

2020 Kaiser Permanente Federal Employees Health Benefit

FEHB Drug Formulary



Southern California Region

Member Service Contact Center

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1-800-464-4000

711 TTY

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

Southern 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 **January 1, 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
Tier 1	Generic drugs	\$10	\$15
Tier 2	Preferred brand-name drugs	\$40	\$50
Tier 3	Non-preferred brand-name drugs	\$40	\$50
Tier 4	Specialty drugs	\$100	\$150

You pay 50% of our allowed amount for fertility and sexual dysfunction drugs. 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 73-822), 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 1-800-464-4000, 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 73-822, 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 22, 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 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 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 1-800-464-4000, 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
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA	4	
ivermectin	1	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	
<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, 2	
AVELOX	2	
AZACTAM IN DEXTROSE	2	
<i>azithromycin</i>	1, 2	
<i>aztreonam</i>	1	
<i>bacitracin</i>	1	
BACTOCILL IN DEXTROSE	2	
BICILLIN L-A	2	
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
CEFAZOLIN SODIUM- DEXTROSE	2	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
CEFEPIME-DEXTROSE	2	
<i>cefixime</i>	1	
CEFOTAXIME SODIUM	1	
<i>cefotetan disodium</i>	1	
CEFOTETAN DISODIUM-DEXTROSE	2	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>ceftazidime</i>	1, 2	
<i>ceftriaxone sodium</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	1	
CEFTRIAZONE SODIUM-DEXTROSE	2	
<i>cefuroxime axetil</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
<i>cefuroxime sodium</i>	1, 2	
<i>cephalexin</i>	1	
CHLORAMPHENICOL SOD SUCCINATE	2	
CIPRO	2	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin</i>	1	
CLEOCIN IN D5W	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1	
CUBICIN	4	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
FORTAZ IN D5W	2	
<i>gentamicin in saline</i>	1, 2	
<i>gentamicin sulfate</i>	1	
INVANZ	2	
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>linezolid</i>	1	
<i>meropenem</i>	1	
<i>minocycline hcl</i>	1, 2	
<i>moxifloxacin hcl</i>	1	
NAFCILLIN SODIUM IN DEXTROSE	2	
<i>neomycin sulfate</i>	1	
<i>oxacillin sodium</i>	1	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
PRIMSOL	2	
STREPTOMYCIN SULFATE	2	
SULFADIAZINE	2	

Name of drug	Drug Tier	Requirement / Limits
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
<i>tetracycline hcl</i>	1	
<i>tobramycin</i>	1, 4	
<i>tobramycin sulfate</i>	1	
<i>vancomycin hcl</i>	1, 2	
VANCOMYCIN HCL IN DEXTROSE	2	
XIFAXAN	2	QL
ZINACEF IN STERILE WATER	2	
ZOSYN	2	
ANTIFUNGALS		
AMBISOME	4	
AMPHOTERICIN B	2	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i>	4	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1, 2	
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1, 2	
ANTIMYCOBACTERIALS		
<i>cycloserine</i>	1	
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1, 2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFAMATE	2	
<i>rifampin</i>	1	
TRECTOR	2	
ANTIPROTOZOALS		
ALINIA	2	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
DARAPRIM	2	QL

Name of drug	Drug Tier	Requirement / Limits
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	2	
MEFLOQUINE HCL	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	2	
<i>paromomycin sulfate</i>	1	
PRIMAQUINE PHOSPHATE	2	
ANTIVIRALS		
<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	
<i>adefovir dipivoxil</i>	1	
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
ATRIPLA	2	
BIKTARVY	2	
<i>cidofovir</i>	1	
CIMDUO	1	
COMPLERA	2	
CRIXIVAN	2	
DAKLINZA	4	QL
DESCOVY	2	
<i>didanosine</i>	1, 2	
EDURANT	2	
<i>efavirenz</i>	1	
EMTRIVA	2	
<i>entecavir</i>	1, 2	
EPCLUSA	4	QL
EPIVIR HBV	2	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1, 2	
FOSCAVIR	2	
<i>ganciclovir sodium</i>	1	
GENVOYA	2	
HARVONI	4	QL
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	

Name of drug	Drug Tier	Requirement / Limits
KALETRA	2	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
<i>nevirapine</i>	1, 2	
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1, 2	
PEGASYS	4	QL
PREZCOBIX	2	
PREZISTA	2	
RELENZA DISKHALER	2	
RESCRIPTOR	2	
<i>ribavirin (hepatitis c)</i>	1	
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	1, 2	
SELZENTRY	2	
SOVALDI	4	QL
<i>stavudine</i>	1	
STRIBILD	2	
SYMFI	1	
SYMTUZA	2	
SYNAGIS	4	
<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	
VOSEVI	4	QL
<i>zidovudine</i>	1, 2	
URINARY ANTI-INFECTIVES		
<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	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>promethazine hcl</i>	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		

