KAISER PERMANENTE OF GEORGIA

2020 Mid/Large Group 4 Tier Benefit

This document includes Kaiser Permanente of Georgia's 2020 Mid/ Large Group 4 Tier Benefit Formulary as of May 13, 2020

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

What is the Kaiser Permanente Drug Formulary?

A formulary is a list of drugs determined to be safe and effective for our members by our Pharmacy and Therapeutics Committee. Use of formulary drugs enables Kaiser Permanente to provide optimal care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts.

Does the formulary ever change?

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

The enclosed formulary is current as of **May 13, 2020** To get updated information about the drugs covered by Kaiser Permanente, please visit our Web site at *members.kp.org* or call Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

How do I use the Formulary?

Generic drugs are listed in lower-case italics (e.g., *amoxicillin*) within the formulary on page 5. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 27. The Index provides an alphabetical list of all of the drugs included in this document. Both Brand-name drugs and generic drugs are listed in the Index. If a drug is available as a generic, it is only listed with the generic name. Look in the Index and find the drug. Next to the drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug on the list. You may also use the search function on your computer to search for the medication by name.

What are generic drugs?

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

generic drugs that have met the high standards of both the FDA and the experts in experts in our quality assurance program.

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

How much will I pay for Covered Drugs?

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

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

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

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

The standard prescription amount for the following items is:

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

Are there any other restrictions on coverage?

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

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

- **Step Therapy (ST):** For certain drugs, Kaiser Permanente requires the use of similar, alternative medications prior to coverage.

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

What if my drug is not on the Formulary?

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

- You can contact Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056 and ask Member Services for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered under the Kaiser Permanente Drug Formulary.
- You can request an exception for coverage of your non-formulary drug. (*See below for information about how to request an exception.)*
    - You can request coverage for a drug, even though it is not on our formulary.
    - You can request that we waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can request ask us to waive the limit and cover more.

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

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

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

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

For more information

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

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

Or visit *members.kp.org*.

Drug Name	Tier	Restrictions
ALKYLATING AGENTS		
ANTIBACTERIALS, OTHER		
acetic acid/aluminum acetate	2	
ANALGESICS		
NO USP CLASS (COMBINATION PRODUCT)		
acetaminophen w/ codeine	2	
acetaminophen-isometheptene-dichloralphenazone	2	
butalbital-acetaminophen-caffeine	2	
butalbital-acetaminophen-caffeine w/ codeine	2	
butalbital-aspirin-caffeine	2	
butalbital-aspirin-caffeine w/cod	2	
butalbital-acetaminophen	4	
hydrocodone-acetaminophen	2	
oxycodone w/ acetaminophen	2	
oxycodone-aspirin	2	
pramoxine-hc-chloroxylenol	2	
pramoxine-hc-chloroxylenol aqueous	2	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
diclofenac sodium	2	
etodolac	2	
ibuprofen	2	
indomethacin	2	
meloxicam	2	
nabumetone	2	
naproxen	2	
naproxen sodium	2	
salsalate	2	
sulindac	2	
tolmetin sodium	2	
OPIOID ANALGESICS, LONG-ACTING		
EMBEDA	4	ST
EXALGO	4	ST
fentanyl	2	QL
methadone hcl	2	
morphine sulfate	2, 3	
NUCYNTA ER	4	ST
OXYCONTIN	4	QL,ST
oxymorphone hcl extended release	4	ST
OPIOID ANALGESICS, SHORT-ACTING		
hydromorphone hcl	2	
levorphanol	4	
meperidine hcl	2	
NUCYNTA	4	ST
oxycodone hcl	2	
oxymorphone hcl	4	ST
tramadol hcl	2	
ANESTHETICS		
LOCAL ANESTHETICS		

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
lidocaine	2	
lidocaine hcl	2	
lidocaine hcl (mouth-throat)	2	
lidocaine-prilocaine	2	
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ ANTI-CRAVING		
disulfiram	2	
NO USP CLASS (COMBINATION PRODUCT)		
buprenorphine hcl-naloxone hcl dihydrate	2	QL
OPIOID ANTAGONISTS		
buprenorphine hcl	2	
naltrexone hcl	2	
NARCAN	3	QL
ANTI-INFECTIVE AGENTS		
ANTIBACTERIALS		
SIVEXTRO	4	ST
tobramycin	2, 4	
ZYVOX	4	
ANTIFUNGALS		
nystatin	2	
VFEND	4	ST
ANTIMYCOBACTERIALS		
PRETOMANID	4	ST
SIRTURO	4	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
gentamicin sulfate (ophth)	2	
neomycin sulfate	2	
paromomycin sulfate	2	
TOBRADEX	3	
tobramycin (ophth)	2, 3	
ANTIBACTERIALS, OTHER		
Acetic acid (otic)	2	
BACITRACIN	2	
CRESEMBA	4	
clindamycin hcl	2	
clindamycin and benzoyl peroxide (topical)	2	
clindamycin palmitate hydrochloride	2	
clindamycin phosphate (topical)	2	
FURADANTIN	3	
linezolid	4	
metronidazole	2	
metronidazole (topical)	2	
mupirocin	2	
nitrofurantoin macrocrystal	2	
nitrofurantoin monohyd macro	2	
trimethoprim	2	
vancomycin hcl	2	

