

2025 Kaiser Permanente Federal Employees Health Benefits

# FEHB Drug Formulary



Northern California Region

**MemberServiceContactCenter**

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**1-800-464-4000**

711 TTY

# Health Benefits (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 1, 2025**. Benefits described in this formulary are effective January 1 – December 31, 2025.

### 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 benefits 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 24, 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. JARDIANCE ) 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>		
<i>albendazole</i>	1	
BILTRICIDE	2	
<i>ivermectin</i>	1	
<b>ANTIBACTERIALS</b>		
<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin &amp; pot clavulanate</i>	1, 2	
<i>ampicillin &amp; sulbactam sodium</i>	1	
<i>ampicillin sodium</i>	1	
<i>azithromycin</i>	1, 2	
<i>aztreonam</i>	1	
BICILLIN L-A	2	
CAYSTON	4	QL
CEFACLOR	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
CEFAZOLIN SODIUM-DEXTROSE	1, 2	
<i>cefдинир</i>	1	
<i>cefepime hcl</i>	1	
CEFEPIME-DEXTROSE	2	
<i>cefixime</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefotetan disodium</i>	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	2	
<i>cefpodoxime proxetil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	1	
CEFTRIAZONE SODIUM-DEXTROSE	2	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	

Name of drug	Drug Tier	Requirement / Limits
CHLORAMPHENICOL SOD SUCCINATE	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin</i>	1	
CLEOCIN PHOSPHATE	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1, 2	
<i>clindamycin phosphate in d5w</i>	1	
<i>daptomycin</i>	4	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1, 4	
<i>erythromycin lactobionate</i>	1, 2	
FLUCONAZOLE IN SODIUM CHLORIDE	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i>	1	
INVANZ	2	
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>linezolid</i>	1, 4	
<i>meropenem</i>	1	
<i>minocycline hcl</i>	1, 2	
<i>moxifloxacin hcl</i>	1	
MOXIFLOXACIN HCL IN NACL	1	
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM IN DEXTROSE	2	
<i>neomycin sulfate</i>	1	
OXACILLIN SODIUM IN DEXTROSE	2	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	

Name of drug	Drug Tier	Requirement / Limits
PENICILLIN G PROCAINE	1	
PENICILLIN G SODIUM	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium- tazobactam sodium</i>	1	
PRIMAXIN IV	2	
STREPTOMYCIN SULFATE	4	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole- trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
<i>tetracycline hcl</i>	1	
<i>tobramycin</i>	4	
<i>tobramycin sulfate</i>	1	
<i>vancomycin hcl</i>	1, 2	
VANCOMYCIN HCL IN DEXTROSE	2	
XIFAXAN	4	QL
ZOSYN	2	
<b>ANTIFUNGALS</b>		
ABELCET	2	
AMBISOME	4	
AMPHOTERICIN B	1	
CANCIDAS	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	
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1	
<b>ANTIMYCOBACTERIALS</b>		
CYCLOSERINE	4	
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	

Name of drug	Drug Tier	Requirement / Limits
PRETOMANID	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
TRECTOR	2	
<b>ANTIPROTOZOALS</b>		
ALINIA	2	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
DARAPRIM	2	QL
HUMATIN	4	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1, 2	
NEBUPENT	2	
PRIMAQUINE PHOSPHATE	2	
<b>ANTIVIRALS</b>		
<i>abacavir sulfate</i>	1, 2	
<i>abacavir sulfate- lamivudine</i>	1	
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
<i>adefovir dipivoxil</i>	1	
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
BEYFORTUS	2	
BIKTARVY	2	
CABENUVA	2	
<i>cidofovir</i>	1	
CIMDUO	2	
COMPLERA	2	
<i>darunavir</i>	1, 2	
DESCOVY	2	
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1, 2	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>entecavir</i>	1, 2	
EPCLUSA	4	QL
<i>etravirine</i>	1, 2	
EVOTAZ	2	
<i>famciclovir</i>	1	
<i>fosamprenavir calcium</i>	1	
FOSCAVIR	2	
<i>ganciclovir sodium</i>	1	
GENVOYA	2	
HARVONI	4	QL
ISENTRESS	2	
JULUCA	2	
<i>lamivudine</i>	1	
<i>lamivudine (hbv)</i>	1	
<i>lamivudine-zidovudine</i>	1	
LIVTENCITY	4	QL
<i>lopinavir-ritonavir</i>	1	
<i>nevirapine</i>	1	
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1	
PAXLOVID (150/100)	2	
PEGASYS	4	QL
PREVYMIS	4	QL
PREZCOBIX	2	
RELENZA DISKHALER	2	
RIBAVIRIN	1	
RIMANTADINE HCL	1	
<i>ritonavir</i>	1, 2	
SELZENTRY	2	
SOVALDI	4	QL
<i>stavudine</i>	1	
STRIBILD	2	
SYMFI	2	
SYMTUZA	2	
SYNAGIS	4	
<i>tenofovir disoproxil fumarate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
TIVICAY	2	
TRIUMEQ	2	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1, 2	QL
VEKLURY	2, 4	
VIRACEPT	2	
VIRAZOLE	2	
VOCABRIA	2	
<i>voriconazole</i>	4	
VOSEVI	4	QL
<i>zidovudine</i>	1, 2	
<b>URINARY ANTI-INFECTIVES</b>		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystal</i>	1	
<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	
<i>promethazine hcl</i>	1	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	1, 4	QL
ADCETRIS	2	
ALECENSA	4	QL
ALKERAN	2	
ALUNBRIG	4	QL
<i>anastrozole</i>	1	
ASPARLAS	4	QL
AVASTIN	4	
<i>azacitidine</i>	1	
<i>bendamustine hcl</i>	4	QL
<i>bicalutamide</i>	1	
<i>bleomycin sulfate</i>	1	
BLINCYTO	4	QL
BRUKINSA	4	QL
CABOMETYX	4	QL
CALQUENCE	4	QL
CAMPTOSAR	1, 2	

