

KAISER PERMANENTE OF GEORGIA MULTI-CHOICE FORMULARY



This document includes Kaiser Permanente Georgia's Multi-Choice formulary as of May 13, 2020. For an updated formulary, please visit our website 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 MultiChoice 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 the formulary 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. Our physicians and pharmacists work closely together to ensure that our formulary meets your needs.

This formulary is only for use at PPO Provider (Tier 2) and Non-Participating Provider (Tier 3) pharmacies. To see which medications are covered at a Select Provider (Tier 1) pharmacy, please reference the Kaiser Permanente HMO Formulary.

Does the formulary ever change?

Yes, Kaiser Permanente periodically 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** and represents the most

commonly prescribed medications. To get updated information about the drugs covered by Kaiser Permanente, please visit our website 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?

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

Medical Condition

The drug list begins on page 4. The drugs on 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 41. 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. Look in the Index and find your 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 your

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drug on the list. You may also use the search function on your computer to search this document for the medication by name.

What are generic drugs?

Kaiser Permanente covers both brand-name drugs and generic drugs.

Brand name drugs are drugs that are produced and sold under the original manufacturer's name.

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 Federal Food and Drug Administration (FDA) requires that generic drugs contain the same active ingredients in the same amount as the brand name drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin*) within the formulary on page 4. If a drug is available as a generic, it is only listed with the generic name. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

Generally, if a drug is available generically, the generic is on Tier 1 and the brand Tier 3. 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, if needed.

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. Multichoice plans have a three-tier open formulary benefit.

Open formulary benefits have a generic cost sharing requirement. This means that if you fill a brand name drug when a generic is available, that in addition to your standard copayment or coinsurance, you will also pay the difference in cost between the brand name and generic drug.

Generics are those covered at the lowest co-payment amount defined as Tier 1. Preferred brands are those brands which will be covered at your preferred brand co-payment amount defined as Tier 2. Non-preferred brands are covered at the non-preferred co-payment defined as Tier 3 coverage amount.

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 MultiChoice 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

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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.

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.

* Only certain plans require step therapy restriction

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?

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 or MedImpact at **1-800-MedImpact**.

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 p.m. TTY/TDD users should call **1-800-255-0056**.

Or visit members.kp.org.

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Kaiser Permanente of Georgia Multi Choice Formulary

ST = Step Therapy, PA = Prior Authorization, QL = Quantity Limit, Age = Age Restriction

Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Antihistamine Drugs				
Antihistamine Drugs				
ST	1	carbinoxamine maleate	ARBINOXA	Generic
	1	ciproheptadine	PERIACTIN	Generic
	1	chlorpheniramine, phenylephrine & pyrilamine	POLY HIST FORTE	Generic
	1	promethazine & phenylephrine	PHENERGAN VC	Generic
QL	1	promethazine	PHENERGAN	Generic
Anti-infective Agents				
Anthelmintics				
	2	albendazole	ALBENZA	Preferred Brand
	1	ivermectin	STROMEKTOL	Generic
PA, QL	3	ivermectin	SOOLANTRA	Non-Preferred
ST	3	praziquantel	BILTRICIDE	Non-Preferred
Anti-infectives, Miscellaneous				
ST	3	bismuth subcitrate & metronidazole	PYLERA	Non-Preferred
	3	metronidazole, tetracycline & bismuth subsalicylate	HELIDAC	Non-Preferred
	3	benznidazole	benznidazole	Non-Preferred
Antibacterials				
PA	3	amikacin liposomal Inhalation	ARIKAYCE	Non-Preferred
	1	amoxicillin	AMOXIL	Generic
	1	amoxicillin & clavulanate potassium	AUGMENTIN	Generic
	1	amoxicillin & clavulanate potassium extended-release	AUGMENTIN XR	Generic
	1	ampicillin sodium	AMPICILLIN	Generic
	1	azithromycin	ZITHROMAX	Generic
	1	cefaclor	CECLOR	Generic
	1	cefadroxil	DURICEF	Generic
	1	cefdinir	OMNICEF	Generic
ST	1	cefditoren	SPECTRACEF	Generic
	3	cefixime	SUPRAX	Non-Preferred
solution	1	cefixime	SUPRAX	Generic
	1	cefepodoxime	VANTIN	Generic
	1	cefprozil	CEFZIL	Generic
ST	3	ceftibuten	CEDAX	Non-Preferred
	1	cefuroxime axetil	CEFTIN	Generic
	1	cephalexin	KEFLEX	Generic

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	1	<i>ciprofloxacin</i>	CIPRO	Generic
	1	<i>clarithromycin</i>	BIAXIN	Generic
	1	<i>clarithromycin extended-release</i>	BIAXIN XL	Generic
	1	<i>clindamycin hcl</i>	CLEOCIN HCL	Generic
	1	<i>clindamycin palmitate</i>	CLEOCIN PEDIATRIC	Generic
ST	3	<i>delafloxacin</i>	BEXDELA	Non-Preferred
	1	<i>demeclocycline</i>	DECLOMYCIN	Generic
	1	<i>dicloxacillin</i>	DYNAPEN	Generic
	3	<i>doxycycline</i>	ORACEA	Non-Preferred
	1	<i>doxycycline hyclate</i>	PERIOSTAT	Generic
	3	<i>doxycycline hyclate</i>	DORYX	Non-Preferred
	1	<i>doxycycline monohydrate</i>	ADOXA	Generic
	1	<i>doxycycline monohydrate</i>	MONODOX	Generic
	1	<i>erythromycin & sulfisoxazole</i>	E.S.P	Generic
	1	<i>erythromycin base</i>	ERYTHROMYCIN	Generic
	1	<i>erythromycin base delayed-release</i>	ERY-TAB	Generic
	1	<i>erythromycin ethylsuccinate</i>	E.E.S.	Generic
	3	<i>erythromycin ethylsuccinate</i>	ERYPED	Non-Preferred
	3	<i>erythromycin stearate</i>	ERYTHROCIN	Non-Preferred
ST	3	<i>fidaxomicin</i>	DIFICID	Non-Preferred
ST	3	<i>gemifloxacin</i>	FACTIVE	Non-Preferred
	1	<i>gentamicin sulfate</i>	GARAMYCIN	Generic
	3	<i>lefamulin</i>	XENLETA	Non-Preferred
	1	<i>levofloxacin</i>	LEVAQUIN	Generic
	1	<i>linezolid</i>	ZYVOX	Generic
	1	<i>minocycline</i>	DYNACIN	Generic
	1	<i>minocycline</i>	MINOCIN	Generic
	1	<i>minocycline</i>	SOLODYN	Generic
ST	1	<i>moxifloxacin</i>	AVELOX	Generic
	1	<i>neomycin sulfate</i>	MYCIFRADIN	Generic
	3	<i>norfloxacin</i>	NOROXIN	Non-Preferred
	1	<i>penicillin v potassium</i>	PEN-VEE K	Generic
ST	3	<i>omadacycline</i>	NUZYRA	Non-Preferred
ST, QL	3	<i>rifaximin</i>	XIFAXAN	Non-Preferred
	1	<i>sulfadiazine</i>	SULFADIAZINE	Generic
	1	<i>sulfamethoxazole & trimethoprim</i>	BACTRIM DS	Generic
	1	<i>sulfamethoxazole & trimethoprim</i>	SEPTRA	Generic
	1	<i>sulfasalazine</i>	AZULFIDINE	Generic
	3	<i>tedizolid</i>	SIVEXTRO	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	<i>telithromycin</i>	KETEK	Non-Preferred
	1	<i>tetracycline</i>	TETRACYCLINE	Generic
	3	<i>tobramycin inhalation powder</i>	TOBI PODHALER	Non-Preferred
	1	<i>tobramycin inhalation solution</i>	TOBI	Generic
capsule	1	<i>vancomycin</i>	VANCOCI	Generic
Antifungals				
QL, PA	3	<i>efinaconazole</i>	JUBLIA	Non-Preferred
QL	1	<i>fluconazole</i>	DIFLUCAN	Generic
	1	<i>flucytosine</i>	ANCOBON	Generic
	1	<i>griseofulvin microsize</i>	GRIFULVIN V	Generic
	1	<i>griseofulvin ultramicrosize</i>	GRIS-PEG	Generic
	3	<i>isavuconazonium</i>	CRESEMBA	Non-Preferred
	1	<i>itraconazole</i>	SPORANOX	Generic
	1	<i>ketoconazole</i>	NIZORAL	Generic
	3	<i>luliconazole</i>	LUZU	Non-Preferred
	1	<i>nystatin</i>	MYCOSTATIN	Generic
PA, QL	3	<i>posaconazole</i>	NOXAFIL	Non-Preferred
PA	3	<i>tavaborole</i>	KERYDIN	Non-Preferred
	1	<i>terbinafine</i>	LAMISIL	Generic
	1	<i>voriconazole tablet</i>	VFEND	Generic
ST	3	<i>voriconazole suspension</i>	VFEND	Non-Preferred
Antimycobacterials				
	1	<i>cycloserine</i>	SEROMYCIN	Generic
	1	<i>dapsone</i>	AVLOSULFON	Generic
	1	<i>ethambutol</i>	MYAMBUTOL	Generic
ST	3	<i>ethionamide</i>	TRECTOR	Non-Preferred
	1	<i>isoniazid</i>	NYDRAZID	Generic
ST	3	<i>Pretomanid</i>	PRETOMANID	Non-PreferredANTI
	1	<i>pyrazinamide</i>	PYRAZINAMIDE	Generic
	1	<i>rifabutin</i>	MYCOBUTIN	Generic
	1	<i>rifampin</i>	RIFADIN	Generic
	1	<i>rifampin & isoniazid</i>	RIFAMATE	Generic
ST	3	<i>rifampin, isoniazid, & pyrazinamide</i>	RIFATER	Non-Preferred
	3	<i>rifapentine</i>	PRIFTIN	Non-Preferred
Antiprotozoals				
ST	3	<i>artemether & lumefantrine</i>	COARTEM	Non-Preferred
	3	<i>atovaquone</i>	MEPRON	Generic
ST	1	<i>atovaquone & proguanil</i>	MALARONE	Generic
ST	1	<i>chloroquine phosphate</i>	ARALEN	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	hydroxychloroquine sulfate	PLAQUENIL	Generic
ST	1	mefloquine	LARIAM	Generic
	1	metronidazole	FLAGYL	Generic
	3	metronidazole extended-release	FLAGYL ER	Non-Preferred
PA	3	miltefosine	IMPAVIDO	Non-Preferred
	3	nitazoxanide	ALINIA	Non-Preferred
	1	paromomycin sulfate	HUMATIN	Generic
ST	3	pentamidine	NEBUPENT	Non-Preferred
	2	primaquine phosphate	PRIMAQUINE	Preferred Brand
PA	3	pyrimethamine	DARAPRIM	Preferred Brand
ST	1	quinine sulfate	QUALAQUIN	Generic
ST	3	secnidazole	SOLOSEC	Non-Preferred
Antiviral				
QL	1	abacavir sulfate & lamivudine	EPZICOM	Generic
QL	2	abacavir sulfate solution	ZIAGEN	Preferred Brand
QL	1	abacavir sulfate tablet	ZIAGEN	Generic
	3	abacavir, dolutegravir & lamivudine	TRIUMEQ	Non-Preferred
QL	1	abacavir, lamivudine & zidovudine	TRIZIVIR	Generic
	1	acyclovir	ZOVIRAX	Generic
QL, ST	3	adefovir dipivoxil	HEPSERA	Non-Preferred
	3	atazanavir & cobicistat	EVOTAZ	Non-Preferred
QL	2	atazanavir sulfate 150 mg	REYATAZ	Preferred Brand
QL	1	atazanavir sulfate 200 mg, 300 mg	REYATAZ	Generic
QL	2	bictegravir & emtricitabine & tenofovir	BIKTARVY	Preferred Brand
QL	3	boceprevir	VICTRELIS	Non-Preferred
PA	3	daclatasvir	DAKLINZA	Non-Preferred
	2	darunavir & cobicistat	PREZCOBIX	Non-Preferred
QL	2	darunavir ethanolate	PREZISTA	Preferred Brand
QL	2	darunavir/cobicistat/FTC/tenofovir	SYMTUZA	Non-Preferred
QL	2	delavirdine mesylate	RESCRIPTOR	Preferred Brand
QL	1	didanosine	VIDEX EC	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	2	didanosine solution	VIDEX	Preferred Brand
	2	dolutegravir	TIVICAY	Preferred Brand
QL	2	dolutegravir & lamivudine	DOVATO	Preferred Brand
ST	3	dolutegravir & rilpivirine	JULUCA	Non-Preferred
	3	doravirine	PIFELTRO	Non-Preferred
QL	3	doravirine, lamivudine & tenofovir	DELSTRIGO	Non-Preferred
QL	1	efavirenz 600 mg	SUSTIVA	Generic
QL	3	efavirenz, emtricitabine & tenofovir	ATRIPLA	Non-Preferred
QL	2	efavirenz 600 mg, lamivudine & tenofovir	SYMFI	Preferred Brand
QL	3	efavirenz 400 mg, lamivudine & tenofovir	SYMFI LO	Non-Preferred
PA	3	elbasvir & grazoprevir	ZEPATIER	Non-Preferred
QL	3	elvitegravir, cobicistat, emtricitabine, & tenofovir	STRIBILD	Non-Preferred
QL	2	elvitegravir, cobicistat, emtricitabine, & tenofovir	GENVOYA	Preferred Brand
QL	2	emtricitabine	EMTRIVA	Preferred Brand
QL	2	emtricitabine & tenofovir	TRUVADA	Preferred Brand
QL	2	emtricitabine & tenofovir	DESCOVY	Preferred Brand
QL	3	emtricitabine, rilpivirine, & tenofovir	COMPLERA	Non-Preferred
QL	2	emtricitabine, rilpivirine, & tenofovir	ODEFSEY	Preferred Brand
QL	2	enfuvirtide	FUZEON	Preferred Brand
QL	1	entecavir	BARACLUDE	Generic
QL	2	etravirine	INTELENCE	Preferred Brand
ST	1	famciclovir	FAMVIR	Generic
QL	2	fosamprenavir calcium	LEXIVA	Preferred Brand
	1	ganciclovir	CYTOVENE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL, PA	3	<i>glecaprevir & pibrentasvir</i>	MAVYRET	Non-Preferred
QL	2	<i>indinavir sulfate</i>	CRIXIVAN	Preferred Brand
	3	<i>interferon alfacon-1</i>	INFERGEN	Non-Preferred
QL, ST	3	<i>lamivudine</i>	EPIVIR HBV	Non-Preferred
QL	1	<i>lamivudine</i>	EPIVIR	Generic
QL	2	<i>Lamidudine & tenofovir</i>	CIMDUO	Preferred Brand
QL	1	<i>lamivudine & zidovudine</i>	COMBIVIR	Generic
QL, PA	3	<i>ledipasvir & sofosbuvir</i>	HARVONI	Non-Preferred
QL	2	<i>lopinavir & ritonavir</i>	KALETRA	Preferred Brand
QL	2	<i>maraviroc</i>	SELZENTRY	Preferred Brand
QL	2	<i>nelfinavir mesylate</i>	VIRACEPT	Preferred Brand
QL	1	<i>nevirapine solution</i>	VIRAMUNE	Generic
QL	1	<i>nevirapine tablet</i>	VIRAMUNE	Generic
PA	3	<i>ombitasvir, paritaprevir & ritonavir</i>	TECHNIVIE	Non-Preferred
QL, PA	3	<i>ombitasvir, paritaprevir, ritonavir, & dasabuvir</i>	VIEKIRA	Non-Preferred
QL, PA	2	<i>sofosbuvir, velpatasvir, voxilaprevir</i>	VOSEVI	Preferred Brand
QL	1	<i>oseltamivir phosphate</i>	TAMIFLU	Generic
	3	<i>palivizumab</i>	SYNAGIS	Non-Preferred
QL	2	<i>peginterferon alfa-2a</i>	PEGASYS	Preferred Brand
	2	<i>peginterferon-alfa 2b</i>	PEG-INTRON	Preferred Brand
QL	2	<i>raltegravir</i>	ISENTRESS	Preferred Brand
QL	2	<i>raltegravir (600mg)</i>	ISENTRESS HD	Preferred Brand
	1	<i>ribavirin</i>	REBETOL	Generic
QL	3	<i>rilpivirine</i>	EDURANT	Non-Preferred
QL	1	<i>rimantadine</i>	FLUMADINE	Generic
QL	1	<i>ritonavir</i>	NORVIR	Generic
QL	2	<i>saquinavir mesylate</i>	INVIRASE	Preferred Brand
QL, PA	3	<i>simeprevir</i>	OLYSIO	Non-Preferred

