

2019 California Medi-Cal Managed Care Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER WHEN YOU PARTICIPATE IN A MEDI-CAL MANAGED CARE PLAN OFFERED BY KAISER PERMANENTE.

This prescription drug formulary was updated on 9/03/2019 and is effective as of September 03, 2019. This formulary document is subject to change and may vary depending on your health plan. For more recent information or questions about which drug formulary applies to your plan, visit kp.org/formulary or call our Member Service Contact Center 24 hours a day, seven days a week (closed holidays). 1-800-464-4000 English (and over 150 languages), 1-800-788-0616 Spanish, 1-800-757-7585 Chinese dialects and 711 TTY for the deaf or hard of hearing.

What is the Kaiser Permanente California Medi-Cal Managed Care Formulary?

The California Medi-Cal Managed Care Formulary is a list of covered drugs chosen by a group of Kaiser Permanente doctors and pharmacists known as the Pharmacy and Therapeutics Committee. The Committee meets regularly to evaluate and select drugs that are safe and effective for our members. This Formulary meets the requirements outlined under state law, regulations, and guidance for Medi-Cal Managed Care plans.

What drugs are covered?

Kaiser Permanente covers brand, generic and specialty drugs listed on the California Medi-Cal Managed Care Formulary as long as the drug is medically necessary, the prescription is filled at a Kaiser Permanente, or an affiliated pharmacy, and other coverage rules are followed.

If you are prescribed a drug on the California Medi-Cal Managed Care Formulary, that drug will be covered under the terms of your drug benefit.

Getting an exception to the formulary

Drugs not listed on the formulary are called non-formulary drugs. When a Kaiser Permanente doctor determines that a non-formulary drug is medically appropriate and necessary, that drug will be covered under the terms of your benefits (if you have a prescription drug benefit). If you do not have coverage for a certain type of prescription drug (for example, sexual dysfunction and infertility), you will be charged the full retail price for the drug.

You may consult with your doctor if an exception to the formulary is needed. You and your doctor are best able to determine your medication needs.

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services.

Are there any restrictions on the drugs covered on the Formulary?

Some covered drugs may have additional requirements or limits on coverage, such as Quantity Limits. For certain drugs, Kaiser Permanente may limit the amount of the drug dispensed to a certain days' supply. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

What is a brand-name drug?

Brand-name drugs are usually manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand-name drug expires, other drug companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

What is a generic drug?

A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

What is a specialty drug?

Specialty drugs are very high-cost drugs approved by the FDA that are on our formulary used to treat complex chronic conditions such as rheumatoid arthritis, multiple sclerosis, or cancer.

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 or require special handling) may not be eligible for mailing. Drugs cannot be mailed outside the United States.

You can order refills through our mail-order service online at [kp.org/refill](https://www.kp.org/refill) or by phone or mobile app. There is no extra charge for mail order. The appropriate cost share (according to your prescription drug benefit) will apply.

Please refer to your *Evidence of Coverage* for complete details of your prescription drug benefit.

Kaiser Permanente California Medi-Cal Managed Care Formulary

Kaiser Permanente may add or remove drugs from the California Medi-Cal Managed Care Formulary during the year. These changes to the Formulary are based on new information or new drugs that become available.

How do I use the formulary?

There are two 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 conditions 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, 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 should look for your drug in the index that begins on page 27. The index provides an alphabetical list of all the drugs included in this document. Look in the index and find your drug. Next to your 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 your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g. ALBENZA) and generic drugs are listed in lower-case italics (e.g. *amoxicillin*)

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. **Note:** Some of these drugs may be available only in a clinic setting.

The second column, "Drug Tier," will indicate what tier number the drug is in. Drugs on the California Medi-Cal Managed Care Formulary are all categorized as Tier 1.

The third column of the chart will indicate any requirements or limits for that drug:

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

LD = Limited-distribution drugs can only be obtained at certain specialty pharmacies. To locate a specialty pharmacy, refer to your electronic member guidebook at **kp.org/eguidebook** (under the facility directory) or contact Member Services.

OTC = Over-the-Counter

Please refer to your electronic member guidebook at **kp.org/eguidebook** for a complete listing of network pharmacies available to you or contact Member Services.

Name of drug	Drug Tier	Requirement / Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA	1	
BILTRICIDE	1	
<i>ivermectin</i>	1	
ANTI-HIV AGENTS		
<i>abacavir sulfate</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	
APTIVUS	1	
ATRIPLA	1	
BIKTARVY	1	
CIMDUO	1	
COMPLERA	1	
CRIXIVAN	1	
<i>didanosine</i>	1	
EDURANT	1	
EMTRIVA	1	
FUZEON	1	QL
INTELENCE	1	
INVIRASE	1	
ISENTRESS	1	
KALETRA	1	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA	1	
<i>nevirapine</i>	1	
NEVIRAPINE	1	
NORVIR	1	
PREZISTA	1	
RESCRIPTOR	1	
SELZENTRY	1	
<i>stavudine</i>	1	
STRIBILD	1	
SYMFI	1	
SYMTUZA	1	
TIVICAY	1	
TRIUMEQ	1	
TRUVADA	1	
VIDEX	1	
VIRACEPT	1	
ZIAGEN	1	
<i>zidovudine</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1	

Name of drug	Drug Tier	Requirement / Limits
AMOXICILLIN	1	
<i>amoxicillin & pot clavulanate</i>	1	
AMOXICILLIN-POT CLAVULANATE	1	
<i>ampicillin</i>	1	
AMPICILLIN	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin sodium</i>	1	
AVELOX	1	
AZACTAM IN DEXTROSE	1	
<i>azithromycin</i>	1	
<i>aztreonam</i>	1	
<i>bacitracin</i>	1	
BACTOCILL IN DEXTROSE	1	
BICILLIN L-A	1	
CAYSTON	1	QL, LD
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
CEFAZOLIN SODIUM-DEXTROSE	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
CEFEPIME-DEXTROSE	1	
<i>cefotaxime sodium</i>	1	
<i>cefotetan disodium</i>	1	
CEFOTETAN DISODIUM-DEXTROSE	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	1	
<i>cefpodoxime proxetil</i>	1	
<i>ceftazidime</i>	1	
CEFTIN	1	
<i>ceftriaxone sodium</i>	1	
CEFTRIAXONE SODIUM IN DEXTROSE	1	
CEFTRIAXONE SODIUM-DEXTROSE	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
CEPHALEXIN	1	

Name of drug	Drug Tier	Requirement / Limits
CHLORAMPHENICOL SOD SUCCINATE	1	
CIPRO	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin</i>	1	
CLARITHROMYCIN	1	
CLEOCIN IN D5W	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1	
CUBICIN	1	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
ERYTHROCIN LACTOBIONATE	1	
FLUCONAZOLE IN SODIUM CHLORIDE	1	
FORTAZ IN D5W	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i>	1	
INVANZ	1	
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>linezolid</i>	1	
<i>meropenem</i>	1	
MINOCIN	1	
<i>minocycline hcl</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM IN DEXTROSE	1	
<i>neomycin sulfate</i>	1	
<i>oxacillin sodium</i>	1	
PENICILLIN G POT IN DEXTROSE	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	1	
PENICILLIN G SODIUM	1	
<i>penicillin v potassium</i>	1	
PENICILLIN V POTASSIUM	1	