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Drug Name	Tier	Restrictions
XIFAXAN	4	QL (200 mg),ST
BETA-LACTAM, CEPHALOSPORINS		
cefaclor	2	
cefdinir	2	
cefuroxime axetil	2	
cephalexin	2	
BETA-LACTAM, OTHER		
CAYSTON	4	
BETA-LACTAM, PENICILLINS		
amoxicillin	2	
amoxicillin & pot clavulanate	2	
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	
MACROLIDES		
azithromycin	2	
clarithromycin	2	
DIFICID	4	ST
erythromycin (acne aid)	2	
erythromycin (ophth)	2	
QUINOLONES		
ciprofloxacin hcl	2	
ciprofloxacin hcl (ophth)	2	
gatifloxacin (ophth)	2, 3	
levofloxacin	2	
moxifloxacin (ophth)	2	
ofloxacin (ophth)	2	
ofloxacin (otic)	2	
SULFONAMIDES		
silver sulfadiazine	2	
sulfacetamide sodium (ophth)	2	
SULFADIAZINE	2	
sulfamethoxazole-trimethoprim	2	
TETRACYCLINES		
doxycycline (monohydrate)	2	
doxycycline (hyclate)	2	
minocycline hcl	2	
NUZYRA	4	ST
tetracycline	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
DIACOMT	4	PA
levetiracetam	2	
oxcarbazepine	2	
POTIGA	4	ST
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	3	
ethosuximide	2	

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Drug Name	Tier	Restrictions
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clonazepam	2	
divalproex sodium	2	
gabapentin	2	
phenobarbital	2	
primidone	2	
SABRIL	4	PA
valproate sodium	2	
valproic acid	2	
GLUTAMATE REDUCING AGENTS		
lamotrigine	2	
topiramate	2	
SODIUM CHANNEL AGENTS		
BANZEL	4	ST
carbamazepine	2	
phenytoin	2	
phenytoin sodium extended	2	
VIMPAT	4	ST
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ergoloid mesylates	2	
CHOLINESTERASE INHIBITORS		
donepezil hydrochloride	2	
galantamine hydrobromide	2	
rivastigmine tartrate	2, 3	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl	2, 3	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
bupropion hcl	2	
mirtazapine	2	
SEROQUEL XR	4	
trazodone hcl	1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	4	ST
phenelzine sulfate	2	
tranylcypromine sulfate	2	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
citalopram hydrobromide	1, 2	
fluvoxamine	2	
duloxetine	2	
escitalopram oxalate	2	
fluoxetine hcl	1, 2	
paroxetine hcl	1, 2	
PRISTIQ	4	ST
sertraline hcl	2	
venlafaxine hcl	2	
TRICYCLICS		

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Drug Name	Tier	Restrictions
amitriptyline hcl	2	
clomipramine hcl	4	
desipramine hcl	2	
doxepin hcl capsules, oral solution	2	
imipramine hcl	2	
nortriptyline hcl	1, 2	
ANTIEMETICS		
ANTIEMETICS, OTHER		
chlorpromazine hcl	2	
hydroxyzine hcl	2	
metoclopramide hcl	2	
perphenazine	2	
prochlorperazine maleate	2	
promethazine hcl	2	
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO	3	
ANZEMET	4	ST
aprepitant	2	
CESAMET	4	ST
dronabinol	2	
ondansetron	2	
ondansetron hcl	2	
ANTIFUNGALS		
NO USP CLASS		
clotrimazole	2	
fluconazole	2	
flucytosine	2, 4	
griseofulvin microsize	2	
griseofulvin ultramicrosize	2	
itraconazole	2	
ketoconazole	2	
ketoconazole (topical)	2	
NATACYN	3	
NOXAFIL	4	PA
nystatin	2	
nystatin (mouth-throat)	2	
nystatin (topical)	2	
posaconazole	4	PA
terbinafine hcl	2	
ZOLINZA	4	
ANTIGOUT AGENTS		
NO USP CLASS		
allopurinol	2	
COLCRYS	4	ST
probenecid	2	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
DIHYDROERGOTAMINE MESYLAT E	2	

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Drug Name	Tier	Restrictions
NO USP CLASS (COMBINATION PRODUCT)		
MIGERGOT	2	
SEROTONIN (4-HT) 1B/1D RECEPTOR AGONISTS		
naratriptan hcl	2	
rizatriptan benzoate	2	
sumatriptan	2	
sumatriptan succinate	2	
zolmitriptan ODT	2	
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
PROSTIGMIN	3	
pyridostigmine bromide	2, 3	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
DAPSONE	2	
rifabutin	2	
ANTITUBERCULARS		
ethambutol hcl	2	
isoniazid	2	
pyrazinamide	2	
rifampin	2	
RIFATER	4	ST
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
AFINITOR DISPERZ	4	QL
ALUNBRIG	4	
BOSULIF	4	
BRAFTOVI	4	
CALQUENCE	4	
COMETRIQ	4	QL
DAURISMO	4	ST
ERIVEDGE	4	
ERLEADA	4	
GILOTRIF	4	
IBRANCE	4	QL
ICLUSIG	4	
IDHIFA	4	
IMBRUVICA	4	QL
INLYTA	4	
INTRON A	4	
LENVIMA	4	
LONSURF	4	
LORBRENA	4	
LYNPARZA	4	QL
MEKINIST	4	
MEKTOVI	4	
NINLARO	4	
PIQRAY	4	PA, QL