Name of drug	Drug Tier	Requirement / Limits
<i>capecitabine</i>	1	
CAPRELSA	4	QL
<i>carmustine</i>	1	
<i>cisplatin</i>	1	
<i>cladribine</i>	1	
COPIKTRA	4	QL
COTELLIC	4	QL
<i>cyclophosphamide</i>	1	
CYRAMZA	4	QL
<i>cytarabine</i>	1	
<i>dacarbazine</i>	1	
DARZALEX	4	QL
<i>daunorubicin hcl</i>	1	
<i>decitabine</i>	1	
<i>docetaxel</i>	1, 2	
<i>doxorubicin hcl</i>	1	
<i>doxorubicin hcl liposomal</i>	1	
ELAHERE	4	QL
EMCYT	4	QL
ENHERTU	4	
ERBITUX	2	
ERIVEDGE	4	QL
<i>erlotinib hcl</i>	4	QL
<i>etoposide</i>	1	
<i>everolimus</i>	4	QL
<i>exemestane</i>	1	
FLUDARABINE PHOSPHATE	1	
<i>fluorouracil</i>	1	
FLUTAMIDE	1	
<i>fulvestrant</i>	4	QL
GAZYVA	4	QL
<i>gemcitabine hcl</i>	1	
GLEOSTINE	2, 4	
HALAVEN	2	QL
HERCESSI	4	QL
<i>hydroxyurea</i>	1	
IBRANCE	4	QL
IDAMYCIN PFS	2	
<i>ifosfamide</i>	1	
<i>imatinib mesylate</i>	1	QL
IMBRUVICA	4	QL
INTRON A	2	QL

Name of drug	Drug Tier	Requirement / Limits
IRESSA	2	QL
IXEMPRA KIT	2, 4	QL
JAKAFI	4	QL
JEVTANA	2	
KADCYLA	4	QL
KEYTRUDA	4	QL
KISQALI (200 MG DOSE)	4	QL
KYPROLIS	4	QL
LENVIMA (10 MG DAILY DOSE)	4	QL
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide acetate</i>	1, 2, 4	
LIBTAYO	4	QL
LONSURF	4	QL
LORBRENA	4	QL
LUPRON DEPOT (3-MONTH)	2, 4	
LUPRON DEPOT (4-MONTH)	2	
LUPRON DEPOT (6-MONTH)	2	
LUPRON DEPOT-PED (1-MONTH)	4	
LUPRON DEPOT-PED (3-MONTH)	4	
LYNPARZA	4	QL
LYSODREN	4	QL
MATULANE	4	QL
<i>megestrol acetate</i>	1	
MEKINIST	4	QL
<i>melphalan hcl</i>	1	
<i>mercaptopurine</i>	1, 4	QL
<i>methotrexate sodium</i>	1	
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	1	
MVASI	4	
MYLERAN	2	
<i>nelarabine</i>	4	
NINLARO	4	QL
NUBEQA	4	QL
ODOMZO	4	QL
ONCASPAR	2	