Name of drug	Drug Tier	Requirement / Limits
<i>piperacillin sodium-tazobactam sodium</i>	1	
PRIMAXIN IV	1	
PRIMSOL	1	
STREPTOMYCIN SULFATE	1	
SULFADIAZINE	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
SUPRAX	1	
SYNERCID	1	
<i>tetracycline hcl</i>	1	
TOBI PODHALER	1	
<i>tobramycin</i>	1	
<i>tobramycin sulfate</i>	1	
<i>vancomycin hcl</i>	1	
VANCOMYCIN HCL IN DEXTROSE	1	
XIFAXAN	1	QL
ZINACEF IN STERILE WATER	1	
ZITHROMAX	1	
ZOSYN	1	
ZYVOX	1	
ANTIFUNGALS		
ABELCET	1	
AMBISOME	1	
AMPHOTERICIN B	1	
CANCIDAS	1	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i>	1	
<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	
SPORANOX	1	
<i>terbinafine hcl</i>	1	
VFEND IV	1	
<i>voriconazole</i>	1	
ANTIHEPATITIS C AGENTS		
HARVONI	1	QL
PEG-INTRON REDIPEN	1	QL

Name of drug	Drug Tier	Requirement / Limits
PEGASYS	1	QL
<i>ribavirin (hepatitis c)</i>	1	
SOVALDI	1	QL
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE	1	
<i>cycloserine</i>	1	
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
ISONIAZID	1	
PRIFTIN	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFAMATE	1	
<i>rifampin</i>	1	
TRECTOR	1	
ANTIPROTOZOALS		
ALINIA	1	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	1	
DARAPRIM	1	
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	1	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	1	
<i>paromomycin sulfate</i>	1	
PRIMAQUINE PHOSPHATE	1	
ANTIVIRALS		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
ACYCLOVIR SODIUM	1	
<i>adefovir dipivoxil</i>	1	
<i>atazanavir sulfate</i>	1	
BARACLUDE	1	
<i>cidofovir</i>	1	
DAKLINZA	1	
DESCOVY	1	
<i>didanosine</i>	1	
<i>efavirenz</i>	1	
<i>entecavir</i>	1	
EPCLUSA	1	QL
EPIVIR HBV	1	

Name of drug	Drug Tier	Requirement / Limits
EVOTAZ	1	
<i>famciclovir</i>	1	
<i>fosamprenavir calcium</i>	1	
FOSCAVIR	1	
<i>ganciclovir sodium</i>	1	
GENVOYA	1	
JULUCA	1	
<i>lamivudine (hbv)</i>	1	
ODEFSEY	1	
<i>oseltamivir phosphate</i>	1	
PREZCOBIX	1	
RELENZA DISKHALER	1	
RETROVIR	1	
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	1	
SYNAGIS	1	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	1	
TRUVADA	1	
<i>valacyclovir hcl</i>	1	
VALCYTE	1	QL
<i>valganciclovir hcl</i>	1	
VIRAZOLE	1	
<i>voriconazole</i>	1	
VOSEVI	1	QL
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>trimethoprim</i>	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>promethazine hcl</i>	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1	QL
ABRAXANE	1	
ADCETRIS	1	
AFINITOR	1	QL
ALECENSA	1	QL
ALIMTA	1	

Name of drug	Drug Tier	Requirement / Limits
ALKERAN	1	
ALUNBRIG	1	QL
<i>anastrozole</i>	1	
ARRANON	1	
AVASTIN	1	
<i>azacitidine</i>	1	
BENDEKA	1	QL
<i>bicalutamide</i>	1	
<i>bleomycin sulfate</i>	1	
BLINCYTO	1	QL
CABOMETYX	1	QL
CAMPTOSAR	1	
<i>capecitabine</i>	1	QL
CAPRELSA	1	QL, LD
<i>carmustine</i>	1	
<i>cisplatin</i>	1	
<i>cladribine</i>	1	
COMETRIQ (100 MG DAILY DOSE)	1	QL, LD
COSMEGEN	1	
COTELLIC	1	QL
CYCLOPHOSPHAMIDE	1	
<i>cyclophosphamide</i>	1	
CYRAMZA	1	QL
<i>cytarabine</i>	1	
<i>dacarbazine</i>	1	
DACOGEN	1	
DARZALEX	1	QL
DAUNORUBICIN HCL	1	
DEPOCYT	1	
DOCETAXEL	1	
DOCETAXEL (NON-ALCOHOL)	1	QL
<i>doxorubicin hcl</i>	1	
<i>doxorubicin hcl liposomal</i>	1	
EMCYT	1	QL
ERBITUX	1	
ERIVEDGE	1	QL
<i>erlotinib hcl</i>	1	QL
ERWINAZE	1	
ETOPOSIDE	1	
<i>etoposide</i>	1	
<i>exemestane</i>	1	
FASLODEX	1	QL
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
GAZYVA	1	QL

Name of drug	Drug Tier	Requirement / Limits
<i>gemcitabine hcl</i>	1	
GLEOSTINE	1	
HALAVEN	1	
HERCEPTIN	1	QL
HEXALEN	1	QL
HYCAMTIN	1	QL
<i>hydroxyurea</i>	1	
IBRANCE	1	QL
<i>idarubicin hcl</i>	1	
<i>ifosfamide</i>	1	
<i>imatinib mesylate</i>	1	
IMBRUVICA	1	QL
INTRON A	1	QL
IRESSA	1	QL
ISTODAX	1	
IXEMPRA KIT	1	QL
JAKAFI	1	QL
JEVTANA	1	
KADCYLA	1	QL
KEYTRUDA	1	QL
KYPROLIS	1	QL
LENVIMA (10 MG DAILY DOSE)	1	QL
<i>letrozole</i>	1	
LEUKERAN	1	
<i>leuprolide acetate</i>	1	
LONSURF	1	QL
LORBRENA	1	QL
LUPRON DEPOT (3-MONTH)	1	
LUPRON DEPOT (4-MONTH)	1	
LUPRON DEPOT (6-MONTH)	1	
LUPRON DEPOT-PED (1-MONTH)	1	
LUPRON DEPOT-PED (3-MONTH)	1	
LYNPARZA	1	QL
LYSODREN	1	QL
MARQIBO	1	QL
MATULANE	1	QL
<i>megestrol acetate</i>	1	
MEKINIST	1	QL
<i>melfalan hcl</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>mitomycin</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>mitoxantrone hcl</i>	1	
MUSTARGEN	1	
MVASI	1	
MYLERAN	1	
NEXAVAR	1	QL
NINLARO	1	QL
ODOMZO	1	QL
ONCASPAR	1	
OPDIVO	1	QL
<i>oxaliplatin</i>	1	
<i>paclitaxel</i>	1	
<i>pentostatin</i>	1	
PERJETA	1	QL
POMALYST	1	QL
PROLEUKIN	1	QL
PURIXAN	1	QL
REVLIMID	1	QL
RITUXAN	1	
RYDAPT	1	QL
SPRYCEL	1	QL
STIVARGA	1	QL
SUTENT	1	QL
SYLVANT	1	QL
TABLOID	1	
TAFINLAR	1	QL
TAGRISSO	1	QL
<i>tamoxifen citrate</i>	1	
TARGRETIN	1	
TASIGNA	1	QL
TECENTRIQ	1	QL
<i>temozolomide</i>	1	
TENIPOSIDE	1	
<i>thiotepa</i>	1	
<i>topotecan hcl</i>	1	
TORISEL	1	
TREANDA	1	
<i>tretinoin (chemotherapy)</i>	1	QL
TRISENOX	1	QL
TYKERB	1	QL
UNITUXIN	1	QL
VELCADE	1	
VENCLEXTA	1	QL
VENCLEXTA STARTING PACK	1	QL
VINBLASTINE SULFATE	1	
VINCRISTINE SULFATE	1	
<i>vinorelbine tartrate</i>	1	
VOTRIENT	1	QL