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QL, PA	3	<i>sofosbuvir</i>	SOVALDI	Non-Preferred
QL, PA	3	<i>sofosbuvir & velpatasvir</i>	EPCLUSA	Non-Preferred
QL	1	<i>stavudine</i>	ZERIT	Generic
QL	3	<i>telaprevir</i>	INCIVEK	Non-Preferred
ST	3	<i>telbivudine</i>	TYZEKA	Non-Preferred
QL	3	<i>tenofovir</i>	VIREAD	Non-Preferred
QL	1	<i>tenofovir 300 mg</i>	VIREAD	Generic
QL, PA	3	<i>tenofovir alafenamide</i>	VEMLIDY	Non-Preferred
QL	2	<i>tipranavir</i>	APTIVUS	Preferred Brand
ST	1	<i>valacyclovir</i>	VALTREX	Generic
	1	<i>valganciclovir</i>	VALCYTE	Generic
QL	2	<i>zanamivir</i>	RELENZA	Preferred Brand
QL	1	<i>zidovudine</i>	RETROVIR	Generic
Urinary Antiinfectives				
ST	3	<i>fosfomycin</i>	MONUROL	Non-Preferred
ST	1	<i>methenamine hippurate</i>	HIPREX	Generic
	3	<i>methenamine, sodium biphosphate, phenyl salicylate, methylene blue, and hyoscyamine</i>	URELLE	Non-Preferred
	2	<i>nitrofurantoin</i>	FURADANTIN	Preferred Brand
	1	<i>nitrofurantoin macrocrystal</i>	MACRODANTIN	Generic
	1	<i>nitrofurantoin monohydrate</i>	MACROBID	Generic
	1	<i>trimethoprim</i>	PROLOPRIM	Generic
Antineoplastic Agents				
Antineoplastic Agents				
	3	<i>abemaciclib</i>	VERZENIO	Non-Preferred
	2	<i>abiraterone</i>	ZYTIGA	Preferred Brand
	3	<i>acalabrutinib</i>	CALQUENCE	Non-Preferred
PA, QL	3	<i>alpelisib</i>	PIQRAY	Non-Preferred
	1	<i>anastrozole</i>	ARIMIDEX	Generic
	3	<i>axitinib</i>	INLYTA	Non-Preferred
	2	<i>bexarotene</i>	TARGRETIN	Preferred Brand
	1	<i>bicalutamide</i>	CASODEX	Generic
	3	<i>binimetinib</i>	MEKTOVI	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>bosutinib</i>	BOSULIF	Non-Preferred
	2	<i>busulfan</i>	MYLERAN	Preferred Brand
QL	3	<i>cabozantinib</i>	COMETRIQ	Non-Preferred
	1	<i>capecitabine</i>	XELODA	Generic
	3	<i>ceritinib</i>	ZYKADIA	Non-Preferred
	2	<i>chlorambucil</i>	LEUKERAN	Preferred Brand
	2	<i>cobimetinib</i>	COTELLIC	Preferred Brand
	2	<i>crizotinib</i>	XALKORI	Preferred Brand
	1	<i>cyclophosphamide</i>	CYTOXAN	Generic
	3	<i>dacomitinib</i>	VIZIMPRO	Non-Preferred
PA, QL	3	<i>darolutamide</i>	NUBEQA	Non-Preferred
QL	2	<i>dasatinib</i>	SPRYCEL	Preferred Brand
	3	<i>enasidenib</i>	IDHIFA	Non-Preferred
	3	<i>encorafenib</i>	BRAFTOVI	Non-Preferred
PA	3	<i>entrectinib</i>	ROZLYTREK	Non-Preferred
	2	<i>enzalutamide</i>	XTANDI	Preferred Brand
	2	<i>erlotinib</i>	TARCEVA	Preferred Brand
	2	<i>estramustine</i>	EMCYT	Preferred Brand
QL	2	<i>everolimus</i>	AFINITOR	Preferred Brand
	1	<i>exemestane</i>	AROMASIN	Generic
	3	<i>gilteritinib</i>	XOSPATA	Non-Preferred
	3	<i>glasdegib</i>	DAURISMO	Non-Preferred
	1	<i>flutamide</i>	EULEXIN	Generic
	1	<i>hydroxyurea</i>	HYDREA	Generic
	2	<i>hydroxyurea</i>	DROXIA	Preferred Brand
QL	2	<i>ibrutinib</i>	IMBRUVICA	Preferred Brand
	2	<i>idelalisib</i>	ZYDELIG	Preferred Brand
	1	<i>imatinib mesylate</i>	GLEEVEC	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>ivosidenib</i>	TIBSOVO	Non-Preferred
	2	<i>ixazomib</i>	NINLARO	Preferred Brand
	2	<i>lapatinib</i>	TYKERB	Preferred Brand
PA	3	<i>larotrectinib</i>	VITRAKVI	Non-Preferred
QL	2	<i>lenalidomide</i>	REVLIMID	Preferred Brand
	2	<i>lenvatinib</i>	LENVIMA	Preferred Brand
	1	<i>letrozole</i>	FEMARA	Generic
	1	<i>leuprolide acetate</i>	LUPRON	Generic
ST	3	<i>lomustine</i>	GLEOSTINE	Non-Preferred
	3	<i>lorlatinib</i>	LORBRENA	Non-Preferred
	3	<i>mechlorethamine</i>	VALCHLOR	Non-Preferred
	2	<i>melphalan</i>	ALKERAN	Preferred Brand
	1	<i>mercaptopurine</i>	PURINETHOL	Generic
	3	<i>methotrexate</i>	RASUVO	Non-Preferred
	3	<i>methotrexate</i>	OTREXUP	Non-Preferred
ST	1	<i>methotrexate sodium</i>	RHEUMATREX	Generic
	3	<i>methotrexate sodium</i>	TREXALL	Non-Preferred
	2	<i>mitotane</i>	LYSODREN	Preferred Brand
	2	<i>nilotinib</i>	TASIGNA	Preferred Brand
ST	3	<i>nilutamide</i>	NILANDRON	Non-Preferred
QL	2	<i>niraparib</i>	ZEJULA	Preferred Brand
QL	3	<i>olaparib</i>	LYNPARZA	Non-Preferred
QL	2	<i>palbociclib</i>	IBRANCE	Preferred Brand
	2	<i>pazopanib</i>	VOTRIENT	Preferred Brand
QL	2	<i>pomalidomide</i>	POMALYST	Preferred Brand
	3	<i>ponatinib</i>	ICLUSIG	Non-Preferred
	2	<i>procarbazine</i>	MATULANE	Preferred Brand

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	2	<i>regorafenib</i>	STIVARGA	Preferred Brand
	3	<i>ruxolitinib</i>	JAKAFI	Non-Preferred
PA	3	<i>selinexor</i>	XPOVIO	Non-Preferred
	2	<i>sorafenib tosylate</i>	NEXAVAR	Preferred Brand
	2	<i>sunitinib malate</i>	SUTENT	Preferred Brand
	3	<i>talazoparib</i>	TALZENNA	Non-Preferred
	1	<i>tamoxifen citrate</i>	NOLVADEX	Generic
	1	<i>temozolomide</i>	TEMODAR	Generic
	2	<i>thioguanine</i>	TABLOID	Preferred Brand
	2	<i>topotecan</i>	HYCANTIN	Preferred Brand
ST	3	<i>toremifene</i>	FARESTON	Non-Preferred
	1	<i>tretinoin</i>	VESANOID	Generic
	2	<i>trifludine /tipiracil</i>	LONSURF	Preferred Brand
	2	<i>vandetanib</i>	CAPRELSA	Preferred Brand
	2	<i>vemurafenib</i>	ZELBORAF	Preferred Brand
	2	<i>vorinostat</i>	ZOLINZA	Preferred Brand
Autonomic Drugs				
Anticholinergic Agents				
	1	<i>atropine sulfate</i>	ATROPINE SULFATE	Generic
	1	<i>dicyclomine</i>	BENTYL	Generic
	1	<i>glycopyrrolate</i>	ROBINUL	Generic
	1	<i>glycopyrrolate</i>	ROBINULFORTE	Generic
	3	<i>glycopyrrolate inhalation pow</i>	SEEBRI NEOHALER	Non-Preferred
ST	3	<i>glycopyrrolate nebulizer soln</i>	LONHALA MAGNAIR	Non-Preferred
	1	<i>hyoscyamine sulfate</i>	LEVVID	Generic
	1	<i>hyoscyamine sulfate</i>	LEVSIN	Generic
	1	<i>hyoscyamine sulfate</i>	SYMAX	Generic
	3	<i>hyoscyamine sulfate</i>	SYMAX DUOTAB	Non-Preferred
	1	<i>ipratropium bromide</i>	ATROVENT	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	<i>ipratropium bromide</i>	ATROVENTHFA	Preferred Brand
ST	1	<i>methscopolamine</i>	PAMINE	Generic
	1	<i>propantheline bromide</i>	PRO-BANTHINE	Generic
ST	3	<i>revefenacin</i>	YUPELRI	Non-Preferred
	3	<i>tiotropium</i>	SPIRIVA	Non-Preferred
2.5 mcg	2	<i>tiotropium</i>	SPIRIVA RESPIMAT	Preferred Brand
1.25 mcg	3	<i>tiotropium</i>	SPIRIVA RESPIMAT	Non-Preferred
	3	<i>umeclidinium</i>	INCRUSE ELLIPTA	Non-Preferred
Autonomic Drugs, Miscellaneous				
ST	3	<i>varenicline</i>	CHANTIX	Non-Preferred
Parasympathomimetic (Cholinergic) Agents				
PA	3	<i>amifampridine</i>	RUZURGI	Non-Preferred
	1	<i>bethanechol chloride</i>	URECHOLINE	Generic
	1	<i>cevimeline hcl</i>	EVOXAC	Generic
	1	<i>donepezil</i>	ARICEPT	Generic
	1	<i>donepezil</i>	ARICEPT ODT	Generic
	1	<i>galantamine hydrobromide</i>	RAZADYNE	Generic
	1	<i>galantamine hydrobromide</i>	RAZADYNEER	Generic
	1	<i>neostigmine bromide</i>	PROSTIGMIN	Generic
ST	1	<i>pilocarpine</i>	SALAGEN	Generic
	1	<i>pyridostigmine</i>	MESTION TIMESPAN	Generic
	1	<i>pyridostigmine</i>	MESTION	Generic
	1	<i>rivastigmine tartrate</i>	EXELON	Generic
	2	<i>rivastigmine tartrate (solution)</i>	EXELON	Preferred brand
Skeletal Muscle Relaxants				
	1	<i>baclofen</i>	LIORESAL	Generic
ST	1	<i>carisoprodol</i>	SOMA	Generic
ST	1	<i>carisoprodol & aspirin</i>	SOMA COMPOUND	Generic
	1	<i>chlorzoxazone</i>	PARAFON FORTE DSC	Generic
	1	<i>cyclobenzaprine</i>	FLEXERIL	Generic
	3	<i>cyclobenzaprine extended-release</i>	AMRIX	Non-Preferred
	1	<i>dantrolene sodium</i>	DANTRIUM	Generic
ST	1	<i>metaxalone</i>	SKELAXIN	Generic
	1	<i>methocarbamol</i>	ROBAXIN	Generic
	1	<i>orphenadrine citrate</i>	NORFLEX	Generic