Name of drug	Drug Tier	Requirement / Limits
<i>abiraterone acetate</i>	4	QL
ADCETRIS	2	
AFINITOR	4	QL
ALECENSA	4	QL
ALIMTA	2	
ALKERAN	2	
ALUNBRIG	4	QL
<i>anastrozole</i>	1	
AVASTIN	2	
BENDEKA	2, 4	QL
<i>bicalutamide</i>	1	
<i>bleomycin sulfate</i>	1	
CABOMETYX	4	QL
CAMPTOSAR	1	
<i>capecitabine</i>	1	QL
CAPRELSA	2	QL
<i>carmustine</i>	1, 2	
<i>cisplatin</i>	1	
<i>cladribine</i>	1	
COTELIC	4	QL
<i>cyclophosphamide</i>	1	
CYRAMZA	4	QL
<i>dacarbazine</i>	1, 2	
<i>dactinomycin</i>	1, 2	
DARZALEX	4	QL
DAUNORUBICIN HCL	1	
DOCETAXEL	2, 4	QL
<i>doxorubicin hcl</i>	1	
<i>doxorubicin hcl liposomal</i>	1	
EMCYT	2	QL
ERBITUX	2	
ERIVEDGE	4	QL
<i>erlotinib hcl</i>	4	QL
ERWINAZE	2	
<i>etoposide</i>	1	
<i>exemestane</i>	1	
FASLODEX	4	QL
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
GAZYVA	4	QL
<i>gemcitabine hcl</i>	1, 2	
GLEOSTINE	2	
HALAVEN	2	
HERCEPTIN	2, 4	QL
HEXALEN	4	QL

Name of drug	Drug Tier	Requirement / Limits
<i>hydroxyurea</i>	1	
IBRANCE	4	QL
IDAMYCIN PFS	1	
<i>imatinib mesylate</i>	1	QL
IMBRUVICA	4	QL
INTRON A	4	QL
IRESSA	4	QL
IXEMPRA KIT	2, 4	QL
JAKAFI	4	QL
JEVTANA	2	
KADCYLA	4	QL
KEYTRUDA	4	QL
KYPROLIS	4	QL
LENVIMA (10 MG DAILY DOSE)	4	QL
<i>letrozole</i>	1	
LEUKERAN	4	
<i>leuprolide acetate</i>	1, 2	
LONSURF	4	QL
LORBRENA	4	QL
LUPRON DEPOT (3-MONTH)	2	
LUPRON DEPOT (4-MONTH)	2	
LUPRON DEPOT-PED (1-MONTH)	2	
LUPRON DEPOT-PED (3-MONTH)	2	
LYNPARZA	4	QL
LYSODREN	2	QL
MATULANE	4	QL
<i>megestrol acetate</i>	1	
MEKINIST	4	QL
<i>mercaptopurine</i>	1, 4	QL
<i>methotrexate sodium</i>	1	
<i>mitomycin</i>	1	
MUSTARGEN	2	
MVASI	4	
MYLERAN	2	
NEXAVAR	4	QL
NINLARO	4	QL
ODOMZO	4	QL
ONCASPAR	2	
OPDIVO	4	QL
<i>oxaliplatin</i>	1	
<i>paclitaxel</i>	1	

Name of drug	Drug Tier	Requirement / Limits
PERJETA	4	QL
POMALYST	4	QL
PROLEUKIN	4	QL
REVLIMID	4	QL, LD
RITUXAN	2	
RYDAPT	4	QL
SPRYCEL	4	QL
STIVARGA	4	QL
SUTENT	4	QL
SYLVANT	4	QL
TABLOID	2	
TAFINLAR	4	QL
TAGRISSO	4	QL
<i>tamoxifen citrate</i>	1	
TARGRETIN	4	
TASIGNA	4	QL
TECENTRIQ	4	QL
<i>temozolomide</i>	1	
<i>thiotepa</i>	4	
<i>topotecan hcl</i>	1, 2	QL
TORISEL	2	
<i>tretinoin (chemotherapy)</i>	1	QL
TRISENOX	4	QL
TYKERB	4	QL
UNITUXIN	4	QL
VELCADE	2	
VENCLEXTA	2, 4	QL
VINBLASTINE SULFATE	2	
VINCRIStINE SULFATE	1	
<i>vinorelbine tartrate</i>	1	
VOTRIENT	4	QL
VYXEOS	4	QL
XALKORI	4	QL
XTANDI	4	QL
YERVOY	2	
YONDELIS	4	QL
ZEJULA	4	QL
ZELBORAF	4	QL
ZYDELIG	4	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1, 2	
ATROVENT HFA	2	
BELLADONNA		
ALKALOIDS-OPIUM	2	

