

KAISER PERMANENTE OF GEORGIA 2025 Mid/Large Group 4 Tier Benefit



This document includes Kaiser Permanente of Georgia's 2025
Mid/ Large Group 4 Tier Benefit Formulary as of
January 1, 2025

For an updated formulary, please visit our Web site at members.kp.org or call 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

What is the Kaiser Permanente 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 optimal care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts.

Does the 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.

The enclosed formulary is current as of **January 1, 2025**. To get updated information about the drugs covered by Kaiser Permanente, please visit our Web site at members.kp.org or call Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

How do I use the Formulary?

Generic drugs are listed in lower-case italics (e.g., *amoxicillin*) within the formulary on page 4. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

There are two easy ways to find your drug within the formulary:

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 Drugs.” If you know what your drug is used for, simply look for the category name in the list that begins on page 4. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 36. The Index provides an alphabetical list of all of the drugs included in this document. Both Brand-name drugs and generic drugs are listed in the Index. If a drug is available as a generic, it is only listed with the generic name. Look in the Index and find the drug. Next to the drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug on the list. You may also use the search function on your computer to search for the medication by name.

What are generic drugs?

Generic drugs are produced and sold under their chemical names after the patent of the Brand-name drug expires. Although the price is lower, the quality and effectiveness of generic drugs is the same as Brand-name drugs. The Food and Drug Administration (FDA) require that generic drugs contain the same active ingredients in the same amount as the Brand-name drug. Kaiser Permanente pharmacies stock only generic drugs that have met the high standards of both the FDA and the experts in experts in our quality assurance program.

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

How much will I pay for Covered Drugs?

What you pay for covered drugs is determined by the outpatient prescription drug benefit outlined in your Evidence of Coverage.

Preventative generics are those covered at the lowest co-payment amount defined as Tier 1. Preferred generics are those covered at the 2nd lowest co-pay amount defined as Tier 2. Preferred Brands are those Brands which will be covered at your preferred Brand co-payment amount defined as Tier 3. Specialty medications are covered at the specialty cost share defined as Tier 4.

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

Each prescription refill is provided on the same basis as the original prescription. Copayments are applied on a per prescription basis, for up to the lesser of the dispensing amount listed in the “Schedule of Benefits” or the standard prescription amount, including maintenance drugs as determined by Health Plan.

The standard prescription amount for the following items is:

- Migraine medications — the smallest package size commercially available
- Ophthalmic and otic medications — the smallest package size commercially available
- Oral and nasal inhalers — the smallest standard package unit

[Are there any other restrictions on coverage?](#)

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

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

You can find out if the drug has any additional requirements or limits by looking in the formulary that begins on page 4.

[What if my drug is not on the Formulary?](#)

If the drug is not on the formulary and your benefit does not provide non-formulary coverage, you have two options:

- You can contact Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056 and ask Member Services for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a

similar drug that is covered under the Kaiser Permanente Drug Formulary.

- You can request an exception for coverage of your non-formulary drug. (*See below for information about how to request an exception.*)
 - You can request coverage for a drug, even though it is not on our formulary.
 - You can request that we waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can request ask us to waive the limit and cover more.

What if I want or my doctors prescribes a non-formulary drug?

If you request a non-formulary drug, you will be responsible for the full cost of that drug unless your prescribing physician identified a clear medical reason to use it rather than the similar formulary drug. In specific cases, such as an allergy to the formulary alternative, your physician may request an exception for coverage of a non-formulary drug. In that case your regular pharmacy copay would apply. Certain

prescriptions require expert review before they can be dispensed.

Generally, Kaiser Permanente will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact your physician to initiate the request for exception process. When you are requesting a formulary or utilization restriction exception, you should submit a statement from your physician supporting your request.

For more information

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

If you have questions about Kaiser Permanente, please call Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

Or visit members.kp.org.

Category/ Drug Name	Tier Level	Restrictions
ANALGESICS		
NO USP CLASS (COMBINATION PRODUCT)		
<i>acetaminophen w/ codeine</i>	2	QL
<i>butalbital-acetaminophen-caffeine</i>	2	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	QL
<i>butalbital-aspirin-caffeine</i>	2	
<i>butalbital-aspirin-caffeine w/cod</i>	2	QL
<i>hydrocodone-acetaminophen</i>	2	QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
COXANTO	4	ST
<i>indomethacin</i>	4	ST
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib</i>	2	
<i>diclofenac potassium</i>	4	ST
ELYXYB	4	ST
<i>ibuprofen</i>	2	
<i>ibuprofen-famotidine</i>	4	ST
<i>indomethacin</i>	2, 4	ST
<i>meloxicam</i>	2	
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>methadone hcl</i>	2	QL
<i>morphine sulfate</i>	2, 3	QL
OXYCODONE HCL ER	4	QL, ST
OXYMORPHONE HCL ER	4	QL, ST
XTAMPZA ER	4	ST
OPIOID ANALGESICS, SHORT-ACTING		
<i>hydromorphone hcl</i>	2	QL
<i>morphine sulfate</i>	2	QL
<i>oxycodone hcl</i>	2, 4	QL, ST
<i>oxymorphone hcl</i>	4	QL, ST
PERCOCET	4	QL
<i>tramadol hcl</i>	2	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (mouth-throat)</i>	2	
LIDOCAINE HCL URETHRAL/MUCOSAL	2	
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
NO USP CLASS (COMBINATION PRODUCT)		
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	2	
OPIOID ANTAGONISTS		
<i>buprenorphine hcl</i>	2	
<i>naltrexone hcl</i>	2	
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		

Category/ Drug Name	Tier Level	Restrictions
<i>ivermectin</i>	2	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	2	
<i>amoxicillin & pot clavulanate</i>	2	
ARIKAYCE	4	PA
<i>azithromycin</i>	2	
<i>cefazolin sodium</i>	2	
<i>ceftazidime</i>	2	
<i>cefuroxime axetil</i>	2	
DIFICID	4	ST
<i>doxycycline hyclate</i>	2, 4	ST
<i>gentamicin sulfate</i>	2	
NITROFURANTOIN	4	PA
PIVYA	5	PA
SIVEXTRO	4	ST
<i>sulfamethoxazole-trimethoprim</i>	2	
<i>sulfasalazine</i>	2	
<i>tetracycline hcl</i>	2	
<i>tobramycin</i>	4	ST
<i>tobramycin sulfate</i>	2	
<i>vancomycin hcl</i>	1, 2, 4	
ANTIBACTERIALS, OTHER		
<i>nitrofurantoin monohyd macro</i>	2	
ANTIFUNGALS		
AMPHOTERICIN B	2	
CRESEMBA	4	PA
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>	2, 4	
<i>ketoconazole</i>	2	
NOXAFIL	4	PA
VIVJOA	4	PA
<i>voriconazole</i>	4	ST
ANTIMYCOBACTERIALS		
SIRTURO	4	
ANTIPROTOZOALS		
ALINIA	4	
<i>primaquine phosphate</i>	2	
ANTIVIRALS		
<i>abacavir sulfate-lamivudine</i>	2	QL
APTIVUS	4	QL
<i>atazanavir sulfate</i>	2, 4	QL
BIKTARVY	4	QL
<i>cidofovir</i>	2	
<i>darunavir</i>	2, 4	QL, ST
DOVATO	4	QL
<i>entecavir</i>	2	QL
EPCLUSA	4	PA, QL
<i>etravirine</i>	4	QL