Name of drug	Drug Tier	Requirement / Limits
OPDIVO	4	QL
<i>oxaliplatin</i>	1	
<i>paclitaxel</i>	1	
<i>paclitaxel protein-bound particles</i>	1, 4	
PADCEV	4	
PEMETREXED DISODIUM	2	
PERJETA	4	QL
POMALYST	4	QL
REVLIMID	2, 4	QL, LD
RIABNI	2	QL
RITUXAN	4	
<i>romidepsin</i>	1	
ROZLYTREK	4	QL
RYDAPT	4	QL
SARCLISA	4	QL
<i>sorafenib tosylate</i>	4	QL
SPRYCEL	2	QL
STIVARGA	4	QL
<i>sunitinib malate</i>	4	QL
SYLVANT	4	QL
TABLOID	4	
TAFINLAR	4	QL
TAGRISSO	4	QL
<i>tamoxifen citrate</i>	1	
TARGRETIN	2	
TASIGNA	4	QL
TECENTRIQ	4	QL
<i>temozolomide</i>	1	
<i>thiotepa</i>	4	
<i>topotecan hcl</i>	1, 2	QL
TORISEL	2	
TRISENOX	2	QL
TUKYSA	4	QL
TYKERB	2	QL
UNITUXIN	4	QL
VELCADE	2	
VENCLEXTA	2, 4	QL
VINBLASTINE SULFATE	1	
VINCRISTINE SULFATE	1	
<i>vinorelbine tartrate</i>	1	
VOTRIENT	2	QL

Name of drug	Drug Tier	Requirement / Limits
VYXEOS	4	QL
XALKORI	4	QL
XTANDI	4	QL
YERVOY	4	
YONDELIS	4	QL
ZEJULA	4	QL
ZELBORAF	4	QL
ZYDELIG	4	QL
ZYKADIA	4	QL
<b>AUTONOMIC DRUGS</b>		
<b>ANTICHOLINERGIC AGENTS</b>		
<i>atropine sulfate</i>	1, 2	
ATROVENT HFA	2	
BELLADONNA ALKALOIDS-OPIUM	2	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>dicyclomine hcl</i>	1	
DONNATAL	2	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1, 2	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
PROPANTHELINE BROMIDE	1	
SPIRIVA RESPIMAT	2	
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
<i>nicotine</i>	1	
<i>nicotine polacrilex</i>	1	
<i>varenicline tartrate</i>	1	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	
<i>galantamine hydrobromide</i>	1	
NEOSTIGMINE METHYLSULFATE	2	
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1, 2	
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>atracurium besylate</i>	1	
<i>baclofen</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
<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	
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
<i>dihydroergotamine mesylate</i>	1, 4	QL
ERGOMAR	1	
<i>guanfacine hcl</i>	1	
<i>phenoxybenzamine hcl</i>	4	
<i>phentolamine mesylate</i>	1	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
<i>albuterol sulfate</i>	1	
AUVI-Q	1	
<i>dobutamine hcl</i>	1	
DOBUTAMINE-DEXTROSE	1	
DOPAMINE HCL	1	
DOPAMINE-DEXTROSE	1	
EPHEDRINE SULFATE (PRESSORS)	1	
<i>epinephrine hcl</i>	1	
EPINEPHRINE PF	2	
<i>fluticasone-salmeterol</i>	1, 2	
<i>ipratropium-albuterol</i>	1	
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate</i>	1	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate</i>	1	
<b>BLOOD DERIVATIVES</b>		
<b>BLOOD DERIVATIVES</b>		
ALBUMIN HUMAN	2	
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>		
<b>ANTIANEMIA DRUGS</b>		
INFED	2	

Name of drug	Drug Tier	Requirement / Limits
<i>polysaccharide iron complex</i>	1	
PROFERRIN ES	2	
PROFERRIN-FORTE	2	
VENOFER	2	
<b>ANTIHEMORRHAGIC AGENTS</b>		
AFSTYLA	2	QL
ALPHANATE	2	QL
ALPHANINE SD	2	QL
ALTUVIIIIO	2	QL
<i>aminocaproic acid</i>	1	
BENEFIX	2	QL
HEMLIBRA	2	QL
HEMOFIL M	2	QL
IDELVION	2	QL
KCENTRA	2	
KOGENATE FS	2	QL
KOVALTRY	2	QL
NOVOSEVEN RT	2	
PRAXBIND	2	
PROFILNINE	2	
PROTAMINE SULFATE	1	
RECOTHROM	2	
RIASTAP	2	QL
<i>tranexamic acid</i>	1	
<b>ANTITHROMBOTIC AGENTS</b>		
ACTIVASE	2	
<i>anagrelide hcl</i>	1	
ANGIOMAX	2	
ARGATROBAN	2	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dabigatran etexilate mesylate</i>	1	
EFFIENT	2	
<i>eptifibatide</i>	1	
<i>heparin (porcine) in sodium chloride</i>	1	
HEPARIN SOD (PORCINE) IN D5W	1	
<i>heparin sodium (porcine)</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>heparin sodium (porcine) lock flush</i>	1	
LOVENOX	2	QL
THROMBATE III	2	
TNKASE	2	
<i>warfarin sodium</i>	1	
<b>HEMATOPOIETIC AGENTS</b>		
ALVAIZ	4	QL
GRANIX	2	QL
LEUKINE	4	QL
PROCRIT	2, 4	QL
PROMACTA	4	QL
<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	
<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	
<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	
<i>carvedilol</i>	1	
<i>esmolol hcl</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>propranolol hcl</i>	1	
<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	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	
NICARDIPINE HCL	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>verapamil hcl</i>	1	
<b>CARDIAC DRUGS</b>		
<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	
<i>mexiletine hcl</i>	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	
<i>quinidine sulfate</i>	1	
<b>HYPOTENSIVE AGENTS</b>		
CARDENE IV	2	
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>hydralazine hcl</i>	1	
<i>hydrochlorothiazide</i>	1	
METHYLDOPA	1	
<i>minoxidil</i>	1	
<i>nitroprusside sodium</i>	1	
RESERPINE	2	