Name of drug	Drug Tier	Requirement / Limits
VYXEOS	1	QL
XALKORI	1	QL
XGEVA	1	QL
XTANDI	1	QL
YERVOY	1	
YONDELIS	1	QL
ZANOSAR	1	
ZEJULA	1	QL
ZELBORAF	1	QL
ZYDELIG	1	QL
ZYKADIA	1	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1	
ATROPINE SULFATE	1	
ATROVENT HFA	1	
BELLADONNA ALKALOIDS-OPIUM	1	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>dicyclomine hcl</i>	1	
DONNATAL	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
PROPANTHELINE BROMIDE	1	
SPIRIVA RESPIMAT	1	
STIOLTO RESPIMAT	1	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX	1	
CHANTIX STARTING MONTH PAK	1	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	
ENLON	1	
<i>galantamine hydrobromide</i>	1	
GUANIDINE HCL	1	
MESTINON	1	
<i>neostigmine methylsulfate</i>	1	
PHYSOSTIGMINE SALICYLATE	1	

Name of drug	Drug Tier	Requirement / Limits
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1	
REGONOL	1	
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate</i>	1	
<i>baclofen</i>	1	
<i>cisatracurium besylate</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1	
GABLOFEN	1	
<i>methocarbamol</i>	1	
PANCURONIUM BROMIDE	1	
QUELICIN	1	
<i>rocuronium bromide</i>	1	
RYANODEX	1	
<i>tizanidine hcl</i>	1	
<i>vecuronium bromide</i>	1	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>dihydroergotamine mesylate</i>	1	
ERGOMAR	1	
<i>guanfacine hcl</i>	1	
<i>phenoxybenzamine hcl</i>	1	
<i>phentolamine mesylate</i>	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS	1	
<i>albuterol sulfate</i>	1	
<i>dobutamine hcl</i>	1	
<i>dobutamine in d5w</i>	1	
<i>dopamine hcl</i>	1	
<i>dopamine in d5w</i>	1	
<i>ephedrine sulfate (pressors)</i>	1	
<i>epinephrine</i>	1	
EPINEPHRINE	1	
<i>ipratropium-albuterol</i>	1	
<i>isoproterenol hcl</i>	1	
METAPROTERENOL SULFATE	1	
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate</i>	1	
SEREVENT DISKUS	1	
STRIVERDI RESPIMAT	1	
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA	1	

Name of drug	Drug Tier	Requirement / Limits
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
<i>albumin, human</i>	1	
PLASMANATE	1	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
INFED	1	
VENOFER	1	
ANTIHEMORRHAGIC AGENTS		
ADVATE	1	QL
AFSTYLA	1	QL
ALPHANATE/VWF COMPLEX/HUMAN	1	QL
ALPHANINE SD	1	QL
<i>aminocaproic acid</i>	1	
BENEFIX	1	
ELOCTATE	1	QL
GELFILM	1	
GELFOAM SPONGE	1	
HELIXATE FS	1	QL
HEMLIBRA	1	QL
HEMOFIL M	1	QL
IDELVION	1	QL
KCENTRA	1	
KOVALTRY	1	QL
NOVOSEVEN RT	1	
PHENOL	1	QL
PRAXBIND	1	
PROFILNINE	1	QL
PROTAMINE SULFATE	1	
RECOTHROM	1	
THROMBIN-JMI	1	
<i>tranexamic acid</i>	1	
WILATE	1	
XYNTHA	1	QL
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50	1	
ACTIVASE	1	
<i>anagrelide hcl</i>	1	
ANGIOMAX	1	
ARGATROBAN	1	
ARGATROBAN IN SODIUM CHLORIDE	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	1	
<i>clopidogrel bisulfate</i>	1	
EFFIENT	1	

Name of drug	Drug Tier	Requirement / Limits
<i>heparin (porcine) in sodium chloride</i>	1	
HEPARIN SOD (PORCINE) IN D5W	1	
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) lock flush</i>	1	
INTEGRILIN	1	
LOVENOX	1	QL
PRADAXA	1	
REOPRO	1	
THROMBATE III	1	
TNKASE	1	
<i>warfarin sodium</i>	1	
HEMATOPOIETIC AGENTS		
LEUKINE	1	QL
NEUPOGEN	1	QL
PROCRIT	1	QL
PROMACTA	1	QL
ZARXIO	1	QL
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	
<i>metoprolol succinate</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
BREVIBLOC IN NAACL	1	

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

Name of drug	Drug Tier	Requirement / Limits
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
METHYLDOPATE HCL	1	
<i>minoxidil</i>	1	
<i>nitroprusside sodium</i>	1	
PROGLYCEM	1	
RESERPINE	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalaprilat</i>	1	
ENTRESTO	1	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
SCLEROSING AGENTS		
ETHAMOLIN	1	
SOTRADECOL	1	
VARITHENA	1	
VASODILATING AGENTS		
<i>alprostadil</i>	1	
<i>ambrisentan</i>	1	QL, LD
CAVERJECT	1	QL
<i>dipyridamole</i>	1	
DIPYRIDAMOLE	1	
EDEX	1	QL
<i>isosorbide dinitrate</i>	1	
ISOSORBIDE DINITRATE ER	1	
<i>isosorbide mononitrate</i>	1	
NITRO-BID	1	
<i>nitroglycerin</i>	1	
NITROGLYCERIN	1	
<i>nitroglycerin in d5w</i>	1	
NITROSTAT	1	
PAPAVERINE HCL	1	

Name of drug	Drug Tier	Requirement / Limits
<i>sildenafil citrate (pulmonary hypertension)</i>	1	QL
TRACLEER	1	QL, LD
<i>treprostinil</i>	1	QL, LD
<i>vardenafil hcl</i>	1	QL
VENTAVIS	1	QL, LD
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPIRETTICS		
<i>acetaminophen w/ codeine</i>	1	
<i>alfentanil hcl</i>	1	
<i>buprenorphine hcl</i>	1	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>butorphanol tartrate</i>	1	
<i>choline & mag salicylate</i>	1	
CODEINE SULFATE	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	
FENTANYL CITRATE (PF)	1	
<i>hydrocodone-acetaminophen</i>	1	
<i>hydromorphone hcl</i>	1	QL
HYDROMORPHONE HCL	1	
<i>ibuprofen</i>	1	
INDOCIN	1	
<i>indomethacin</i>	1	
<i>indomethacin sodium</i>	1	
INFUMORPH 200	1	
<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	
METHADONE HCL	1	
MORPHINE SULFATE	1	
<i>morphine sulfate</i>	1	
<i>nabumetone</i>	1	
<i>nalbuphine hcl</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
NEOPROFEN	1	
OFIRMEV	1	