Category/ Drug Name	Tier Level	Restrictions
EVOTAZ	4	ST
FUZEON	4	QL
HARVONI	4	PA, QL
JULUCA	4	QL
LIVTENCITY	4	PA
MAVYRET	4	PA, QL
PEGASYS	4	QL
PIFELTRO	4	QL
PREVYMIS	4	PA
PREZCOBIX	4	
<i>ritonavir</i>	2	QL
SOVALDI	4	PA, QL
SUNLENCA	4	PA
SYMTUZA	4	QL
TIVICAY	4	
<i>valacyclovir hcl</i>	2	
VIREAD	4	QL, ST
VOCABRIA	4	PA
ZEPATIER	4	PA, QL
ANTIBACTERIALS		
AMINOGLYCOSIDES		
BETHKIS	4	ST
<i>gentamicin sulfate (ophth)</i>	2	
<i>neomycin sulfate</i>	2	
<i>tobramycin (ophth)</i>	2, 3	
ANTIBACTERIALS, OTHER		
BACITRACIN	2	
CAYSTON	4	PA
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>linezolid</i>	2, 4	ST
<i>metronidazole</i>	2	
<i>metronidazole (topical)</i>	2	
<i>mupirocin</i>	2	
<i>nitrofurantoin</i>	4	PA
<i>nitrofurantoin macrocrystal</i>	2	
TRIMETHOPRIM	2	
XIFAXAN	4	QL, ST
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR	2	
<i>cefdinir</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cephalexin</i>	2	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin</i>	2	

Category/ Drug Name	Tier Level	Restrictions
<i>dicloxacillin sodium</i>	2	
<i>penicillin v potassium</i>	2	
MACROLIDES		
<i>clarithromycin</i>	2	
<i>erythromycin (ophth)</i>	2	
QUINOLONES		
BAXDELA	4	ST
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>levofloxacin</i>	2	
<i>ofloxacin (ophth)</i>	2	
SULFONAMIDES		
<i>silver sulfadiazine</i>	2	
SULFADIAZINE	2	
TETRACYCLINES		
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i>	2	
<i>minocycline hcl</i>	2	
NUZYRA	4	ST
SEYSARA	4	ST
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
MOTPOLY XR	4	
XCOPRI	4	QL, ST
ANTICONVULSANTS, OTHER		
BRIVIACT	4	ST
DIACOMIT	4	PA
EPIDIOLEX	4	PA
FINTEPLA	4	PA
<i>oxcarbazepine</i>	2	
SYMPAZAN	4	ST
TERIPARATIDE (RECOMBINANT)	4	PA
XCOPRI	4	QL, ST
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide</i>	2	
GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>gabapentin</i>	2	
<i>phenobarbital</i>	2	
<i>primidone</i>	2	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	4	PA
ZTALMY	4	ST
SODIUM CHANNEL AGENTS		
APTIOM	4	ST
DILANTIN	2, 3	
<i>lacosamide</i>	2, 4	QL, ST
<i>phenytoin</i>	2, 3	
<i>rufinamide</i>	4	ST

Category/ Drug Name	Tier Level	Restrictions
ANTIDEMENTIA AGENTS		
CHOLINESTERASE INHIBITORS		
<i>donepezil hydrochloride</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>rivastigmine tartrate</i>	2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl</i>	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl</i>	2, 4	ST
<i>mirtazapine</i>	2	
SEROQUEL XR	4	ST
<i>trazodone hcl</i>	1, 2	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	4	ST
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hydrobromide</i>	1	
<i>duloxetine hcl</i>	2	
<i>escitalopram oxalate</i>	2	
PRISTIQ	4	ST
<i>sertraline hcl</i>	2	
<i>venlafaxine hcl</i>	2	
TRICYCLICS		
<i>amitriptyline hcl</i>	2	
<i>clomipramine hcl</i>	4	
<i>desipramine hcl</i>	2	
<i>imipramine hcl</i>	2	
<i>nortriptyline hcl</i>	2	
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>chlorpromazine hcl</i>	2	
<i>granisetron</i>	2	
<i>metoclopramide hcl</i>	2	
<i>perphenazine</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl</i>	2	
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO	4	ST
ANZEMET	4	ST
<i>dronabinol</i>	2, 4	ST
EMEND TRI-PACK	4	ST
<i>ondansetron</i>	2	
<i>ondansetron hcl</i>	2	
ANTIFUNGALS		
NO USP CLASS		
<i>clotrimazole</i>	2	

Category/ Drug Name	Tier Level	Restrictions
<i>fluconazole</i>	2	
<i>flucytosine</i>	4	
<i>griseofulvin microsize</i>	2	
<i>ketoconazole (topical)</i>	2	
NATACYN	3	
<i>nystatin</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>nystatin (topical)</i>	2	
<i>posaconazole</i>	4	PA
<i>terbinafine hcl</i>	2	
VFEND	4	ST
ZOLINZA	4	
ANTIGOUT AGENTS		
NO USP CLASS		
<i>allopurinol</i>	2	
<i>colchicine</i>	2, 4	QL, ST
<i>probenecid</i>	2	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate</i>	4	ST
NO USP CLASS (COMBINATION PRODUCT)		
MIGERGOT	4	ST
NURTEC	4	PA, QL
REYVOW	4	PA, QL
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide</i>	2	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone</i>	2	
<i>rifabutin</i>	2	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
GLEOSTINE	4	QL, ST
LEUKERAN	4	QL
ANTIANGIOGENIC AGENTS		
REVLIMID	4	QL, ST
THALOMID	4	QL
ANTIESTROGENS/MODIFIERS		
FARESTON	4	QL, ST
ANTINEOPLASTIC AGENTS		
ALECENSA	4	
<i>anastrozole</i>	2	

Category/ Drug Name	Tier Level	Restrictions
BESREMI	4	PA
<i>bicalutamide</i>	2	
BRUKINSA	4	QL
CALQUENCE	4	PA
<i>erlotinib hcl</i>	4	ST
EXKIVITY	4	PA, QL
FARYDAK	4	
<i>fluorouracil</i>	2	
<i>gefitinib</i>	4	
IMLYGIC	4	
KESIMPTA	4	PA
<i>lenalidomide</i>	4	QL
<i>letrozole</i>	2	
LONSURF	4	
LUMAKRAS	4	PA, QL
LYNPARZA	4	QL
MATULANE	4	
MELPHALAN	2	
PIQRAY	4	PA, QL
POMALYST	4	QL
SOLTAMOX	4	
<i>sorafenib tosylate</i>	4	
STIVARGA	4	
<i>sunitinib malate</i>	4	
<i>temozolomide</i>	2	
<i>toremifene citrate</i>	4	
ANTINEOPLASTICS, OTHER		
<i>abiraterone acetate</i>	2, 4	QL, ST
AKEEGA	4	PA
AUGTYRO	4	PA
<i>bexarotene</i>	2	QL, ST
BOSULIF	4	PA, QL
CASODEX	4	QL, ST
COPIKTRA	4	PA, QL
COTELLIC	4	QL
DACOGEN	4	ST
DAURISMO	4	PA, QL
DROXIA	4	PA, QL
ERIVEDGE	4	PA, QL
ERLEADA	4	PA, QL
FRUZAQLA	4	PA, QL
HYCAMTIN	4	QL
IBRANCE	4	PA, QL
ICLUSIG	4	PA, QL
IDHIFA	4	PA, QL
INLYTA	4	QL, ST
INQOVI	4	PA, QL
INREBIC	4	PA, QL