Name of drug	Drug Tier	Requirement / Limits
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
<i>benazepril hcl</i>	1	
<i>enalaprilat</i>	1	
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	
<i>sodium tetradecyl sulfate</i>	1	
VARITHENA	2	
<b>VASODILATING AGENTS</b>		
<i>alprostadil</i>	1	
<i>ambrisentan</i>	1	QL, LD
CAVERJECT	2	
<i>dipyridamole</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2, 4	
NITROGLYCERIN IN D5W	2	
<i>papaverine hcl</i>	2	
<i>sildenafil citrate</i>	1	QL
<i>sildenafil citrate (pulmonary hypertension)</i>	1	QL
<i>tadalafil</i>	1	QL
<i>tadalafil (pulmonary hypertension)</i>	1	
TRACLEER	2	QL, LD
<i>treprostinil</i>	4	QL, LD
VENTAVIS	2	QL
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		

Name of drug	Drug Tier	Requirement / Limits
<b>ANALGESICS AND ANTIPYRETICS</b>		
<i>acetaminophen</i>	1	
<i>acetaminophen w/ codeine</i>	1	
<i>buprenorphine</i>	1	QL
<i>buprenorphine hcl</i>	1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
BUTORPHANOL TARTRATE	1	
CODEINE SULFATE	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	
<i>hydrocodone-acetaminophen</i>	1, 2	
<i>hydromorphone hcl</i>	1, 2	QL
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1, 4	QL
INDOMETHACIN SODIUM	1	
INFUMORPH 200	2	
<i>ketorolac tromethamine</i>	1	
MECLOFENAMATE SODIUM	1	
<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	
<i>oxycodone hcl</i>	1	
<i>oxycodone w/ acetaminophen</i>	1, 4	QL
<i>salsalate</i>	1	
<i>sufentanil citrate</i>	1	
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol-acetaminophen</i>	1	
ULTIVA	2	

Name of drug	Drug Tier	Requirement / Limits
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>		
<i>amphetamine-dextroamphetamine</i>	1	QL
<i>caffeine citrate</i>	1	
<i>dexmethylphenidate hcl</i>	1	QL
<i>dextroamphetamine sulfate</i>	1	
<i>methylphenidate hcl</i>	1, 2	QL
<i>modafinil</i>	1	
<i>phentermine hcl</i>	1	
QSYMIA	2	
VYVANSE	2	QL
<b>ANTICONVULSANTS</b>		
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>gabapentin</i>	1	
<i>lacosamide</i>	1	
<i>lamotrigine</i>	1, 2	
<i>levetiracetam</i>	1	
LEVETIRACETAM IN NACL	2	
<i>magnesium sulfate</i>	1, 2	
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1, 2	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>rufinamide</i>	1, 4	
SABRIL	2	QL
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<b>ANTIMIGRAINE AGENTS</b>		
<i>eletriptan hydrobromide</i>	1	
ERGOTAMINE-CAFFEINE	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	
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1, 2	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<i>rasagiline mesylate</i>	1	
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl hcl</i>	1	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<i>alprazolam</i>	1	QL
<i>bupirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	2	QL
<i>diazepam</i>	1	
<i>doxepin hcl (sleep)</i>	1	
<i>droperidol</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>lorazepam</i>	1	QL
<i>midazolam hcl</i>	1	
<i>oxazepam</i>	1	QL
<i>pentobarbital sodium</i>	2	
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	
PRECEDEX	2	

Name of drug	Drug Tier	Requirement / Limits
<i>temazepam</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
<i>acamprosate calcium</i>	1	
<i>atomoxetine hcl</i>	1	
<i>flumazenil</i>	1	
<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	
<i>etomidate</i>	1	
FORANE	2	
<i>ketamine hcl</i>	1	
<i>propofol</i>	1	
<b>OPIATE ANTAGONISTS</b>		
<i>escitalopram oxalate</i>	1	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
NALTREXONE HCL	2	
VIVITROL	4	
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>aripiprazole</i>	1	
ARISTADA	4	
<i>bupropion hcl</i>	1	
<i>chlorpromazine hcl</i>	1	
<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	
<i>fluvoxamine maleate</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA	2, 4	
<i>loxapine succinate</i>	1	
<i>lurasidone hcl</i>	1	
<i>mirtazapine</i>	1	
NEFAZODONE HCL	1	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	
<i>paliperidone</i>	1	
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
PHENELZINE SULFATE	1	
PIMOZIDE	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, 4	QL
<i>risperidone</i>	1, 4	
<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>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>		
1/2 ALLERGIST TRAY SYRINGE 27G X 3/8"	2	
3ML MEDSAVER SYRINGE/PERMNEEDL E 25G X 1"	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	