Name of drug	Drug Tier	Requirement / Limits
OPANA	1	
<i>oxycodone hcl</i>	1	
<i>oxycodone w/ acetaminophen</i>	1	
<i>pentazocine w/ naloxone</i>	1	
<i>salsalate</i>	1	
<i>sufentanil citrate</i>	1	
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol-acetaminophen</i>	1	
ULTIVA	1	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
ADDERALL XR	1	
<i>amphetamine-dextroamphetamine</i>	1	
APTENSIO XR	1	
<i>caffeine citrate</i>	1	
<i>dexmethylphenidate hcl</i>	1	
<i>methylphenidate hcl</i>	1	
VYVANSE	1	
ANTICONVULSANTS		
BANZEL	1	
BRIVIACT	1	
<i>carbamazepine</i>	1	
CELONTIN	1	
<i>clonazepam</i>	1	
<i>divalproex sodium</i>	1	
EQUETRO	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>gabapentin</i>	1	
LAMICTAL STARTER	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LEVETIRACETAM IN NACL	1	
<i>magnesium sulfate</i>	1	
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
SABRIL	1	QL, LD
<i>topiramate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
ANTIMANIC AGENTS		
LITHIUM	1	
<i>lithium carbonate</i>	1	
ANTIMIGRAINE AGENTS		
ERGOLOID MESYLATES	1	
<i>ergotamine w/ caffeine</i>	1	
<i>isometheptene-dichloralphenazone-acetaminophen</i>	1	
MIGERGOT	1	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	
SUMATRIPTAN SUCCINATE	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	1	QL
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
CARBIDOPA-LEVODOPA-ENTACAPONE	1	
DUOPA	1	
<i>entacapone</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<i>rasagiline mesylate</i>	1	
<i>ropinirole hydrochloride</i>	1	
SELEGILINE HCL	1	
<i>trihexyphenidyl hcl</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	1	
<i>bupirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	1	
<i>diazepam</i>	1	
<i>droperidol</i>	1	
<i>hydroxyzine hcl</i>	1	
HYDROXYZINE HCL	1	

Name of drug	Drug Tier	Requirement / Limits
<i>hydroxyzine pamoate</i>	1	
<i>lorazepam</i>	1	
<i>midazolam hcl</i>	1	
NEMBUTAL	1	
<i>oxazepam</i>	1	
<i>phenobarbital</i>	1	
PHENOBARBITAL SODIUM	1	
PRECEDEX	1	
SILENOR	1	
<i>temazepam</i>	1	
<i>zolpidem tartrate</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	
<i>flumazenil</i>	1	
<i>guanfacine hcl (adhd)</i>	1	
<i>memantine hcl</i>	1	
NAMENDA	1	
<i>riluzole</i>	1	
<i>selegiline hcl</i>	1	
GENERAL ANESTHETICS		
BREVITAL SODIUM	1	
<i>etomidate</i>	1	
FORANE	1	
<i>ketamine hcl</i>	1	
<i>propofol</i>	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX	1	QL
AVONEX PEN	1	QL
AVONEX PREFILLED	1	QL
EXTAVIA	1	QL
<i>glatiramer acetate</i>	1	QL
OPIATE ANTAGONISTS		
<i>naloxone hcl</i>	1	
NALOXONE HCL	1	
<i>naltrexone hcl</i>	1	
NALTREXONE HCL	1	
NARCAN	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	1	
<i>aripiprazole</i>	1	
ARISTADA	1	
<i>bupropion hcl</i>	1	
<i>chlorpromazine hcl</i>	1	
CHLORPROMAZINE HCL	1	

Name of drug	Drug Tier	Requirement / Limits
<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	
FLUPHENAZINE HCL	1	
<i>fluvoxamine maleate</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA	1	
<i>loxapine succinate</i>	1	
MAPROTILINE HCL	1	
<i>mirtazapine</i>	1	
NEFAZODONE HCL	1	
<i>nortriptyline hcl</i>	1	
NORTRIPTYLINE HCL	1	
<i>olanzapine</i>	1	
ORAP	1	
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
PERPHENAZINE-AMITRIPTYLINE	1	
<i>phenelzine sulfate</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL CONSTA	1	
<i>risperidone</i>	1	
<i>sertraline hcl</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		

Name of drug	Drug Tier	Requirement / Limits
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60	1	
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU SMALL	1	
AEROTRACH PLUS	1	
BD INSULIN SYRINGE U-500	1	
MONOJECT INSULIN SYRINGE	1	
OMNITROPE PEN 5 INJ DEVICE	1	
TRUZONE PEAK FLOW METER	1	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
<i>adenosine (diagnostic)</i>	1	
CANDIN	1	
CHIRHOSTIM	1	
CONRAY	1	
CORTROSYN	1	
CYSTOGRAFIN	1	
D-XYLOSE	1	
E-Z-CAT DRY	1	
EOVIST	1	
<i>fluorescein sodium injection</i>	1	
<i>fluorescein sodium topical</i>	1	
<i>fluorescein w/ benoxinate</i>	1	
GADAVIST	1	
GASTROGRAFIN	1	
INDIGO CARMINE	1	
LEXISCAN	1	
LUMASON	1	
MAGNEVIST	1	
METOPIRONE	1	
MULTIHANCE	1	
OMNIPAQUE	1	
READI-CAT 2	1	
THYROGEN	1	
TUBERSOL	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		

Name of drug	Drug Tier	Requirement / Limits
<i>pot & sod citrates w/citric ac</i>	1	
<i>potassium citrate (alkalinizer)</i>	1	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	1	
<i>sodium bicarbonate</i>	1	
<i>sodium citrate & citric acid</i>	1	
THAM	1	
AMMONIA DETOXICANTS		
BUPHENYL	1	QL
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
LITHOSTAT	1	
<i>sodium phenylbutyrate</i>	1	QL
CALORIC AGENTS		
<i>amino acid electrolyte infusion</i>	1	
<i>amino acid infusion</i>	1	
CLINIMIX E/DEXTROSE (2.75/10)	1	
CLINIMIX E/DEXTROSE (2.75/5)	1	
CLINIMIX E/DEXTROSE (4.25/25)	1	
CLINIMIX E/DEXTROSE (5/15)	1	
CLINIMIX E/DEXTROSE (5/20)	1	
CLINIMIX/DEXTROSE (2.75/5)	1	
CLINIMIX/DEXTROSE (4.25/10)	1	
CLINIMIX/DEXTROSE (4.25/20)	1	
CLINIMIX/DEXTROSE (4.25/25)	1	
CLINIMIX/DEXTROSE (5/15)	1	
<i>dextrose</i>	1	
INTRALIPID	1	
DIURETICS		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>chlorthalidone</i>	1	
DYRENIUM	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	1	
<i>toremide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
ION-REMOVING AGENTS		
<i>sevelamer carbonate</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
IRRIGATING SOLUTIONS		
<i>acetic acid</i>	1	
DIANEAL LOW CALCIUM/4.25% DEX	1	
<i>lactated ringer's (irrigation)</i>	1	
<i>ringer's irrigation</i>	1	
<i>sodium chloride (gu irrigant)</i>	1	
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phosphate binder)</i>	1	
<i>calcium chloride (dihydrate)</i>	1	
<i>calcium gluconate</i>	1	
CHROMIC CHLORIDE	1	
COPPER CHLORIDE	1	
DEXTROSE 5%/ELECTROLYTE #48	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose in ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
ELIPHOS	1	
<i>hetastarch in sodium chloride</i>	1	
HEXTEND	1	
HYPERLYTE-CR	1	
K-PHOS	1	

Name of drug	Drug Tier	Requirement / Limits
KCL-LACTATED RINGERS-D5W	1	
LACTATED RINGERS	1	
LMD IN D5W	1	
LMD IN NACL	1	
M.T.E.-5 CONCENTRATE	1	
MAGNESIUM SULFATE IN D5W	1	
MANGANESE CHLORIDE	1	
PHOSLYRA	1	
PLASMA-LYTE A	1	
<i>potassium acetate</i>	1	
<i>potassium bicarbonate</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose & sodium chloride</i>	1	
<i>potassium chloride in nacl</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium phosphate dibasic</i>	1	
<i>potassium phosphates ringer's</i>	1	
<i>saline, bacteriostatic</i>	1	
SELENIUM	1	
<i>sodium chloride</i>	1	
<i>sodium chloride flush</i>	1	
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	1	
<i>trace minerals (cr-cu-mn-zn)</i>	1	
ZINC SULFATE	1	
ZINC TRACE METAL	1	
URICOSURIC AGENTS		
<i>colchicine w/ probenecid</i>	1	
<i>probenecid</i>	1	
ENZYMES		
ENZYMES		
ALDURAZYME	1	
ARALAST NP	1	QL