Category/ Drug Name	Tier Level	Restrictions
IRESSA	4	QL, ST
JAYPIRCA	4	PA, QL
KRAZATI	4	PA
LYTGOBI	4	PA, QL
MEKINIST	4	PA
<i>methotrexate sodium</i>	2	
MYLERAN	4	QL
NERLYNX	4	PA, QL
NINLARO	4	QL
ODOMZO	4	PA, QL
OGSIVEO	4	PA, QL
OJJAARA	4	PA, QL
ONUREG	4	PA, QL
ORGOVYX	4	PA, QL
ORSERDU	4	PA, QL
PEMAZYRE	4	PA, QL
PURIXAN	4	QL
QINLOCK	4	PA, QL
RETEVMO	4	PA, QL
REZLIDHIA	4	PA, QL
ROZLYTREK	4	PA, QL
RUBRACA	4	PA, QL
RYDAPT	4	PA, QL
SCEMBLIX	4	PA, QL
SOMATULINE DEPOT	4	PA
SYNRIBO	4	QL
TABRECTA	4	PA, QL
TAFINLAR	4	PA
TALZENNA	4	PA
TAZVERIK	4	PA, QL
TRUQAP	4	PA
TRUSELTIQ	4	PA, QL
TUKYSA	4	PA, QL
TURALIO	4	PA
VANFLYTA	4	PA, QL
VENCLEXTA	4	PA, QL
VERZENIO	4	PA, QL
VITRAKVI	4	PA, QL
VIZIMPRO	4	PA, QL
WELIREG	4	PA, QL
XALKORI	4	PA, QL
XENLETA	4	QL, ST
XOSPATA	4	PA, QL
XPOVIO	4	PA, QL
XTANDI	4	PA
ZEJULA	4	PA
ZYDELIG	4	PA, QL
ZYKADIA	4	PA, QL

Category/ Drug Name	Tier Level	Restrictions
MOLECULAR TARGET INHIBITORS		
ALUNBRIG	4	PA, QL
AYVAKIT	4	PA, QL
BALVERSA	4	PA, QL
BRAFTOVI	4	PA, QL
FOTIVDA	4	PA, QL
GAVRETO	4	PA, QL
GILOTRIF	4	PA, QL
JAKAFI	5	QL
KISQALI (200 MG DOSE)	4	QL
KOSELUGO	4	PA, QL
LENVIMA (10 MG DAILY DOSE)	4	QL
LORBRENA	4	PA, QL
MEKINIST	4	PA, QL
MEKTOVI	4	PA, QL
<i>pazopanib hcl</i>	4	QL, ST
TAFINLAR	4	PA, QL
TAGRISSE	4	QL
TALZENNA	4	PA, QL
TASIGNA	4	PA, QL
TIBSOVO	4	PA, QL
TYKERB	4	QL, ST
RETINOIDS		
<i>bexarotene (topical)</i>	4	PA
PANRETIN	4	PA
TARGRETIN	4	QL, ST
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE	2, 3	
ANTIESTROGENS/MODIFIERS		
EMCYT	4	
<i>tamoxifen citrate</i>	2	
ANTIMETABOLITES		
<i>capecitabine</i>	2	
DROXIA	3	
<i>hydroxyurea</i>	2	
TABLOID	4	
ANTINEOPLASTICS, OTHER		
<i>abiraterone acetate</i>	4	ST
<i>leucovorin calcium</i>	2	
VONJO	4	PA, QL
XATMEP	4	ST
AROMATASE INHIBITORS, 3RD GENERATION		
ARIMIDEX	4	ST
<i>exemestane</i>	2	
ENZYME INHIBITORS		
ETOPOSIDE	2	
MOLECULAR TARGET INHIBITORS		

Category/ Drug Name	Tier Level	Restrictions
CABOMETYX	4	QL, ST
CAPRELSA	4	
<i>everolimus</i>	4	QL, ST
<i>imatinib mesylate</i>	2, 4	PA
IMBRUVICA	4	PA, QL
<i>lapatinib ditosylate</i>	4	
NEXAVAR	4	ST
SPRYCEL	4	PA, QL
SUTENT	4	ST
ZELBORAF	4	
NO USP CLASS		
MESNEX	4	
RETINOIDS		
<i>tretinoin (chemotherapy)</i>	4	
ANTIPARASITICS		
ANTHELMINTICS		
<i>albendazole</i>	2	
IMPAVIDO	4	PA
ANTIPROTOZOALS		
<i>atovaquone</i>	4	
<i>hydroxychloroquine sulfate</i>	2	
NEBUPENT	4	ST
NITAZOXANIDE	4	ST
<i>pyrimethamine</i>	4	PA
PEDICULICIDES/SCABICIDES		
LINDANE	2	
<i>permethrin</i>	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>trihexyphenidyl hcl</i>	2	
ANTIPARKINSON AGENTS, OTHER		
<i>apomorphine hydrochloride</i>	4	ST
<i>carbidopa-levodopa</i>	2	
NOURIANZ	4	ST
TASMAR	4	ST
DOPAMINE AGONISTS		
APOKYN	4	ST
<i>bromocriptine mesylate</i>	2	
INBRIJA	4	PA
<i>ropinirole hydrochloride</i>	2	
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa</i>	2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>selegiline hcl</i>	2	
NO USP CLASS (COMBINATION PRODUCT)		
<i>carbidopa-levodopa-entacapone</i>	2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		

Category/ Drug Name	Tier Level	Restrictions
<i>fluphenazine hcl</i>	2	
<i>haloperidol</i>	2	
<i>thioridazine hcl</i>	2	
<i>trifluoperazine hcl</i>	2	
2ND GENERATION/ATYPICAL		
FANAPT	4	ST
INVEGA	4	ST
LATUDA	4	QL, ST
NUPLAZID	4	PA
<i>olanzapine</i>	2	
<i>quetiapine fumarate</i>	2	
<i>risperidone</i>	2	
VRAYLAR	4	QL, ST
<i>ziprasidone hcl</i>	2	
TREATMENT-RESISTANT		
<i>clozapine</i>	2	
ANTISPASTICITY AGENTS		
NO USP CLASS		
<i>baclofen</i>	2, 4	ST
<i>tizanidine hcl</i>	2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir hcl</i>	4	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
STRIBILD	4	ST
TRIUMEQ	4	ST
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
EDURANT	4	QL
<i>efavirenz</i>	2, 4	QL
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	2	QL
INTELENCE	4	QL
<i>nevirapine</i>	2, 4	QL
SYMFI LO	4	ST
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
<i>abacavir sulfate</i>	2, 4	QL
<i>abacavir sulfate-lamivudine-zidovudine</i>	2, 4	QL
CIMDUO	4	QL
<i>emtricitabine</i>	2, 4	QL
<i>emtricitabine-tenofovir disoproxil fumarate</i>	2, 4	PA, QL
EPIVIR HBV	4	QL, ST
EPZICOM	4	QL
<i>lamivudine</i>	2, 4	QL
<i>lamivudine-zidovudine</i>	2, 4	QL
<i>zidovudine</i>	2	QL
ANTI-HIV AGENTS, OTHER		
DESCOVY	4	QL, ST
<i>fosamprenavir calcium</i>	2	QL
GENVOYA	4	QL