Name of drug	Drug Tier	Requirement / Limits
AEROTRACH PLUS	2	
ASSESS FULL RANGE PEAK FLOW METER	2	
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	2	
BD CATHETER TIP SYRINGE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD FILTER NEEDLE/5 MICRON	2	
BD HYPODERMIC NEEDLE	2	
BD INSULIN SYRINGE	1, 2	
BD INTERLINK BLUNT CANNULA	2	
BD LANCET DEVICE	2	
BD LUER-LOK SYRINGE	2	
BD PEN NEEDLE MINI U/F	2	
BD SAFETYGLIDE SYRINGE/NEEDLE	2	
CONTOUR NEXT CONTROL	2	
OMNITROPE PEN 5 INJ DEVICE	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH VERIO FLEX SYSTEM	2	
PEDIATRIC SMALL MASK	2	
SILHOUETTE 23" INFUSION SET	2	
<i>syringe (disposable)</i>	2	
<b>DIAGNOSTIC AGENTS</b>		
<b>DIAGNOSTIC AGENTS</b>		
ACETEST	2	
<i>adenosine (diagnostic)</i>	1	
ALBUSTIX	2	
BIO GLO	1	
CANDIN	2	
CHEMSTRIP 9	2	

Name of drug	Drug Tier	Requirement / Limits
CHIRHOSTIM	2	
CONRAY	2	
CORTROSYN	2	
CREON	2	
CYSTOGRAFIN	2	
DIASTIX	2	
EOVIST	2	
<i>fluorescein sodium injection</i>	1	
<i>fluorescein w/ benoxinate</i>	1	
GADAVIST	2	
<i>gadoterate meglumine</i>	1	
GASTROGRAFIN	2	
KETO-DIASTIX	2	
LEXISCAN	2	
LUMASON	2	
METOPIRONE	2	
MULTIHANCE	2	
NEULUMEX	2	
OMNIPAQUE	2	
ONETOUCH ULTRA TEST	2	
THYROGEN	4	
TISSUEBLUE	2	
TUBERSOL	2	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ALKALINIZING AGENTS</b>		
CYTRA K CRYSTALS	1	
<i>potassium citrate (alkalinizer)</i>	1	
SODIUM ACETATE	2	
<i>sodium bicarbonate</i>	1	
<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>	2, 4	QL
<b>CALORIC AGENTS</b>		
AMINOSYN II	2	

Name of drug	Drug Tier	Requirement / Limits
CLINIMIX E/DEXTROSE (2.75/5)	2	
CLINIMIX E/DEXTROSE (4.25/10)	2	
CLINIMIX E/DEXTROSE (5/15)	2	
CLINIMIX E/DEXTROSE (5/20)	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
DEXTROSE	1, 2	
INTRALIPID	2	
PHENEX-1	2	
<b>DIURETICS</b>		
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorthalidone</i>	1	
<i>ethacrynic acid</i>	1	
<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 &amp; hydrochlorothiazide</i>	1	
<b>ION-REMOVING AGENTS</b>		
<i>sevelamer carbonate</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<b>IRRIGATING SOLUTIONS</b>		
<i>acetic acid</i>	1	
DIANEAL LOW CALCIUM/1.5% DEX	2	
<i>sodium chloride (gu irrigant)</i>	1	
<i>water for irrigation, sterile</i>	1	
<b>REPLACEMENT PREPARATIONS</b>		
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	1	

Name of drug	Drug Tier	Requirement / Limits
CALCIUM GLUCONATE	1	
CHROMIC CHLORIDE	2	
CUPRIC CHLORIDE	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1, 2	
HETASTARCH-NACL	1	
HEXTEND	2	
K-PHOS	2	
KCL-LACTATED RINGERS-D5W	2	
LACTATED RINGERS	2	
LMD IN NACL	2	
MAGNESIUM SULFATE IN D5W	2	
POTASSIUM ACETATE	1	
<i>potassium bicarbonate</i>	1	
<i>potassium chloride</i>	1, 2	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose &amp; sodium chloride</i>	1, 2	
POTASSIUM CHLORIDE IN NACL	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium phosphates</i>	1	
<i>ringer's</i>	1	
<i>selenious acid</i>	1	
<i>sodium chloride</i>	1	
<i>sodium phosphates (sodium phosphate dibasic &amp; monobasic)</i>	1	
TRACE ELEMENTS 4/PEDIATRIC	2	
<b>URICOSURIC AGENTS</b>		
<i>colchicine w/ probenecid</i>	1	
<i>probenecid</i>	1	
<b>ENZYMES</b>		
<b>ENZYMES</b>		
ALDURAZYME	4	