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	1	<i>orphenadrine, aspirin, & caffeine</i>	NORGESIC	Generic
	1	<i>tizanidine</i>	ZANAFLEX	Generic
Sympatholytic (Adrenergic Blocking) Agents				
	1	<i>alfuzosin</i>	UROXATRAL	Generic
	1	<i>dihydroergotamine mesylate</i>	D.H.E.45	Generic
	2	<i>dihydroergotamine mesylate</i>	MIGRANAL	Preferred Brand
	1	<i>ergoloid mesylates</i>	HYDERGINE	Generic
	1	<i>ergotamine & caffeine</i>	CAFERGOT	Generic
ST	1	<i>phenoxybenzamine</i>	DIBENZYLIN	Generic
ST	3	<i>silodosin</i>	RAPAFLO	Non-Preferred
	1	<i>tamsulosin hcl</i>	FLOMAX	Generic
Sympathomimetic (Adrenergic) Agents				
	1	<i>albuterol nebulizer solution</i>	ACCUNEB	Generic
	3	<i>albuterol sulfate</i>	PROAIR HFA	Non-Preferred
	3	<i>albuterol sulfate</i>	PROVENTIL HFA	Non-Preferred
	2	<i>albuterol sulfate</i>	VENTOLIN HFA	Preferred Brand
	3	<i>albuterol sulfate & ipratropium</i>	COMBIVENT RESPIMAT	Non-Preferred
	1	<i>albuterol sulfate & ipratropium</i>	DUONEB	Generic
	1	<i>albuterol sulfate tablet</i>	VOSPIRE ER	Generic
	3	<i>arformoterol</i>	BROVANA	Non-Preferred
PA	3	<i>droxidopa</i>	NORTHERA	Non-Preferred
	1	<i>epinephrine</i>	ADRENAClick	Generic
PA	3	<i>epinephrine</i>	AUVI-Q	Non-Preferred
	3	<i>epinephrine</i>	EPIPEN	Non-Preferred
	3	<i>epinephrine</i>	EPIPEN JR	Non-Preferred
	3	<i>epinephrine</i>	TWINJECT	Non-Preferred
	3	<i>formoterol fumarate</i>	FORADIL	Non-Preferred
ST	1	<i>levalbuterol nebulizer solution</i>	XOPENEX NEBULIZER	Generic
ST	3	<i>levalbuterol tartrate</i>	XOPENEX HFA	Non-Preferred
	1	<i>midodrine hcl</i>	PROAMATINE	Generic
	2	<i>olodaterol</i>	STRIVERDI RESPIMAT	Preferred Brand
ST	3	<i>pirbuterol acetate</i>	MAXAIR AUTOHALER	Non-Preferred
	1	<i>terbutaline sulfate</i>	BRETHINE	Generic
	3	<i>umeclidinium & vilanterol</i>	ANORO ELLIPTA	Non-Preferred
Blood Formation, Coagulation, and Thrombosis				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Coagulants and Anticoagulants				
	2	aminocaproic acid	AMICAR	Preferred Brand
	1	anagrelide	AGRYLIN	Generic
ST	3	apixaban	ELIQUIS	Non-Preferred
	3	aspirin & dipyridamole	AGGRENOLX	Non-Preferred
ST	3	betrixaban	BEVYXXA	Non-Preferred
	1	cilostazol	PLETAL	Generic
	2	clopidogrel	PLAVIX	Generic
QL	2	dabigatran	PRADAXA	Preferred Brand
ST	3	dalteparin	FRAGMIN	Non-Preferred
	1	dipyridamole	PERSANTINE	Generic
ST	3	edoxaban	SAVAYSA	Non-Preferred
	1	enoxaparin	LOVENOX	Generic
ST	1	fondaparinux	ARIXTRA	Generic
	1	heparin	HEPARIN SODIUM	Generic
	1	pentoxifylline	TRENTAL	Generic
	1	prasugrel	EFFIENT	Generic
QL, ST	3	rivaroxaban	XARELTO	Non-Preferred
	2	ticagrelor	BRILINTA	Preferred brand
ST	1	ticlopidine	TICLID	Generic
ST	1	tranexamic acid	LYSTEDA	Generic
	3	vorapaxar	ZONTIVITY	Non-Preferred
	1	warfarin	COUMADIN	Generic
Hematopoietic Agents				
	2	darbepoetin alfa	ARANESP	Preferred Brand
	2	eltrombopag	PROMACTA	Preferred Brand
	2	epoetin alfa	PROCRIT	Preferred Brand
	3	epoetin alfa	EPOGEN	Non-Preferred
	3	filgrastim	NEUPOGEN	Non-Preferred
	2	filgrastim	ZARXIO	Preferred Brand
	2	oprelvekin	NEUMEGA	Preferred Brand
	3	pegfilgrastim	NEULASTA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>pegfilgrastim-jmdb</i>	FULPHILA	Non-Preferred
	2	<i>sargramostim</i>	LEUKINE	Preferred Brand
Cardiovascular Drugs				
a-Adrenergic Blocking Agents				
	1	<i>doxazosin</i>	CARDURA	Generic
	2	<i>prazosin</i>	MINIPRESS	Non-Preferred
	1	<i>terazosin</i>	HYTRIN	Generic
Antilipemic Agents				
	1	<i>atorvastatin</i>	LIPITOR	Generic
	1	<i>cholestyramine light</i>	QUESTRAN LIGHT	Generic
	1	<i>cholestyramine</i>	QUESTRAN	Generic
ST	3	<i>colesevelam</i>	WELCHOL	Non-Preferred
	1	<i>colestipol</i>	COLESTID	Generic
ST	3	<i>ezetimibe</i>	ZETIA	Non-Preferred
	3	<i>ezetimibe & simvastatin</i>	VYTORIN	Non-Preferred
	1	<i>fenofibrate</i>	LOFIBRA TAB	Generic
	1	<i>fenofibrate</i>	TRICOR	Generic
	1	<i>fenofibrate, micronized</i>	LOFIBRA CAP	Generic
	1	<i>fenofibric acid</i>	TRILIPIX	Generic
ST	1	<i>fluvastatin extended-release</i>	LESCOL XL	Generic
ST	1	<i>fluvastatin</i>	LESCOL	Generic
	1	<i>gemfibrozil</i>	LOPID	Generic
ST	3	<i>icosapent</i>	VASCEPA	Non-Preferred
PA	3	<i>lomitapide</i>	JUXTAPID	Non-Preferred
	1	<i>lovastatin</i>	MEVACOR	Generic
	3	<i>lovastatine extended-release</i>	ALTOPREV	Non-Preferred
PA	3	<i>mipomersen sodium</i>	KYNAMRO	Non-Preferred
ST	3	<i>niacin</i>	NIASPAN	Non-Preferred
	3	<i>niacin & lovastatin</i>	ADVICOR	Non-Preferred
	1	<i>omega-3 acid ethyl esters</i>	LOVAZA	Generic
	3	<i>omega-3-carboxylic acid</i>	EPANOVA	Non-Preferred
ST	3	<i>pitavastatin</i>	LIVALO	Non-Preferred
	1	<i>pravastatin</i>	PRAVACHOL	Generic
	1	<i>rosuvastatin</i>	CRESTOR	Generic
	1	<i>simvastatin</i>	ZOCOR	Generic
Calcium Channel Blocking Agents				
	1	<i>amlodipine</i>	NORVASC	Generic
	1	<i>amlodipine & benazepril</i>	LOTREL	Non-Preferred
	1	<i>amlodipine & atorvastatin</i>	CADUET	Non-Preferred

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	3	amlodipine & olmesartan	AZOR	Non-Preferred
ST	3	amlodipine & telmisartan	TQYNSTA	Non-Preferred
ST	3	amlodipine & valsartan	EXFORGE	Non-Preferred
ST	3	amlodipine, valsartan & hydrochlorothiazide	EXFORGE HCT	Non-Preferred
	3	amlodipine, olmesartan & hydrochlorothiazide	TRIBENZOR	Non-Preferred
	1	diltiazem extended-release	CARDIZEM CD	Generic
	1	diltiazem extended-release	TIAZAC	Generic
	1	diltiazem extended-release	CARTIA XT	Generic
	1	diltiazem extended-release	CARDIZEM LA	Generic
	1	diltiazem	CARDIZEM	Generic
	1	felodipine	PLENDIL	Generic
ST	1	isradipine	DYNACIRC	Generic
ST	3	isradipine	DYNACIRC CR	Non-Preferred
	1	nicardipine	CARDENE	Generic
	1	nifedipine	PROCARDIA	Generic
	1	nifedipine extended-release	ADALAT CC	Generic
	1	nifedipine extended-release	PROCARDIA XL	Generic
	1	nimodipine	NIMOTOP	Generic
ST	3	nisoldipine	SULAR	Non-Preferred
	1	trandolapril & verapamil	TARKA	Generic
	1	verapamil sustained-release cap	VERELAN	Generic
	3	verapamil	COVERA-HS	Non-Preferred
	1	verapamil extended-release cap	VERELAN PM	Generic
	1	verapamil sustained-release cap	CALAN SR	Generic
	1	verapamil sustained-release tab	ISOPTIN SR	Generic
Cardiac Drugs				
	1	amiodarone	PACERONE	Generic
	1	digoxin	LANOXIN	Generic
	1	disopyramide	NORPACE	Generic
	2	disopyramide controlled-release	NORPACE CR	Preferred Brand
	1	dofetilide	TIKOSYN	Generic
ST	3	dronedarone	MULTAQ	Non-Preferred
	1	flecainide	TAMBOCOR	Generic
	3	Ivabradine	CORLANOR	Non-Preferred
	1	mexiletine	MEXITIL	Generic
	1	propafenone	RYTHMOL	Generic
	3	propafenone	RYTHMOL SR	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	quinidine gluconate	QUINAGLUTE	Generic
	1	quinidine	QUINIDINE SULFATE	Generic
QL	3	ranolazine	RANEXA	Non-Preferred
	3	sacubitril & valsartan	ENTRESTO	Non-Preferred
Hypotensive Agents				
ST	1	clonidine extended-release	KAPVAY	Generic
	1	clonidine	CATAPRES	Generic
	1	clonidine transdermal	CATAPRES-TTS	Generic
	1	guanfacine	TENEX	Generic
	1	hydralazine	APRESOLINE	Generic
	1	methyldopa	ALDOMET	Generic
	1	methyldopa & hydrochlorothiazide	ALDORIL-25	Generic
	1	minoxidil	LONITEN	Generic
	3	reserpine	SERPASIL	Non-Preferred
Renin-Angiotensin-Aldosterone System Inhibitors				
ST	3	aliskiren	TEKTURNA	Non-Preferred
ST	3	aliskiren, amlodipine & hydrochlorothiazide	AMTURNIDE	Non-Preferred
	3	aliskiren & amlodipine	TEKAMLO	Non-Preferred
ST	3	aliskiren & hydrochlorothiazide	TEKTURNA HCT	Non-Preferred
	3	aliskiren & valsartan	VALTURNA	Non-Preferred
ST	3	azilsartan	EDARBI	Non-Preferred
	1	benazepril	LOTENSIN	Generic
	1	benazepril & hydrochlorothiazide	LOTENSIN HCT	Generic
ST	1	candesartan	ATACAND	Generic
ST	1	candesartan & hydrochlorothiazide	ATACAND HCT	Generic
	1	captopril	CAPOTEN	Generic
	1	captopril & hydrochlorothiazide	CAPOZIDE	Generic
	1	enalapril	VASOTEC	Generic
	1	enalapril & hydrochlorothiazide	VASERETIC	Generic
ST	1	epplerenone	INSPIRA	Generic
ST	3	eprosartan	TEVETEN	Non-Preferred
	3	eprosartan & hydrochlorothiazide	TEVETEN	Non-Preferred
ST	1	fosinopril	MONOPRIL	Generic
ST	1	fosinopril & hydrochlorothiazide	MONOPRIL HCT	Generic
ST	1	irbesartan	AVAPRO	Generic
ST	1	irbesartan & hydrochlorothiazide	AVALIDE	Generic
	1	lisinopril	ZESTRIL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>lisinopril & hydrochlorothiazide</i>	ZESTORETIC	Generic
	1	<i>losartan</i>	COZAAR	Generic
	1	<i>losartan & hydrochlorothiazide</i>	HYZAAR	Generic
ST	1	<i>moexipril</i>	UNIVASC	Generic
ST	1	<i>moexipril & hydrochlorothiazide</i>	UNIRETIC	Generic
ST	3	<i>olmesartan</i>	BENICAR	Non-Preferred
ST	3	<i>olmesartan & hydrochlorothiazide</i>	BENICAR HCT	Non-Preferred
ST	1	<i>perindopril</i>	ACEON	Generic
ST	1	<i>quinapril hcl</i>	ACCUPRIL	Generic
ST	1	<i>quinapril & hydrochlorothiazide</i>	ACCURETIC	Generic
	1	<i>ramipril</i>	ALTACE	Generic
	1	<i>spironolactone & hydrochlorothiazide</i>	ALDACTAZIDE	Generic
	1	<i>spironolactone</i>	ALDACTONE	Generic
ST	1	<i>telmisartan</i>	MICARDIS	Generic
ST	1	<i>telmisartan & hydrochlorothiazide</i>	MICARDIS HCT	Generic
ST	1	<i>trandolapril</i>	MAVIK	Generic
ST	1	<i>valsartan</i>	DIOVAN	Generic
ST	1	<i>valsartan & hydrochlorothiazide</i>	DIOVAN HCT	Generic
Vasodilating Agents				
	2	<i>ambrisentan</i>	LETAIRIS	Preferred Brand
	2	<i>bosentan</i>	TRACLEER	Preferred Brand
	3	<i>isosorbide dinitrate & hydralazine</i>	BIDIL	Non-Preferred
	1	<i>isosorbide dinitrate</i>	ISORDIL	Generic
	1	<i>isosorbide mononitrate</i>	IMDUR	Generic
	2	<i>macitentan</i>	OPSUMIT	Preferred Brand
	3	<i>nitroglycerin aerosol</i>	NITROMIST	Non-Preferred
	1	<i>nitroglycerin solution</i>	NITROLINGUAL	Generic
	2	<i>nitroglycerin sublingual</i>	NITROSTAT	Preferred Brand
	2	<i>nitroglycerin topical ointment</i>	NITRO-BID	Preferred Brand
Excludes 0.8mg strength	1	<i>nitroglycerin transdermal patch</i>	NITRO-DUR	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Only 0.8mg strength	2	<i>nitroglycerin transdermal patch</i>	NITRO-DUR	Preferred Brand
ST	3	<i>nitroglycerin (intra-anal)</i>	RECTIV	Non-Preferred
	1	<i>papaverine</i>	PAVABID	Generic
	3	<i>riociguat</i>	ADEMPAS	Non-Preferred
	1	<i>sildenafil</i>	REVATIO	Generic
	3	<i>tadalafil</i>	ADCIRCA	Non-Preferred
	3	<i>treprostinil</i>	ORENITRAM	Non-Preferred
	2	<i>treprostinil</i>	REMODULIN	Preferred Brand
β-Adrenergic Blocking Agents				
	1	<i>acebutolol</i>	SECTRAL	Generic
	1	<i>atenolol</i>	TENORMIN	Generic
	1	<i>atenolol & chlorthalidone</i>	TENORETIC	Generic
ST	1	<i>betaxolol</i>	KERLONE	Generic
	1	<i>bisoprol & hydrochlorothiazide</i>	ZIAC	Generic
	1	<i>bisoprolol</i>	ZEBETA	Generic
	1	<i>carvedilol</i>	COREG	Generic
	3	<i>carvedilol phosphate</i>	COREG CR	Non-Preferred
	1	<i>labetalol</i>	TRANDATE	Generic
	1	<i>metoprol & hydrochlorothiazide</i>	LOPRESSOR HCT	Generic
	1	<i>metoprolol succinate</i>	TOPROL XL	Generic
	1	<i>metoprolol tartrate</i>	LOPRESSOR	Generic
	1	<i>nadolol</i>	CORGARD	Generic
	1	<i>nadolol & bendroflumethiazide</i>	CORZIDE	Generic
ST	3	<i>nebivolol</i>	BYSTOLIC	Non-Preferred
ST	3	<i>penbutolol</i>	LEVATOL	Non-Preferred
ST	1	<i>pindolol</i>	VISKEN	Generic
	1	<i>propranolol & hydrochlorothiazide</i>	INDERIDE	Generic
	3	<i>propranolol extended-release</i>	INNOPRAN XL	Non-Preferred
	1	<i>propranolol</i>	INDERAL	Generic
	1	<i>propranolol sustained-release</i>	INDERAL LA	Generic
	1	<i>sotalol</i>	BETAPACE	Generic
	1	<i>sotalol</i>	BETAPACE AF	Generic
	1	<i>timolol</i>	BLOCADREN	Generic
Central Nervous System Agents				
Analgesics and Antipyretics				
	1	<i>acetaminophen & codeine</i>	TYLENOL W/ CODEINE	Generic