Name of drug	Drug Tier	Requirement / Limits
CEREZYME	1	
ELAPRASE	1	QL
ELITEK	1	
FABRAZYME	1	QL
HYLENEX	1	
LUMIZYME	1	QL
NAGLAZYME	1	QL
PULMOZYME	1	QL
STRENSIQ	1	QL
VIMIZIM	1	QL
VORAXAZE	1	QL
VPRIV	1	
ZENPEP	1	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
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	
GENTAK	1	
<i>gentamicin sulfate (ophth)</i>	1	
MITOSOL	1	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	1	
<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	
TOBREX	1	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
CIPRODEX	1	
COLY-MYCIN S	1	

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

Name of drug	Drug Tier	Requirement / Limits
<i>acetic acid (otic)</i>	1	
ACETIC ACID-ALUMINUM ACETATE	1	
<i>apraclonidine hcl</i>	1	
BSS	1	
EYLEA	1	
HEALON5	1	
JETREA	1	
LACRISERT	1	
LUCENTIS	1	QL, LD
MACUGEN	1	
PHOTREXA-PHOTREXA VISCOUS KIT	1	
VISUDYNE	1	
LOCAL ANESTHETICS		
AKTEN	1	
COCAINE HCL	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	1	
MYDRIATICS		
ATROPINE SULFATE	1	
CYCLOMYDRIL	1	
<i>cyclopentolate hcl</i>	1	
<i>homatropine hbr</i>	1	
<i>tropicamide</i>	1	
VASOCONSTRICTORS		
NAPHAZOLINE HCL	1	
<i>phenylephrine hcl (ophth)</i>	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	
CANASA	1	
LIALDA	1	
<i>mesalamine</i>	1	
PENTASA	1	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate w/ atropine</i>	1	
DIPHENOXYLATE-ATROPINE	1	
PAREGORIC	1	
ANTIEMETICS		
AKYNZEO	1	QL
<i>dronabinol</i>	1	
EMEND TABS	1	QL
EMEND	1	
EMEND TRI-PACK	1	QL

Name of drug	Drug Tier	Requirement / Limits
<i>meclizine hcl</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>scopolamine</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE	1	
CIMETIDINE HCL	1	
<i>famotidine</i>	1	
FAMOTIDINE PREMIXED	1	
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	
PROTONIX	1	
<i>ranitidine hcl</i>	1	
<i>sucralfate</i>	1	
CATHARTICS AND LAXATIVES		
AMITIZA	1	
CASCARA SAGRADA	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
CHOLELITHOLYTIC AGENTS		
<i>ursodiol</i>	1	
DIGESTANTS		
CREON	1	
PROKINETIC AGENTS		
<i>metoclopramide hcl</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA	1	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
BAL IN OIL	1	
CHEMET	1	
<i>deferoxamine mesylate</i>	1	
DEPEN TITRATABS	1	
EXJADE	1	QL
JADENU	1	QL
JADENU SPRINKLE	1	QL
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES)	1	
ASMANEX HFA	1	
<i>betamethasone sod phosphate & acetate</i>	1	
<i>budesonide</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>budesonide (inhalation)</i>	1	
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1	
DEXAMETHASONE	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone sodium phosphate</i>	1	
FLOVENT HFA	1	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
KENALOG	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1	
MILLIPRED	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISON	1	
PREDNISON INTENSOL	1	
PULMICORT FLEXHALER	1	
QVAR	1	
SOLU-CORTEF	1	
ANDROGENS		
ANDRODERM	1	
ANDROID	1	
ANDROXY	1	
<i>danazol</i>	1	
METHITEST	1	
<i>oxandrolone</i>	1	
TESTOSTERONE	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1	
BYDUREON	1	
BYDUREON BCISE	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide</i>	1	
HUMALOG	1	

Name of drug	Drug Tier	Requirement / Limits
HUMALOG MIX 50/50	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMULIN R U-500 (CONCENTRATED)	1	
HUMULIN R U-500 KWIKPEN	1	
JARDIANCE	1	
LANTUS	1	
<i>metformin hcl</i>	1	
<i>pioglitazone hcl</i>	1	
SYMLINPEN 120	1	
TOLBUTAMIDE	1	
TRADJENTA	1	
ANTIHYPOGLYCEMIC AGENTS		
GLUCAGEN	1	
GLUCAGON EMERGENCY	1	
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	1	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
LOESTRIN 1/20 (21)	1	
MIRENA (52 MG)	1	
NECON 1/50 (28)	1	
NECON 10/11 (28)	1	
NEXPLANON	1	
<i>norethin acet & estrad-fe</i>	1	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
<i>norgestrel & ethinyl estradiol</i>	1	

Name of drug	Drug Tier	Requirement / Limits
NUVARING	1	
XULANE	1	
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
<i>clomiphene citrate</i>	1	
DEPO-ESTRADIOL	1	
<i>esterified estrogens & methyltestosterone</i>	1	
ESTRACE	1	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
ESTRING	1	
PREMARIN	1	
<i>raloxifene hcl</i>	1	
VAGIFEM	1	
GONADOTROPINS		
BRAVELLE	1	
GONAL-F	1	
GONAL-F RFF	1	
REDIJECT	1	
MENOPUR	1	
NOVAREL	1	
OVIDREL	1	
SYNAREL	1	
PARATHYROID		
<i>calcitonin (salmon)</i>	1	
FORTEO	1	QL
PITUITARY		
ACTHAR	1	LD
<i>desmopressin acetate</i>	1	
<i>desmopressin acetate refrigerated</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
PROGESTINS		
DEPO-PROVERA	1	
ENDOMETRIN	1	
HYDROXYPROGESTERONE CAPROATE	1	QL
MAKENA	1	QL
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>progesterone micronized</i>	1	
SOMATROPIN AGONISTS-ANTAGONISTS		
NORDITROPIN FLEXPRO	1	QL
OMNITROPE	1	
SEROSTIM	1	QL
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1	
LEVOTHYROXINE SODIUM	1	
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	1	
IMMUNOLOGICAL AGENTS		
ANTIRHEUMATIC AGENTS		
ENBREL	1	QL
ENBREL SURECLICK	1	QL
HUMIRA	1	QL
HUMIRA PEN	1	QL
KINERET	1	QL, LD
<i>leflunomide</i>	1	
ORENCIA	1	QL
ORENCIA CLICKJECT	1	QL
OTEZLA	1	QL
RASUVO	1	
REMICADE	1	
IMMUNE SUPPRESSANTS		
ATGAM	1	
<i>azathioprine</i>	1	
<i>mycophenolate mofetil</i>	1	
NEORAL	1	
PROGRAF	1	
RAPAMUNE	1	
SANDIMMUNE	1	
<i>sirolimus</i>	1	
<i>tacrolimus</i>	1	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
<i>bupivacaine hcl</i>	1	
<i>bupivacaine in dextrose</i>	1	
<i>bupivacaine w/ epinephrine</i>	1	
<i>chloroprocaine hcl</i>	1	
LIDOCAINE HCL (CARDIAC) PF	1	
<i>lidocaine hcl (local anesth.)</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>lidocaine w/ epinephrine</i>	1	
<i>mepivacaine hcl</i>	1	
NAROPIN	1	
TETRACAINE HCL	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine</i>	1	
<i>acetylcysteine (antidote)</i>	1	
ACTIMMUNE	1	QL
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
<i>amifostine</i>	1	
BOTOX	1	
BOTOX COSMETIC	1	
BRIDION	1	
CERDELGA	1	QL
<i>cinacalcet hcl</i>	1	
CINRYZE	1	QL
COLCHICINE	1	
<i>cyclosporine modified (for microemulsion)</i>	1	
CYSTADANE	1	QL, LD
CYSTAGON	1	QL, LD
<i>dexrazoxane hcl</i>	1	
<i>disulfiram</i>	1	
ELMIRON	1	
ETIDRONATE DISODIUM	1	
<i>finasteride</i>	1	
FIRAZYR	1	QL
FLUOR-A-DAY	1	
FUSILEV	1	
GRASTEK	1	
INFLECTRA	1	
KALYDECO	1	QL
<i>leucovorin calcium</i>	1	
<i>levocarnitine (metabolic modifiers)</i>	1	
<i>mesna</i>	1	
MESNEX	1	QL
METHYLENE BLUE	1	
MYOBLOC	1	
<i>octreotide acetate</i>	1	
<i>pamidronate disodium</i>	1	
PAMIDRONATE DISODIUM	1	
PREVIDENT	1	
RIMSO-50	1	