Name of drug	Drug Tier	Requirement / Limits
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>dicyclomine hcl</i>	1, 2	
DONNATAL	1, 2	
<i>glycopyrrolate</i>	1, 2	
<i>hyoscyamine sulfate</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
PROPANTHELINE BROMIDE	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX	2	
<i>nicotine</i>	1	
<i>nicotine polacrilex</i>	1, 2	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	
<i>galantamine hydrobromide</i>	1	
GUANIDINE HCL	2	
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1, 2	
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate</i>	1	
<i>baclofen</i>	1, 2	
<i>cisatracurium besylate</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1, 2	
<i>methocarbamol</i>	1	
QUELICIN	2	
<i>rocuronium bromide</i>	1	
<i>tizanidine hcl</i>	1	
<i>vecuronium bromide</i>	1	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>dihydroergotamine mesylate</i>	1, 2	QL
ERGOMAR	1	
<i>phentolamine mesylate</i>	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS	1, 2	
<i>albuterol sulfate</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
<i>dobutamine hcl</i>	1	
<i>dobutamine in d5w</i>	1	
<i>dopamine in d5w</i>	1	
<i>epinephrine</i>	1, 2	
EPINEPHRINE	1, 2	
<i>ipratropium-albuterol</i>	1, 2	
<i>isoproterenol hcl</i>	1	
METAPROTERENOL SULFATE	2	
<i>midodrine hcl</i>	1	
S2 (RACEPINEPHRINE)	2	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate</i>	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
<i>albumin, human</i>	1	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
INFED	2	
VENOFER	2	
ANTIHEMORRHAGIC AGENTS		
ADVATE	2	QL
AFSTYLA	2	QL
ALPHANATE/VWF COMPLEX/HUMAN	2	QL
<i>aminocaproic acid</i>	1	
BENEFIX	2	
ELOCTATE	2	QL
GELFILM	2	
GELFOAM SPONGE	2	
HELIXATE FS	2	QL
HEMLIBRA	2	QL
HEMOFIL M	2	QL
IDELVION	2	QL
KCENTRA	2	
NOVOSEVEN RT	2	
PRAXBIND	2	
PROFILNINE	2	
THROMBIN-JMI	2	
<i>tranexamic acid</i>	1	
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50	2	
ACTIVASE	2	
<i>anagrelide hcl</i>	1	

Name of drug	Drug Tier	Requirement / Limits
ANGIOMAX	2	
ARGATROBAN IN SODIUM CHLORIDE	2	
<i>aspirin-dipyridamole</i>	1, 2	
BRILINTA	2	
<i>clopidogrel bisulfate</i>	1	
EFFIENT	2	
HEPARIN (PORCINE) IN NACL	2	
HEPARIN SOD (PORCINE) IN D5W	1	
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) lock flush</i>	1	
INTEGRILIN	2	
LOVENOX	2	QL
PRADAXA	2	
REOPRO	2	
TNKASE	2	
<i>warfarin sodium</i>	1	
HEMATOPOIETIC AGENTS		
LEUKINE	2	QL
NEUPOGEN	4	QL
PROCRIT	2	QL
PROMACTA	4	QL
ZARXIO	4	QL
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	

Name of drug	Drug Tier	Requirement / Limits
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>esmolol hcl</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	
METOPROLOL-HYDROCHLOROTHIAZIDE	1	
<i>nadolol</i>	1	
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
CARDENE IV	2	
CLEVIPREX	2	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>verapamil hcl</i>	1	
CARDIAC DRUGS		
<i>adenosine</i>	1	
<i>amiodarone hcl</i>	1	
<i>digoxin</i>	1, 2	
<i>disopyramide phosphate</i>	1, 2	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	1	
<i>lidocaine in d5w</i>	1	
MEXILETINE HCL	1	
<i>milrinone lactate</i>	1	
<i>milrinone lactate in dextrose</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1, 2	
QUINIDINE SULFATE	1	

Name of drug	Drug Tier	Requirement / Limits
HYPOTENSIVE AGENTS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
METHYLDOPATE HCL	2	
<i>minoxidil</i>	1	
PROGLYCEM	2	
RESERPINE	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl</i>	1	
ENTRESTO	2	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
SCLEROSING AGENTS		
ETHAMOLIN	2	
VARITHENA	2	
VASODILATING AGENTS		
<i>alprostadil</i>	1	
<i>ambrisentan</i>	1, 4	QL, LD
CAVERJECT	2	
<i>dipyridamole</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2	
<i>nitroglycerin in d5w</i>	1, 2	
PAPAVERINE HCL	2	
<i>sildenafil citrate (pulmonary hypertension)</i>	1	QL
TRACLEER	4	QL, LD
TYVASO	2	QL
<i>varidenafil hcl</i>	1	QL
VENTAVIS	4	QL, LD
CENTRAL NERVOUS SYSTEM AGENTS		