Category/ Drug Name	Tier Level	Restrictions
ISENTRESS	4	QL
<i>maraviroc</i>	4	QL, ST
ODEFSEY	4	QL
RUKOBIA	4	PA
SYMFI	4	QL
TYBOST	4	ST
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
CRIXIVAN	4	
INVIRASE	4	QL
LEXIVA	4	QL
<i>lopinavir-ritonavir</i>	4	QL
NORVIR	4	QL
VIRACEPT	4	QL
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate</i>	2	QL
RELENZA DISKHALER	3	QL
RIMANTADINE HCL	2	QL
ANTIHEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	4	QL, ST
BARACLUDE	4	QL, ST
RIBAVIRIN	2	
VEMLIDY	4	PA, QL
VOSEVI	4	PA, QL
ANTIHERPETIC AGENTS		
<i>acyclovir</i>	2	
TRIFLURIDINE	2	
ANTIVIRALS		
LAGEVRIO	4	QL, ST
<i>tenofovir disoproxil fumarate</i>	2	QL
NO USP CLASS (COMBINATION PRODUCT)		
ATRIPLA	4	QL
COMPLERA	4	QL
DELSTRIGO	4	QL
PAXLOVID (150/100)	4	QL, ST
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>alprazolam</i>	2	QL
AUTONOMIC DRUGS		
SKELETAL MUSCLE RELAXANTS		
<i>cyclobenzaprine hcl</i>	2	
<i>tizanidine hcl</i>	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>alfuzosin hcl</i>	2	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
BROVANA	4	ST
<i>fluticasone-salmeterol</i>	2	
BIPOLAR AGENTS		
BIPOLAR AGENTS, OTHER		

Category/ Drug Name	Tier Level	Restrictions
SAPHRIS	4	ST
SECUADO	4	ST
MOOD STABILIZERS		
<i>lithium carbonate</i>	2	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
BRILINTA	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i>	4	ST
PRADAXA	3	QL
<i>prasugrel hcl</i>	2	
<i>tranexamic acid</i>	2	QL
XARELTO	4	ST
HEMATOPOIETIC AGENTS		
ALVAIZ	4	
GRANIX	4	
JESDUVROQ	4	PA
NEULASTA	4	PA
NYVEPRIA	4	ST
PROMACTA	4	ST
RETACRIT	4	
ROLVEDON	4	PA
UDENYCA	4	PA
ZARXIO	4	ST
ZIEXTENZO	4	ST
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	4	PA
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	2	
ALOGLIPTIN BENZOATE	4	PA
ALOGLIPTIN-METFORMIN HCL	4	PA
ALOGLIPTIN-PIOGLITAZONE	4	PA
BYDUREON BCISE	4	PA, QL
GATTEX	4	PA
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
GLYXAMBI	4	PA
INPEFA	4	PA
JANUVIA	4	PA
JARDIANCE	3, 4	PA, QL
JENTADUETO XR	4	PA
KORLYM	4	PA
<i>metformin hcl</i>	1, 4	PA
MOUNJARO	4	PA, QL
NESINA	4	PA
ONGLYZA	4	PA
OZEMPIC	4	PA, QL

Category/ Drug Name	Tier Level	Restrictions
<i>pioglitazone hcl</i>	1, 2	
QTERN	4	PA
SEGLUROMET	4	PA
STEGLATRO	4	PA
STEGLUJAN	4	PA
SYMLINPEN 120	4	PA
SYNJARDY XR	4	PA
TRULICITY	4	PA, QL
VICTOZA	4	PA, QL
XIGDUO XR	4	PA
DEVICES		
CONTOUR BLOOD GLUCOSE SYSTEM	3	
DIABETIC AGENTS		
BAQSIMI ONE PACK	3	
GLYCEMIC AGENTS		
ZEGALOGUE	3	ST
INSULINS		
HUMULIN 70/30	3	
HUMULIN R	3	
INSULIN GLARGINE-YFGN	3	
SOLIQUA	4	PA, QL
XULTOPHY	4	PA, QL
NO USP CLASS (COMBINATION PRODUCT)		
BD INSULIN SYRINGE HALF-UNIT	2	
CONTOUR TEST	3	
<i>diazoxide</i>	2	
JANUMET	4	PA
KAZANO	4	PA
KOMBIGLYZE XR	4	PA
OSENI	4	PA
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i>	2	QL
<i>enoxaparin sodium</i>	2	
FRAGMIN	4	ST
<i>warfarin sodium</i>	1	
BLOOD FORMATION MODIFIERS		
<i>anagrelide hcl</i>	2	
ARANESP (ALBUMIN FREE)	4	
FULPHILA	4	ST
<i>icatibant acetate</i>	4	PA
LEUKINE	4	
MOZOBIL	4	ST
NEUPOGEN	4	PA
PROCRIT	4	
RELEUKO	4	ST
PLATELET MODIFYING AGENTS		
<i>cilostazol</i>	2	

Category/ Drug Name	Tier Level	Restrictions
<i>clopidogrel bisulfate</i>	2	
<i>dipyridamole</i>	2	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl</i>	2	
NORTHERA	4	PA
ALPHA-ADRENERGIC BLOCKING AGENTS		
DIBENZYLIN	4	ST
<i>terazosin hcl</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>losartan potassium</i>	1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>captopril</i>	1, 2	
<i>enalapril maleate</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>ramipril</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	2	
DIGOXIN	4	ST
<i>disopyramide phosphate</i>	2, 3	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
<i>propafenone hcl</i>	2, 4	ST
<i>quinidine sulfate</i>	2	
TIKOSYN	4	ST
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
INDERAL XL	4	ST
<i>labetalol hcl</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	2	
<i>nebivolol hcl</i>	2	
<i>propranolol hcl</i>	2, 4	ST
<i>sotalol hcl</i>	2	
CALCIUM CHANNEL BLOCKING AGENTS		
<i>felodipine</i>	2	
<i>nifedipine</i>	2	
<i>nimodipine</i>	2, 4	ST
CARDIOVASCULAR AGENTS, OTHER		
<i>digoxin</i>	2, 3	
<i>pentoxifylline</i>	2	
DIURETICS, LOOP		
<i>furosemide</i>	1, 2	

Category/ Drug Name	Tier Level	Restrictions
<i>torseamide</i>	2	
DIURETICS, POTASSIUM-SPARING		
<i>spironolactone</i>	1	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1, 2	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
<i>triamterene & hydrochlorothiazide</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate</i>	2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
DYSLIPIDEMICS, OTHER		
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	1, 4	ST
JUXTAPID	4	PA
PRALUENT	4	PA
NO USP CLASS (COMBINATION PRODUCT)		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	2	
<i>losartan potassium & hydrochlorothiazide</i>	1	
VASODILATING AGENTS		
ADEMPAS	4	PA, QL
ORENITRAM	4	ST
TADLIQ	4	ST
TYVASO	4	ST
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>hydralazine hcl</i>	1	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate-hydralazine hcl</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>minoxidil</i>	2	
<i>nitroglycerin</i>	2, 4	ST
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	2	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>lovastatin</i>	1	
WELCHOL	4	ST
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	2	