Name of drug	Drug Tier	Requirement / Limits
SANDOSTATIN LAR DEPOT	1	QL
<i>sirolimus</i>	1	
<i>sodium fluoride</i>	1	
<i>sodium fluoride (dental)</i>	1	
SOLIRIS	1	
TAKHZYRO	1	QL
THALOMID	1	QL
THIOLA	1	LD
TRI-CHLOR	1	
TYSABRI	1	QL, LD
<i>water for injection, sterile</i>	1	
XELJANZ	1	QL
XELJANZ XR	1	QL
<i>zoledronic acid</i>	1	
OXYTOCICS		
OXYTOCICS		
CERVIDIL	1	
HEMABATE	1	
<i>methylergonovine maleate</i>	1	
MIFEPREX	1	
<i>oxytocin</i>	1	
PREPIDIL	1	
PROSTIN E2	1	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALOE VERA	1	
ALPROSTADIL	1	
ATROPINE SULFATE MONOHYDRATE	1	
BACLOFEN	1	
BACTERIOSTATIC WATER(BENZ ALC)	1	
CANTHARIDIN	1	
CARBAMAZEPINE	1	
CHLOROFORM	1	
CHLORPROMAZINE HCL	1	
CLINDAMYCIN HCL	1	
CLOBETASOL PROPIONATE	1	
CLONIDINE HCL	1	
CLOTRIMAZOLE	1	
CYSTEAMINE HCL	1	
DEXAMETHASONE	1	
DILTIAZEM HCL	1	
ESTRADIOL	1	

Name of drug	Drug Tier	Requirement / Limits
GABAPENTIN	1	
GLYCERIN	1	
GLYCOPYRROLATE	1	
HALOPERIDOL	1	
HYDROCORTISONE	1	
HYDROXOCOBALAMIN	1	
HYDROXYPROGESTERONE CAPROATE	1	
INDOMETHACIN	1	
ISOSORBIDE	1	
KETAMINE HCL	1	
KETOPROFEN	1	
L-PROLINE	1	
LACTOSE MONOHYDRATE	1	
LIDOCAINE HCL	1	
METHADONE HCL	1	
METOCLOPRAMIDE HCL MONOHYDRATE	1	
METRONIDAZOLE	1	
MORPHINE SULFATE	1	
NEOMYCIN SULFATE	1	
PAPAVERINE HCL	1	
PHENOBARBITAL	1	
PHEHTOLAMINE MESYLATE	1	
PLURONIC F127	1	
PODOPHYLLUM RESIN	1	
POLYETHYLENE GLYCOL 8000	1	
PROGESTERONE MICRONIZED	1	
PROGESTERONE WETTABLE	1	
QUINACRINE HCL	1	
SALICYLIC ACID	1	
SODIUM BENZOATE	1	
SORBITOL	1	
SQUARIC ACID DIBUTYLESTER	1	
TESTOSTERONE PROPIONATE	1	
TRANEXAMIC ACID	1	
TRIAMCINOLONE ACETONIDE	1	
VERAPAMIL HCL	1	
<i>water for injection, sterile</i>	1	
ZINC SULFATE	1	

Name of drug	Drug Tier	Requirement / Limits
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ADVAIR HFA	1	
AEROSPAN	1	
ALVESCO	1	
COMBIVENT RESPIMAT	1	
<i>cromolyn sodium</i>	1	
<i>cromolyn sodium (mastocytosis)</i>	1	
<i>montelukast sodium</i>	1	
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>hydrocodone w/ homatropine</i>	1	
<i>promethazine w/codeine</i>	1	
PROMETHAZINE-DM	1	
MUCOLYTIC AGENTS		
<i>sodium chloride (inhalant)</i>	1	
PULMONARY SURFACTANTS		
CUROSURF	1	
SURVANTA	1	
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP	1	QL
DALIRESP	1	
OFEV	1	
ORKAMBI	1	QL
SYMDEKO	1	QL
XOLAIR	1	QL, LD
VASODILATING		
OPSUMIT	1	QL, LD
TRACLEER	1	QL
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANTIVENIN		
LATRODECTUS	1	
MACTANS		
CARIMUNE NF	1	
CROFAB	1	
CYTOGAM	1	
DIGIFAB	1	
FLEBOGAMMA DIF	1	
GAMASTAN S/D	1	
GAMMAGARD	1	
HIZENTRA	1	QL
HYPERRAB S/D	1	
HYPERTET S/D	1	
HYQVIA	1	QL

Name of drug	Drug Tier	Requirement / Limits
MICRHOGAM ULTRA-FILTERED PLUS	1	
NABI-HB	1	
ODACTRA	1	
TOXOIDS		
ADACEL	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	
INFANRIX	1	
TDVAX	1	
VACCINES		
ACTHIB	1	
AFLURIA	1	
BEXSERO	1	
ENGERIX-B	1	
FLUAD	1	
FLUZONE HIGH-DOSE	1	
GARDASIL	1	
GARDASIL 9	1	
HAVRIX	1	
IMOVAX RABIES	1	
IPOL	1	
IXIARO	1	
KINRIX	1	
M-M-R II	1	
MENVEO	1	
PEDIARIX	1	
PNEUMOVAX 23	1	
PREVNAR 13	1	
PROQUAD	1	
RABAVERT	1	
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	
TICE BCG	1	
TWINRIX	1	
TYPHIM VI	1	
VARIVAX	1	
VAXCHORA	1	
VIVOTIF	1	
YF-VAX	1	
ZOSTAVAX	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
AKTIPAK	1	
<i>benzoyl peroxide-erythromycin</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<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	
<i>iodoquinol-hc</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>malathion</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	
SULFAMYLON	1	
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
BETAMETHASONE DIPROPIONATE AUG	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1	
CLOBEX SPRAY	1	
CORDRAN	1	
CORTISPORIN	1	
<i>desonide</i>	1	
DESOWEN	1	
<i>desoximetasone</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (rectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone acetate (rectal)</i>	1	
<i>mometasone furoate</i>	1	
<i>nystatin-triamcinolone</i>	1	
PRAMOSONE	1	
<i>pramoxine-hc</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANALPRAM-HC	1	
<i>hydrocortisone acetate w/ pramoxine</i>	1	
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
PROCTOFOAM HC	1	
ASTRINGENTS		
DRYSOL	1	
XERAC AC	1	
CELL STIMULANTS AND PROLIFERANTS		
KEPIVANCE	1	QL
RETIN-A	1	
RETIN-A MICRO	1	
<i>tretinoin</i>	1	
DEPIGMENTING AND PIGMENTING AGENTS		
8-MOP	1	
<i>methoxsalen rapid</i>	1	
OXSORALEN	1	
KERATOLYTIC AGENTS		
KERALYT	1	
<i>sulfacetamide sodium w/ sulfur</i>	1	
SULFACETAMIDE SODIUM-SULFUR	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	1	QL
<i>adapalene</i>	1	
<i>calcipotriene</i>	1	
CONDYLOX	1	
COSENTYX (300 MG DOSE)	1	QL