Name of drug	Drug Tier	Requirement / Limits
ARALAST NP	2	QL
CEREZYME	4	
ELAPRASE	4	QL
ELELYSO	4	QL
ELITEK	2, 4	
FABRAZYME	4	QL
HYLENEX	2	
LUMIZYME	4	QL
NAGLAZYME	4	QL
PULMOZYME	4	QL
STRENSIQ	4	QL
VIMIZIM	4	QL
VORAXAZE	4	QL
<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>		
<i>ciprofloxacin-dexamethasone</i>	1	
<i>cyclosporine (ophth)</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
DEXAMETHASONE SODIUM PHOSPHATE	1	
<i>diclofenac sodium (ophth)</i>	1	
<i>flunisolide (nasal)</i>	1	
<i>fluorometholone (ophth)</i>	1, 2	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>prednisolone acetate (ophth)</i>	1, 2	
RETISERT	4	
SULFACETAMIDE-PREDNISOLONE	1	
<b>ANTIALLERGIC AGENTS</b>		
<i>azelastine hcl</i>	1	
CROMOLYN SODIUM	1	
<b>ANTIGLAUCOMA AGENTS</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
BETAXOLOL HCL	1	
<i>bimatoprost</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	
<i>methazolamide</i>	1	
MIOCHOL-E	2	
MIOSTAT	2	
MITOSOL	2	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
<b>EENT DRUGS, MISCELLANEOUS</b>		
<i>acetic acid (otic)</i>	1	
APRACLONIDINE HCL	1, 2	
BSS	2	
BYOOVIZ	4	

Name of drug	Drug Tier	Requirement / Limits
EYLEA	4	
LUCENTIS	2, 4	QL
PAVBLU	4	
PHOTREXA-PHOTREXA VISCOUS KIT	2	
VISUDYNE	2	
<b>LOCAL ANESTHETICS</b>		
AKTEN	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1, 2	
<i>tetracaine hcl (ophth)</i>	1	
<b>MYDRIATICS</b>		
<i>atropine sulfate (ophthalmic)</i>	1	
CYCLOMYDRIL	2	
<i>cyclopentolate hcl</i>	1, 2	
HOMATROPAIRE	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>diphenoxylate w/ atropine</i>	1	
<b>ANTIEMETICS</b>		
AKYNZEO	2	QL
<i>aprepitant</i>	1	QL
<i>dronabinol</i>	1	
<i>fosaprepitant dimeglumine</i>	1	
<i>granisetron hcl</i>	1	
<i>meclizine hcl</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>scopolamine</i>	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	