Category/ Drug Name	Tier Level	Restrictions
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
<i>diltiazem hcl</i>	2	
<i>diltiazem hcl coated beads</i>	2, 4	ST
<i>verapamil hcl</i>	2	
CARDIAC DRUGS		
CAMZYOS	4	PA
MULTAQ	4	ST
<i>quinidine gluconate</i>	2	
VYNDAMAX	4	PA
VYNDAQEL	4	PA
NO USP CLASS		
<i>dofetilide</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl</i>	1	
ENTRESTO	3	
<i>irbesartan</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	2	
VASODILATING AGENTS		
ADCIRCA	4	ST
<i>ambrisentan</i>	2	
<i>nitroglycerin</i>	2, 4	ST
OPSUMIT	4	PA
REVATIO	4	PA, QL
TYVASO REFILL KIT	4	ST
VENTAVIS	4	
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
BELBUCA	4	
<i>diclofenac sodium</i>	2	
<i>etodolac</i>	2	
<i>fentanyl</i>	2	QL
FENTANYL CITRATE	4	QL, ST
HYDROCODONE BITARTRATE ER	4	QL, ST
<i>hydrocodone bitartrate-homatropine methylbromide</i>	2	QL
<i>levorphanol tartrate</i>	4	QL, ST
NUCYNTA	4	QL, ST
OXAYDO	4	QL, ST
<i>oxycodone w/ acetaminophen</i>	2, 4	QL, ST
QDOLO	4	QL, ST
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	2	QL
<i>dexmethylphenidate hcl</i>	2	QL
<i>methamphetamine hcl</i>	4	PA, ST
<i>methylphenidate hcl</i>	2	QL

Category/ Drug Name	Tier Level	Restrictions
<i>modafinil</i>	2	QL
ANTICONVULSANTS		
<i>carbamazepine</i>	2	
<i>clobazam</i>	2	
<i>diazepam (anticonvulsant)</i>	2	
<i>divalproex sodium</i>	2	
FELBATOL	4	ST
FYCOMPA	4	ST
<i>gabapentin</i>	2	
<i>lamotrigine</i>	2	
<i>levetiracetam</i>	2, 4	ST
<i>phenobarbital</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin</i>	2	
<i>topiramate</i>	2	
<i>valproate sodium</i>	2	
<i>zonisamide</i>	2	
ANTIMIGRAINE AGENTS		
<i>naratriptan hcl</i>	2	QL
QULIPTA	4	PA, QL
<i>rizatriptan benzoate</i>	2	QL
<i>sumatriptan</i>	2, 4	ST
<i>sumatriptan succinate</i>	2	QL
UBRELVY	4	PA, QL
ZAVZPRET	4	PA
<i>zolmitriptan</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	2, 4	ST
<i>benztropine mesylate</i>	2	
<i>carbidopa</i>	4	ST
<i>entacapone</i>	2	
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate</i>	2	
<i>tolcapone</i>	4	
ZELAPAR	4	ST
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>buspirone hcl</i>	1, 2	
<i>clonazepam</i>	2	QL
<i>diazepam</i>	2	QL
<i>hydroxyzine hcl</i>	2	
<i>lorazepam</i>	2	QL
<i>tasimelteon</i>	4	PA
<i>temazepam</i>	2	QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine</i>	2	QL
<i>dextroamphetamine sulfate</i>	2	QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>methylphenidate hcl</i>	2, 4	QL, ST

Category/ Drug Name	Tier Level	Restrictions
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>atomoxetine hcl</i>	2	
<i>butalbital-acetaminophen</i>	4	QL, ST
<i>guanfacine hcl (adhd)</i>	2	
RELYVRIO	4	PA
<i>riluzole</i>	2, 4	
<i>tetrabenazine</i>	4	
WAKIX	4	PA
XYWAV	4	PA
CENTRAL NERVOUS SYSTEM, OTHER		
<i>armodafinil</i>	2	QL
<i>carbamazepine</i>	2	
NUDEXTA	4	PA
RILUTEK	4	ST
XENAZINE	4	PA
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
<i>dexamethasone</i>	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
BETASERON	4	PA
GRALISE	4	ST
MULTIPLE SCLEROSIS AGENTS		
AVONEX PREFILLED	4	PA
BAFIERTAM	4	PA
<i>dalfampridine</i>	2, 4	PA
<i>fingolimod hcl</i>	2, 4	PA
<i>glatiramer acetate</i>	2, 4	PA
LYVISPAH	4	ST
PONVORY	4	PA
TASCENSO ODT	4	PA
ZEPOSIA	4	PA, QL
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MYCITE MAINTENANCE KIT	4	ST
APLENZIN	4	ST
<i>aripiprazole</i>	2, 4	ST
AUVELITY	4	PA
CAPLYTA	4	ST
<i>chlorpromazine hcl</i>	2	
<i>doxepin hcl</i>	2	
<i>fluoxetine hcl</i>	1, 2	
<i>fluvoxamine maleate</i>	2	
<i>haloperidol lactate</i>	2	
<i>lurasidone hcl</i>	2	QL
LYBALVI	4	ST
<i>paroxetine hcl</i>	1, 2	
<i>perphenazine</i>	2	
REXULTI	4	QL, ST
SAPHRIS	4	ST
<i>thioridazine hcl</i>	2	

Category/ Drug Name	Tier Level	Restrictions
<i>thiothixene</i>	2	
<i>venlafaxine hcl</i>	2	
VERSACLOZ	4	ST
ZURZUVAE	4	PA
DENTAL AND ORAL AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i>	2	
NO USP CLASS		
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ABSORICA LD	4	ST
ALTRENO	3	AGE
<i>azelaic acid</i>	2	
DERMATITIS AND PRURITUS AGENTS		
APEXICON E	4	ST
CORDRAN	4	ST
NO USP CLASS		
ADAPALENE-BENZOYL PEROXIDE	4	
BENZOYL PEROXIDE	4	
DRYSOL	3	
<i>fluorouracil (topical)</i>	2, 3	
<i>imiquimod</i>	2	
<i>iodoquinol-hc</i>	2	
<i>isotretinoin</i>	2	
METHOXSALEN RAPID	4	ST
PODOFILOX	2	
REGRANEX	4	
SANTYL	3	
<i>selenium sulfide</i>	2	
VEREGEN	4	ST
NO USP CLASS (COMBINATION PRODUCT)		
BENZOYL PEROXIDE FORTE- HC	4	
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU LARGE	3	
ONETOUCH DELICA LANCETS 30G	3	
VCF VAGINAL CONTRACEPTIVE	3	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
BD INSULIN SYRINGE HALF-UNIT	2, 3	
BD INSULIN SYRINGE U-500	3	
BD PEN NEEDLE MINI U/F	2, 3	
INPEN 100-BLUE-LILLY-HUMALOG	4	PA
OMNIPOD 5	4	PA, QL
MISCELLANEOUS THERAPEUTIC AGENTS		
DIASTIX	3	