Name of drug	Drug Tier	Requirement / Limits
COSENTYX SENSOREADY PEN	1	QL
<i>diclofenac sodium (topical)</i>	1	
DIFFERIN	1	
DRITHO-CREME HP	1	
EPIDUO	1	
FLUOROURACIL	1	
<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	QL
LEVULAN KERASTICK	1	
<i>pimecrolimus</i>	1	
PODOCON	1	
<i>podofilox</i>	1	
SANTYL	1	
STELARA	1	
<i>tacrolimus (topical)</i>	1	
TARGRETIN	1	
<i>tazarotene</i>	1	
TAZORAC	1	
VECTICAL	1	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin chloride</i>	1	
OXYTROL	1	
<i>solifenacin succinate</i>	1	
<i>trospium chloride</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	1	
<i>theophylline</i>	1	
THEOPHYLLINE IN D5W	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
<i>b-complex w/ c & folic acid</i>	1	
INFUVITE ADULT	1	
INFUVITE PEDIATRIC	1	
<i>ped multivitamins w/fl & iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
VITAMIN A		
AQUASOL A	1	

Name of drug	Drug Tier	Requirement / Limits
VITAMIN B COMPLEX		
<i>cyanocobalamin</i>	1	
FOLIC ACID	1	
POTABA	1	
PYRIDOXINE HCL	1	
<i>thiamine hcl</i>	1	
VITAMIN C		
<i>ascorbic acid</i>	1	
VITAMIN D		
<i>calcitriol</i>	1	
<i>ergocalciferol</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON	1	
<i>phytonadione</i>	1	

Name of drug	Drug Tier	Requirement / Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>pyrantel pamoate</i>	1	OTC
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>brompheniramine & phenyleph</i>	1	OTC
<i>chlorpheniramine & phenylephrine</i>	1	OTC
<i>chlorpheniramine maleate</i>	1	OTC
<i>diphenhydramine hcl</i>	1	OTC
HISTEX-PE	1	OTC
J-TAN PD	1	OTC
<i>loratadine</i>	1	OTC
LORTUSS LQ	1	OTC
POLY HIST FORTE	1	OTC
AUTONOMIC DRUGS		
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>nicotine</i>	1	OTC
<i>nicotine polacrilex</i>	1	OTC
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>pseudoephedrine hcl</i>	1	OTC
S2	1	OTC
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
<i>ferrous sulfate</i>	1	OTC

Name of drug	Drug Tier	Requirement / Limits
<i>polysaccharide iron complex</i>	1	OTC
PROFERRIN ES	1	OTC
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen</i>	1	OTC
<i>aspirin</i>	1	OTC
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1	OTC
DEVICES		
DEVICES		
BAYER BREEZE 2 CONTROL	1	OTC
BD INSULIN SYR ULTRAFINE II	1	OTC
BD LANCET DEVICE	1	OTC
BD LANCET ULTRAFINE 33G	1	OTC
BD LUER-LOK SYRINGE	1	OTC
BD PEN NEEDLE MINI U/F	1	OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	1	OTC
DISPOSABLE POWER	1	OTC
ONETOUCH SURESOFT LANCING DEV	1	OTC
ONETOUCH ULTRA MINI	1	OTC
PEDIATRIC SMALL MASK	1	OTC
PENLET II BLOOD SAMPLER	1	OTC
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST	1	OTC
ALBUSTIX	1	OTC
CHEMSTRIP 9	1	OTC
CLINITEST	1	OTC
DIASTIX	1	OTC
KETO-DIASTIX	1	OTC
KETOSTIX	1	OTC
ONETOUCH ULTRA BLUE	1	OTC
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>potassium citrate-citric acid</i>	1	OTC

Name of drug	Drug Tier	Requirement / Limits
CALORIC AGENTS		
PHENEX-1	1	OTC
PHLEXY-10	1	OTC
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFLAMMATORY AGENTS		
FLONASE SENSIMIST	1	OTC
<i>fluticasone propionate (nasal)</i>	1	OTC
EENT DRUGS, MISCELLANEOUS		
<i>phenylephrine hcl (oral)</i>	1	OTC
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
<i>alum & mag hydrox-simethicone</i>	1	OTC
<i>aluminum hydroxide-mag trisil</i>	1	OTC
<i>bismuth subsalicylate</i>	1	OTC
<i>calcium carbonate</i>	1	OTC
CALCIUM GLUCONATE	1	OTC
GELUSIL	1	OTC
MAG-AL	1	OTC
MAGNEBIND 300	1	OTC
ANTIEMETICS		
<i>meclizine hcl</i>	1	OTC
CATHARTICS AND LAXATIVES		
<i>docusate sodium</i>	1	OTC
SORBITOL	1	OTC
HORMONES AND SYNTHETIC SUBSTITUTES		
ANTIDIABETIC AGENTS		
HUMULIN 70/30	1	OTC
HUMULIN 70/30 KWIKPEN	1	OTC
HUMULIN N	1	OTC
HUMULIN N KWIKPEN	1	OTC
HUMULIN R	1	OTC
CONTRACEPTIVES		
<i>levonorgestrel (emergency oc)</i>	1	OTC
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
BIOTIN-D	1	OTC
BORIC ACID	1	OTC
CHOLESTEROL ACETATE	1	OTC
COAL TAR	1	OTC
COLLODION FLEXIBLE	1	OTC
GLYCERIN	1	OTC

Name of drug	Drug Tier	Requirement / Limits
HYDROPHILIC	1	OTC
L-ARGININE	1	OTC
L-CITRULLINE	1	OTC
L-ISOLEUCINE	1	OTC
L-VALINE	1	OTC
LACTIC ACID	1	OTC
LACTOSE	1	OTC
POLYETHYLENE GLYCOL 400	1	OTC
PROPYLENE GLYCOL	1	OTC
SULFUR PRECIPITATED	1	OTC
THYMOL	1	OTC
UREA	1	OTC
ZINC SULFATE HEPTAHYDRATE	1	OTC
RESPIRATORY TRACT AGENTS		
ANTITUSSIVES		
<i>guaifenesin-codeine</i>	1	OTC
<i>phenylephrine-chlorphen-dm</i>	1	OTC
PHENYLHISTINE DH	1	OTC
<i>pseudoephedrine w/ codeine-gg</i>	1	OTC
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b</i>	1	OTC
<i>clotrimazole vaginal</i>	1	OTC
<i>dakin's solution</i>	1	OTC
GENTIAN VIOLET	1	OTC
ISAGEL	1	OTC
<i>miconazole nitrate vaginal</i>	1	OTC
<i>permethrin</i>	1	OTC
<i>tolnaftate</i>	1	OTC
ANTI-INFLAMMATORY AGENTS		
<i>hydrocortisone (topical)</i>	1	OTC
ANTIPRURITICS AND LOCAL ANESTHETICS		
PHENOL	1	OTC
SARNA	1	OTC
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
CALAMINE	1	OTC
KERATOPLASTIC AGENTS		
ELTA TAR	1	OTC
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
AQUAPHOR	1	OTC

