Limits
ALIMTA	2	MB
ALKERAN	2	OC
ALUNBRIG	4	QL, OC
<i>anastrozole</i>	1	OC, PREV
ARRANON	2	MB
AVASTIN	4	MB
<i>azacitidine</i>	1	MB
BENDEKA	2, 4	QL, MB
<i>bicalutamide</i>	1	OC
<i>bleomycin sulfate</i>	1	MB
BLINCYTO	4	QL, MB
CABOMETYX	4	QL, OC
CAMPTOSAR	1	MB
<i>capecitabine</i>	1	QL, OC
CAPRELSA	2	QL, OC
<i>carmustine</i>	1, 2	MB
<i>cisplatin</i>	1	MB
<i>cladribine</i>	1	MB
COPIKTRA	4	QL, OC
COTELLIC	4	QL, OC
<i>cyclophosphamide</i>	1	OC, MB
CYRAMZA	4	QL, MB
<i>cytarabine</i>	1	MB
<i>dacarbazine</i>	1	MB
DACOGEN	2	MB
<i>dactinomycin</i>	1, 2	MB
DARZALEX	4	QL, MB
<i>daunorubicin hcl</i>	1	MB
DEPOCYT	2	MB
DOCETAXEL	1, 2, 4	QL, MB
<i>doxorubicin hcl</i>	1	MB
<i>doxorubicin hcl liposomal</i>	1, 2	MB
EMCYT	2	QL, OC
ERBITUX	2	MB
ERIVEDGE	4	QL, OC
<i>erlotinib hcl</i>	4	QL, OC
ERWINAZE	2	MB
<i>etoposide</i>	1	OC, MB
<i>exemestane</i>	1	OC, PREV
<i>fludarabine phosphate</i>	1	MB

Name of drug	Drug Tier	Requirement / Limits
<i>fluorouracil</i>	1	MB
<i>flutamide</i>	1	OC
<i>fulvestrant</i>	4	QL, MB
GAZYVA	4	QL, MB
<i>gemcitabine hcl</i>	1, 2	MB
GLEOSTINE	2, 4	OC
HALAVEN	2	MB
HERCEPTIN	4	QL, MB
HEXALEN	4	QL, OC
<i>hydroxyurea</i>	1	OC
IBRANCE	2, 4	QL, OC
<i>idarubicin hcl</i>	1	MB
<i>ifosfamide</i>	1	MB
<i>imatinib mesylate</i>	1	QL, OC
IMBRUVICA	4	QL, OC
INTRON A	4	QL, MB
IRESSA	4	QL, OC
ISTODAX (OVERFILL)	2	MB
IXEMPRA KIT	2, 4	QL, MB
JAKAFI	4	QL, OC
JEVTANA	2	MB
KADCYLA	4	QL, MB
KANJINTI	4	MB
KEYTRUDA	4	QL, MB
KYPROLIS	4	QL, MB
LENVIMA (10 MG DAILY DOSE)	4	QL, OC
<i>letrozole</i>	1	OC
LEUKERAN	4	OC
<i>leuprolide acetate</i>	1, 2	MB
LONSURF	4	QL, OC
LORBRENA	4	QL, OC
LUPRON DEPOT (3-MONTH)	2	MB
LUPRON DEPOT (4-MONTH)	2	MB
LUPRON DEPOT (6-MONTH)	2	MB
LUPRON DEPOT-PED (1-MONTH)	2	MB
LUPRON DEPOT-PED (3-MONTH)	2	MB
LYNPARZA	4	QL, OC



Name of drug	Drug Tier	Requirement / Limits
LYSODREN	2	QL, OC
MARQIBO	4	QL, MB
MATULANE	4	QL, OC
<i>megestrol acetate</i>	1	OC
MEKINIST	4	QL, OC
<i>melphalan hcl</i>	1	MB
<i>mercaptopurine</i>	1, 4	QL, OC
<i>methotrexate sodium</i>	1	OC, MB
<i>mitomycin</i>	1	MB
<i>mitoxantrone hcl</i>	1	MB
MUSTARGEN	2	MB
MVASI	4	MB
MYLERAN	2	OC
NEXAVAR	4	QL, OC
NINLARO	4	QL, OC
ODOMZO	4	QL, OC
OPDIVO	4	QL, MB
<i>oxaliplatin</i>	1	MB
<i>paclitaxel</i>	1	MB
<i>pentostatin</i>	1	MB
PERJETA	4	QL, MB
POMALYST	4	QL, OC
REVLIMID	4	QL, LD, OC
RITUXAN	4	MB
ROZLYTREK	4	QL
RYDAPT	4	QL, OC
SPRYCEL	4	QL, OC
STIVARGA	4	QL, OC
SUTENT	4	QL, OC
SYLVANT	4	QL, MB
TABLOID	2	OC
TAFINLAR	4	QL, OC
TAGRISSO	4	QL, OC
<i>tamoxifen citrate</i>	1	OC, PREV
TARGRETIN	4	OC
TASIGNA	4	QL, OC
TECENTRIQ	4	QL, MB
<i>temozolomide</i>	1	OC
TENIPOSIDE	2	MB
<i>thiotepa</i>	4	MB
<i>topotecan hcl</i>	1, 2	QL, OC, MB