Name of drug	Drug Tier	Requirement / Limits
ANALGESICS AND ANTIPIRETTICS		
<i>acetaminophen w/ codeine</i>	1	
<i>buprenorphine hcl</i>	1	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>butorphanol tartrate</i>	1	
CODEINE SULFATE	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	
<i>hydrocodone-acetaminophen</i>	1	
<i>hydromorphone hcl</i>	1, 2	QL
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1, 2	
<i>indomethacin sodium</i>	1	
INFUMORPH 200	2	
<i>ketorolac tromethamine</i>	1	
MECLOFENAMATE SODIUM	2	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>meperidine hcl</i>	1	
<i>methadone hcl</i>	1, 2	
<i>morphine sulfate</i>	1, 2	
<i>nabumetone</i>	1	
<i>nalbuphine hcl</i>	1	
<i>naproxen</i>	1	
NEOPROFEN	2	
OFIRMEV	2	
<i>oxycodone hcl</i>	1	
<i>oxycodone w/ acetaminophen</i>	1	
<i>pentazocine w/ naloxone</i>	1	
<i>salsalate</i>	1	
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol-acetaminophen</i>	1	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1, 2	
<i>caffeine citrate</i>	1	
<i>dexmethylphenidate hcl</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>dextroamphetamine sulfate</i>	1	
<i>methylphenidate hcl</i>	1, 2	
VYVANSE	2	
ANTICONVULSANTS		
BANZEL	2, 4	
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1, 2	
<i>gabapentin</i>	1	
<i>lamotrigine</i>	1, 2	
<i>levetiracetam</i>	1	
LEVETIRACETAM IN NACL	2	
<i>magnesium sulfate</i>	1	
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1, 2	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1, 2	
<i>primidone</i>	1	
SABRIL	4	QL
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
ANTIMANIC AGENTS		
LITHIUM	2	
<i>lithium carbonate</i>	1	
ANTIMIGRAINE AGENTS		
<i>ergotamine w/ caffeine</i>	1, 2	
<i>isometheptene-dichloralphenazone-acetaminophen</i>	1	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	4	QL, LD
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
<i>carbidopa-levodopa</i>	1, 2	
CARBIDOPA-LEVODOPA-ENTACAPONE	1, 2	
<i>entacapone</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	1	
<i>bupirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	2	
<i>diazepam</i>	1, 2	
<i>droperidol</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1, 2	
<i>lorazepam</i>	1	
<i>midazolam hcl</i>	1	
<i>oxazepam</i>	1	
<i>phenobarbital</i>	1	
PHENOBARBITAL SODIUM	2	
<i>temazepam</i>	1	
<i>zolpidem tartrate</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	
<i>guanfacine hcl (adhd)</i>	1	
INVEGA SUSTENNA	2	
<i>memantine hcl</i>	1, 2	
<i>pramipexole dihydrochloride</i>	1	
<i>riluzole</i>	1	
GENERAL ANESTHETICS		
<i>ketamine hcl</i>	1	
<i>propofol</i>	1	
OPIATE ANTAGONISTS		
<i>naloxone hcl</i>	1, 2	
<i>naltrexone hcl</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	2	

Name of drug	Drug Tier	Requirement / Limits
<i>aripiprazole</i>	1	
ARISTADA	4	
<i>bupropion hcl</i>	1	
<i>chlorpromazine hcl</i>	1, 2	
<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	
<i>fluphenazine hcl</i>	1, 2	
<i>fluvoxamine maleate</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA	2, 4	
<i>loxapine succinate</i>	1	
MAPROTILINE HCL	2	
<i>mirtazapine</i>	1	
NEFAZODONE HCL	1, 2	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	
ORAP	1, 2	
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
<i>phenelzine sulfate</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL CONSTA	2	QL
<i>risperidone</i>	1	
<i>sertraline hcl</i>	1	
<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>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	