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Drug Name	Tier	Restrictions
POMALYST	4	QL, PA
PROMACTA	4	
REVLIMID	4	QL
ROZLYTREK		
STIVARGA	4	
SYLATRON	4	
SYLVANT	4	
TAFINLAR	4	
TALZENNA	4	
TIBSOVO	4	
VERZENIO	4	
VITRAKVI	4	
XOSPATA	4	
XTANDI	4	
ZYDELIG	4	
ZYKADIA	4	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
ALKERAN	3	
CYCLOPHOSPHAMIDE	2	
HEXALEN	4	
LEUKERAN	4	
MATULANE	4	
MYLERAN	4	
temozolomide	2	
ANTIANGIOGENIC AGENTS		
REVLIMID	4	QL
THALOMID	4	QL
ANTIESTROGENS/MODIFIERS		
EMCYT	4	
FARESTON	4	ST
tamoxifen citrate	2	
ANTIMETABOLITES		
capecitabine	2	
DROXIA	3	
hydroxyurea	2	
TABLOID	4	
ANTINEOPLASTICS, OTHER		
COPIKTRA	4	
JAKAFI	4	
leucovorin calcium	2	
SYNRIBO	4	
TIBSOVO	4	
VIZIMPRO	4	
XPOVOP	4	PA
ZYDELIG	4	
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole	2	

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Drug Name	Tier	Restrictions
letrozole	2	
ENZYME INHIBITORS		
ETOPOSIDE	2	
HYCAMTIN	4	
MOLECULAR TARGET INHIBITORS		
AFINITOR	4	QL
CAPRELSA	4	
COTELLIC	4	
GLEEVEC	4	
NEXAVAR	4	
SPRYCEL	4	QL
SUTENT	4	
TARCEVA	4	
TASIGNA	4	
TYKERB	4	
VOTRIENT	4	
XALKORI	4	
ZELBORAF	4	
NO USP CLASS		
MESNEX	4	
RETINOIDS		
PANRETIN	4	
TARGRETIN	4	AGE
tretinoin	2	AGE
tretinoin (chemotherapy)	2	
ANTIPARASITICS		
ANTHELMINTICS		
ALBENZA	3	
ivermectin	2	
ANTIPROTOZOALS		
atovaquone	2, 4	
DARAPRIM	4	PA
hydroxychloroquine sulfate	2	
IMPAVIDO	4	PA
NEBUPENT	4	ST
PRIMAQUINE PHOSPHATE	3	
PEDICULICIDES/SCABICIDES		
lindane	2	
permethrin	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate	2	
RUZURGI	4	PA
trihexyphenidyl hcl	2	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl	2	
GOCOVRI	4	PA,ST
INBRIJA	4	PA

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Drug Name	Tier	Restrictions
tolcapone	2, 3	
DOPAMINE AGONISTS		
APOKYN	4	ST
bromocriptine mesylate	2	
pramipexole dihydrochloride	2	
ropinirole hydrochloride	2	
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa-levodopa	2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
selegiline hcl	2	
NO USP CLASS (COMBINATION PRODUCT)		
CARBIDOPA/LEVODOPA/ENTACA PONE	2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
fluphenazine hcl	2	
haloperidol	2	
haloperidol lactate	2	
thioridazine hcl	2	
thiothixene	2	
trifluoperazine hcl	2	
2ND GENERATION/ATYPICAL		
aripiprazole	2	
FANAPT	4	ST
INVEGA	4	ST
LATUDA	4	QL,ST
NUPLAZID	4	PA
olanzapine	2	
quetiapine fumarate	2	
REXULTI	4	ST
risperidone	2	
VRAYLAR	4	QL,ST
ziprasidone hcl	2	
TREATMENT-RESISTANT		
clozapine	2	
ANTISPASTICITY AGENTS		
NO USP CLASS		
baclofen	2	
tizanidine hcl	2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS	4	ST
valganciclovir hcl	2, 4	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
EDURANT	4	QL
INTELENCE	4	QL
nevirapine	2, 4	QL
PIFELTRO	4	
RESCRIPTOR	4	QL