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

Name of drug	Drug Tier	Requirement / Limits
<i>donepezil hydrochloride</i>	1	
ENLON	1	MB
<i>galantamine hydrobromide</i>	1	
<i>neostigmine methylsulfate</i>	1, 2	MB
PHYSOSTIGMINE SALICYLATE	2	MB
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1, 2	MB
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>atracurium besylate</i>	1	MB
<i>baclofen</i>	1, 2	MB
<i>cisatracurium besylate</i>	1	MB
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1, 2	MB
<i>methocarbamol</i>	1	
PANCURONIUM BROMIDE	1	MB
QUELICIN	2	MB
<i>rocuronium bromide</i>	1	MB
<i>tizanidine hcl</i>	1	
<i>vecuronium bromide</i>	1	MB
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
<i>dihydroergotamine mesylate</i>	1, 2	QL, MB
ERGOMAR	1	
<i>guanfacine hcl</i>	1	
<i>phenoxybenzamine hcl</i>	4	
<i>phentolamine mesylate</i>	1	MB
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
ADVAIR DISKUS	1, 2	
<i>albuterol sulfate</i>	1	
<i>dobutamine hcl</i>	1	MB
<i>dobutamine in d5w</i>	1	MB
<i>dopamine hcl</i>	1	MB
<i>dopamine in d5w</i>	1	MB
<i>ephedrine sulfate (pressors)</i>	1, 2	MB
<i>epinephrine</i>	1, 2	MB
EPINEPHRINE	1	MB
<i>ipratropium-albuterol</i>	1	

Name of drug	Drug Tier	Requirement / Limits
METAPROTERENOL SULFATE	1	
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate</i>	1	MB
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate</i>	1	MB
<b>BLOOD DERIVATIVES</b>		
<b>BLOOD DERIVATIVES</b>		
<i>albumin, human</i>	1, 2	MB
PLASMANATE	2	MB
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>		
<b>ANTIANEMIA DRUGS</b>		
INFED	2	MB
<i>polysaccharide iron complex</i>	1	
PROFERRIN ES	2	
PROFERRIN-FORTE	2	
VENOFER	2	MB
<b>ANTIHEMORRHAGIC AGENTS</b>		
ADVATE	2	QL, MB
AFSTYLA	2	QL, MB
ALPHANINE SD	2	QL, MB
<i>aminocaproic acid</i>	1	MB
BENEFIX	2	QL, MB
ELOCTATE	2	QL, MB
GELFOAM SPONGE SIZE 100	2	
HELIXATE FS	2	QL, MB
HEMLIBRA	2	QL
HEMOFIL M	2	QL, MB
HUMATE-P	2	QL, MB
IDELVION	2	QL, MB
KCENTRA	2	MB
NOVOSEVEN RT	2	MB
PRAXBIND	2	MB
PROFILNINE	2	QL, MB
PROTAMINE SULFATE	1	MB
RECOTHROM	2	
<i>tranexamic acid</i>	1	MB
XYNTHA	2	QL, MB

Name of drug	Drug Tier	Requirement / Limits
<b>ANTITHROMBOTIC AGENTS</b>		
ACTIVASE	2	MB
<i>anagrelide hcl</i>	1	
ANGIOMAX	2	MB
ARGATROBAN	2	MB
<i>aspirin-dipyridamole</i>	1, 2	
BRILINTA	2	
<i>clopidogrel bisulfate</i>	1	
EFFIENT	2	
<i>heparin (porcine) in sodium chloride</i>	1, 2	MB
HEPARIN SOD (PORCINE) IN D5W	1, 2	MB
<i>heparin sodium (porcine)</i>	1	MB
<i>heparin sodium (porcine) lock flush</i>	1, 2	MB
INTEGRILIN	2	MB
LOVENOX	1	QL
PRADAXA	2	
PROFILNINE	2	MB
THROMBATE III	2	MB
TNKASE	2	MB
<i>warfarin sodium</i>	1	
<b>HEMATOPOIETIC AGENTS</b>		
LEUKINE	2	QL, MB
NEUPOGEN	4	QL, MB
PROCRIT	2	QL, MB
PROMACTA	4	QL
ZARXIO	4	QL, MB
<b>HEMORRHOLOGIC AGENTS</b>		
<i>pentoxifylline</i>	1	
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTILIPEMIC AGENTS</b>		
<i>atorvastatin calcium</i>	1	PREV
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	PREV
<i>pravastatin sodium</i>	1	PREV
<i>rosuvastatin calcium</i>	1	PREV
<i>simvastatin</i>	1	PREV
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>atenolol</i>	1	
<i>atenolol &amp; chlorthalidone</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
BREVIBLOC IN NAACL	2	MB
<i>carvedilol</i>	1	
<i>esmolol hcl</i>	1	MB
<i>labetalol hcl</i>	1	MB
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	MB
<i>propranolol hcl</i>	1	MB
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/af)</i>	1	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine besylate</i>	1	
CLEVIPREX	2	MB
<i>diltiazem hcl</i>	1	MB
<i>diltiazem hcl coated beads</i>	1	
<i>nicardipine hcl</i>	1	MB
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>verapamil hcl</i>	1	MB
<b>CARDIAC DRUGS</b>		
<i>adenosine</i>	1	MB
<i>amiodarone hcl</i>	1	MB
<i>digoxin</i>	1, 2	MB
<i>disopyramide phosphate</i>	1, 2	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	1	MB