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	1	acetaminophen, caffeine, & dihydrocodine	PANLOR SS	Generic
	1	buprenorphine	SUBUTEX	Generic
QL	1	buprenorphine & naloxone tablet	SUBOXONE	Generic
QL	3	buprenorphine & naloxone film	SUBOXONE	Non-Preferred
QL, ST	3	buprenorphine transdermal	BUTRANS	Non-Preferred
	1	butalbital & acetaminophen	PHRENILIN	Generic
	3	butalbital & acetaminophen	PHRENILIN FORTE	Non-Preferred
	1	butalbital, acetaminophen, & caffeine	FIORICET	Generic
	1	butalbital, acetaminophen, caffeine, & codeine	FIORICET W/ CODEINE	Generic
	1	butalbital, aspirin, & caffeine	FIORINAL	Generic
	1	butalbital, aspirin, caffeine, & codeine	FIORINAL W/ CODEINE	Generic
	1	butorphanol tartrate	STADOL	Generic
ST	1	carisoprodol, aspirin, & codeine	SOMA COMPOUND W/ CODEINE	Generic
ST	1	celecoxib	CELEBREX	Generic
ST	1	codeine	CODEINE SULF	Generic
	1	diclofenac potassium	CATAFLAM	Generic
	1	diclofenac sodium	VOLTAREN	Generic
	1	diclofenac sodium	PENNSAID	Generic
	2	diclofenac sodium & misoprostol	ARTHROTEC	Generic
	1	diclofenac sodium extended release	VOLTAREN XR	Generic
ST	1	diflunisal	DIFLUNISAL	Generic
	1	etodolac	LODINE	Generic
ST	3	fenoprofen calcium	NALFON	Non-Preferred
	3	fentanyl film	ONSOLIS	Non-Preferred
	3	fentanyl intranasal	LAZANDA	Non-Preferred
	1	fentanyl lozenge	ACTIQ	Generic
	3	fentanyl sublingual	ABSTRAL	Non-Preferred
	3	fentanyl tablet	FENTORA	Non-Preferred
QL	1	fentanyl transdermal	DURAGESIC	Generic
ST	1	flurbiprofen	ANSAID	Generic
ST	3	hydrocodone	ZOHYDRO ER	Non-Preferred
	3	hydrocodone er	HYSINGLA ER	Non-Preferred
	1	hydrocodone & acetaminophen	NORCO	Generic
	1	hydrocodone & ibuprofen	VICOPROFEN	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	hydromorphone oral suspension	DILAUDID	Non-Preferred
	1	hydromorphone tablet	DILAUDID	Generic
ST	3	hydromorphone tablet	EXALGO	Non-Preferred
	1	ibuprofen	MOTRIN	Generic
	1	indomethacin	INDOCIN	Generic
	1	ketoprofen	KETOPROFEN	Generic
QL	1	ketorolac tablet	TORADOL	Generic
ST	1	levorphanol	LEVO-DROMORAN	Generic
ST	1	meclofenamate	MECLOMEN	Generic
QL, ST	1	mefenamic acid	PONSTEL	Generic
	1	meloxicam	MOBIC	Generic
	1	meperidine tablet	DEMEROL	Generic
	1	methadone	DOLOPHINE	Generic
	2	morphine	MORPHINE SULFATE	Preferred Brand
	1	morphine	MSIR	Generic
	3	morphine beads	AVINZA	Non-Preferred
	3	morphine extended-release capsule	KADIAN	Non-Preferred
	1	morphine extended-release tablet	MS CONTIN	Generic
ST	3	morphine & naltrexone	EMBEDA	Non-Preferred
	1	nabumetone	RELAFEN	Generic
	1	nalbuphine	NUBAIN	Generic
	1	naproxen	NAPROSYN	Generic
	1	naproxen sodium	ANAPROX	Generic
	3	naproxen sodium	NAPRELAN	Non-Preferred
	1	opium & belladonna alkaloids	B & O SUPPRETTES	Generic
	3	opium tincture	OPIUM	Non-Preferred
ST	1	oxaprozin	DAYPRO	Generic
ST	1	oxycodone	ROXICODONE	Generic
	1	oxycodone & acetaminophen	PERCOCET	Generic
	2	oxycodone & acetaminophen	ROXICET	Preferred Brand
	3	oxycodone & acetaminophen er	XARTEMIS XR	Non-Preferred
	1	oxycodone & aspirin	PERCODAN	Generic
QL	3	oxycodone & ibuprofen	COMBUNOX	Non-Preferred
QL, ST	3	oxycodone controlled-release	OXYCONTIN	Non-Preferred
ST	3	oxymorphone	OPANA	Non-Preferred
ST	3	oxymorphone extended-release	OPANA ER	Non-Preferred
ST	3	pentazocine	TALWIN	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>pentazocine & naloxone</i>	TALWIN NX	Generic
ST	1	<i>piroxicam</i>	FELDENE	Generic
	1	<i>salsalate</i>	DISALCID	Generic
	1	<i>sulindac</i>	CLINORIL	Generic
QL, ST	3	<i>tapentadol</i>	NUCYNTA	Non-Preferred
	1	<i>tolmetin sodium</i>	TOLECTIN 600	Generic
ST	1	<i>tramadol</i>	ULTRAM	Generic
	1	<i>tramadol & acetaminophen</i>	ULTRACET	Generic
	1	<i>tramadol extended-release</i>	ULTRAM ER	Generic
Anorexic Agents and Respiratory and Cerebral Stimulants				
ST	3	<i>amphetamine sulfate</i>	EVEKEO	
	1	<i>amphetamine & dextroamphetamine</i>	ADDERALL	Generic
	1	<i>amphetamine & dextroamphetamine extended-release</i>	ADDERALL XR	Generic
QL, ST	1	<i>armodafinil</i>	NUVIGIL	Generic
QL	1	<i>dexmethylphenidate</i>	FOCALIN	Generic
ST	3	<i>dexmethylphenidate extended-release</i>	FOCALIN XR	Non-Preferred
QL	1	<i>dextroamphetamine sulfate</i>	DEXTROSTAT	Generic
QL	1	<i>dextroamphetamine sulfate extended-release</i>	DEXEDRINE	Generic
ST, QL	3	<i>lisdexamfetamine</i>	VYVANSE	Non-Preferred
ST	1	<i>methamphetamine</i>	DESOXYN	Generic
	1	<i>methylphenidate</i>	METHYLIN	Generic
	1	<i>methylphenidate</i>	RITALIN	Generic
QL	1	<i>methylphenidate extended-release</i>	METADATE ER	Generic
QL	1	<i>methylphenidate extended-release</i>	CONCERTA	Generic
	1	<i>methylphenidate extended-release</i>	METADATE CD	Generic
QL, ST	3	<i>methylphenidate extended-release</i>	RITALIN LA	Non-Preferred
QL	1	<i>methylphenidate sustained release</i>	RITALIN SR	Generic
QL, ST	3	<i>methylphenidate transdermal patch</i>	DAYTRANA	Non-Preferred
QL	1	<i>modafinil</i>	PROVIGIL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Anticonvulsants				
	1	carbamazepine	TEGRETOL	Generic
	1	carbamazepine extended-release cap	CARBATROL	Generic
	3	carbamazepine extended-release cap	EQUETRO	Non-Preferred
	1	carbamazepine extended-release tab	TEGRETOL XR	Generic
	3	clobazam	ONFI	Non-Preferred
	1	clonazepam	KLONOPIN	Generic
	1	diazepam	DIASTAT	Generic
	2	diazepam	DIASTAT ACUDIAL	Preferred Brand
	1	divalproex sodium	DEPAKOTE	Generic
	1	divalproex sodium capsule	DEPAKOTE SPRINKLE	Generic
	1	divalproex sodium extended release	DEPAKOTE ER	Generic
	3	eslicarbazepine	APTOM	Non-Preferred
ST	3	ethontoin	PEGANONE	Non-Preferred
	1	ethosuximide	ZARONTIN	Generic
ST	3	ezogaine	POTIGA	Non-Preferred
ST	1	felbamate	FELBATOL	Generic
	1	gabapentin	NEURONTIN	Generic
ST	3	gabapentin	HORIZANT	Non-Preferred
QL, ST	3	lacosamide	VIMPAT	Non-Preferred
	1	lamotrigine	LAMICTAL	Generic
	1	lamotrigine extended-release	LAMICTAL XR	Generic
	1	levetiracetam	KEPPRA	Generic
	1	levetiracetam extended-release	KEPPRA XR	Generic
	2	methsuximide	CELONTIN	Preferred Brand
	1	oxcarbazepine	TRILEPTAL	Generic
	3	perampanel	FYCOMPA	Non-Preferred
	1	phenytoin sodium extended-release	DILANTIN	Generic
	1	phenytoin sodium extended-release	PHENYTEK	Generic
	1	phenytoin suspension	DILANTIN	Generic
	3	pregabalin	LYRICA	Non-Preferred
	1	primidone	MYSOLINE	Generic