Name of drug	Drug Tier	Requirement / Limits
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60	2	
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU SMALL	2	
ASSESS FULL RANGE PEAK METER	2	
BAYER BREEZE 2 CONTROL	2	
BAYER MICROLET 2 LANCING DEVIC	2	
BD ALLERGY SYRINGE	2	
BD DISP NEEDLES	2	
BD HYPODERMIC NEEDLE	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U-500	2	
BD INTEGRA SYRINGE	2	
BD LANCET ULTRAFINE 33G	2	
BD LUER-LOK SYRINGE	2	
BD PEN NEEDLE MINI U/F	2	
BD SYRINGE LUER-LOK	2	
OMNITROPE	2	QL
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRA MINI	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST	2	
<i>adenosine (diagnostic)</i>	1	
CANDIN	2	
CLINITEST	2	
CONRAY	2	
D-XYLOSE	2	
DIASTIX	2	
ENLON	1	
EOVIST	2	
<i>fluorescein sodium topical</i>	1	
<i>fluorescein w/ benoxinate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
GADAVIST	2	
KETO-DIASTIX	2	
LEXISCAN	2	
LUMASON	2	
MAGNEVIST	2	
METHYLENE BLUE	1	
MULTIHANCE	2	
ONETOUCH ULTRA BLUE	2	
THYROGEN	2	
TUBERSOL	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>pot & sod citrates w/citric ac</i>	1	
<i>potassium citrate (alkalinizer)</i>	1	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	2	
<i>sodium bicarbonate</i>	1, 2	
<i>sodium citrate & citric acid</i>	1	
THAM	2	
AMMONIA DETOXICANTS		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
LITHOSTAT	2	
<i>sodium phenylbutyrate</i>	1, 4	QL
CALORIC AGENTS		
<i>amino acid infusion</i>	1, 2	
AMINOSYN/ELECTROLYTES	1, 2	
CLINIMIX E/DEXTROSE (2.75/10)	2	
CLINIMIX E/DEXTROSE (2.75/5)	2	
CLINIMIX E/DEXTROSE (4.25/25)	2	
CLINIMIX E/DEXTROSE (5/15)	2	
CLINIMIX E/DEXTROSE (5/20)	2	

Name of drug	Drug Tier	Requirement / Limits
CLINIMIX/DEXTROSE (2.75/5)	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
CLINIMIX/DEXTROSE (4.25/20)	2	
CLINIMIX/DEXTROSE (4.25/25)	2	
CLINIMIX/DEXTROSE (5/15)	2	
<i>dextrose</i>	1, 2	
INTRALIPID	1, 2	
PHENYLADE DRINK MIX	2	
DIURETICS		
<i>chlorthalidone</i>	1	
DYRENIUM	2	
<i>ethacrynic acid</i>	1, 4	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	1	
<i>metolazone</i>	1	
SODIUM EDECRIN	2	
<i>toremide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
ION-REMOVING AGENTS		
<i>sevelamer carbonate</i>	1, 2	
<i>sodium polystyrene sulfonate</i>	1	
IRRIGATING SOLUTIONS		
<i>acetic acid</i>	1	
<i>lactated ringer's (irrigation)</i>	1	
<i>sodium chloride (gu irrigant)</i>	1	
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	1	
<i>calcium gluconate</i>	1	
CHROMIC CHLORIDE	2	
COPPER CHLORIDE	2	

Name of drug	Drug Tier	Requirement / Limits
DEXTROSE 5%/ELECTROLYTE #48	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1, 2	
<i>hetastarch in sodium chloride</i>	1	
HEXTEND	2	
HYPERLYTE-CR	2	
KCL-LACTATED RINGERS-D5W	2	
LACTATED RINGERS	1	
LMD IN NACL	2	
M.T.E.-5 CONCENTRATE	2	
MAGNESIUM SULFATE IN D5W	2	
MANGANESE CHLORIDE	2	
PLASMA-LYTE A	2	
<i>potassium acetate</i>	1	
<i>potassium chloride</i>	1, 2	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose & sodium chloride</i>	1, 2	
<i>potassium chloride in nacl</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium phosphates ringer's</i>	1	
<i>saline, bacteriostatic</i>	1	
SELENIUM	2	
<i>sodium chloride</i>	1	
<i>sodium chloride flush</i>	1	
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	1	
ZINC SULFATE	2	
URICOSURIC AGENTS		
<i>probenecid</i>	1	
ENZYMES		
ENZYMES		

Name of drug	Drug Tier	Requirement / Limits
ALDURAZYME	2	
ARALAST NP	4	QL
ELAPRASE	4	QL
FABRAZYME	4	QL
HYLENEX	2	
LUMIZYME	4	QL
PULMOZYME	4	QL
STRENSIQ	4	QL
VIMIZIM	4	QL
VORAXAZE	4	QL
VPRIV	4	
ZENPEP	2	
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	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
MITOSOL	2	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1, 2	
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	1	
<i>polymyxin b-trimethoprim sulfacetamide sodium (ophth)</i>	1	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
BLEPHAMIDE S.O.P.	1	
CIPRODEX	2	
COLY-MYCIN S	2	
DEXAMETHASONE SODIUM PHOSPHATE	1	
<i>diclofenac sodium (ophth)</i>	1	
FLUNISOLIDE	1	