Category/ Drug Name	Tier Level	Restrictions
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
BD PEN NEEDLE MINI U/F	3	
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS		
ELECTROLYTE/MINERAL/METAL MODIFIERS		
EXJADE	4	PA, QL
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
AMMONIA DETOXICANTS		
LITHOSTAT	4	
RAVICTI	4	PA
DIURETICS		
<i>acetazolamide</i>	2	
<i>furosemide</i>	2	
ION-REMOVING AGENTS		
AURYXIA	4	ST
<i>sodium polystyrene sulfonate</i>	2	
VELPHORO	4	ST
VELTASSA	4	ST
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>potassium chloride</i>	2	
ENZYME REPLACEMENT/ MODIFIERS		
NO USP CLASS		
CERDELGA	4	PA
CYSTADANE	4	ST
CYSTAGON	4	ST
<i>sapropterin dihydrochloride</i>	4	PA
<i>sodium phenylbutyrate</i>	4	
SUCRAID	4	PA
ZAVESCA	4	PA
ENZYMES		
ENZYMES		
CREON	3	
<i>miglustat</i>	4	PA
PALYNZIQ	4	PA
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFLAMMATORY AGENTS		
<i>fluocinolone acetonide (otic)</i>	2	
<i>hydrocortisone w/ acetic acid</i>	2	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	2	
APRACLONIDINE HCL	2	
CARTEOLOL HCL	2	
CYSTADROPS	4	
HOMATROPAIRE	3	
<i>ketorolac tromethamine (ophth)</i>	2	
GASTROINTESTINAL AGENTS		
ANTI-INFLAMMATORY AGENTS		
IBSRELA	4	PA

Category/ Drug Name	Tier Level	Restrictions
ANTIDIARRHEA AGENTS		
MYTESI	4	PA
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl</i>	2	
<i>glycopyrrolate</i>	2	
<i>hyoscyamine sulfate</i>	2	
GASTROINTESTINAL AGENTS, OTHER		
CHOLBAM	4	PA
<i>diphenoxylate w/ atropine</i>	2	
GIMOTI	4	ST
<i>ursodiol</i>	2, 4	ST
VIBERZI	4	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine hcl</i>	2	
LAXATIVES		
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
NO USP CLASS (COMBINATION PRODUCT)		
GOLYTELY	2	
PROTECTANTS		
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE	4	ST
<i>dexlansoprazole</i>	4	ST
PREVACID SOLUTAB	4	ST
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>alosetron hcl</i>	4	ST
SKYRIZI	4	PA, QL
ANTIEMETICS		
SANCUSO	4	ST
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
NEXIUM	4	ST
PROTONIX	4	ST
PYLERA	4	ST
ZEGERID	4	ST
CATHARTICS AND LAXATIVES		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2, 3	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i>	2, 3	
DIGESTANTS		
CREON	3	
GASTROINTESTINAL AGENTS, OTHER		
CHENODAL	4	PA
GI DRUGS, MISCELLANEOUS		
CREON	3	
LINZESS	4	QL, ST

Category/ Drug Name	Tier Level	Restrictions
<i>metoclopramide hcl</i>	2	
OMVOH	4	PA
VELSIPITY	4	PA
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
NO USP CLASS		
STRENSIQ	4	PA
ZOKINVY	4	PA
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>oxybutynin chloride</i>	2	
<i>tropium chloride</i>	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>finasteride</i>	2	
<i>tadalafil</i>	4	ST
<i>tamsulosin hcl</i>	2	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	2	
ELMIRON	4	PA
<i>penicillamine</i>	4	ST
NO USP CLASS		
<i>methylergonovine maleate</i>	2	
PHOSPHATE BINDERS		
<i>calcium acetate (phosphate binder)</i>	2, 3	
FOSRENOL	4	ST
<i>sevelamer carbonate</i>	2	
GROWTH HORMONES		
GROWTH HORMONE, GHRH, AND RELATED AGENTS		
NGENLA	4	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone valerate</i>	2	
<i>dexamethasone</i>	2, 3	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone</i>	2	
<i>hydrocortisone sodium succinate</i>	2	QL
<i>hydrocortisone (intrarectal)</i>	2	
<i>methylprednisolone</i>	2	
<i>prednisolone sodium phosphate</i>	2	
<i>triamcinolone acetonide (topical)</i>	2	
NO USP CLASS		
<i>dexamethasone sodium phosphate</i>	2	
<i>esterified estrogens & methyltestosterone</i>	2	
<i>norelgestromin-ethinyl estradiol</i>	2	QL
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
ANDROGENS		
<i>testosterone cypionate</i>	2	

Category/ Drug Name	Tier Level	Restrictions
MISCELLANEOUS THERAPEUTIC AGENTS		
SOGROYA	4	PA
NO USP CLASS		
ACTHAR	4	PA
GENOTROPIN	4	PA
SAIZEN	4	PA
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>raloxifene hcl</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol</i>	2	
JATENZO	4	PA
<i>methyltestosterone</i>	4	ST
ESTROGENS		
DEPO-ESTRADIOL	2	
<i>estradiol</i>	2, 3	
<i>estradiol valerate</i>	2	
NO USP CLASS (COMBINATION PRODUCT)		
<i>desogestrel & ethinyl estradiol</i>	2	QL
<i>esterified estrogens & methyltestosterone</i>	2	
<i>levonorgestrel-eth estradiol (triphasic)</i>	2	QL
<i>norethin acet & estrad-fe</i>	2	QL
<i>norethindrone-eth estradiol (triphasic)</i>	2	QL
<i>norgestimate-ethinyl estradiol</i>	2	QL
<i>norgestrel & ethinyl estradiol</i>	2	
PROGESTINS		
CRINONE	4	
ELLA	3	
<i>levonorgestrel (emergency oc)</i>	2	
<i>medroxyprogesterone acetate</i>	2	
<i>megestrol acetate</i>	2	
<i>norethindrone (contraceptive)</i>	2	QL
<i>norethindrone acetate</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
NO USP CLASS		
<i>levothyroxine sodium</i>	2	
<i>liothyronine sodium</i>	2	
REZDIFFRA	4	PA
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
NO USP CLASS		
LYSODREN	4	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
SYNAREL	4	PA
NO USP CLASS		
<i>cabergoline</i>	2	
SKYTROFA	4	PA, QL
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)		

Category/ Drug Name	Tier Level	Restrictions
ANTIANDROGENS		
FLUTAMIDE	2	
<i>nilutamide</i>	4	ST
NUBEQA	5	PA, QL
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methazolamide</i>	2	
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ALKINDI SPRINKLE	4	PA
DEXAMETHASONE INTENSOL	2	
<i>prednisolone</i>	2	
<i>prednisone</i>	2, 3, 4	ST
<i>triamcinolone acetonide</i>	2	
ANDROGENS		
AVEED	4	PA, QL
<i>testosterone</i>	2	
TESTOSTERONE PROPIONATE	3	
CONTRACEPTIVES		
<i>drospirenone-ethinyl estradiol</i>	2	QL
<i>ethynodiol diacet & eth estrad</i>	2	QL
<i>etonogestrel-ethinyl estradiol</i>	2	QL
<i>levonorgestrel & eth estradiol</i>	2	QL
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	QL
<i>medroxyprogesterone acetate (contraceptive)</i>	2	QL
<i>norethindrone & eth estradiol</i>	2	QL
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	QL
DIABETIC AGENTS		
DAPAGLIFLOZIN PRO-METFORMIN ER	4	PA
DAPAGLIFLOZIN PROPANEDIOL	4	PA
FIASP	4	ST
INSULIN ASPART	4	ST
INSULIN ASPART PROT & ASPART	4	ST
INVOKAMET	4	PA
INVOKANA	4	PA
SYNJARDY	4	PA
ESTROGENS AND ANTIESTROGENS		
<i>estradiol vaginal</i>	2	
ORIAHNN	4	PA
GLYCEMIC AGENTS		
GLUCAGON EMERGENCY	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>methimazole</i>	2	
MYFEMBREE	4	PA
NO USP CLASS		
PARATHYROID		