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ST	3	<i>rufinamide</i>	BANZEL	Non-Preferred
PA	3	<i>stiripentol</i>	DIACOMIT	Non-Preferred
ST	1	<i>tiagabine</i>	GABITRIL	Generic
	1	<i>topiramate capsule</i>	TOPAMAX SPRINKLE	Generic
	1	<i>topiramate tablet</i>	TOPAMAX	Generic
	1	<i>valproate sodium</i>	DEPAKENE	Generic
	1	<i>valproic acid</i>	DEPAKENE	Generic
PA	3	<i>vigabatrin</i>	SABRIL	Non-Preferred
	1	<i>zonisamide</i>	ZONEGRAN	Generic
Antimigraine Agents				
ST	1	<i>almotriptan</i>	AXERT	Generic
	1	<i>ergotamine & caffeine</i>	MIGERGOT	Generic
ST	3	<i>eletriptan</i>	RELPAK	Non-Preferred
ST	1	<i>frovatriptan</i>	FROVA	Generic
	1	<i>naratriptan</i>	AMERGE	Generic
	1	<i>rizatriptan</i>	MAXALT	Generic
	1	<i>rizatriptan orally disintegrating</i>	MAXALT MLT	Generic
	1	<i>sumatriptan</i>	IMITREX	Generic
ST	1	<i>zolmitriptan</i>	ZOMIG	Generic
	1	<i>zolmitriptan orally disintegrating</i>	ZOMIG ZMT	Generic
Antiparkinsonian Agents				
	1	<i>amantadine</i>	SYMMETREL	Generic
ST	3	<i>amantadine ER</i>	GOCOVRI	Non-Preferred
ST	3	<i>apomorphine</i>	APOKYN	Non-Preferred
	1	<i>benztropine</i>	COGENTIN	Generic
	1	<i>bromocriptine</i>	PARLODEL	Generic
ST	3	<i>bromocriptine</i>	CYCLOSET	Non-Preferred
	1	<i>cabergoline</i>	DOSTINEX	Generic
ST	3	<i>carbidopa</i>	LODOSYN	Non-Preferred
	1	<i>carbidopa & levodopa</i>	SINEMET	Generic
	3	<i>carbidopa & levodopa</i>	PARCOPA	Non-Preferred
	1	<i>carbidopa & levodopa extended release</i>	SINEMET CR	Generic
	2	<i>carbidopa, levodopa, & entacapone</i>	STALEVO	Preferred Brand
	1	<i>entacapone</i>	COMTAN	Generic
	1	<i>pramipexole</i>	MIRAPEX	Generic
PA	3	<i>levodopa (oral inhalation)</i>	INBRIJA	Non-Preferred
	1	<i>pramipexole extended-release</i>	MIRAPEX ER	Generic
ST	3	<i>rasagiline</i>	AZILECT	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>ropinirole</i>	REQUIP	Generic
ST	1	<i>ropinirole extended-release</i>	REQUIP XL	Generic
ST	3	<i>rotigotine</i>	NEUPRO	Non-Preferred
	1	<i>selegiline</i>	ELDEPRYL	Generic
ST	3	<i>selegiline</i>	ZELAPAR	Non-Preferred
ST	3	<i>selegiline transdermal</i>	EMSAM	Non-Preferred
	2	<i>tolcapone</i>	TASMAR	Preferred Brand
	1	<i>trihexyphenidyl</i>	ARTANE	Generic
Anxiolytics, Sedatives, and Hypnotics				
	1	<i>alprazolam</i>	XANAX	Generic
	1	<i>alprazolam extended-release</i>	XANAX XR	Generic
	3	<i>alprazolam orally disintegrating</i>	NIRAVAM	Non-Preferred
	1	<i>buspirone</i>	BUSPAR	Generic
	1	<i>chlordiazepoxide</i>	LIBRIUM	Generic
	1	<i>clorazepate</i>	TRANXENE	Generic
	1	<i>diazepam</i>	VALIUM	Generic
ST	3	<i>doxepin (sleep)</i>	SILENOR	Non-Preferred
	1	<i>estazolam</i>	PROSOM	Generic
ST	1	<i>eszopiclone</i>	LUNESTA	Generic
	1	<i>flurazepam</i>	DALMANE	Generic
	1	<i>hydroxyzine hcl</i>	ATARAX	Generic
ST	1	<i>hydroxyzine pamoate</i>	VISTARIL	Generic
	1	<i>lorazepam</i>	ATIVAN	Generic
	1	<i>meprobamate</i>	MILTOWN	Generic
	1	<i>oxazepam</i>	SERAX	Generic
	1	<i>phenobarbital</i>	PHENOBARBITAL	Generic
ST	3	<i>ramelteon</i>	ROZEREM	Non-Preferred
	3	<i>suvorexant</i>	BELSOMRA	Non-Preferred
PA	3	<i>tasimelteon</i>	HETLIOZ	Non-Preferred
	1	<i>temazepam</i>	RESTORIL	Generic
	1	<i>triazolam</i>	HALCION	Generic
	1	<i>zaleplon</i>	SONATA	Generic
	3	<i>zolpidem sublingual</i>	EDLUAR	Non-Preferred
	1	<i>zolpidem</i>	AMBIEN	Generic
	3	<i>zolpidem extended-release</i>	AMBIEN CR	Non-Preferred
	3	<i>zolpidem oral spray</i>	ZOLPIMIST	Non-Preferred
Central Nervous System Agents Miscellaneous				
ST	1	<i>acamprosate</i>	CAMPRAL	Generic
ST	3	<i>atomoxetine</i>	STRATTERA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	<i>cannabidiol</i>	EPIDIOLEX	Non-Preferred
PA	3	<i>deutetrabenazine</i>	AUSTEDO	Non-Preferred
ST	3	<i>dextromethorphan & quinidine</i>	NUDEXTA	Non-Preferred
	1	<i>guanfacine extended-release</i>	INTUNIV	Generic
ST	3	<i>lofexidine</i>	LUCEMYRA	Non-Preferred
	1	<i>memantine</i>	NAMENDA	Generic
	3	<i>memantine er & donepezil</i>	NAMZARIC	Non-Preferred
QL, ST	3	<i>milnacipran</i>	SAVELLA	Non-Preferred
	1	<i>riluzole</i>	RILUTEK	Generic
PA	3	<i>solriamfetol</i>	SUNOSI	Non-Preferred
PA	3	<i>sodium oxybate</i>	XYREM	Non-Preferred
PA	3	<i>tetrabenazine</i>	XENAZINE	Non-Preferred
PA	3	<i>valbenazine</i>	INGREZZA	Non-Preferred
Opioid Antagonists				
	1	<i>naloxone</i>	NARCAN	Generic
QL	2	<i>naloxone nasal spray</i>	NARCAN	Preferred Brand
	1	<i>naltrexone</i>	REVIA	Generic
Psychotherapeutic Agents				
	1	<i>amitriptyline</i>	ELAVIL	Generic
	1	<i>amitriptyline & perphenazine</i>	TRIAVIL	Generic
	1	<i>amoxapine</i>	ASENDIN	Generic
	1	<i>aripiprazole tablet</i>	ABILIFY	Generic
ST	3	<i>aripiprazole solution</i>	ABILIFY	Non-Preferred
ST	3	<i>aripiprazole</i>	ABILIFY DISCMELT	Non-Preferred
ST	3	<i>asenapine</i>	SAPHRIS	Non-Preferred
QL, ST	3	<i>brexpiprazole</i>	REXULTI	Non-Preferred
	1	<i>bupropion</i>	WELLBUTRIN	Generic
	1	<i>bupropion extended-release</i>	WELLBUTRIN XL	Generic
ST	3	<i>bupropion hydrobromide</i>	APLENZIN	Non-Preferred
	1	<i>bupropion sustained-release</i>	WELLBUTRIN SR	Generic
ST	3	<i>bupropion (smoking deterrent)</i>	ZYBAN	Non-Preferred
QL, ST	3	<i>cariprazine</i>	VRAYLAR	Non-Preferred
	1	<i>chlordiazepoxide & amitriptyline</i>	LIMBITROL DS	Generic
	1	<i>chlorpromazine</i>	THORAZINE	Generic
	1	<i>citalopram</i>	CELEXA	Generic
	1	<i>clomipramine</i>	ANAFRANIL	Generic
	1	<i>clozapine</i>	CLOZARIL	Generic
	1	<i>clozapine</i>	FAZACLO	Generic
	1	<i>desipramine</i>	NORPRAMIN	Generic