Name of drug	Drug Tier	Requirement / Limits
LIDOCAINE HCL (CARDIAC)	1	MB
<i>lidocaine in d5w</i>	1	MB
MEXILETINE HCL	1	
<i>milrinone lactate</i>	1	MB
<i>milrinone lactate in dextrose</i>	1	MB
<i>procainamide hcl</i>	1	MB
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1, 2	MB
QUINIDINE SULFATE	1	
<b>HYPOTENSIVE AGENTS</b>		
CARDENE IV	2	MB
CARDENE IV	2	MB
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>hydralazine hcl</i>	1	MB
<i>hydrochlorothiazide</i>	1	
<i>methyldopa</i>	1	
<i>minoxidil</i>	1	
<i>nitroprusside sodium</i>	1	MB
RESERPINE	2	
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
<i>benazepril hcl</i>	1	
<i>enalaprilat</i>	1	MB
ENTRESTO	2	
<i>lisinopril</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>SCLEROSING AGENTS</b>		
ETHAMOLIN	2	MB
<i>sodium tetradecyl sulfate</i>	1	MB
VARITHENA	2	MB

Name of drug	Drug Tier	Requirement / Limits
<b>VASODILATING AGENTS</b>		
<i>alprostadil</i>	1	MB
<i>ambrisentan</i>	1, 4	QL, LD
CAVERJECT	2	MB
<i>dipyridamole</i>	1	
DIPYRIDAMOLE	1	MB
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2	MB
<i>nitroglycerin in d5w</i>	1, 2	MB
PAPAVERINE HCL	2	MB
<i>sildenafil citrate</i>	1	QL
<i>sildenafil citrate (pulmonary hypertension)</i>	1	QL
<i>tadalafil</i>	1	QL
TRACLEER	4	QL, LD
<i>treprostinil</i>	2, 4	QL, LD, MB
<i>ildenafil citrate</i>	1	QL
VENTAVIS	4	QL
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANALGESICS AND ANTIPIRETTICS</b>		
<i>acetaminophen w/ codeine</i>	1	
<i>alfentanil hcl</i>	1	MB
<i>buprenorphine hcl</i>	1	MB
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>butorphanol tartrate</i>	1	MB
<i>choline &amp; mag salicylate</i>	1	
CODEINE SULFATE	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1, 2	MB
<i>hydrocodone-acetaminophen</i>	1	
<i>hydromorphone hcl</i>	1, 2	QL, MB
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin sodium</i>	1	MB
INFUMORPH 200	2	MB
<i>ketorolac tromethamine</i>	1	MB

Name of drug	Drug Tier	Requirement / Limits
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>meperidine hcl</i>	1	MB
<i>methadone hcl</i>	1, 2	MB
<i>morphine sulfate</i>	1, 2	MB
<i>nabumetone</i>	1	
<i>nalbuphine hcl</i>	1	MB
<i>naproxen</i>	1	
NEOPROFEN	2	MB
OFIRMEV	2	MB
OPANA	2	MB
<i>oxycodone hcl</i>	1	
<i>oxycodone w/ acetaminophen</i>	1	QL
<i>salsalate</i>	1	
<i>sufentanil citrate</i>	1	MB
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol-acetaminophen</i>	1	
ULTIVA	2	MB
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>		
<i>amphetamine-dextroamphetamine</i>	1	
<i>caffeine citrate</i>	1	MB
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>methylphenidate hcl</i>	1, 2	
VYVANSE	2	
<b>ANTICONSULSANTS</b>		
BANZEL	4	
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	
<i>divalproex sodium</i>	1	
EQUETRO	2	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>fosphenytoin sodium</i>	1	MB

Name of drug	Drug Tier	Requirement / Limits
<i>gabapentin</i>	1	
<i>lamotrigine</i>	1, 2	
<i>levetiracetam</i>	1	MB
LEVETIRACETAM IN NAACL	2	MB
<i>magnesium sulfate</i>	1, 2	MB
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	MB
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
SABRIL	4	QL
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	MB
<i>valproic acid</i>	1	
<b>ANTIMANIC AGENTS</b>		
LITHIUM	2	
<i>lithium carbonate</i>	1	
<b>ANTIMIGRAINE AGENTS</b>		
CAFERGOT	1, 2	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i>	1	
APOKYN	4	QL, LD
<i>benztropine mesylate</i>	1	MB
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1, 2	
<i>carbidopa-levodopa</i>	1, 2	MB
CARBIDOPA-LEVODOPA-ENTACAPONE	1	
<i>entacapone</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<i>rasagiline mesylate</i>	1	
<i>ropinirole hydrochloride</i>	1	
SELEGILINE HCL	1	

Name of drug	Drug Tier	Requirement / Limits
<i>trihexyphenidyl hcl</i>	1	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<i>alprazolam</i>	1	QL
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	1	
<i>diazepam</i>	1	MB
<i>droperidol</i>	1	MB
<i>hydroxyzine hcl</i>	1	MB
<i>hydroxyzine pamoate</i>	1	
<i>lorazepam</i>	1	QL, MB
<i>midazolam hcl</i>	1	MB
NEMBUTAL	1	MB
<i>oxazepam</i>	1	QL
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	2	MB
PRECEDEX	2	MB
<i>temazepam</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
<i>acamprosate calcium</i>	1	
<i>flumazenil</i>	1	MB
<i>guanfacine hcl (adhd)</i>	1	
<i>memantine hcl</i>	1, 2	
<i>riluzole</i>	1	
<i>selegiline hcl</i>	1	
<b>GENERAL ANESTHETICS</b>		
BREVITAL SODIUM	2	MB
<i>etomidate</i>	1	MB
FORANE	2	
<i>ketamine hcl</i>	1	MB
<i>propofol</i>	1	MB
<b>OPIATE ANTAGONISTS</b>		
<i>escitalopram oxalate</i>	1	
<i>naloxone hcl</i>	1, 2	MB
<i>naltrexone hcl</i>	1	
NALTREXONE HCL	2	
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	