Name of drug	Drug Tier	Requirement / Limits
<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-polymyx-dexameth</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
OZURDEX	2	
PRED MILD	1, 2	
PREDNISOLONE SODIUM PHOSPHATE	2	
RESTASIS	2	
TOBRADEX	2	
VEXOL	2	
ANTIALLERGIC AGENTS		
<i>azelastine hcl</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
<i>olopatadine hcl</i>	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
<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	
<i>levobunolol hcl</i>	1	
LUMIGAN	2	
<i>methazolamide</i>	1	
MIOCHOL-E	2	
MIOSTAT	2	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
ACETIC ACID-ALUMINUM ACETATE	2	
<i>apraclonidine hcl</i>	1	
BSS	2	
EYLEA	2	
JETREA	2	

Name of drug	Drug Tier	Requirement / Limits
LACRISERT	2	
LUCENTIS	4	QL
PHOTREXA-PHOTREXA VISCOUS KIT	2	
VISUDYNE	2	
LOCAL ANESTHETICS		
AKTEN	2	
COCAINE HCL	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1, 2	
<i>tetracaine hcl (ophth)</i>	1	
MYDRIATICS		
ATROPINE SULFATE	1, 2	
CYCLOMYDRIL	2	
<i>cyclopentolate hcl</i>	1, 2	
<i>homatropine hbr</i>	1	
<i>tropicamide</i>	1	
VASOCONSTRICTORS		
NAPHAZOLINE HCL	2	
<i>phenylephrine hcl (ophth)</i>	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
<i>alum & mag hydrox-simethicone</i>	1, 2	
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1, 2	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate w/ atropine</i>	1	
PAREGORIC	2	
ANTIEMETICS		
AKYNZEO	2	QL
EMEND	2	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>scopolamine</i>	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CIMETIDINE HCL	1	
<i>famotidine</i>	1	
FAMOTIDINE PREMIXED	1	
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>ranitidine hcl</i>	1	
<i>sucralfate</i>	1, 2	
CATHARTICS AND LAXATIVES		
CASCARA SAGRADA	2	
<i>docusate sodium</i>	1	
<i>magnesium hydroxide</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
SORBITOL	2	
CHOLELITHOLYTIC AGENTS		
<i>ursodiol</i>	1	
DIGESTANTS		
CREON	2	
PROKINETIC AGENTS		
<i>metoclopramide hcl</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET	2	
<i>deferoxamine mesylate</i>	1	
DEPEN TITRATABS	2	
EXJADE	2, 4	QL
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES)	2	
<i>betamethasone sod phosphate & acetate</i>	1	
<i>budesonide (inhalation)</i>	1, 2	
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
FLOVENT HFA	2	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
KENALOG	2	
<i>methylprednisolone</i>	1, 2	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1, 2	
MILLIPRED	2	

Name of drug	Drug Tier	Requirement / Limits
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1, 2	
QVAR	2	
SOLU-CORTEF	2	
ANDROGENS		
ANDRODERM	1, 2	
ANDROID	2	
ANDROXY	2	
<i>danazol</i>	1	
<i>oxandrolone</i>	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1	
BYDUREON	2	
<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	2	
TRADJENTA	2	
ANTIHYPOGLYCEMIC AGENTS		
GLUCAGEN	2	
GLUCAGON EMERGENCY	2	
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
LOESTRIN 1/20 (21)	1	
MIRENA (52 MG)	2	
NECON 1/50 (28)	2	
NECON 10/11 (28)	2	
NEXPLANON	2	
<i>norethin acet & estrad-fe</i>	1	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
<i>norgestrel & ethinyl estradiol</i>	1, 2	
NUVARING	2	
XULANE	2	
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
<i>clomiphene citrate</i>	1	
DEPO-ESTRADIOL	1	
<i>esterified estrogens & methyltestosterone</i>	1	
ESTRACE	2	
<i>estradiol</i>	1, 2	
<i>estradiol valerate</i>	1, 2	
PREMARIN	2	
<i>raloxifene hcl</i>	1	
GONADOTROPINS		
BRAVELLE	2	
GONAL-F	2	
MENOPUR	2	
NOVAREL	1	
OVIDREL	2	
SYNAREL	2	
PARATHYROID		
<i>calcitonin (salmon)</i>	1, 2	
FORTEO	4	QL
PITUITARY		
ACTHAR	4	LD
<i>desmopressin acetate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>desmopressin acetate refrigerated</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
PROGESTINS		
DEPO-PROVERA	2	
ENDOMETRIN	2	
HYDROXYPROGESTERONE CAPROATE	1	QL
MAKENA	2	QL
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	
SOMATROPIN AGONISTS-ANTAGONISTS		
OMNITROPE	2	QL
SEROSTIM	4	QL
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
<i>bupivacaine hcl</i>	1	
<i>bupivacaine in dextrose</i>	1	
<i>chlorprocaine hcl</i>	1, 2	
LIDOCAINE HCL (CARDIAC) PF	2	
<i>lidocaine hcl (local anesth.)</i>	1	
<i>lidocaine w/ epinephrine</i>	1	
<i>mepivacaine hcl</i>	1	
NAROPIN	2	
TETRACAINE HCL	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine</i>	1	
<i>acetylcysteine (antidote)</i>	1	
<i>acitretin</i>	1	QL
ACTIMMUNE	2	QL