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ST	1	<i>desvenlafaxine succinate extended release</i>	PRISTIQ	Generic
ST	1	<i>desvenlafaxine extended release</i>	KHEDEZLA	Generic
	1	<i>doxepin</i>	SINEQUAN	Generic
	1	<i>duloxetine</i>	CYMBALTA	Generic
	1	<i>escitalopram</i>	LEXAPRO	Generic
	1	<i>fluoxetine</i>	PROZAC	Generic
	3	<i>fluoxetine</i>	PROZAC WEEKLY	Non-Preferred
	3	<i>fluoxetine</i>	SARAFEM	Non-Preferred
	1	<i>fluphenazine</i>	PROLIXIN	Generic
	1	<i>fluvoxamine</i>	LUVOX	Generic
	1	<i>haloperidol</i>	HALDOL	Generic
ST	3	<i>iloperidone</i>	FANAPT	Non-Preferred
	1	<i>imipramine</i>	TOFRANIL	Generic
	1	<i>imipramine pamoate</i>	TOFRANIL-PM	Generic
ST	3	<i>isocarboxazid</i>	MARPLAN	Non-Preferred
QL	3	<i>levomilnacipran</i>	FETZIMA	Non-Preferred
	1	<i>lithium carbonate capsule</i>	LITHIUM CARBONATE	Generic
	1	<i>lithium carbonate extended release</i>	LITHOBID	Generic
	1	<i>lithium citrate</i>	CIBALITH-S	Generic
ST	1	<i>loxapine</i>	LOXITANE	Generic
ST, QL	3	<i>lurasidone</i>	LATUDA	Non-Preferred
ST	1	<i>maprotiline</i>	LUDIOMIL	Generic
	1	<i>mirtazapine</i>	REMERON	Generic
	1	<i>nefazodone</i>	SERZONE	Generic
	1	<i>nortriptyline</i>	PAMELOR	Generic
	1	<i>olanzapine</i>	ZYPREXA	Generic
	1	<i>olanzapine & fluoxetine hcl</i>	SYMBYAX	Generic
	1	<i>olanzapine orally disintegrating</i>	ZYPREXA ZYDIS	Generic
ST	1	<i>paliperidone</i>	INVEGA	Generic
	1	<i>paroxetine</i>	PAXIL	Generic
	3	<i>paroxetine extended-release</i>	PAXIL CR	Non-Preferred
	3	<i>paroxetine mesylate</i>	PEXEVA	Non-Preferred
	1	<i>perphenazine</i>	TRILAFON	Generic
	1	<i>phenelzine</i>	NARDIL	Generic
PA	3	<i>pimavanserin</i>	NUPLAZID	Non-Preferred
ST	1	<i>pimozide</i>	ORAP	Generic
ST	3	<i>protriptyline</i>	VIVACTIL	Non-Preferred
	1	<i>quetiapine</i>	SEROQUEL	Generic
	3	<i>quetiapine extended-release</i>	SEROQUEL XR	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>risperidone</i>	RISPERDAL	Generic
	3	<i>risperidone orally disintegrating</i>	RISPERDALM-TAB	Non-Preferred
	1	<i>sertraline</i>	ZOLOFT	Generic
	1	<i>thioridazine</i>	MELLARIL	Generic
	1	<i>thiothixene</i>	NAVANE	Generic
	1	<i>tranylcypromine sulfate</i>	PARNATE	Generic
	1	<i>trazodone</i>	DESYREL	Generic
	3	<i>trazodone extended-release</i>	OLEPTRO	Non-Preferred
	1	<i>trifluoperazine</i>	STELAZINE	Generic
ST	3	<i>trimipramine</i>	SURMONTIL	Non-Preferred
	1	<i>venlafaxine</i>	EFFEXOR	Generic
	1	<i>venlafaxine extended-release</i>	EFFEXOR XR	Generic
QL, ST	3	<i>vilazodone</i>	VIIBRYD	Non-Preferred
ST, QL	3	<i>vortioxetine</i>	TRINTELLIX	Non-Preferred
	1	<i>ziprasidone</i>	GEODON	Generic
Diabetic Supplies				
Diabetic Supplies				
QL	3	<i>blood sugar diagnostic</i>	ONE TOUCH ULTRA TEST STRIPS	Non-Preferred
QL	1	<i>blood sugar diagnostic</i>	ONE TOUCH VERIO TEST STRIPS	Preferred Brand
QL	3	<i>blood sugar diagnostic</i>	ACCU-CHEK TEST STRIPS	Non-Preferred
QL	3	<i>blood sugar diagnostic</i>	ASCENSIA TEST STRIPS	Non-Preferred
QL	3	<i>blood sugar diagnostic</i>	FREESTYLE TEST STRIPS	Non-Preferred
QL	3	<i>blood sugar diagnostic</i>	PRODIGY TEST STRIPS	Non-Preferred
QL	3	<i>blood-glucose meter</i>	ONE TOUCH ULTRA 2	Non-Preferred
QL	1	<i>blood-glucose meter</i>	ONE TOUCH VERIO FLEX	Preferred Brand
QL	3	<i>blood-glucose meter</i>	ACCU-CHEK	Non-Preferred
QL	3	<i>blood-glucose meter</i>	ASCENSIA BREEZE	Non-Preferred
QL	3	<i>blood-glucose meter</i>	FREESTYLE SYSTEM	Non-Preferred
QL	3	<i>blood-glucose meter</i>	ONE TOUCH ULTRA SMART	Non-Preferred
QL	3	<i>blood-glucose meter</i>	ONE TOUCH ULTRAMINI	Non-Preferred
QL	3	<i>blood-glucose meter</i>	PRODIGY	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	1	<i>syringe with needle,disposable</i>	BD INSULIN SYRINGE	Generic
Electrolytic, Caloric and Water Balance				
Acidifying and Alkalinizing Agents				
	3	<i>citric acid, sodium citrate, & potassium citrate</i>	CYTRA-3	Non-Preferred
	1	<i>potassium citrate</i>	UROCIT-K	Generic
	2	<i>potassium citrate & citric acid</i>	POLYCITRA-K	Preferred Brand
	3	<i>sodium citrate & citric acid</i>	BICITRA	Non-Preferred
Ammonia Detoxicants				
ST	3	<i>carglumic acid</i>	CARBAGLU	Non-Preferred
PA	3	<i>glycerol phenylbutyrate</i>	RAVICTI	Non-Preferred
	3	<i>sodium phenylbutyrate</i>	BUPHENYL	Non-Preferred
	3	<i>lactulose</i>	CHRONULAC	Non-Preferred
	1	<i>lactulose</i>	ENULOSE	Generic
	3	<i>lactulose</i>	KRISTALOSE	Non-Preferred
Diuretics				
ST	1	<i>amiloride</i>	MIDAMOR	Generic
	1	<i>amiloride & hydrochlorothiazide</i>	MODURETIC	Generic
	1	<i>bumetanide</i>	BUMEX	Generic
ST	1	<i>chlorothiazide</i>	DIURIL	Generic
	1	<i>chlorthalidone</i>	HYGROTON	Generic
ST	3	<i>ethacrynic acid</i>	EDECIN	Non-Preferred
	1	<i>furosemide</i>	LASIX	Generic
	1	<i>hydrochlorothiazide</i>	MICROZIDE	Generic
	1	<i>indapamide</i>	LOZOL	Generic
ST	1	<i>methyclothiazide</i>	METHYCLOTHIAZIDE	Generic
	1	<i>metolazone</i>	ZAROXOLYN	Generic
PA	3	<i>tolvaptan</i>	JYNARQUE	Non-Preferred
QL	3	<i>tolvaptan</i>	SAMSCA	Non-Preferred
	1	<i>torsemide</i>	DEMADEX	Generic
ST	3	<i>triamterene</i>	DYRENIUM	Non-Preferred
	1	<i>triamterene & hydrochlorothiazide</i>	DYAZIDE	Generic
	1	<i>triamterene & hydrochlorothiazide</i>	MAXZIDE	Generic
Ion-Removing Agnets				
ST	1	<i>sevelamer carbonate</i>	REVELA	Generic
	2	<i>sodium polystyrene sulfonate</i>	SPS	Preferred Brand
	3	<i>sucroferric oxyhydroxide</i>	VELPHORO	Non-Preferred
ST	3	<i>lanthanum carbonate</i>	FOSRENOL	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>patiromer</i>	VELTASSA	Non-Preferred
	3	<i>sevelamer hcl</i>	RENAGEL	Non-Preferred
ST	3	<i>sodium zirconium cyclosilicate</i>	LOKELMA	Non-Preferred
Replacement Products				
	2	<i>calcium acetate</i>	ELIPHOS	Preferred Brand
	1	<i>calcium acetate</i>	PHOSLO	Generic
	2	<i>calcium acetate</i>	PHOSLYRA	Preferred Brand
	1	<i>potassium bicarbonate & potassium chloride</i>	K-LYTE/CL	Generic
	1	<i>potassium chloride</i>	K-DUR	Generic
	1	<i>potassium chloride</i>	K-TAB, KLOR-CON 20 MEQ	Generic
	2	<i>potassium chloride powder</i>	KLOR-CON 20 MEQ	Preferred Brand
	1	<i>potassium gluconate</i>	KAON	Generic
	2	<i>potassium phosphate</i>	PHOSPHA	Preferred Brand
	3	<i>potassium phosphate, monobasic</i>	K-PHOS NEUTRAL	Non-Preferred
	2	<i>potassium phosphate, monobasic</i>	K-PHOS ORIGINAL	Preferred Brand
Uricosuric Agents				
	1	<i>colchicine & probenecid</i>	COL-BENEMID	Generic
	1	<i>probenecid</i>	BENEMID	Generic
Enzymes				
Enzymes				
	2	<i>dornase alfa</i>	PULMOZYME	Preferred Brand
Eye, Ear, Nose and Throat (EENT)				
Anti-infectives				
	3	<i>azithromycin (ophth)</i>	AZASITE	Non-Preferred
	1	<i>bacitracin & polymyxin B (ophth)</i>	POLYSPORIN	Generic
	1	<i>bacitracin (ophth)</i>	AK-TRACIN	Generic
ST	3	<i>besifloxacin</i>	BESIVANCE	Non-Preferred
	1	<i>chlorhexidine (mouth-throat)</i>	PERIDEX	Generic
	3	<i>ciprofloxacin (ophth) ointment</i>	CILOXAN	Non-Preferred
	1	<i>ciprofloxacin (ophth) solution</i>	CILOXAN	Generic
	1	<i>erythromycin (ophth)</i>	ROMYCIN	Generic
ST	3	<i>ganciclovir (ophth)</i>	ZIRGAN	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	<i>gatifloxacin (ophth)</i>	ZYMAXID	Non-Preferred
	1	<i>gentamicin (ophth)</i>	GENTAK	Generic
	1	<i>levofloxacin (ophth)</i>	QUIXIN	Generic
	2	<i>moxifloxacin (ophth)</i>	VIGAMOX	Generic
	2	<i>natamycin</i>	NATACYN	Preferred Brand
	1	<i>neomycin, bacitracin & polymyxin b (ophth)</i>	NEO-POLYCIN	Generic
	1	<i>neomycin, polymyxin b & gramicidin (ophth)</i>	NEOSPORIN	Generic
	1	<i>ofloxacin (ophth)</i>	OCUFLOX	Generic
	1	<i>ofloxacin (otic)</i>	FLOXIN	Generic
	1	<i>polymyxin b & trimethoprim (ophth)</i>	POLYTRIM	Generic
	1	<i>sulfacetamide sodium (ophth) ointment</i>	SULFAC	Generic
	1	<i>sulfacetamide sodium (ophth) solution</i>	BLEPH-10	Generic
	2	<i>tobramycin sulfate (ophth) ointment</i>	TOBREX	Preferred Brand
	1	<i>tobramycin sulfate (ophth) solution</i>	TOBREX	Generic
	1	<i>trifluridine</i>	VIROPTIC	Generic
Anti-Inflammatory Agents				
	1	<i>bacitracin, neomycin, polymyxin B & hydrocortisone (ophth)</i>	NEO-POLYCIN HC	Generic
ST	3	<i>bromfenac (ophth)</i>	XIBROM	Non-Preferred
	2	<i>ciprofloxacin & dexamethasone (ophth)</i>	CIPRODEX	Preferred Brand
ST	3	<i>ciprofloxacin & hydrocortisone (otic)</i>	CIPRO HC	Non-Preferred
QL,ST	3	<i>cyclosporine (ophth)</i>	CEQUA	Non-Preferred
QL, ST	3	<i>cyclosporine (ophth)</i>	RESTASIS	Non-Preferred
	1	<i>dexamethasone (ophth) solution</i>	DECADRON	Generic
	2	<i>dexamethasone (ophth) suspension</i>	MAXIDEX	Preferred Brand
	1	<i>diclofenac sodium (ophth)</i>	VOLTAREN	Generic
ST	3	<i>difluprednate</i>	DUREZOL	Non-Preferred
ST	3	<i>fluocinolone acetonide (otic)</i>	DERMOTIC	Non-Preferred
	1	<i>fluorometholone (ophth)</i>	FML	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	fluorometholone (ophth)	FML FORTE	Non-Preferred
ST	3	fluorometholone (ophth oint)	FML OINT	Non-Preferred
	2	fluorometholone acetate	FLAREX	Preferred Brand
ST	1	flurbiprofen (ophth)	OCUFEN	Generic
	2	gentamicin & prednisolone	PRED-G	Preferred Brand
	1	hydrocortisone & acetic acid (otic)	ACETASOL HC	Generic
	1	ketorolac (ophth)	ACULAR	Generic
	1	ketorolac (ophth)	ACULAR LS	Generic
QL, ST	3	lifitegrast	XIIDRA	Non-preferred
	3	loteprednol	ALREX	Non-Preferred
ST	3	loteprednol	LOTEMAX	Non-Preferred
	3	loteprednol & tobramycin	ZYLET	Non-Preferred
	3	neomycin, colistin, hydrocortisone & thonzonium (otic)	CORTISPORIN-TC	Non-Preferred
	1	neomycin, polymyxin B & dexamethasone (ophth)	MAXITROL	Generic
	3	neomycin, polymyxin B & hydrocortisone (ophth)	CORTISPORIN	Non-Preferred
	1	neomycin, polymyxin B & hydrocortisone (otic)	CORTISPORIN	Generic
ST	3	nepafenac	NEVANAC	Non-Preferred
	1	prednisolone acetate (ophth)	OMNIPRED	Generic
	1	prednisolone acetate (ophth)	PRED FORTE	Generic
	2	prednisolone acetate (ophth)	PRED MILD	Preferred Brand
	3	prednisolone sodium phosphate (ophth)	INFLAMASE FORTE	Non-Preferred
	1	prednisolone sodium phosphate (ophth)	PREDNISOL	Generic
ST	3	rimexolone	VEXOL	Non-Preferred
	1	sulfacetamide sodium & prednisolone	BLEPHAMIDE	Generic
	2	tobramycin & dexamethasone ointment	TOBRADEX	Preferred Brand
	1	tobramycin & dexamethasone suspension	TOBRADEX	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Antiallergic Agents				
ST	3	aflocaftadine	LASTACAST	Non-Preferred
	1	azelastine	ASTELIN	Generic
	1	azelastine	ASTEPRO	Generic
	3	azelastine & fluticasone	DYMISTA	Non-Preferred
ST	1	azelastine (ophth)	OPTIVAR	Generic
ST	3	bepotastine	BEPREVE	Non-Preferred
	1	cromolyn sodium (ophth)	OPTICROM	Generic
ST	3	emedastine	S	Non-Preferred
ST	1	epinastine (ophth)	ELESTAT	Generic
	3	grass pollen allergen extract (5 glass extract)	ORALAIR	Non-Preferred
ST	3	lodoxamide tromethamine	ALOMIDE	Non-Preferred
	3	house dust mite allergen extract	ODACTRA	Non-Preferred
ST	3	nedocromil sodium (ophth)	ALOCRIAL	Non-Preferred
ST	3	olopatadine	PATADAY	Non-Preferred
ST	3	olopatadine (nasal)	PATANASE	Non-Preferred
ST	1	olopatadine (ophth)	PATANOL	Generic
	3	short ragweed pollen allergen extract	RAGWITEK	Non-Preferred
	3	timothy grass pollen allergen extract	GRASSTK	Non-Preferred
Antiglaucoma Agents				
	1	acetazolamide	DIAMOX	Generic
	1	acetazolamide	DIAMOX SEQUELS	Generic
	1	betaxolol hcl	BETOPTIC	Generic
	2	betaxolol hcl	BETOPTIC S	Preferred Brand
ST	3	bimatoprost	LUMIGAN	Non-Preferred
	1	brimonidine	ALPHAGAN	Generic
	1	brimonidine tartrate	ALPHAGAN P	Generic
ST	3	brimonidine & timolol	COMBIGAN	Non-Preferred
ST	3	brinzolamide	AZOPT	Non-Preferred
	2	carbachol	ISOPTO CARBACHOL	Preferred Brand
ST	1	carteolol (ophth)	OCUPRESS	Generic
	1	dorzolamide	TRUSOPT	Generic
	1	dorzolamide & timolol	COSOPT	Generic
	2	ecothiophate	PHOSPHOLINE IODIDE	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>latanoprost</i>	XALATAN	Generic
PA	3	<i>latanoprostene bunod</i>	VYZULTA	Non-Preferred
	1	<i>levobunolol</i>	BETAGAN	Generic
	1	<i>methazolamide</i>	NEPTAZANE	Generic
	1	<i>metipranolol</i>	OPTIPRANOLOL	Generic
PA	3	<i>netarsudil</i>	RHOPRESSA	Non-Preferred
PA	3	<i>netarsudil & latanoprost</i>	ROCKLATAN	Non-Preferred
	1	<i>pilocarpine</i>	ISOPTO CARPINE	Generic
	3	<i>pilocarpine gel</i>	PILOPINE HS	Non-Preferred
	3	<i>timolol</i>	BETIMOL	Non-Preferred
	3	<i>timolol</i>	ISTALOL	Non-Preferred
	1	<i>timolol</i>	TIMOPTIC	Generic
	3	<i>timolol</i>	TIMOPTIC-XE	Non-Preferred
ST	3	<i>travoprost</i>	TRAVATAN Z	Non-Preferred
	3	<i>unoprostone isopropyl</i>	RESCULA	Non-Preferred
EENT Drugs, Miscellaneous				
	1	<i>acetic acid</i>	VOSOL	Generic
	2	<i>apraclonidine</i>	IOPIDINE	Preferred Brand
ST	3	<i>artificial tear insert</i>	LACRISERT	Non-Preferred
PA	3	<i>cenegermin-bkbj</i>	OXERVATE	Non-Preferred
Local Anesthetics				
	1	<i>antipyrine & benzocaine</i>	AURODEX	Generic
	1	<i>lidocaine (mouth-throat)</i>	XYLOCAINE VISCOSUS	Generic
	1	<i>proparacaine</i>	OPHTHETIC	Generic
Mydriatics				
	1	<i>atropine</i>	ISOPTO ATROPINE	Generic
	2	<i>homatropine</i>	ISOPTO HOMATROPINE	Preferred Brand
	2	<i>scopolamine (ophth)</i>	ISOPTO HYOSCINE	Preferred Brand
Vasoconstrictors				
ST	1	<i>tetrahydrozoline</i>	TYZINE	Generic
Gastrointestinal Drugs				
Anti-inflammatory Agents				
	1	<i>alosetron</i>	LOTRONEX	Generic
	1	<i>balsalazide</i>	COLAZAL	Generic
	3	<i>balsalazide</i>	GIAZO	Non-Preferred
PA	3	<i>eluxadolone</i>	VIBERZI	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	<i>mesalamine controlled-release</i>	PENTASA	Preferred Brand
	2	<i>mesalamine suppository</i>	CANASA	Preferred Brand
	1	<i>mesalamine suspension</i>	ROWASA	Generic
	1	<i>mesalamine tablet</i>	LIALDA	Generic
ST	3	<i>olsalazine</i>	DIPENTUM	Non-Preferred
Antidiarrhea Agents				
ST	3	<i>difenoxin & atropine</i>	MOTOFEN	Non-Preferred
	1	<i>diphenoxylate & atropine</i>	LOMOTIL	Generic
	3	<i>paregoric</i>	PAREGORIC	Non-Preferred
Antiemetics				
	2	<i>aprepitant</i>	EMEND	Preferred Brand
ST	3	<i>dolasetron</i>	ANZEMET	Non-Preferred
	1	<i>dronabinol</i>	MARINOL	Generic
ST	3	<i>granisetron</i>	KYTRIL	Non-Preferred
	3	<i>granisetron</i>	SANCUSO	Non-Preferred
ST	3	<i>nabilone</i>	CESAMET	Non-Preferred
	2	<i>netupitant & palonosetron</i>	AKYNZEO	Preferred Brand
	1	<i>ondansetron</i>	ZOFRAN	Generic
	1	<i>ondansetron (orally disintegrating)</i>	ZOFRAN ODT	Generic
QL	1	<i>prochlorperazine</i>	COMPazine	Generic
	3	<i>rolapitant</i>	VARUBI	Non-Preferred
ST	3	<i>scopolamine hydrobromide</i>	TRANSDERM-SCOP	Non-Preferred
ST	1	<i>trimethobenzamide</i>	TIGAN	Generic
Antiulcer Agents and Acid Suppressants				
	3	<i>amoxicillin, clarithromycin, & lansoprazole</i>	PREVPAC	Non-Preferred
	1	<i>cimetidine</i>	TAGAMET	Generic
	1	<i>misoprostol</i>	CYTOTEC	Generic
ST	1	<i>nizatidine</i>	AXID	Generic
Only 75 mg/5 ml syrup	1	<i>ranitidine</i>	ZANTAC	Generic
	1	<i>sucralfate tablets</i>	CARAFATE	Generic
	3	<i>sucralfate suspension</i>	CARAFATE	Non-Preferred
Cathartics and Laxatives				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	polyethylene glycol-electrolyte solution	HALFLYTELY	Non-Preferred
ST	3	polyethylene glycol-electrolyte solution	MOVIPREP	Non-Preferred
	1	polyethylene glycol-electrolyte solution	COLYTE	Generic
	1	polyethylene glycol-electrolyte solution	GOLYTELY	Generic
	1	polyethylene glycol-electrolyte solution	GAVILYTE-C	Generic
	1	polyethylene glycol-electrolyte solution	NULYTELY	Generic
ST	3	sodium phosphates	OSMOPREP	Non-Preferred
	3	sodium phosphates	VISICOL	Non-Preferred
ST	3	sodium picosulfate-mag ox-anhydrous citric acid	PREPOPIK	Non-Preferred
Digestants				
	2	pancrelipase (lipase-protease-amylase)	CREON	Preferred Brand
	2	pancrelipase (lipase-protease-amylase)	ZENPEP	Preferred Brand
	2	pancrelipase (lipase-protease-amylase)	PANCREAZE	Preferred Brand
	3	pancrelipase (lipase-protease-amylase)	VIOKACE	Non-Preferred
	3	pancrelipase (lipase-protease-amylase)	PERTZYE	Non-Preferred
GI Drugs, Miscellaneous				
PA	3	certolizumab pegol	CIMZIA	Non-Preferred
	1	clidinium & chlordiazepoxide	LIBRAX	Generic
ST, QL	3	linaclotide	LINZESS	Non-Preferred
ST	3	lubiprostone	AMITIZA	Non-Preferred
ST	3	mepenzolate	CANTIL	Non-Preferred
	1	metoclopramide	REGLAN	Generic
ST	3	methylnaltrexone	RELISTOR	Non-Preferred
	3	phenobarbital and belladonna alkaloids	DONNATAL	Non-Preferred
	3	teduglutide	GATTEX	Non-Preferred
	1	ursodiol	ACTIGALL	Generic
	1	ursodiol	URSO	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>ursodiol</i>	URSO FORTE	Generic
Gold Compounds				
Gold Compounds				
	2	<i>auranofin</i>	RIDAURA	Preferred Brand
Heavy Metal Antagonists				
Heavy Metal Antagonists				
	2	<i>deferasirox</i>	EXJADE	Preferred Brand
	3	<i>deferiprone</i>	FERRIPROX	Non-Preferred
	2	<i>penicillamine</i>	CUPRIMINE	Preferred Brand
	2	<i>penicillamine</i>	DEPEN	Preferred Brand
ST	3	<i>succimer</i>	CHEMET	Non-Preferred
PA	3	<i>trientine</i>	SYPRINE	Non-Preferred
Hormones and Synthetic Substitutes				
Adrenals				
	1	<i>budesonide</i>	ENTOCORT EC	Generic
	3	<i>budesonide</i>	UCERIS	Non-Preferred
ST	1	<i>cortisone acetate</i>	CORTONE ACETATE	Generic
	1	<i>dexamethasone</i>	DECADRON	Generic
	1	<i>fludrocortisone</i>	FLORINEF ACETATE	Generic
	1	<i>hydrocortisone</i>	CORTEF	Generic
	1	<i>methylprednisolone</i>	MEDROL	Generic
	1	<i>prednisolone</i>	PRELONE	Generic
	1	<i>prednisolone acetate</i>	PREDNISOLONE	Generic
	1	<i>prednisolone sodium phosphate</i>	ORAPRED	Generic
	1	<i>prednisolone sodium phosphate</i>	ORAPRED ODT	Generic
	1	<i>prednisolone sodium phosphate</i>	PEDIAPRED	Generic
	1	<i>prednisone</i>	PREDNISONE	Generic
	3	<i>prednisone</i>	RAYOS	Non-Preferred
Anabolic Steroid				
ST	3	<i>oxymetholone</i>	ANADROL-50	Non-Preferred
Androgens				
	1	<i>danazol</i>	DANOCRINE	Generic
	2	<i>fluoxymesterone</i>	ANDROXY	Preferred Brand
	2	<i>methyltestosterone</i>	ANDROID 10	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>methytestosterone</i>	METHITEST	Non-Preferred
	1	<i>methytestosterone</i>	TESTRED	Generic
	1	<i>oxandrolone</i>	OXANDRIN	Generic
	3	<i>testosterone</i>	ANDRODERM	Non-Preferred
	3	<i>testosterone</i>	AXIRON	Non-Preferred
ST	1	<i>testosterone</i>	ANDROGEL	Generic
	1	<i>testosterone</i>	TESTIM	Generic
	3	<i>testosterone</i>	FORTESTA	Non-Preferred
	1	<i>testosterone cypionate</i>	DEPO-TESTOSTERONE	Generic
Contraceptives				
QL	1	<i>desogestrel & ethinyl estradiol</i>	APRI	Generic
QL	3	<i>desogestrel & ethinyl estradiol</i>	DESOGEN	Non-Preferred
QL	3	<i>desogestrel & ethinyl estradiol</i>	ORTHO-CEPT	Non-Preferred
QL	1	<i>desogestrel & ethinyl estradiol</i>	RECLIPSEN	Generic
QL	1	<i>desogestrel & ethinyl estradiol (biphasic)</i>	KARIVA	Generic
QL	1	<i>desogestrel & ethinyl estradiol (triphasic)</i>	CYCLESSA	Generic
QL	1	<i>desogestrel & ethinyl estradiol (triphasic)</i>	VELIVET	Generic
QL	1	<i>drospirenone & ethinyl estradiol</i>	GIANVI	Generic
QL	1	<i>drospirenone & ethinyl estradiol</i>	OCELLA	Generic
QL	1	<i>drospirenone & ethinyl estradiol</i>	YASMIN	Generic
QL	1	<i>drospirenone & ethinyl estradiol</i>	YAZ	Generic
QL	3	<i>drospirenone & ethinyl estradiol w/ folate</i>	BEYAZ	Non-Preferred
QL, ST	3	<i>drospirenone & ethinyl estradiol w/ folate</i>	SAFYRAL	Non-Preferred
	1	<i>estradiol cypionate</i>	DELESTROGEN	Generic
	1	<i>estradiol valerate</i>	DEPO-ESTRADIOL	Generic
QL, ST	3	<i>estradiol valerate & dienogest</i>	NATAZIA	Non-Preferred
QL	1	<i>ethynodiol diacetate & ethinyl estradiol</i>	KELNOR	Generic
QL	1	<i>ethynodiol diacetate & ethinyl estradiol</i>	ZOVIA	Generic
QL	2	<i>etonogestrel & ethinyl estradiol</i>	NUVARING	Preferred Brand
AGE	1	<i>levonorgestrel</i>	PLAN B	Generic
QL	1	<i>levonorgestrel & ethinyl estradiol</i>	LUTERA	Generic