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



Name of drug	Drug Tier	Requirement / Limits
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
<b>CONTRACEPTIVES (FOAMS, DEVICES)</b>		
<b>CONTRACEPTIVES (FOAMS, DEVICES)</b>		
WIDE-SEAL DIAPHRAGM 60	2	
<b>DEVICES</b>		
<b>DEVICES</b>		
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROTRACH PLUS	2	
ALLERGIST SYRINGE	2	
ASSESS FULL RANGE PEAK METER	2	MB
BAYER BREEZE 2 CONTROL	2	
BD CATHETER TIP SYRINGE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD ECLIPSE SYRINGE	2	
BD FILTER NEEDLE/5 MICRON	2	
BD HYPODERMIC NEEDLE	2	
BD HYPODERMIC NEEDLE	2	
BD HYPODERMIC NEEDLE	2	
BD INSULIN SYRINGE	1, 2	
BD LANCET DEVICE	2	

Name of drug	Drug Tier	Requirement / Limits
BD LANCET ULTRAFINE 33G	2	
BD LUER-LOK SYRINGE	2	
BD LUER-LOK SYRINGE	2	
BD PEN NEEDLE MINI U/F	2	
BD SAFETYGLIDE SYRINGE/NEEDLE	2	
BD SYRINGE	2	
BLUNT PLASTIC CANNULA	2	
DISPOSABLE POWER	2	
INSUFLOX	2	
OMNITROPE PEN 5 INJ DEVICE	2	
ONETOUCH ULTRA MINI	2	
PEDIATRIC SMALL MASK	2	
PENLET II BLOOD SAMPLER	2	
POLYFIN QR INFUSION SET 42"	2	
<b>DIAGNOSTIC AGENTS</b>		
<b>DIAGNOSTIC AGENTS</b>		
ACETEST	2	
<i>adenosine (diagnostic)</i>	1	MB
ALBUSTIX	2	
CANDIN	2	MB
CHEMSTRIP 9	2	
CHIRHOSTIM	2	MB
CONRAY	2	MB
CORTROSYN	2	MB
CREON	2	
CYSTOGRAFIN	2	MB
DIASTIX	2	
E-Z-CAT DRY	2	
EOVIST	2	MB
<i>fluorescein sodium injection</i>	1	MB
<i>fluorescein sodium topical</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>fluorescein w/ benoxinate</i>	1	
GADAVIST	2	MB
GASTROGRAFIN	2	MB
INDIGO CARMINE	2	MB
KETO-DIASTIX	2	
LEXISCAN	2	MB
LUMASON	2	MB
MAGNEVIST	2	MB
METOPIRONE	2	
MULTIHANCE	2	MB
OMNIPAQUE	2	MB
ONETOUCH ULTRA BLUE	2	
THYROGEN	2	MB
TUBERSOL	2	MB
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate (alkalinizer)</i>	1	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	2	MB
<i>sodium bicarbonate</i>	1, 2	MB
<i>sodium citrate &amp; citric acid</i>	1	
<b>AMMONIA DETOXICANTS</b>		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
LITHOSTAT	2	
<i>sodium phenylbutyrate</i>	1, 4	QL
<b>CALORIC AGENTS</b>		
AMINOSYN II	1, 2	MB
CLINIMIX E/DEXTROSE (2.75/10)	2	MB
CLINIMIX E/DEXTROSE (2.75/5)	2	MB
CLINIMIX E/DEXTROSE (4.25/25)	2	MB
CLINIMIX E/DEXTROSE (5/15)	2	MB

Name of drug	Drug Tier	Requirement / Limits
CLINIMIX E/DEXTROSE (5/20)	2	MB
CLINIMIX/DEXTROSE (4.25/10)	2	MB
CLINIMIX/DEXTROSE (4.25/25)	2	MB
<i>dextrose</i>	1, 2	MB
INTRALIPID	2	MB
PHENEX-1	2	
<b>DIURETICS</b>		
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	MB
<i>chlorthalidone</i>	1	
<i>ethacrynic acid</i>	1, 4	
<i>furosemide</i>	1	MB
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	1	MB
<i>metolazone</i>	1	
SODIUM EDECRIN	2	MB
<i>toremide</i>	1	
<i>triamterene &amp; hydrochlorothiazide</i>	1	
<b>ION-REMOVING AGENTS</b>		
<i>sevelamer carbonate</i>	1, 2	
<i>sodium polystyrene sulfonate</i>	1, 2	
<b>IRRIGATING SOLUTIONS</b>		
<i>acetic acid</i>	1	MB
DIANEAL LOW CALCIUM/4.25% DEX	2	MB
<i>ringer's irrigation</i>	1	MB
<i>sodium chloride (gu irrigant)</i>	1	MB
<i>water for irrigation, sterile</i>	1	MB
<b>REPLACEMENT PREPARATIONS</b>		
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	1	MB
<i>calcium gluconate</i>	1	MB
CHROMIC CHLORIDE	2	MB