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Drug Name	Tier	Restrictions
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
abacavir sulfate	2, 4	QL
abacavir sulfate-lamivudine-zidovudine	2, 4	QL
didanosine	2, 4	QL
efavirenz	2,4	QL
CIMDUO	4	QL
DELSTRIGO	4	QL
EMTRIVA	4	QL
EPIVIR HBV	4	ST
EPZICOM	4	QL
lamivudine	2, 4	QL
lamivudine-zidovudine	2, 4	QL
stavudine	2, 4	QL
tenofovir disoproxil fumarate 300 mg	2	QL
TRUVADA	4	QL
VIREAD	4	QL
zidovudine	2	QL
ANTI-HIV AGENTS, OTHER		
DESCOVY	4	QL
EVOTAZ	4	
FUZEON	4	QL
GENVOYA	4	QL
ISENTRESS, ISENTRESS HD	4	
PREZCOBIX	4	
ODEFSEY	4	QL
SELZENTRY	4	QL
TIVICAY	4	
TRIUMEQ	4	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
atazanavir 200 mg, 300 mg	2	QL
APTIVUS	4	QL
CRIXIVAN	4	
INVIRASE	4	QL
KALETRA	4	QL
LEXIVA	4	QL
NORVIR	4	QL
PREZISTA	4	QL
REYATAZ	4	QL
ritonavir	2	QL
TYBOST	4	QL
VIRACEPT	4	QL
ANTI-INFLUENZA AGENTS		
RELENZA DISKHALER	3	QL
rimantadine hydrochloride	2	QL
ANTIHEPATITIS AGENTS		
adefovir	4	ST
DAKLINZA	4	PA

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Drug Name	Tier	Restrictions
entecavir	2, 4	QL
EPCLUSA	4	PA,QL
HARVONI	4	PA, QL
INCIVEK	4	QL
INTRON A	4	
MAVYRET	4	PA, QL
OLYSIO	4	PA
oseltamivir	2	QL
PEGASYS	4	QL
PEG-INTRON	4	
ribavirin (hepatitis c)	2	
SOVALDI	4	PA
TECHNIVIE	4	PA
TYZEKA	4	ST
VEMLIDY	4	PA,QL
VICTRELIS	4	QL
VIEKIRA	4	PA, QL
VOSEVI	4	PA
ZEPATIER	4	PA
ANTIHERPETIC AGENTS		
acyclovir	2	
trifluridine	2	
NO USP CLASS (COMBINATION PRODUCT)		
BIKTARVY	4	QL
COMPLERA	4	
DOVATO	3	QL
STRIBILD	4	
SYMFI	4	QL
SYMFI LO	4	QL
SYMTUZA	3	QL
TIVICAY	4	
TRIUMEQ	4	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
alprazolam	2	
buspirone hcl	2	
chlordiazepoxide hcl	2	
clorazepate dipotassium	2	
diazepam	2	
DIAZEPAM	2	
lorazepam	2	
meprobamate	2	
oxazepam	2	
AUTONOMIC DRUGS		
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS	3	
BROVANA	4	ST
BIPOLAR AGENTS		

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
BIPOLAR AGENTS, OTHER		
SAPHRIS	4	ST
MOOD STABILIZERS		
lithium carbonate	2	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
HEMATOPOIETIC AGENTS		
GRANIX	4	
FULPHILA	4	
NEULASTA	4	
NEUPOGEN	4	
NIVESTYM	4	
ZARXIO	4	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose	2	
ADLYXIN	4	PA, QL
AFREZZA	4	PA
BYDUREON	4	PA, QL
FARXIGA	4	PA
FIASP	4	ST
GATTEX	4	PA
glimepiride	1	
glipizide	1	
GLYXAMBI	4	PA, QL
INVOKAMET	4	PA
INVOKANA	4	PA
JANUVIA	4	PA
JARDIANCE	3, 4mis	PA, QL
JENTADUETO	3	PA
KORLYM	4	
metformin hcl	1, 2	
metformin ER (generic Fortamet, Glumetza)	3,4	PA
NESINA	4	PA
ONGLYZA	4	PA
OZEMPIC	4	PA,QL
pioglitazone	2	
SEGLUROMET	4	PA
STEGLATRO	4	PA
STEGLUJAN	4	PA
SYMLINPEN	4	PA,ST
SYNJARDY	4	PA
TRADJENTA	3	PA
TRULICITY	4	PA
VICTOZA	4	PA, QL
WELCHOL	4	ST
XIGDUO XR	4	PA
XULTOPHY	4	PA, QL
GLYCEMIC AGENTS		

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
BAQSIMI	3	
GLUCAGON EMERGENCY KIT	3	
GVOKE	3	AGE
PROGLYCEM	3	
INSULINS		
NOVOLOG	4	ST
NOVOLOG MIX 70/30	4	ST
HUMULIN 70/30	3	
HUMULIN N	3	
HUMULIN R	3	
NO USP CLASS (COMBINATION PRODUCT)		
ONE TOUCH VERIO TEST STRIPS	3	
ONE TOUCH VERIO FLEX GLUCOMETER	3	
BD INSULIN SYRINGE MICROF INE IV/U-100/1ML/28G X 1/2"	2, 3	
DELICA LANCETS	3	
JANUMET	4	PA
KAZANO	4	PA
KOMBIGLYZE XR	4	PA
OSENI	4	PA
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
enoxaparin sodium	2	
FRAGMIN	4	ST
warfarin sodium	1	
BLOOD FORMATION MODIFIERS		
anagrelide hcl	2	
ARANESP ALBUMIN FREE	4	
FIRAZYR	4	PA
LEUKINE	4	
MOZOBIL	4	PA,ST
PRADAXA	3	
PROCRIT	4	
COAGULANTS		
AMICAR	3	
NO USP CLASS		
NEUMEGA	4	
PLATELET MODIFYING AGENTS		
BRILINTA	3	
cilostazol	2	
clopidogrel bisulfate	2	
dipyridamole	2	
prasugrel	2	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine hcl	2	
guanfacine hcl	2	
guanfacine ER	2	
methyldopa	2	