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QL	1	levonorgestrel & ethinyl estradiol	LESSINA	Generic
QL	1	levonorgestrel & ethinyl estradiol	PORTIA	Generic
QL	3	levonorgestrel & ethinyl estradiol	NORDETTE-28	Non-Preferred
QL	1	levonorgestrel & ethinyl estradiol (91-day)	INTROVALE	Generic
QL	3	levonorgestrel & ethinyl estradiol (91-day)	LOSEASONIQUE	Non-Preferred
QL	1	levonorgestrel & ethinyl estradiol (91-day)	SEASONALE	Generic
QL	3	levonorgestrel & ethinyl estradiol (91-day)	SEASONIQUE	Non-Preferred
QL	1	levonorgestrel & ethinyl estradiol (continuous)	AMYTHYST	Generic
QL	3	levonorgestrel & ethinyl estradiol (continuous)	LYPREL	Non-Preferred
QL	1	levonorgestrel & ethinyl estradiol (triphasic)	TRIVORA	Generic
QL	3	norelgestromin & ethinyl estradiol	ORTHO EVRA	Non-Preferred
QL, ST	1	norelgestromin & ethinyl estradiol	XULANE	Generic
QL	1	norethindrone	CAMILA	Generic
QL	1	norethindrone	NORA-BE	Generic
QL	3	norethindrone	NOR-QD	Non-Preferred
QL	1	norethindrone & ethinyl estradiol	BALZIVA	Generic
QL	3	norethindrone & ethinyl estradiol	BREVICON	Non-Preferred
QL	1	norethindrone & ethinyl estradiol	JUNEL	Generic
QL	1	norethindrone & ethinyl estradiol	MICROGESTIN	Generic
QL	3	norethindrone & ethinyl estradiol	MODICON	Non-Preferred
QL	1	norethindrone & ethinyl estradiol	NECON	Generic
QL	3	norethindrone & ethinyl estradiol	NORINYL 1+35	Non-Preferred
QL	1	norethindrone & ethinyl estradiol	NORTREL 1/35	Generic
QL	1	norethindrone & ethinyl estradiol	OVCON-35	Generic
QL	3	norethindrone & ethinyl estradiol	OVCON-50	Non-Preferred
QL	1	norethindrone & ethinyl estradiol (biphasic)	NECON 10/11	Generic
QL	1	norethindrone & ethinyl estradiol (triphasic)	ARANELLE	Generic
QL	1	norethindrone & ethinyl estradiol (triphasic)	NORTREL 7/7/7	Generic
QL	3	norethindrone & ethinyl estradiol (triphasic)	ORTHO-NOVUM	Non-Preferred