Name of drug	Drug Tier	Requirement / Limits
CUPRIC CHLORIDE	2	MB
<i>dextrose in lactated ringers</i>	1	MB
<i>dextrose in ringers</i>	1	MB
<i>dextrose w/ sodium chloride</i>	1, 2	MB
<i>hetastarch in sodium chloride</i>	1	MB
HEXTEND	2	MB
K-PHOS	2	
KCL-LACTATED RINGERS-D5W	2	MB
LACTATED RINGERS	2	MB
LMD IN D5W	2	MB
LMD IN NACL	2	MB
MAGNESIUM SULFATE IN D5W	2	MB
<i>potassium acetate</i>	1	MB
<i>potassium bicarbonate</i>	1	
<i>potassium chloride</i>	1, 2	MB
<i>potassium chloride in dextrose</i>	1	MB
<i>potassium chloride in dextrose &amp; sodium chloride</i>	1, 2	MB
<i>potassium chloride in nacl</i>	1	MB
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium phosphates</i>	1	MB
<i>ringer's</i>	1	MB
SELENIUM	2	MB
<i>sodium chloride</i>	1	MB
<i>sodium phosphates (sodium phosphate dibasic &amp; monobasic)</i>	1	MB
<i>trace minerals (cr-cu-mn-zn)</i>	1, 2	MB
ZINC CHLORIDE	2	MB
<b>URICOSURIC AGENTS</b>		
<i>colchicine w/ probenecid</i>	1	
<i>probenecid</i>	1	
<b>ENZYMES</b>		

Name of drug	Drug Tier	Requirement / Limits
<b>ENZYMES</b>		
ALDURAZYME	2	MB
ARALAST NP	4	QL, MB
CEREZYME	4	MB
ELAPRASE	4	QL, MB
ELITEK	2	MB
FABRAZYME	4	QL, MB
HYLENEX	2	MB
LUMIZYME	4	QL, MB
NAGLAZYME	4	QL, MB
PULMOZYME	4	QL
STRENSIQ	4	QL
VIMIZIM	4	QL, MB
VORAXAZE	4	QL, MB
VPRIV	4	MB
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b>		
<b>ANTI-INFECTIVES</b>		
BACITRACIN	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1, 2	
TRIFLURIDINE	1	
<b>ANTI-INFLAMMATORY AGENTS</b>		

Name of drug	Drug Tier	Requirement / Limits
BLEPHAMIDE	1, 2	
CIPRODEX	2	
DEXAMETHASONE SODIUM PHOSPHATE	1	
<i>diclofenac sodium (ophth)</i>	1	
FLUNISOLIDE	1	
<i>fluorometholone (ophth)</i>	1, 2	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate (nasal)</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
PRED MILD	1, 2	
RESTASIS	2	
RETISERT	2	MB
<b>ANTIALLERGIC AGENTS</b>		
<i>azelastine hcl</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
<i>olopatadine hcl</i>	1	
<b>ANTIGLAUCOMA AGENTS</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	MB
<i>betaxolol hcl (ophth)</i>	1	
<i>brimonidine tartrate</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost</i>	1	
LEVOBUNOLOL HCL	1	
LUMIGAN	2	
<i>methazolamide</i>	1	
MIOCHOL-E	2	MB
MIOSTAT	2	MB
MITOSOL	2	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
<b>EENT DRUGS, MISCELLANEOUS</b>		

Name of drug	Drug Tier	Requirement / Limits
<i>acetic acid (otic)</i>	1	
ACETIC ACID-ALUMINUM ACETATE	1	
<i>apraclonidine hcl</i>	1, 2	
BEOVU	4	QL
BSS	2	MB
EYLEA	4	MB
HEALON5	2	MB
LUCENTIS	4	QL, MB
MACUGEN	2	MB
PHOTREXA-PHOTREXA VISCOUS KIT	2	
VISUDYNE	2	MB
<b>LOCAL ANESTHETICS</b>		
AKTEN	2	
C-TOPICAL	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	1, 2	
<b>MYDRIATICS</b>		
ATROPINE SULFATE	1, 2	
CYCLOMYDRIL	1	
<i>cyclopentolate hcl</i>	1	
<i>homatropine hbr</i>	1	
<i>tropicamide</i>	1	
<b>VASOCONSTRICTORS</b>		
<i>phenylephrine hcl (mydriatic)</i>	1	
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1, 2	
<b>ANTIDIARRHEA AGENTS</b>		
<i>bismuth subsalicylate</i>	1	
<i>diphenoxylate w/ atropine</i>	1	
<b>ANTIEMETICS</b>		
AKYNZEO	2	QL
<i>dronabinol</i>	1	
EMEND	2	QL