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
NORTHERA	4	PA
ALPHA-ADRENERGIC BLOCKING AGENTS		
alfuzosin	2	
DIBENZYLINE	4	ST
doxazosin	2	
prazosin hcl	2	
terazosin hcl	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
losartan potassium	2	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl	1	
captopril	1	
enalapril maleate	1	
lisinopril	1, 2	
ramipril	2	
ANTIARRHYTHMICS		
amiodarone hcl	2	
disopyramide phosphate	2, 3	
dofetilide	2	
flecainide acetate	2	
mexiletine hcl	2	
MULTAQ	4	ST
propafenone hcl	2	
quinidine gluconate	2	
quinidine sulfate	2	
TIKOSYN	4	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	2	
atenolol	1	
bisoprolol fumarate	2	
carvedilol	1	
labetalol hcl	2	
metoprolol succinate	2	
metoprolol tartrate	1	
nadolol	1, 2	
propranolol hcl	1, 2	
sotalol hcl	2	
sotalol hcl (afib/afl)	2	
TIMOLOL MALEATE	2	
CALCIUM CHANNEL BLOCKING AGENTS		
amlodipine besylate	1	
diltiazem hcl	2	
diltiazem hcl coated beads	2	
felodipine	2	
nifedipine	2	
nimodipine	2	
verapamil hcl	2	
CARDIOVASCULAR AGENTS, OTHER		

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
digoxin	2, 3	
pentoxifylline	2	
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	2	
methazolamide	2	
DIURETICS, LOOP		
bumetanide	1	
furosemide	1, 2	
torsemide	2	
DIURETICS, POTASSIUM-SPARING		
spironolactone	1, 2	
DIURETICS, THIAZIDE		
CHLORTHALIDONE	2	
hydrochlorothiazide	1	
indapamide	1	
metolazone	2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate	2	
gemfibrozil	2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium	1	
lovastatin	1	
pravastatin sodium	1	
rosuvastatin	1	
simvastatin	1	
DYSLIPIDEMICS, OTHER		
cholestyramine	2	
cholestyramine light	2	
colestipol hcl	2	
ezetimibe	1	
JUXTAPID	4	PA
PRALUENT	4	PA
REPATHA	3kev	PA
ZETIA	4	
NO USP CLASS (COMBINATION PRODUCT)		
amiloride & hydrochlorothiazide	1	
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
losartan potassium & hydrochlorothiazide	2	
triamterene & hydrochlorothiazide	1	
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl	1, 2	
minoxidil	2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate	2, 3	
isosorbide mononitrate	1, 2	
nitroglycerin	2, 3	

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
CARDIOVASCULAR DRUGS		
ANTILIPEMIC AGENTS		
cholestyramine	2	
KYNAMRO	4	PA
LIPTRUZET	4	
WELCHOL	4	ST
VASODILATING AGENTS		
ADCIRCA	4	
ADEMPAS	4	
ALYQ	4	
OPSUMIT	4	
ORENITRAM	4	
REVATIO	4	
tadalafil 20 mg (Generic Adcirca)	4	
TYVASO	4	
VENTAVIS	4	
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
OPANA ER (CRUSH RESISTANT)	4	ST
ZOHYDRO ER	4	ST
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
METADATE CD	4	
ANTICONVULSANTS		
FELBATOL	4	ST
ANTIPARKINSONIAN AGENTS		
entacapone	2	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
buspirone hcl	2	
HETLIOZ	4	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphetamine	2	
dextroamphetamine sulfate	2	QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
methylphenidate extended release (generic Concerta)	2	
dexmethylphenidate IR	2	
methylphenidate hcl	2	
CENTRAL NERVOUS SYSTEM, OTHER		
NUEDEXTA	4	ST
riluzole	2, 4	
XENAZINE	4	
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
dexamethasone	2	
DENTAL AND ORAL AGENTS		
NO USP CLASS		
chlorhexidine gluconate (mouth-throat)	2	
pilocarpine hcl (oral)	2	
triamcinolone acetonide (mouth)	2	
DERMATOLOGICAL AGENTS		