Name of drug	Drug Tier	Requirement / Limits
<i>alendronate sodium</i>	1, 2	
<i>allopurinol</i>	1	
<i>amifostine</i>	1	
ATGAM	2	
AVONEX	4	QL
<i>azathioprine</i>	1	
BOTOX	2	
BRIDION	2	
CERDELGA	4	QL
<i>cinacalcet hcl</i>	1	
CINRYZE	4	QL
COLCHICINE	2	
<i>cyclosporine modified (for microemulsion)</i>	1, 2	
CYSTADANE	2	QL
CYSTAGON	2	QL
<i>disulfiram</i>	1, 2	
ELMIRON	2	
ENBREL	4	QL
ETIDRONATE DISODIUM	2	
EXTAVIA	2	QL
<i>finasteride</i>	1	
FIRAZYR	4	QL
FLUOR-A-DAY	2	
<i>glatiramer acetate</i>	1	QL
GRASTEK	2	
HUMIRA	4	QL
INFLECTRA	4	
KINERET	4	QL
<i>leflunomide</i>	1	
<i>leucovorin calcium</i>	1	
<i>levocarnitine (metabolic modifiers)</i>	1	
<i>mesna</i>	1, 2	QL
<i>mycophenolate mofetil</i>	1	
MYOBLOC	2	
<i>octreotide acetate</i>	1, 4	QL
ORENCIA	4	QL
OTEZLA	4	QL
PAMIDRONATE DISODIUM	1	
RASUVO	2	
REMICADE	4	
RIMSO-50	2	
SANDIMMUNE	2	

Name of drug	Drug Tier	Requirement / Limits
<i>sirolimus</i>	1, 2	
<i>sodium fluoride</i>	1	
<i>sodium fluoride (dental)</i>	1, 2	
SOLIRIS	2	
<i>tacrolimus</i>	1, 2	
TAKHZYRO	4	QL
THALOMID	4	QL
THIOLA	2	
TRI-CHLOR	2	
TYSABRI	4	QL, LD
XELJANZ	4	QL
<i>zoledronic acid</i>	1	
OXYTOCICS		
OXYTOCICS		
CERVIDIL	2	
HEMABATE	2	
<i>methylergonovine maleate</i>	1	
MIFEPREX	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALPROSTADIL	2	
BACLOFEN	2	
BACTERIOSTATIC WATER(BENZ ALC)	2	
BIOTIN-D	2	
BORIC ACID	2	
CHLOROFORM	2	
CLOBETASOL PROPIONATE	2	
CLONIDINE HCL	2	
CLOTRIMAZOLE	2	
COAL TAR	2	
COLLODION FLEXIBLE	2	
DILTIAZEM HCL	2	
GABAPENTIN	2	
GLYCERIN	2	
GLYCOPYRROLATE	2	
HYDROCORTISONE	2	
HYDROPHILIC	2	
HYDROXYPROGESTERONE CAPROATE	2	
ISOSORBIDE	2	
KETAMINE HCL	2	
KETOPROFEN	2	
L-CITRULLINE	2	

Name of drug	Drug Tier	Requirement / Limits
L-ISOLEUCINE	2	
L-PROLINE	2	
LIDOCAINE HCL	2	
METRONIDAZOLE	2	
PAPAVERINE HCL	2	
PHENTOLAMINE MESYLATE	2	
POLYETHYLENE GLYCOL 8000	2	
PROGESTERONE MICRONIZED	2	
QUINACRINE HCL	2	
SALICYLIC ACID	2	
SORBITOL	2	
SULFUR PRECIPITATED	2	
TESTOSTERONE PROPIONATE	2	
THYMOL	2	
TRIAMCINOLONE ACETONIDE	2	
VERAPAMIL HCL	2	
<i>water for injection, sterile</i>	1	
ZINC SULFATE HEPTAHYDRATE	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO	2	
<i>cromolyn sodium</i>	1	
<i>cromolyn sodium (mastocytosis)</i>	1	
<i>montelukast sodium</i>	1	
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>guaifenesin-codeine</i>	1	
<i>hydrocodone w/ homatropine</i>	1	
PHENYLHISTINE DH	2	
<i>pseudoephedrine w/ codeine-gg</i>	1	
MUCOLYTIC AGENTS		
<i>sodium chloride (inhalant)</i>	1	
PULMONARY SURFACTANTS		
CUROSURF	2	
SURVANTA	2	
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP	4	QL