Name of drug	Drug Tier	Requirement / Limits
FAMOTIDINE PREMIXED	1	
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1, 2	
<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	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
SORBITOL	2	
<b>CHOLELITHOLYTIC AGENTS</b>		
<i>ursodiol</i>	1	
<b>DIGESTANTS</b>		
CREON	2, 4	
<b>PROKINETIC AGENTS</b>		
<i>metoclopramide hcl</i>	1	
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
RIDAURA	4	
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
BAL IN OIL	2	
CHEMET	4	
<i>deferasirox</i>	1, 2	QL
<i>deferoxamine mesylate</i>	1	
<i>penicillamine</i>	4	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
ASMANEX (120 METERED DOSES)	2	
<i>betamethasone sod phosphate &amp; acetate</i>	1	
<i>budesonide</i>	1	
<i>budesonide (inhalation)</i>	1, 2	QL
<i>budesonide-formoterol fumarate dihydrate</i>	1	
<i>dexamethasone</i>	1, 2	
<i>dexamethasone sodium phosphate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>fludrocortisone acetate</i>	1	
FLUTICASON PROPIONATE HFA	2	
<i>hydrocortisone</i>	1	
KENALOG-10	2	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1, 2	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
SOLU-CORTEF	2	
<b>ANDROGENS</b>		
<i>danazol</i>	1	
<i>methyltestosterone</i>	4	
<i>testosterone</i>	1, 2	
<i>testosterone cypionate</i>	1, 2	
<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	
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	
<i>liraglutide</i>	1	QL
<i>metformin hcl</i>	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	QL
<i>pioglitazone hcl</i>	1	
<b>ANTIHYPOGLYCEMIC AGENTS</b>		
BAQSIMI TWO PACK	2	
GLUCAGEN	2	
<i>glucagon (rdna)</i>	1	
<b>CONTRACEPTIVES</b>		
<i>desogestrel &amp; ethinyl estradiol</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>ethynodiol diacet &amp; eth estrad</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>levonorgestrel &amp; eth estradiol</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
MIRENA (52 MG)	2	
NECON 10/11-28	1	
NEXPLANON	2	
<i>norelgestromin-ethinyl estradiol</i>	1	
<i>norethin acet &amp; estrad-fe</i>	1	
<i>norethindrone &amp; 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 &amp; ethinyl estradiol</i>	1	
PARAGARD INTRAUTERINE COPPER	2	
<b>ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS</b>		
CLOMIPHENE CITRATE	1	
DEPO-ESTRADIOL	2	
<i>esterified estrogens &amp; methyltestosterone</i>	1	
<i>estradiol</i>	1, 2	
<i>estradiol vaginal</i>	1, 2	
<i>estradiol valerate</i>	1	
<i>raloxifene hcl</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<b>GONADOTROPINS</b>		
CHORIONIC GONADOTROPIN	2	
ELIGARD	2	
GONAL-F	2	
MENOPUR	2	
OVIDREL	2	
SYNAREL	4	
<b>PARATHYROID</b>		
<i>calcitonin (salmon)</i>	1	
FORTEO	4	QL
<b>PITUITARY</b>		
CORTROPHIN	4	LD
<i>desmopressin acetate</i>	1, 2	
DESMOPRESSIN ACETATE SPRAY	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<b>PROGESTINS</b>		
ENDOMETRIN	2	
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	
<b>SOMATROPIN AGONISTS-ANTAGONISTS</b>		
NORDITROPIN FLEXPRO	2, 4	QL
SEROSTIM	2	QL
<b>THYROID AND ANTITHYROID AGENTS</b>		
<i>levothyroxine sodium</i>	1, 2	
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	2	
<b>LOCAL ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>bupivacaine hcl</i>	1	
<i>bupivacaine in dextrose</i>	1	
<i>bupivacaine w/ epinephrine</i>	1, 2	
<i>chloroprocaine hcl</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
LIDOCAINE HCL (CARDIAC) PF	1, 2	
<i>lidocaine hcl (local anesth.)</i>	1	
<i>lidocaine w/ epinephrine</i>	1, 2	
NAROPIN	2	
POLOCAINE	1	
<i>tetracaine hcl</i>	1	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>acetylcysteine</i>	1	
<i>acetylcysteine (antidote)</i>	1	
ACTIMMUNE	4	QL
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
AMJEVITA	2	
ATGAM	2	
AVONEX	2, 4	QL
<i>azathioprine</i>	1	
BETASERON	4	QL
BOTOX	2	
BOTOX COSMETIC	2	
BREYANZI	2	
BRIDION	2	
CERDELGA	4	QL
<i>cinacalcet hcl</i>	1	
CINRYZE	4	QL
<i>colchicine</i>	1	
<i>cyclosporine modified (for microemulsion)</i>	1, 2	
CYSTADANE	4	QL
CYSTAGON	2	QL
DAXXIFY	2	
<i>dexrazoxane hcl</i>	1	
<i>dimethyl fumarate</i>	1	
<i>disulfiram</i>	1	
ELMIRON	4	
ENBREL	2, 4	QL
<i>finasteride</i>	1	
<i>fingolimod hcl</i>	1	
<i>glatiramer acetate</i>	1	
GRASTEK	2	
<i>icatibant acetate</i>	4	QL

Name of drug	Drug Tier	Requirement / Limits
INFLECTRA	4	
KINERET	2	QL
<i>leflunomide</i>	1	
<i>leucovorin calcium</i>	1	
<i>levocarnitine (metabolic modifiers)</i>	1	
<i>mesna</i>	1, 2	QL
<i>methylene blue (antidote)</i>	1	
<i>mycophenolate mofetil</i>	1, 4	
<i>mycophenolate sodium</i>	1	
MYOBLOC	2	
<i>octreotide acetate</i>	1, 4	QL
ORENCIA	4	QL
OTEZLA	4	QL
<i>pamidronate disodium</i>	1	
RASUVO	2	
RIMSO-50	2	
SANDIMMUNE	2	
<i>sirolimus</i>	1	
<i>sodium fluoride</i>	1	
<i>sodium fluoride (dental)</i>	1, 2	
SOLIRIS	2	QL
<i>tacrolimus</i>	1, 2	
TAKHZYRO	4	QL
THALOMID	4	QL
THIOLA	4	
TYSABRI	2	QL, LD
ULTOMIRIS	4	
VYVGART	4	QL
<i>water for injection, sterile</i>	1	
WEGOVI	2	
XELJANZ	4	QL
YESCARTA	2	
<i>zoledronic acid</i>	1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
HEMABATE	2	
<i>methylergonovine maleate</i>	1	
MIFEPREX	2	
<i>oxytocin</i>	1	
PREPIDIL	2	
<b>PHARMACEUTICAL AIDS</b>		

Name of drug	Drug Tier	Requirement / Limits
<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	
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	
MORPHINE SULFATE	2	
PHENOBARBITAL	2	
POLYETHYLENE GLYCOL 400	2	
PROGESTERONE MICRONIZED	2	