Category/ Drug Name	Tier Level	Restrictions
<i>calcitonin (salmon)</i>	2	
<i>teriparatide (recombinant)</i>	4	PA
PITUITARY		
EGRIFTA SV	4	PA
PROGESTINS		
<i>progesterone</i>	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
INCRELEX	4	
SAIZEN	4	PA
SIGNIFOR LAR	4	PA
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
<i>azathioprine</i>	2, 4	ST
<i>cyclosporine</i>	2	
<i>cyclosporine modified (for microemulsion)</i>	2	
DUPIXENT	4	PA
ENBREL	4	PA
<i>mercaptopurine</i>	2	
<i>mycophenolate mofetil</i>	2, 4	ST
<i>mycophenolate sodium</i>	2, 4	ST
ORENCIA	4	ST
<i>sirolimus</i>	2, 4	ST
<i>tacrolimus</i>	2, 4	ST
IMMUNOLOGICAL AGENTS, OTHER		
SAPHNELO	4	PA
TYENNE	3	
IMMUNOMODULATORS		
ACTIMMUNE	4	
ARCALYST	4	PA
HIZENTRA	4	PA
HYQVIA	4	PA
JOENJA	4	PA, QL
<i>leflunomide</i>	2	
OLUMIANT	4	PA, QL
RINVOQ	4	PA
<i>teriflunomide</i>	2, 4	PA
XELJANZ	3	QL
XEMBIFY	4	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
GAMMAGARD	4	PA
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	2	
DIPENTUM	4	ST
<i>mesalamine</i>	2, 4	ST
GLUCOCORTICOIDS		
<i>budesonide</i>	2, 4	PA
SULFONAMIDES		

Category/ Drug Name	Tier Level	Restrictions
<i>sulfasalazine</i>	2	
METABOLIC BONE DISEASE AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alendronate sodium</i>	2	
NO USP CLASS		
ACTONEL	4	ST
<i>alendronate sodium</i>	2	
<i>calcitriol</i>	2	
RAYALDEE	4	ST
TYMLOS	4	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
IMMUNE SUPPRESSANTS		
<i>everolimus (immunosuppressant)</i>	4	QL, ST
MISCELLANEOUS THERAPEUTIC AGENTS		
ABRILADA (1 PEN)	4	PA
ACTEMRA	4	ST
ADALIMUMAB-AACF (2 PEN)	4	PA
ADALIMUMAB-ADAZ	4	PA
AEROCHAMBER PLUS FLO-VU LARGE	3	
<i>aminocaproic acid</i>	2	
AMJEVITA	3	
AUSTEDO	4	PA, QL
AUVI-Q	4	PA, ST
AVONEX PEN	4	PA
BENLYSTA	4	PA
BERINERT	4	PA
<i>betaine</i>	4	ST
BIMZELX	4	PA
BRONCHITOL	4	PA
BYLVAY	4	PA
CABLIVI	4	PA
CIBINQO	4	PA
CIMZIA	4	PA
<i>cinacalcet hcl</i>	2, 4	ST
CONSENSI	4	
CONTRACE	4	PA
COSENTYX	4	PA
CUTAQUIG	4	PA
CYLTEZO (2 SYRINGE)	4	PA
<i>cyproheptadine hcl</i>	2	
DAYBUE	4	PA
<i>deferasirox</i>	2, 4	
<i>deferiprone</i>	4	PA, QL
<i>desmopressin acetate</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>dimethyl fumarate</i>	2, 4	PA
<i>disulfiram</i>	2	

Category/ Drug Name	Tier Level	Restrictions
DOJOLVI	4	PA
DOPTELET	4	PA, QL
EMFLAZA	4	PA
EMGALITY (300 MG DOSE)	4	PA
EMPAVELI	4	PA
ENBREL	4	PA
ENDARI	4	PA
ENSPRYNG	4	PA
ENTYVIO	4	PA
ENVARUSUS XR	4	
EVRYSDI	4	PA
EXTAVIA	4	PA
FASENRA	4	PA
FILSPARI	4	PA
FIRDAPSE	4	PA
GALAFOLD	4	PA
HADLIMA	4	PA
HEMLIBRA	4	PA
HULIO (2 PEN)	4	PA
HUMIRA (2 PEN)	4	PA
ILARIS	4	PA
ILUMYA	4	PA
IMCIVREE	4	PA
INGREZZA	4	PA
IODINE STRONG	3	
ISTURISA	4	PA
KALYDECO	4	PA
KEVEYIS	4	PA
KEVZARA	4	PA
KINERET	4	ST
<i>lanthanum carbonate</i>	4	ST
LIQREV	4	PA
LIVMARLI	4	PA, QL
LUCEMYRA	4	ST
LUMRYZ	4	PA
LUPKYNIS	4	PA
MAVENCLAD (10 TABS)	4	PA
MAYZENT	4	PA
<i>metirosine</i>	4	PA
<i>midodrine hcl</i>	2	
MIRCERA	4	
MULPLETA	4	PA, QL
MYALEPT	4	PA
MYCAPSSA	4	PA
<i>naloxone hcl</i>	2	QL
NEFFY	5	PA
<i>nitisinone</i>	4	PA
NIVESTYM	4	

Category/ Drug Name	Tier Level	Restrictions
NULOJIX	4	
OLPRUVA (2 GM DOSE)	4	
ORENCIA CLICKJECT	4	ST
ORILISSA	4	PA
ORLADEYO	4	PA
OTEZLA	4	PA
OTREXUP	4	ST
OXBRYTA	4	PA, QL
PALFORZIA (12 MG DAILY DOSE)	4	PA
PLEGRIDY	4	PA
<i>plerixafor</i>	4	
PROCYSBI	4	PA
RECORLEV	4	ST
REZUROCK	4	PA, QL
RIVFLOZA	4	PA
SAXENDA	4	PA, QL
SILIQ	4	PA
SIMPONI	4	PA
SKYRIZI	4	PA
SOHONOS	4	PA
SOMAVERT	4	PA
SYMDEKO	4	PA
TAKHZYRO	4	PA
TARPEYO	4	QL
TAVALISSE	4	PA, QL
TAVNEOS	4	PA, QL
TEGSEDI	4	PA
TEPMETKO	4	PA
<i>teriflunomide</i>	2	
THYMOL	2	
<i>tiopronin</i>	4	ST
TREMFYA	4	PA
TRIENTINE HCL	4	PA
TRIKAFTA	4	PA
UDENYCA	4	
VAFSEO	5	PA
VEOZAH	4	PA
VIJOICE	4	PA
VOWST	4	PA
VOXZOGO	4	PA
VUMERITY	4	PA
WEGOVY	4	PA, QL
WINREVAIR	5	PA
XELJANZ	4	QL, ST
XERMELO	4	PA
XOLREMDI	4	PA
XPHOZAH	4	PA
YUFLYMA (1 PEN)	4	PA