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
NO USP CLASS		
8-MOP	3	
acitretin	4	ST
adapalene	4	ST
benzoyl peroxide gel 6.5%	4	
calcipotriene	2	
COAL TAR	3	
DRYSOL	3	
ELIDEL	3	
ENSTILAR FOAM	4	PA
fluorouracil (topical)	2, 5	
imiquimod	2	
iodoquinol-hc	2	
isotretinoin	2, 3	
JUBLIA	3	PA,QL
methoxsalen rapid	2	
MIRVASO	3	PA, QL
ONEXTON	3	PA
PICATO	4	PA
podofilox	2, 3	
QBREXZA	3	PA, QL
REGRANEX	4	
SANTYL	3	
selenium sulfide	2	
selenium sulfide-pyrithione zinc in urea vehicle	2	
SOOLANTRA	3	PA, QL
sulfacetamide sodium w/ sulfur	2, 3	
tacrolimus ointment	2	
VECTICAL	3	
VEREGEN	4	ST
NO USP CLASS (COMBINATION PRODUCT)		
benzoyl peroxide-erythromycin	2	
benzoyl peroxide-hydrocortisone	4	
TACLONEX	4	ST
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLOW-VU/ SMALL MASK	3	
FC FEMALE CONDOM	3	
TODAY SPONGE	3	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
AMMONIA DETOXICANTS		
RAVICTI	4	PA
ENZYME REPLACEMENT/ MODIFIERS		
NO USP CLASS		
BUPHENYL	4	
CERDELGA	4	PA
CREON	3	
CYSTADANE	4	ST

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
CYSTAGON	4	ST
KUVAN	4	PA
ORFADIN	4	
ZAVESCA	4	PA
ZENPEP	3	
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
CANTIL	4	ST
chlordiazepoxide hcl-clidinium bromide	2	
dicyclomine hcl	2	
glycopyrrolate	2	
hyoscyamine sulfate	2	
GASTROINTESTINAL AGENTS, OTHER		
CHOLBAM	4	PA
diphenoxylate w/ atropine	2	
PROPANTHELINE BROMIDE	2	
RELISTOR	4	ST
ursodiol	2, 4	
VIBERZI	4	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine	2	
cimetidine hcl	2	
ranitidine hcl	2	
LAXATIVES		
lactulose	2	
lactulose (encephalopathy)	2	
NO USP CLASS (COMBINATION PRODUCT)		
peg 3340-kcl-sod bicarb-sod chloride-sod sulfate	2	
PROTECTANTS		
misoprostol	2	
sucralfate	2	
PROTON PUMP INHIBITORS		
DEXILANT	4	ST
NEXIUM	4	ST
GASTROINTESTINAL DRUGS		
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
ACIPHEX SPRINKLE	4	
NEXIUM	4	ST
PREVACID SOLUTAB	4	
PREVPAC	4	
PROTONIX	4	
ZEGERID	4	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
darifenacin	2	
oxybutynin chloride	2	
trospium chloride	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
CIALIS	4	ST
finasteride	2	
tamsulosin hcl	2	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride	2	
DEPEN TITRATABS	3, 4	
ELMIRON	3	
NO USP CLASS		
methylergonovine maleate	2	
PHOSPHATE BINDERS		
calcium acetate (phosphate binder)	2, 3	
FOSRENOL	4	ST
RENVELA	3	
sevelamer carbonate 800 mg	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
alclometasone dipropionate	2	
betamethasone dipropionate (topical)	2	
betamethasone dipropionate augmented	2	
betamethasone valerate	2	
clobetasol propionate	2	
clobetasol propionate emollient base	2	
desonide	2	QL
desoximetasone	2	
dexamethasone	2	
fludrocortisone acetate	2	
fluocinolone acetonide	2	
fluocinonide	2	
fluocinonide emulsified base	2	
fluticasone 0.05% Cream, 0.005% Ointment	2	
hydrocortisone	2	
hydrocortisone (topical)	2	
hydrocortisone acetate w/ pramoxine	2	
hydrocortisone butyrate	2	
methylprednisolone	2	
mometasone furoate	2	
pramoxine-hc	2	
prednisolone sodium phosphate	2	
prednisone	2	
triamcinolone acetonide (topical)	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
ANDROGENS		
ANDRODERM	2	
testosterone cypionate	2	
NO USP CLASS		
ACTHAR HP	4	PA
chorionic gonadotropin	2	
desmopressin acetate	2	

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
desmopressin acetate refrigerated	2	
desmopressin acetate spray	2	
desmopressin acetate spray refrigerated	2	
GENOTROPIN	4	PA,ST
SAIZEN	4	PA
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
raloxifene hcl	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	4	ST
ANDROGENS		
ANDRODERM	3	
ANDROID	2	
ANDROXY	2	
danazol	2	
ESTROGENS		
estradiol	2	
estradiol cypionate	2	
estradiol valerate	2	
ESTRACE vaginal cream	2	
ESTRING	3	
estropipate	2	
PREMARIN	3	
COMBINATION PRODUCT		
desogestrel & ethinyl estradiol	2	QL
drospirenone & ethinyl estradiol	2	QL
esterified estrogens & methyltestosterone	2	
ethynodiol diacet & eth estrad	2	QL
JOLESSA	2	QL
levonorgestrel & eth estradiol	2	QL
levonorgestrel-eth estradiol (triphasic)	2	QL
LUTERA	2	QL
NECON 1/50-28	2	QL
norethin acet & estrad-fe	2	QL
norethindrone & eth estradiol	2	QL
norethindrone-eth estradiol (triphasic)	2	QL
norgestimate-ethinyl estradiol	2	QL
norgestimate-ethinyl estradiol (triphasic)	2	QL
norgestrel & ethinyl estradiol	2	
NORTREL 1/35- 28	2	QL
NUVARING	3	QL
PORTIA	2	QL
PROGESTINS		
CRINONE	4	
ELLA	3	
MAKENA	4	
medroxyprogesterone acetate	2	