Name of drug	Drug Tier	Requirement / Limits
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	
<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>promethazine-dm</i>	1	
<b>MUCOLYTIC AGENTS</b>		
<i>sodium chloride (inhalant)</i>	1	
<b>PULMONARY SURFACTANTS</b>		
CUROSURF	2	
SURVANTA	2	
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
ALYFTREK	4	QL
ARALAST NP	2	QL
KALYDECO	4	QL
ORKAMBI	4	QL
STIOLTO RESPIMAT	2	
SYMDEKO	4	QL
TRIKAFTA	4	QL
<b>VASODILATING</b>		
TRACLEER	4	QL

Name of drug	Drug Tier	Requirement / Limits
<b>SERUMS, TOXOIDS, AND VACCINES</b>		
<b>SERUMS</b>		
ANAVIP	2	
ANTIVENIN LATRODECTUS MACTANS	2	
CROFAB	2	
DIGIFAB	2	
FLEBOGAMMA DIF	2, 4	
GAMASTAN	2	
GAMMAGARD	2, 4	
HIZENTRA	2	QL
HYPERRAB	2	
HYPERTET	2	
MICRHOGAM ULTRA-FILTERED PLUS	2	
NABI-HB	2	
<b>TOXOIDS</b>		
ADACEL	2	
INFANRIX	2	
ODACTRA	2	
TENIVAC	2	
<b>VACCINES</b>		
ABRYSVO	2	
ACTHIB	2	
AFLURIA PRESERVATIVE FREE	2	
AREXVY	2	
BEXSERO	2	
ENGERIX-B	2	
FLUZONE	2	
FLUZONE HIGH-DOSE	2	
GARDASIL 9	2	
HAVRIX	2	
IMOVAX RABIES	2	
IPOL	2	
IXIARO	2	
KINRIX	2	
MENVEO	2	
PEDIARIX	2	
PNEUMOVAX 23	2	
PREVNAR 20	2	
PRIORIX	2	

Name of drug	Drug Tier	Requirement / Limits
PROQUAD	2	
RABAVERT	2	
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	
TICE BCG	2	
TICOVAC	2	
TWINRIX	2	
TYPHIM VI	2	
VARIVAX	2	
VAXCHORA	2	
VIVOTIF	2	
YF-VAX	2	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES</b>		
<i>benzoyl peroxide-erythromycin</i>	1	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<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	
<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	

Name of drug	Drug Tier	Requirement / Limits
<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	
<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	
<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	2	
<b>ASTRINGENTS</b>		
DRYSOL	2	
XERAC AC	2	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
KEPIVANCE	4	QL
RETIN-A MICRO	2	
<i>tretinoin</i>	1, 2	
<b>DEPIGMENTING AND PIGMENTING AGENTS</b>		
METHOXSALEN RAPID	4	
<b>KERATOLYTIC AGENTS</b>		
<i>sulfacetamide sodium w/ sulfur</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
<i>acitretin</i>	1	
<i>adapalene</i>	1, 2	
<i>adapalene-benzoyl peroxide</i>	1, 2	
BENZOIN	2	
<i>benzoin compound</i>	1	
<i>bexarotene (topical)</i>	4	
<i>calcipotriene</i>	1	
CALCITRIOL	1	
COSENTYX	4	QL
<i>diclofenac sodium (topical)</i>	1	
DRITHO-CREME HP	2	
<i>fluorouracil (topical)</i>	1, 2	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	QL
LEVULAN KERASTICK	2	
<i>pimecrolimus</i>	1	
PODOCON-25	2	
<i>podofilox</i>	1, 2	
SANTYL	2	
SKYRIZI	4	
<i>tacrolimus (topical)</i>	1	
<i>tazarotene</i>	1, 2	
TREMFYA	4	
YESINTEK	2	
<b>SMOOTH MUSCLE RELAXANTS</b>		

Name of drug	Drug Tier	Requirement / Limits
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>		
<i>mirabegron</i>	1, 2	
<i>oxybutynin chloride</i>	1	
<i>solifenacin succinate</i>	1	
<i>trospium chloride</i>	1	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline</i>	1	
<i>theophylline</i>	1	
<b>VITAMINS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
<i>b-complex w/ c &amp; folic acid</i>	1	
INFUVITE ADULT	2	
INFUVITE PEDIATRIC	2	
<i>ped multivitamins w/fl &amp; iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1	
TRI-VITE/FLUORIDE	1	
<b>VITAMIN B COMPLEX</b>		
<i>cyanocobalamin</i>	1	
<i>folic acid</i>	1	
<i>niacin</i>	1, 2	
<i>thiamine hcl</i>	1	
<b>VITAMIN D</b>		
<i>calcitriol</i>	1	
<i>ergocalciferol</i>	1	
<b>VITAMIN K ACTIVITY</b>		
<i>phytonadione</i>	1, 2	



# Formulary Drugs by Alphabetical Listing

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