Name of drug	Drug Tier	Requirement / Limits
<i>fosaprepitant dimeglumine</i>	1	MB
<i>meclizine hcl</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	MB
<i>scopolamine</i>	1, 2	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
CIMETIDINE HCL	1	
<i>famotidine</i>	1	MB
FAMOTIDINE PREMIXED	1	MB
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1, 2	MB
<i>ranitidine hcl</i>	1	MB
<i>sucralfate</i>	1, 2	
<b>CATHARTICS AND LAXATIVES</b>		
<i>castor oil</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1, 2	PREV
SORBITOL	2	
<b>CHOLELITHOLYTIC AGENTS</b>		
<i>ursodiol</i>	1	
<b>DIGESTANTS</b>		
CREON	2	
<b>PROKINETIC AGENTS</b>		
<i>metoclopramide hcl</i>	1	MB
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
RIDAURA	2	
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
BAL IN OIL	2	MB
CHEMET	2	
<i>deferasirox</i>	4	QL
<i>deferoxamine mesylate</i>	1	MB
DEPEN TITRATABS	2	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
ASMANEX (120 METERED DOSES)	2	

Name of drug	Drug Tier	Requirement / Limits
<i>betamethasone sod phosphate &amp; acetate</i>	1	MB
<i>budesonide</i>	1	
<i>budesonide (inhalation)</i>	1, 2	
<i>dexamethasone</i>	1	
<i>dexamethasone sodium phosphate</i>	1	MB
FLOVENT HFA	2	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
KENALOG	2	MB
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	MB
<i>methylprednisolone sod succ</i>	1, 2	MB
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
SOLU-CORTEF	2	MB
<b>ANDROGENS</b>		
ANDRODERM	1, 2	
ANDROID	1	
ANDROXY	1	
<i>danazol</i>	1	
<i>testosterone cypionate</i>	1	MB
<i>testosterone enanthate</i>	1	MB
<b>ANTIDIABETIC AGENTS</b>		
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide</i>	1	
HUMALOG	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
JARDIANCE	2	
LANTUS	2	
<i>metformin hcl</i>	1	
<i>pioglitazone hcl</i>	1	
TOLBUTAMIDE	1	

Name of drug	Drug Tier	Requirement / Limits
<b>ANTIHYPOGLYCEMIC AGENTS</b>		
BAQSIMI TWO PACK	2	
GLUCAGEN	2	MB
GLUCAGON EMERGENCY	2	MB
<b>CONTRACEPTIVES</b>		
<i>desogestrel &amp; ethinyl estradiol</i>	1	PREV
<i>drospirenone-ethinyl estradiol</i>	1	PREV
ELLA	2	PREV
<i>ethynodiol diacet &amp; eth estrad</i>	1	PREV
<i>etonogestrel-ethinyl estradiol</i>	1, 2	PREV
<i>levonorgestrel &amp; eth estradiol</i>	1	PREV
<i>levonorgestrel (emergency oc)</i>	1	PREV
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	PREV
MIRENA (52 MG)	2	PREV, MB
NECON 10/11 (28)	1	PREV
NEXPLANON	2	MB
<i>norethin acet &amp; estrad-fe</i>	1	PREV
<i>norethindrone &amp; eth estradiol</i>	1	PREV
<i>norethindrone (contraceptive)</i>	1	PREV
<i>norethindrone-eth estradiol (triphasic)</i>	1	PREV
<i>norgestimate-ethinyl estradiol</i>	1	PREV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	PREV
OGESTREL	1	PREV
XULANE	1	PREV
<b>ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS</b>		
<i>clomiphene citrate</i>	1	
DEPO-ESTRADIOL	1	MB
<i>esterified estrogens &amp; methyltestosterone</i>	1	
<i>estradiol</i>	1	
<i>estradiol vaginal</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
PREMARIN	2	
<i>raloxifene hcl</i>	1	PREV
<b>GONADOTROPINS</b>		
GONAL-F	2	MB
MENOPUR	2	
NOVAREL	1	MB
OVIDREL	2	
SYNAREL	2	
<b>PARATHYROID</b>		
<i>calcitonin (salmon)</i>	1	
FORTEO	2	QL, MB
<b>PITUITARY</b>		
ACTHAR	4	LD, MB
DDAVP RHINAL TUBE	2	
<i>desmopressin acetate</i>	1, 2	MB
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<b>PROGESTINS</b>		
DEPO-PROVERA	2	MB
ENDOMETRIN	2	
HYDROXYPROGESTERONE CAPROATE	1	QL, MB
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	MB
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	MB
<i>progesterone micronized</i>	1	
<b>SOMATROPIN AGONISTS-ANTAGONISTS</b>		
NORDITROPIN FLEXPRO	1, 4	QL
SEROSTIM	4	QL
<b>THYROID AND ANTITHYROID AGENTS</b>		
<i>levothyroxine sodium</i>	1, 2	MB
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	2	
<b>LOCAL ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		



Name of drug	Drug Tier	Requirement / Limits
<i>bupivacaine hcl</i>	1, 2	MB
<i>bupivacaine in dextrose</i>	1	MB
<i>bupivacaine w/ epinephrine</i>	1, 2	MB
<i>chloroprocaine hcl</i>	1, 2	MB
LIDOCAINE HCL (CARDIAC) PF	1, 2	MB
<i>lidocaine hcl (local anesth.)</i>	1	MB
<i>lidocaine w/ epinephrine</i>	1, 2	MB
<i>mepivacaine hcl</i>	1	MB
NAROPIN	2	MB
TETRACAINE HCL	2	MB
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>acetylcysteine</i>	1	
<i>acetylcysteine (antidote)</i>	1	MB
ACTIMMUNE	2	QL
<i>alendronate sodium</i>	1, 2	
<i>allopurinol</i>	1	
AVONEX	2, 4	QL, MB
<i>azathioprine</i>	1	
BOTOX	2	MB
BOTOX COSMETIC	2	MB
BRIDION	2	MB
CERDELGA	4	QL
<i>cinacalcet hcl</i>	1	
CINRYZE	4	QL, MB
COLCHICINE	1	
<i>cyclosporine modified (for microemulsion)</i>	1, 2	
CYSTADANE	2	QL
CYSTAGON	2	QL
<i>dexrazoxane hcl</i>	1, 2	MB
<i>disulfiram</i>	1	
ELMIRON	2	
ENBREL	4	QL
ETIDRONATE DISODIUM	1	
EXTAVIA	1	QL
<i>finasteride</i>	1	
FUSILEV	2	MB