Name of drug	Drug Tier	Requirement / Limits
BENZOIN	1	OTC
<i>benzoin compound</i>	1	OTC
<i>benzoyl peroxide</i>	1	OTC
DESITIN	1	OTC
<i>sodium chloride</i>	1	OTC
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MULTIVITAMIN PREPARATIONS		
KP PRENATAL MULTIVITAMINS	1	OTC
<i>pediatric multiple vitamin w/ c</i>	1	OTC
POLY-VI-SOL/IRON	1	OTC
TRI-VI-SOL	1	OTC
VITAMIN B COMPLEX		
<i>folic acid</i>	1	OTC
<i>niacin</i>	1	OTC
<i>pyridoxine hcl</i>	1	OTC
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<i>ergocalciferol</i>	1	OTC

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Hmong: Muajkwc pab txhais lus pub dawb rau koj, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg (cov hnuv caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTY ユーザーは **711** にお電話ください。

Khmer: ជំនួយភាសា គឺមានឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែសំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711**។

Korean: 요일 및 시간에 관계없이 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자 번호 **711**.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາສາມີໃຫ້ໂດຍບໍ່ເສັງຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານ ສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະ ສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ພຽງ ແຕ່ໂທອາທິດເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

Navajo: Saad bee áká'a'ayeed náhóló t'áá jiiik'é, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji. Atah halne'é áká'adoolwołígíí jókí, t'áadoo le'é t'áá hóhazaadji hadilyaa'go, éí doodaii' nááná lá a'aa'ádaat'ehígíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji (Dahodiyin biniiyé e'e'aahgo éí da'deelkaal). TTY chodeeyoolnígíí kojí hodiilnih **711**.

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫੋਨ ਕਰਨ।

Russian: Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมงทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

Vietnamese: Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

Nondiscrimination Notice

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. Auxiliary aids and services for individuals with disabilities are available at no cost to you during all hours of operation. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. You may request materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs at no cost to you. For more information, call **1-800-464-4000** (TTY users call **711**).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage or Certificate of Insurance* or speak with a Member Services representative for the dispute-resolution options that apply to you. This is especially important if you are a Medicare, Medi-Cal, MRMIP, Medi-Cal Access, FEHBP, or CalPERS member because you have different dispute-resolution options available.

You may submit a grievance in the following ways:

- By completing a Complaint or Benefit Claim/Request form at a Member Services office located at a Plan Facility (please refer to *Your Guidebook* or the facility directory on our website at **kp.org** for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to *Your Guidebook* or the facility directory on our website at **kp.org** for addresses)
- By calling our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **711**)
- By completing the grievance form on our website at **kp.org**

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Aviso de no discriminación

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros brinda servicios de asistencia con el idioma las 24 horas del día, los siete días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. Se ofrecen aparatos y servicios auxiliares para personas con discapacidades sin costo alguno durante el horario de atención. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Puede solicitar los materiales traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades sin costo para usted. Para obtener más información, llame al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**).

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)*, o comuníquese con un representante de Servicio a los Miembros para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, Medi-Cal, el Programa de Seguro Médico para Riesgos Mayores (Major Risk Medical Insurance Program MRMIP), Medi-Cal Access, el Programa de Beneficios Médicos para los Empleados Federales (Federal Employees Health Benefits Program, FEHBP) o CalPERS, ya que dispone de otras opciones para resolver disputas.

Puede presentar una queja de las siguientes maneras:

- Completando un formulario de queja o de reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte las direcciones en *Su Guía* o en el directorio de centros de atención en nuestro sitio web en **kp.org/espanol**)
- Enviando por correo su queja por escrito a una oficina de Servicio a los Miembros en un centro del plan (consulte las direcciones en *Su Guía* o en el directorio de centros de atención en nuestro sitio web en **kp.org/espanol**)
- Llamando a la línea telefónica gratuita de la Central de Llamadas de Servicio a los Miembros al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**)
- Completando el formulario de queja en nuestro sitio web en **kp.org/espanol**

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al coordinador de derechos civiles de Kaiser Permanente (Civil Rights Coordinator) de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U.S. Department of Health and Human Services) mediante el portal de quejas formales de la Oficina de Derechos Civiles (Office for Civil Rights Complaint Portal), en ocrportal.hhs.gov/ocr/portal/lobby.jsf (en inglés) o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (línea TDD). Los formularios de queja formal están disponibles en hhs.gov/ocr/office/file/index.html (en inglés).

無歧視公告

Kaiser Permanente禁止以年齡、人種、族裔、膚色、原國籍、文化背景、血統、宗教、性別、性別認同、性別表達、性取向、婚姻狀況、生理或心理殘障、付款來源、遺傳資訊、公民身份、主要語言或移民身份為由而歧視任何人。

會員服務聯絡中心每週七天每天24小時提供語言協助服務（節假日除外）。本機構在全部營業時間內免費為您提供口譯，包括手語服務，以及殘障人士輔助器材和服務。我們還可為您和您的親友提供使用本機構設施與服務所需要的任何特別協助。您還可免費索取翻譯成您的語言的資料，以及符合您需求的大號字體或其他格式的版本。若需更多資訊，請致電 **1-800-757-7585**（TTY專線使用者請撥**711**）。

申訴指任何您或您的授權代表透過申訴程序來表達不滿的做法。例如，如果您認為自己受到歧視，即可提出申訴。若需瞭解適用於自己的爭議解決選項，請參閱《承保範圍說明書》(*Evidence of Coverage*)或《保險證明書》(*Certificate of Insurance*)，或諮詢會員服務代表。如果您是 Medicare、Medi-Cal、高風險醫療保險計劃 (Major Risk Medical Insurance Program, MRMIP)、Medi-Cal Access、聯邦僱員健康保險計劃 (Federal Employees Health Benefits Program, FEHBP) 或 CalPERS 會員，採取上述行動尤其重要，因為您可能有不同的爭議解決選項。

您可透過以下方式提出申訴：

- 在健康保險計劃服務設施的會員服務處填寫《投訴或福利索賠/申請表》（地址見《健康服務指南》(Your Guidebook) 或我們網站**kp.org**上的服務設施名錄）
- 將書面申訴信郵寄到健康保險計劃服務設施的會員服務處（地址見《健康服務指南》或我們網站**kp.org**上的服務設施名錄）
- 致電我們的會員服務聯絡中心，免費電話號碼是**1-800-757-7585**（TTY專線請撥**711**）
- 在我們的網站上填寫申訴表，網址是**kp.org**

如果您在提交申訴時需要協助，請致電我們的會員服務聯絡中心。

涉及人種、膚色、原國籍、性別、年齡或殘障歧視的一切申訴都將通知Kaiser Permanente的民權事務協調員。您也可與Kaiser Permanente的民權事務協調員直接聯絡，地址：
One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612。

您還可以電子方式透過民權辦公室的投訴入口網站向美國健康與公共服務部民權辦公室提出民權投訴，網址是 ocrportal.hhs.gov/ocr/portal/lobby.jsf 或者按照如下資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697（TDD）。投訴表可從網站 hhs.gov/ocr/office/file/index.html 下載。



California Member Services
24 hours a day, seven days a week (closed holidays)
1-800-464-4000 English
1- 800-788-0616 Spanish
1-800-757-7585 Chinese dialects
711 TTY for the hearing/speech impaired

Please recycle. 

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