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
megestrol acetate	2	
norethindrone (contraceptive)	2	QL
norethindrone acetate	2	
PLAN B ONE-STEP	2, 3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
NO USP CLASS		
levothyroxine sodium	2	
liothyronine sodium	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
NO USP CLASS		
LYSODREN	4	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
NO USP CLASS		
SENSIPAR	4	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
NO USP CLASS		
cabergoline	2	
SOMAVERT	4	ST
SYNAREL	4	
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)		
ANTIANDROGENS		
abiraterone	4	
bicalutamide	2	
flutamide	2	
NILANDRON	4	ST
NUBEQA	4	PA, QL
ZYTIGA	4	QL
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
LUGOLS SOLUTION	3	
methimazole	2	
propylthiouracil	2	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
prednisolone	2	
UCERIS	4	
PARATHYROID		
FORTEO	4	PA
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA	4	
NUTROPIN AQ	4	PA
TYMLOS	4	PA
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
ACTEMRA	4	
azathioprine	2	
cyclosporine	2, 3	
cyclosporine modified (for microemulsion)	2	

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Drug Name	Tier	Restrictions
ENBREL	4	PA
HUMIRA	4	PA,ST
mercaptopurine	2	
methotrexate sodium	2	
mycophenolate mofetil	2	
mycophenolate sodium	2, 4	
OLUMIANT	4	PA
ORENCIA	4	
sirolimus	2, 4	
tacrolimus	2	
IMMUNOMODULATORS		
ACTIMMUNE	4	
ARCALYST	4	PA
AUBAGIO	4	PA
HYQVIA	4	
ILARIS	4	PA
leflunomide	2	
RIDAURA	4	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATE		
mesalamine	2	
AMINOSALICYLATES		
balsalazide disodium	2	
DIPENTUM	4	ST
mesalamine (generic Lialda)	2	
PENTASA	3	
GLUCOCORTICOIDS		
PROCTOFOAM HC	2	
SULFONAMIDES		
sulfasalazine	2	
METABOLIC BONE DISEASE AGENTS		
NO USP CLASS		
ACTONEL	4	ST
alendronate sodium	1, 2	
calcitriol	2	
ETIDRONATE DISODIUM	2	
SKELID	4	ST
XGEVA	4	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
AIMOVIG	3	PA
AMPYRA	4	PA
AUSTEDO	4	PA
AVONEX	4	PA
BENLYSTA	4	
CIMZIA	4	PA
CINRYZE	4	PA
COPAXONE	4	PA

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
COSENTYX	4	PA
CUTAQUIG	4	PA
CUVITRU	4	PA
dalfampridine	4	
DOPTELET	4	PA, QL
DUPIXENT	4	PA
EMFLAZA	4	PA
ENBREL	4	PA
ENDARI	4	PA
EPIDIOLEX	4	PA
EXTAVIA	4	
FIRDAPSE	4	PA
GALAFOLD	4	PA
GILENYA	4	PA
glatiramer 40 mg	2	
GLATOPA	2	
HAEGARDA	4	PA
HEMLIBRA	4	PA
HIZENTRA	4	PA
HUMIRA	4	PA,ST
HYQVIA	4	PA
INGREZZA	4	PA
JYNARQUE	4	PA
KEVZARA	4	PA
KEVEYIS	4	PA
lanthanum	4	ST
LUCEMYRA	4	ST
MAVENCLAD	4	PA
MAYZENT	4	PA
MYALEPT	4	
MULPLETA	4	PA, QL
NATPARA	4	
NITYR	4	
NULOJIX	4	
ORILISSA	4	PA
OTEZLA	4	
OTREXUP	4	
PALYNZIQ	4	PA
PLEGRIDY	4	PA
PROCYSBI	4	PA
PYLERA	4	ST
REBIF	4	PA
REBIF REBIDOSE	4	PA
SOMATULINE DEPOT	4	
TAKHYZRO	4	PA
TAVALISSE	4	PA
TECFIDERA	4	PA