Name of drug	Drug Tier	Requirement / Limits
<i>glatiramer acetate</i>	1	QL
GRASTEK	2	
HUMIRA	4	QL
<i>icatibant acetate</i>	4	QL, MB
INFLECTRA	4	MB
KALYDECO	4	QL
KINERET	4	QL
<i>leflunomide</i>	1	
<i>leucovorin calcium</i>	1	MB
<i>levocarnitine (metabolic modifiers)</i>	1	MB
<i>mesna</i>	1, 2	QL, MB
METHYLENE BLUE	1	MB
<i>mycophenolate mofetil</i>	1	
MYOBLOC	2	MB
<i>octreotide acetate</i>	1, 4	QL, MB
OPSUMIT	4	QL
ORENCIA	4	QL, MB
OTEZLA	4	QL
<i>pamidronate disodium</i>	1	MB
RASUVO	2	
REMICADE	4	MB
RIMSO-50	2	MB
SANDIMMUNE	2	MB
<i>sirolimus</i>	1, 4	
<i>sodium fluoride</i>	1, 2	PREV
<i>sodium fluoride (dental)</i>	1, 2	
SOLIRIS	2	MB
<i>tacrolimus</i>	1, 2	MB
TAKHZYRO	4	QL
THALOMID	4	QL
THIOLA	4	
TYSABRI	4	QL, LD, MB
<i>water for injection, sterile</i>	1	MB
XELJANZ	4	QL
<i>zoledronic acid</i>	1	MB
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
HEMABATE	2	MB
<i>methylergonovine maleate</i>	1	MB
MIFEPREX	2	PREV

Name of drug	Drug Tier	Requirement / Limits
<i>oxytocin</i>	1	MB
PREPIDIL	2	
<b>PHARMACEUTICAL AIDS</b>		
<b>PHARMACEUTICAL AIDS</b>		
ALOE VERA	2	
ALPROSTADIL	2	
ATROPINE SULFATE MONOHYDRATE	2	
BIOTIN-D	2	
BORIC ACID	2	
CANTHARIDIN	2	
CARBAMAZEPINE	2	
CHLORPROMAZINE HCL	2	
CHOLESTEROL	2	
CLINDAMYCIN HCL	2	
CLOBETASOL PROPIONATE	2	
CLOTRIMAZOLE	2	
COLLODION FLEXIBLE	2	
CYSTEAMINE HCL	2	
DEXAMETHASONE	2	
ESTRADIOL	2	
GLYCERIN	2	
GLYCOPYRROLATE	2	
HALOPERIDOL	2	
HYDROCORTISONE	2	
HYDROXOCOBALAMIN	2	
HYDROXYPROGESTERONE CAPROATE	2	
INDOMETHACIN	2	
KETAMINE HCL	2	
L-ARGININE	2	
L-CITRULLINE	2	
L-ISOLEUCINE	2	
L-VALINE	2	
LACTIC ACID	2	
LACTOSE	2	
LACTOSE MONOHYDRATE	2	
LIDOCAINE HCL	2	
METHADONE HCL	2	

Name of drug	Drug Tier	Requirement / Limits
METOCLOPRAMIDE HCL MONOHYDRATE	2	
MORPHINE SULFATE	2	
NEOMYCIN SULFATE	2	
PHENOBARBITAL	2	
PLURONIC F127	2	
PODOPHYLLUM RESIN	2	
POLYETHYLENE GLYCOL 400	2	
PROGESTERONE MICRONIZED	2	
PROGESTERONE WETTABLE	2	
PROPYLENE GLYCOL	2	
QUINACRINE HCL	2	
SALICYLIC ACID	2	
SODIUM BENZOATE	2	
SORBITOL	2	
SQUARIC ACID DIBUTYLESTER	2	
SULFUR PRECIPITATED	2	
TESTOSTERONE PROPIONATE	2	
THYMOL	2	
TRANEXAMIC ACID	2	
TRIAMCINOLONE ACETONIDE	2	
UREA	2	
ZINC SULFATE	2	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
ALVESCO	2	
ASMANEX HFA	2	
COMBIVENT RESPIMAT	2	
<i>cromolyn sodium</i>	1	
<i>montelukast sodium</i>	1	
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	
<i>guaifenesin-codeine</i>	1	
<i>phenylephrine-chlorphen-dm</i>	1	
PHENYLHISTINE DH	2	