Category/ Drug Name	Tier Level	Restrictions
YUSIMRY	4	PA
ZEPBOUND	4	PA
ZEPOSIA STARTER KIT	4	PA
ZILBRYSQ	5	PA
OPHTHALMIC AGENTS		
NO USP CLASS (COMBINATION PRODUCT)		
<i>bacitracin-poly-neomycin-hc</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BLEPHAMIDE	2, 3	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymy-dexameth</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
NEOMYCIN-POLYMYXIN-HC	2	
<i>polymyxin b-trimethoprim</i>	2	
PRED-G	3	
OPHTHALMIC AGENTS, OTHER		
ATROPINE SULFATE	2	
<i>cyclopentolate hcl</i>	2, 3	
<i>cyclosporine (ophth)</i>	2, 4	QL, ST
<i>moxifloxacin hcl (ophth)</i>	2	
OXERVATE	4	PA
<i>phenylephrine hcl (mydriatic)</i>	2	
<i>proparacaine hcl</i>	2	
OPHTHALMIC ANTI-INFECTIVES		
XDEMVY	4	PA
OPHTHALMIC ANTI-INFLAMMATORIES		
DEXAMETHASONE SODIUM PHOSPHATE	2	
<i>diclofenac sodium (ophth)</i>	2	
<i>fluorometholone (ophth)</i>	2	
MAXIDEX	3	
PRED MILD	2, 3	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
<i>betaxolol hcl (ophth)</i>	2	
<i>brimonidine tartrate</i>	2	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
<i>levobunolol hcl</i>	2	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl</i>	2	
<i>timolol maleate (ophth)</i>	2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost</i>	2	
OTIC AGENTS		
NO USP CLASS (COMBINATION PRODUCT)		
<i>ofloxacin (otic)</i>	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ASMANEX HFA	3	

Category/ Drug Name	Tier Level	Restrictions
BREZTRI AEROSPHERE	4	ST
<i>budesonide (inhalation)</i>	2	
<i>budesonide-formoterol fumarate dihydrate</i>	2	
FLUTICASONE PROPIONATE HFA	3	QL, AGE
ANTI-INFLAMMATORY AGENTS		
<i>montelukast sodium</i>	1, 2	
<i>zileuton</i>	4	ST
ANTICHOLINERGIC AGENTS		
DUAKLIR PRESSAIR	4	ST
ANTIHISTAMINES		
<i>cyproheptadine hcl</i>	2	
BRONCHODILATORS, ANTICHOLINERGIC		
<i>ipratropium bromide</i>	2	
<i>ipratropium bromide (nasal)</i>	2	
SPIRIVA RESPIMAT	3	
STIOLTO RESPIMAT	3	
YUPELRI	4	ST
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate</i>	2	
<i>arformoterol tartrate</i>	4	ST
EPINEPHRINE	2	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
OFEV	4	QL
NO USP CLASS		
PULMOZYME	4	
NO USP CLASS (COMBINATION PRODUCT)		
<i>guaifenesin-codeine</i>	2	
<i>ipratropium-albuterol</i>	2, 3	
PULMONARY ANTIHYPERTENSIVES		
<i>bosentan</i>	4	
LETAIRIS	4	
REMODULIN	4	ST
<i>tadalafil (pulmonary hypertension)</i>	4	
UPTRAVI	4	ST
RESPIRATORY AGENTS, MISCELLANEOUS		
ALVESCO	3	
LONHALA MAGNAIR REFILL KIT	4	ST
<i>pirfenidone</i>	2, 4	ST
<i>roflumilast</i>	2	
<i>theophylline</i>	2	
TRIKAFTA	4	PA
XOLAIR	4	PA
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine</i>	2	

Category/ Drug Name	Tier Level	Restrictions
<i>benzonatate</i>	2	
KALYDECO	4	PA
ORKAMBI	4	PA
TEZSPIRE	4	PA
SKELETAL MUSCLE RELAXANTS		
NO USP CLASS		
<i>chlorzoxazone</i>	2	
FLEQSUVY	4	ST
<i>methocarbamol</i>	2	
NORGESIC FORTE	4	ST
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>ciclopirox</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clotrimazole w/ betamethasone</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>penciclovir</i>	4	ST
ANTI-INFLAMMATORY AGENTS		
ADBRY	4	PA
<i>fluocinolone acetonide</i>	2	
ULTRAVATE	4	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
AMCINONIDE	4	ST
<i>betamethasone dipropionate augmented</i>	2	
<i>calcipotriene-betamethasone dipropionate</i>	4	PA, ST
<i>clobetasol propionate</i>	2	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinonide</i>	2, 4	ST
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i>	2	
LOCOID	4	ST
<i>mometasone furoate</i>	2	
NEO-SYNALAR	4	ST
<i>nystatin-triamcinolone</i>	2	
PANDEL	4	ST
ANTIPRURITICS AND LOCAL ANESTHETICS		
HYDROCORTISONE ACE-PRAMOXINE	4	ST
<i>lidocaine hcl</i>	2	QL
KERATOLYTIC AGENTS		
<i>urea</i>	2	
NO USP CLASS		
<i>lidocaine-prilocaine</i>	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	2, 4	ST

Category/ Drug Name	Tier Level	Restrictions
ADAPALENE	4	ST
<i>calcipotriene</i>	2, 4	ST
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
COAL TAR	3	
<i>diclofenac sodium (topical)</i>	4	ST
DUOBRII	4	ST
FLUOROPLEX	4	ST
HYFTOR	4	PA
KLISYRI	4	ST
NORITATE	4	ST
OPZELURA	4	PA
RETIN-A MICRO PUMP	4	AGE
SOTYKTU	4	PA
STELARA	4	PA, QL
<i>sulfacetamide sodium w/ sulfur</i>	2	
<i>tacrolimus (topical)</i>	2	
TALTZ	4	PA
TARGRETIN	4	QL, ST
<i>tretinoin</i>	2	AGE
VALCHLOR	4	QL
VTAMA	4	PA
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
<i>zaleplon</i>	2	QL
<i>zolpidem tartrate</i>	2	QL
SLEEP DISORDERS, OTHER		
NUVIGIL	4	QL, ST
<i>temazepam</i>	2	QL
XYREM	4	PA, QL
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY AGENTS, MISCELLANEOUS		
<i>theophylline</i>	2	
SMOOTH MUSCLE RELAXANTS		
<i>darifenacin hydrobromide</i>	2	
<i>solifenacin succinate</i>	2	
THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES		
ELECTROLYTE/MINERAL MODIFIERS		
CHEMET	4	ST
<i>pot & sod citrates w/citric ac</i>	2	
<i>tolvaptan</i>	4	PA, QL, ST
<i>trientine hcl</i>	4	PA
ELECTROLYTE/MINERAL REPLACEMENT		
<i>carglumic acid</i>	4	ST
<i>ergocalciferol</i>	2	
GEL-KAM	3	
K-PHOS	3	
<i>ped multivitamins w/fl & iron</i>	2	
<i>pediatric multivitamins w/fl</i>	2	

Category/ Drug Name	Tier Level	Restrictions
POKONZA	4	ST
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	2	
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አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-888-865-5813** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**)።

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-888-865-5813** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-865-5813** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-865-5813** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-888-865-5813 (TTY: 711)**.

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813 (TTY: 711)**.

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

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-865-5813 (TTY: 711)** पर कॉल करें।

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

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

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

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

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

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

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-865-5813 (TTY: 711)**.

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