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Drug Name	Tier	Restrictions
TEGSEDI	4	PA
XELJANZ	4	
XEMBIFY	4	PA,ST
XERMELO	4	
ZINBRYTA	4	PA
ZORTRESS	4	
OPHTHALMIC AGENTS		
MYDRIATICS		
ISOPTO HYOSCINE	3	
NO USP CLASS (COMBINATION PRODUCT)		
bacitracin-poly-neomycin-hc	2	
bacitracin-polymyxin b (ophth)	2	
neomycin-bacitracin zn-polymyxin	2	
neomycin-polymy-dexameth	2	
neomycin-polymyxin-gramicidin	2	
NEOMYCIN/POLYMYXIN/HYDROC ORTISONE	2	
polymyxin b-trimethoprim	2	
PRED-G	3	
sulfacetamide sod-prednisolone	2, 3	
tobramycin-dexamethasone	2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
latanoprost	2	
OPHTHALMIC AGENT, OTHER		
atropine sulfate (ophthalmic)	2	
CYCLOGYL	2	
homatropine hbr	2, 3	
OPHTHALMIC AGENTS, OTHER		
cyclopentolate hcl	2	
phenylephrine hcl (ophth)	2	
proparacaine hcl	2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
EMADINE	4	ST
OPHTHALMIC ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth)	2	
diclofenac sodium (ophth)	2	
ketorolac tromethamine (ophth)	2	
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fluorometholone (ophth)	2	
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apraclonidine hcl	2, 3	
betaxolol hcl (ophth)	2, 3	
brimonidine tartrate	2	
dorzolamide hcl	2	
dorzolamide hcl-timolol maleate	2	
ISOPTO CARBACHOL	3	
levobunolol hcl	2	

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
OXERVATE	4	PA
PHOSPHOLINE IODIDE	3	
pilocarpine hcl	2	
RHOPRESSA	3	PA
timolol maleate (ophth)	2	
VYZULTA	3	PA
OTIC AGENTS		
NO USP CLASS (COMBINATION PRODUCT)		
acetic acid-hydrocortisone (otic)	2	
antipyrine-benzocaine	2	
CIPRODEX	3	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO	3	
ASMANEX HFA (200 mcg)	3	
budesonide (inhalation)	2	
STIOLTO RESPIMAT	3	
ANTIHISTAMINES		
cyproheptadine hcl	2	
ANTILEUKOTRIENES		
montelukast sodium	2	
ZYFLO CR	4	ST
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	3	
ipratropium bromide	1	
ipratropium bromide (nasal)	2	
SPIRIVA HANDIHALER	3	
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
LUFYLLIN	4	ST
theophylline	2	
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate	1, 2, 3	
AUVI-Q	4	PA
epinephrine	2	
STRIVERDI RESPIMAT	3	
terbutaline sulfate	2	
VENTOLIN HFA	3	
MAST CELL STABILIZERS		
CROMOLYN SODIUM	2	
NO USP CLASS		
ESBRIET	4	
OFEV	4	
PULMOZYME	4	
NO USP CLASS (COMBINATION PRODUCT)		
guaifenesin-codeine	2	
hydrocodone w/ homatropine	2	
ipratropium-albuterol	2, 3	
phenyleph-promethazine w/ cod	2	

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Drug Name	Tier	Restrictions
promethazine w/codeine	2	
pseudoephedrine w/ codeine-gg	2	
PULMONARY ANTIHYPERTENSIVES		
LETAIRIS	4	
REMODULIN	4	
TRACLEER	4	
RESPIRATORY AGENTS, MISCELLANEOUS		
XOLAIR	4	PA
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine	2	
ARIKAYCE	4	PA
benzonatate	2	
budesonide 3 mg tablet	2	
KALYDECO	4	PA
LONHALA	4	ST
ORKAMBI	4	PA
SYMDEKO	4	PA
TRIKAFTA	4	PA
YUPELRI	4	ST
SKELETAL MUSCLE RELAXANTS		
NO USP CLASS		
chlorzoxazone	2,4	
cyclobenzaprine hcl	2	
methocarbamol	2	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFLAMMATORY AGENTS		
clobetasol propionate	2	
diclofenac 1% gel	2	
diclofenac 1.5% solution	2	
fluocinolone acetonide	2	
fluocinonide	2	
CELL STIMULANTS AND PROLIFERANTS		
RETIN-A	2,4	AGE
KERATOLYTIC AGENTS		
urea	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
NORITATE	4	
SILIQ	4	PA
SIMPONI	4	PA
SKYRIZI	4	PA
STELARA	4	PA
TALTZ	4	PA
TREMFYA	4	PA
VALCHLOR	4	QL
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
zaleplon	2	
zolpidem tartrate	2	

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Tier 1=Preventive Generic; Tier 2=Preferred Generic; Tier 3=Preferred Brand; Tier 4=Specialty

Drug Name	Tier	Restrictions
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modafinil	2	
SUNOSI	4	PA
temazepam	2	
XYREM	4	QL, PA
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ELECTROLYTE/MINERAL MODIFIERS		
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EXJADE	4	
FERRIPROX	4	
SAMSCA	4	ST
sodium polystyrene sulfonate	2	
SYPRINE	4	PA,ST
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CYTRA-3	3	
GEL-KAM	3	
KLOR CON 20 meq tablets	2	
K-PHOS	3	
ped multivitamins w/fl & iron	2	
pediatric multivitamins w/fl	2	
pediatric vitamins acd w/ fluoride	2	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	2	
potassium chloride	2, 3	
potassium chloride microencapsulated crystals cr	2	
potassium citrate (alkalinizer)	2	
sodium fluoride	2	
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All drug product strengths and package sizes of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

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