Name of drug	Drug Tier	Requirement / Limits
<i>promethazine-dm</i>	1	
<b>MUCOLYTIC AGENTS</b>		
<i>sodium chloride (inhalant)</i>	1	
<b>PULMONARY SURFACTANTS</b>		
CUROSURF	2	MB
SURVANTA	2	MB
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
ARALAST NP	4	QL, MB
KALYDECO	4	QL
ORKAMBI	4	QL
STIOLTO RESPIMAT	2	
SYMDEKO	4	QL
TRIKAFTA	4	QL
<b>VASODILATING</b>		
TRACLEER	4	QL
<b>SERUMS, TOXOIDS, AND VACCINES</b>		
<b>SERUMS</b>		
ANTIVENIN LATRODECTUS MACTANS	2	MB
CARIMUNE NF	2	MB
CROFAB	2	MB
DIGIFAB	2	MB
FLUVIRIN	2	MB
GAMASTAN S/D	2	MB
GAMMAGARD	2	MB
HIZENTRA	2	QL
HYPERRAB	2	MB
HYPERTET S/D	2	MB
MICRHOGAM ULTRA-FILTERED PLUS	2	MB
NABI-HB	2	MB
ODACTRA	2	
<b>TOXOIDS</b>		
ADACEL	2	MB
INFANRIX	2	MB
TDVAX	2	MB
<b>VACCINES</b>		
ACTHIB	2	MB
AFLURIA	2	MB
BEXSERO	2	MB
ENGERIX-B	2	MB

Name of drug	Drug Tier	Requirement / Limits
FLUAD	2	MB
FLUARIX QUADRIVALENT	2	MB
FLUBLOK	2	MB
FLUCELVAX	2	MB
FLUMIST QUADRIVALENT	2	
FLUVIRIN	2	MB
FLUZONE HIGH-DOSE	2	MB
GARDASIL	2	MB
GARDASIL 9	2	MB
HAVRIX	2	MB
IMOVAX RABIES	2	MB
IPOL	2	MB
IXIARO	2	MB
KINRIX	2	MB
M-M-R II	2	MB
MENVEO	2	MB
PEDIARIX	2	MB
PNEUMOVAX 23	2	MB
PREVNAR 13	2	MB
PROQUAD	2	MB
RABAVERT	2	MB
ROTARIX	2	MB
ROTATEQ	2	MB
SHINGRIX	2	MB
TICE BCG	2	MB
TWINRIX	2	MB
TYPHIM VI	2	MB
VARIVAX	2	MB
VAXCHORA	2	MB
VIVOTIF	2	MB
YF-VAX	2	MB
ZOSTAVAX	2	MB
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES</b>		
<i>benzoyl peroxide-erythromycin</i>	1, 2	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate vaginal</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>clindamycin phosphate-benzoyl peroxide</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>clotrimazole</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>gentamicin sulfate (topical)</i>	1	
GENTIAN VIOLET	2	
<i>iodoquinol-hc</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>metronidazole (topical)</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
NEOMYCIN-POLYMYXIN B GU	1	MB
<i>nystatin (topical)</i>	1	
<i>permethrin</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sodium hypochlorite</i>	1, 2	
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1, 2	
CORDRAN	2	
CORTISPORIN	2	
CORTISPORIN	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>hydrocortisone acetate (rectal)</i>	1	
<i>mometasone furoate</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
PHENOL	2	
PROCTOFOAM HC	1	
<b>ASTRINGENTS</b>		
DRYSOL	2	
XERAC AC	2	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
KEPIVANCE	4	QL, MB
RETIN-A MICRO	1	
<i>tretinoin</i>	1	
<b>DEPIGMENTING AND PIGMENTING AGENTS</b>		
<i>methoxsalen rapid</i>	1	
<b>KERATOLYTIC AGENTS</b>		
<i>sulfacetamide sodium w/ sulfur</i>	1, 2	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
<i>acitretin</i>	1	QL
<i>adapalene</i>	1, 2	
<i>adapalene-benzoyl peroxide</i>	1, 2	
AQUAPHOR	2	
BENZOIN	2	
<i>benzoin compound</i>	1	
<i>calcipotriene</i>	1	
<i>capsaicin</i>	1	
COSENTYX	4	QL
DESITIN	2	
<i>diclofenac sodium (topical)</i>	1	
DRITHO-CREME HP	2	
<i>fluorouracil (topical)</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	QL
LEVULAN KERASTICK	2	
<i>pimecrolimus</i>	1, 2	
PODOCON	2	
<i>podofilox</i>	1, 2	
SANTYL	2	
SKYRIZI (150 MG DOSE)	4	
STELARA	4	
<i>tacrolimus (topical)</i>	1	
TARGRETIN	2	
<i>tazarotene</i>	1, 2	
TREMFYA	4	
VECTICAL	1	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>		
<i>oxybutynin chloride</i>	1	
OXYTROL	2	
<i>solifenacin succinate</i>	1	
<i>trospium chloride</i>	1	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline</i>	1	MB

Name of drug	Drug Tier	Requirement / Limits
<i>theophylline</i>	1	
THEOPHYLLINE IN D5W	2	MB
<b>VITAMINS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
<i>b-complex w/ c &amp; folic acid</i>	1	
INFUVITE ADULT	2	MB
INFUVITE PEDIATRIC	2	MB
<i>ped multivitamins w/fl &amp; iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
<b>VITAMIN B COMPLEX</b>		
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FOLIC ACID	1	MB
<i>niacin</i>	1	
<i>thiamine hcl</i>	1	MB
<b>VITAMIN D</b>		
<i>calcitriol</i>	1	
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