Name of drug	Drug Tier	Requirement / Limits
KALYDECO	4	QL
OPSUMIT	4	QL
ORKAMBI	4	QL
SYMDEKO	4	QL
XOLAIR	4	QL
VASODILATING		
TRACLEER	4	QL
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CARIMUNE NF	2	
CROFAB	2	
CYTOGAM	2	
DIGIFAB	2	
GAMASTAN S/D	2	
GAMMAGARD	2	
HIZENTRA	2	QL
NABI-HB	2	
ODACTRA	2	
RHOPHYLAC	2	
TOXOIDS		
ADACEL	2	
DIPHTHERIA-TETANUS TOXOIDS DT	2	
INFANRIX	2	
TDVAX	2	
VACCINES		
ACTHIB	2	
AFLURIA	2	
BEXSERO	2	
ENGERIX-B	2	
FLUAD	2	
FLUZONE HIGH-DOSE	2	
GARDASIL	2	
GARDASIL 9	2	
HAVRIX	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENVEO	2	
PEDIARIX	2	
PNEUMOVAX 23	2	
PREVNAR 13	2	
PROQUAD	2	
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	

Name of drug	Drug Tier	Requirement / Limits
TICE BCG	2	
TWINRIX	2	
TYPHIM VI	2	
VAXCHORA	2	
VIVOTIF	2	
ZOSTAVAX	2	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>alclometasone dipropionate</i>	1	
<i>bacitracin (topical)</i>	1	
<i>bacitracin zinc</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
CLOBEX	2	
<i>clotrimazole</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>gentamicin sulfate (topical)</i>	1	
<i>iodoquinol-hc</i>	1	
ISAGEL	2	
<i>ketoconazole (topical)</i>	1	
<i>malathion</i>	1	
<i>metronidazole (topical)</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
NEOSPORIN GU IRRIGANT	2	
<i>nystatin (topical)</i>	1	
<i>permethrin</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
SULFAMYLON	2	
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1	
CORDRAN	2	
CORTISPORIN	2	

Name of drug	Drug Tier	Requirement / Limits
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone propionate</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (rectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone acetate (rectal)</i>	1	
<i>mometasone furoate</i>	1	
<i>pramoxine-hc</i>	1, 2	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>hydrocortisone acetate w/ pramoxine</i>	1, 2	
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
SARNA	2	
ASTRINGENTS		
DRYSOL	2	
XERAC AC	2	
<i>zinc oxide (topical)</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
KEPIVANCE	4	QL
RETIN-A MICRO	1	
<i>tretinoin</i>	1, 2	
DEPIGMENTING AND PIGMENTING AGENTS		
8-MOP	2	
<i>methoxsalen rapid</i>	1, 2	
OXSORALEN	2	
KERATOLYTIC AGENTS		
KERALYT	2	
<i>sulfacetamide sodium w/ sulfur</i>	1, 2	
KERATOPLASTIC AGENTS		
ELTA TAR	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>adapalene</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
AQUAPHOR ADVANCED THERAPY	2	
BENZOIN	2	
<i>calcipotriene</i>	1	
COSENTYX (300 MG DOSE)	4	QL
<i>diclofenac sodium (topical)</i>	1	
DRITHO-CREME HP	2	
EPIDUO	2	
<i>fluorouracil (topical)</i>	1, 2	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	QL
LEVULAN KERASTICK	2	
<i>pimecrolimus</i>	1, 2	
<i>podofilox</i>	1, 2	
SANTYL	2	
<i>sodium chloride</i>	1	
STELARA	4	
<i>tacrolimus (topical)</i>	1	
TARGRETIN	2	
<i>tazarotene</i>	1, 2	
VECTICAL	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin chloride</i>	1	
OXYTROL	2	
<i>solifenacin succinate</i>	1	
<i>tropium chloride</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	1	
<i>theophylline</i>	1	
THEOPHYLLINE IN D5W	2	

Name of drug	Drug Tier	Requirement / Limits
VITAMINS		
MULTIVITAMIN PREPARATIONS		
<i>b-complex w/ c & folic acid</i>	1	
INFUVITE ADULT	2	
INFUVITE PEDIATRIC	2	
<i>ped multivitamins w/fl & iron</i>	1	
<i>pediatric multiple vitamin w/ c</i>	1, 2	
<i>pediatric multivitamins w/fl</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
POLY-VI-SOL/IRON	2	
TRI-VI-SOL	2	
VITAMIN A		
AQUASOL A	2	
VITAMIN B COMPLEX		
<i>cyanocobalamin</i>	1	
FOLIC ACID	2	
<i>niacin</i>	1, 2	
POTABA	2	
PYRIDOXINE HCL	1	
<i>thiamine hcl</i>	1	
VITAMIN C		
<i>ascorbic acid</i>	1	
VITAMIN D		
<i>calcitriol</i>	1	
<i>ergocalciferol</i>	1	
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