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QL	3	norethindrone & ethinyl estradiol (triphasic)	TRI-NORINYL	Non-Preferred
QL	3	norethindrone & ethinyl estradiol w/ ferrous fumarate	ESTROSTEP FE	Non-Preferred
QL, ST	3	norethindrone & ethinyl estradiol w/ ferrous fumarate	FEMCON FE	Non-Preferred
QL	1	norethindrone & ethinyl estradiol w/ ferrous fumarate	GENERESS FE	Generic
QL	3	norethindrone & ethinyl estradiol w/ ferrous fumarate	JUNEL FE	Non-Preferred
QL	1	norethindrone & ethinyl estradiol w/ ferrous fumarate	MICROGESTIN FE	Generic
QL, ST	3	norethindrone & ethinyl estradiol w/ ferrous fumarate	MINASTRIN 24 FE	Non-Preferred
QL	3	norethindrone acetate & ethinyl estradiol w/ ferrous fumarate	LOESTRIN 24 FE	Non-Preferred
QL	3	norethindrone acetate & ethinyl estradiol w/ ferrous fumarate	LOESTRIN FE	Non-Preferred
QL	1	norethindrone acetate & ethinyl estradiol w/ ferrous fumarate	TILIA	Generic
QL, ST	3	norethindrone acetate & ethinyl estradiol w/ ferrous fumarate (biphasic)	LO LOESTRIN FE	Non-Preferred
QL	3	norethindrone-mestranol	NORINYL 1+50	Non-Preferred
QL	3	norethindrone-mestranol	ORTHO-NOVUM	Non-Preferred
QL	1	norgestimate & ethinyl estradiol	CRYSSELLE	Generic
QL	1	norgestimate & ethinyl estradiol	MONONESSA	Generic
QL	3	norgestimate & ethinyl estradiol	ORTHO-CYCLEN	Non-Preferred
QL	1	norgestimate & ethinyl estradiol	SPRINTEC	Generic
QL	1	norgestimate & ethinyl estradiol	TRINESSA	Generic
QL	3	norgestimate & ethinyl estradiol (triphasic)	ORTHO TRI-CYCLEN	Non-Preferred
QL	1	norgestimate & ethinyl estradiol (triphasic)	TRI-LO-SPRINTEC	Generic
QL	1	norgestimate & ethinyl estradiol (triphasic)	TRI-SPRINTEC	Generic
QL	3	norgestrel & ethinyl estradiol	LO/OVRAL-28	Non-Preferred
QL	1	norgestrel & ethinyl estradiol	LOW-OGESTREL	Generic
QL	1	norgestrel & ethinyl estradiol	OGESTREL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	<i>ulipristal</i>	ELLA	Preferred Brand
Diabetic Agents				
	1	<i>acarbose</i>	PRECOSE	Generic
PA	3	<i>alirocumab</i>	PRALUENT	Non-Preferred
PA	1	<i>alogliptin</i>	NESINA	Non-Preferred
PA	1	<i>alogliptin & metformin</i>	KAZANO	Non-Preferred
PA	1	<i>alogliptin & pioglitazone</i>	OSENI	Non-Preferred
PA	3	<i>canagliflozin</i>	INVOKANA	Non-Preferred
PA	3	<i>canagliflozin & metformin</i>	INVOKAMET	Non-Preferred
ST	1	<i>chlorpropamide</i>	CHLORPROPAMIDE	Generic
PA	3	<i>dapagliflozin</i>	FARXIGA	Non-Preferred
PA	3	<i>dapagliflozin & metformin</i>	XIGDUO XR	Non-Preferred
PA	3	<i>dulaglutide</i>	TRULICITY	Non-Preferred
PA, QL	2,3	<i>empagliflozin</i>	JARDIANCE	Non-Preferred
PA	3	<i>empagliflozin & lingalipatin</i>	GLYXAMBI	Non-Preferred
PA	3	<i>empagliflozin & metformin</i>	SYNJARDY	Non-Preferred
PA	3	<i>ertugliflozin</i>	STEGLATRO	Non-Preferred
PA	3	<i>ertugliflozin & metformin</i>	SEGLUROMET	Non-Preferred
PA	3	<i>ertugliflozin & sitagliptin</i>	STEGLUJAN	Non-Preferred
PA	3	<i>evolocumab</i>	REPATHA	Non-Preferred
PA, QL	3	<i>exenatide</i>	BYETTA	Non-Preferred
PA, QL	3	<i>exenatide extended-release</i>	BYDUREON	Non-Preferred
	1	<i>glimepiride</i>	AMARYL	Generic
	1	<i>glipizide</i>	GLUCOTROL	Generic
	1	<i>glipizide & metformin</i>	METAGLIP	Generic
	1	<i>glipizide extended-release</i>	GLUCOTROL XL	Generic
QL	2	<i>glucagon</i>	BAQSIMI	Preferred Brand
	2	<i>glucagon</i>	GLUCAGON EMERGENCY KIT	Preferred Brand
	3	<i>glucagon</i>	GLUCAGEN HYPOKIT	Non-Preferred
	2	<i>glucagon</i>	Gvoke	Preferred Brand
	1	<i>glyburide</i>	DIABETA	Generic
	1	<i>glyburide & metformin</i>	GLUCOVANCE	Generic
	1	<i>glyburide micronized</i>	GLYNASE	Generic
QL, PA	3	<i>insulin (oral inhalation)</i>	AFREZZA	Non-Preferred
ST	3	<i>insulin aspart</i>	NOVOLOG	Non-Preferred

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ST	3	<i>insulin aspart</i>	FIASP	Non-Preferred
ST	3	<i>insulin aspart</i>	FIASP FILEXPEN	Non-Preferred
ST	3	<i>insulin aspart protamine & insulin aspart</i>	NOVOLOG MIX 70/30	Non-Preferred
ST	3	<i>insulin aspart protamine & insulin aspart</i>	NOVOLOG MIX 70/30 FLEXPEN	Non-Preferred
ST	3	<i>insulin degludec</i>	TRESIBA	Non-Preferred
	3	<i>insulin degludec/insulin aspart</i>	RYZODEG 70/30	Non-Preferred
PA, QL	3	<i>Insulin degludec/ liraglutide</i>	XULTOPHY	Non-Preferred
ST	3	<i>insulin detemir</i>	LEVEMIR	Non-Preferred
ST	3	<i>insulin glargine</i>	LANTUS	Non-Preferred
ST	3	<i>insulin glargine</i>	LANTUS SOLOSTAR	Non-Preferred
ST	3	<i>insulin glargine</i>	BASAGLAR	Non-Preferred
PA	3	<i>Insulin glargine/ lixisenatide</i>	SOLIQUA	Non-Preferred
ST	3	<i>insulin glulisine</i>	APIDRA	Non-Preferred
	3	<i>insulin isophane</i>	NOVOLIN N	Non-Preferred
	2	<i>insulin isophane</i>	HUMULIN N	Preferred Brand
ST	3	<i>insulin isophane</i>	HUMULIN N KWIKPEN	Non-Preferred
	3	<i>insulin isophane & regular insulin</i>	NOVOLIN 70/30	Non-Preferred
	3	<i>insulin isophane & regular insulin</i>	HUMULIN 50/50	Non-Preferred
	2	<i>insulin isophane & regular insulin</i>	HUMULIN 70/30	Preferred Brand
ST	3	<i>insulin isophane & regular insulin</i>	HUMULIN 70/30 KIWKPEN	Non-Preferred
ST	3	<i>insulin lispro</i>	HUMALOG	Non-Preferred
ST	3	<i>insulin lispro</i>	HUMALOG KWIKPEN	Non-Preferred
ST	3	<i>insulin lispro</i>	ADMELOG	Non-preferred
	3	<i>insulin lispro protamine & insulin lispro</i>	HUMALOG MIX 50/50	Non-Preferred
ST	3	<i>insulin lispro protamine & insulin lispro</i>	HUMALOG MIX 75/25	Non-Preferred
ST	3	<i>insulin lispro protamine & insulin lispro</i>	HUMALOG MIX 75/25 KWIKPEN	Non-Preferred
	3	<i>insulin regular</i>	NOVOLIN R	Non-Preferred
	2	<i>insulin regular</i>	HUMULIN R	Preferred Brand
ST	2	<i>insulin regular</i>	HUMULIN R U-500	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	linagliptin	TRADJENTA	Non-Preferred
PA	3	linagliptin & metformin	JENTADUETO	Non-Preferred
PA, QL	3	liraglutide	VICTOZA	Non-Preferred
PA, QL	3	lixisenatide	ADLYXIN	Non-Preferred
	1	metformin	GLUCOPHAGE	Generic
PA	3	metformin	FORTAMET	Non-Preferred
PA	3	metformin	GLUMETZA	Non-Preferred
	3	metformin	RIOMET	Non-Preferred
	1	metformin extended-release	GLUCOPHAGE XR	Generic
PA	3	mifepristone	KORLYM	Non-Preferred
ST	3	miglitol	GLYSET	Non-Preferred
ST	1	nateglinide	STARLIX	Generic
	1	pioglitazone	ACTOS	Generic
	3	pioglitazone & glimepiride	DUETACT	Non-Preferred
	3	pioglitazone & metformin	ACTOPLUS MET	Non-Preferred
PA	3	pramlintide acetate	SYMLIN	Non-Preferred
ST	1	repaglinide	PRANDIN	Generic
ST	1	repaglinide & metformin	PRANDIMET	Generic
ST	3	rosiglitazone	AVANDIA	Non-Preferred
ST	3	rosiglitazone & glimepiride	AVANDARYL	Non-Preferred
ST	3	rosiglitazone & metformin	AVANDAMET	Non-Preferred
PA	3	saxagliptin	ONGLYZA	Non-Preferred
PA	3	saxagliptin & metformin extended-release	KOMBIGLYZE XR	Non-Preferred
PA, QL	3	semaglutide	OZEMPIC	Non-Preferred
PA	3	sitagliptin & metformin	JANUMET	Non-Preferred
PA	3	sitagliptin & simvastatin	JUVISYNC	Non-Preferred
PA	3	sitagliptin phosphate	JANUVIA	Non-Preferred
ST	1	tolazamide	TOLINASE	Generic
ST	1	tolbutamide	ORINASE	Generic
Estrogens and Antiestrogens				
	3	conjugated estrogens & bazedoxifene	DUAVEE	Non-Preferred
	3	conjugated estrogens & medroxyprogesterone acetate	PREMPHASE	Non-Preferred
	3	conjugated estrogens & medroxyprogesterone acetate	PREMPRO	Non-Preferred
	3	drospirenone & estradiol	ANGELIQ	Non-Preferred
ST	3	esterified estrogens	MENEST	Non-Preferred
	1	estradiol	ESTRACE TAB	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	estradiol	GYNODIOL	Generic
ST	3	estradiol & levonorgestrel	CLIMARA PRO	Non-Preferred
	1	estradiol & norethindrone	ACTIVELLA	Generic
ST	3	estradiol & norethindrone	COMBIPATCH	Non-Preferred
	3	estradiol & norgestimate	PREFEST	Non-Preferred
	3	estradiol acetate	FEMTRACE	Non-Preferred
ST	3	estradiol acetate vaginal tablets	FEMRING	Non-Preferred
ST	3	estradiol gel	DIVIGEL	Non-Preferred
ST	3	estradiol gel	ELESTRIN GEL	Non-Preferred
ST	3	estradiol transdermal	ALORA	Non-Preferred
	1	estradiol transdermal	CLIMARA DIS	Generic
	3	estradiol transdermal	ESTRADERM	Non-Preferred
ST	3	estradiol transdermal	EVAMIST	Non-Preferred
ST	3	estradiol transdermal	MENOSTAR	Non-Preferred
ST	3	estradiol transdermal	MINIVELLE	Non-Preferred
	1	estradiol transdermal	VIVELLE-DOT	Non-Preferred
	1	estradiol vaginal	ESTRACE CREAM	Generic
	2	estradiol vaginal	ESTRING	Preferred Brand
Only 10mg strength	2	estradiol vaginal	VAGIFEM	Preferred Brand
All other strengths	3	estradiol vaginal	VAGIFEM	Non-Preferred
	1	estradiol vaginal	YUVAFEM	Generic
	1	estradiol vaginal	ESTRACE	Generic
	1	estrogen, ester/me-testosterone	ESTRATEST	Generic
ST	3	estrogens, conjugated	PREMARIN	Non-Preferred
	3	estrogens, conjugated synthetic a	CENESTIN	Non-Preferred
ST	3	estrogens, conjugated synthetic b	ENJUVIA	Non-Preferred
ST	2	estrogens, conjugated vaginal	PREMARIN CREAM	Preferred Brand
	1	estropipate	ORTHO-EST	Generic
	1	norethindrone acetate & ethinyl estradiol	FEMHRT	Generic
	3	ospemifene	OSPHENA	Non-Preferred
	1	raloxifene hcl	EVISTA	Generic
Gonadatropins				
	2	nafarelin	SYNAREL	Preferred Brand
Parathyroid				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	<i>abaloparatide</i>	TYMLOS	Non-Preferred
ST	1	<i>calcitonin salmon</i>	FORTICAL	Generic
ST	1	<i>calcitonin salmon</i>	MIACALCIN	Generic
PA	3	<i>teriparatide</i>	FORTEO	Non-Preferred
Pituitary				
PA	3	<i>corticotropin</i>	ACTHAR	Non-Preferred
	1	<i>desmopressin (non-refrigerated)</i>	DDAVP	Generic
	3	<i>desmopressin acetate</i>	STIMATE	Non-Preferred
Progestins				
	1	<i>medroxyprogesterone acetate</i>	PROVERA	Generic
	1	<i>megestrol acetate</i>	MEGACE	Generic
	1	<i>norethindrone acetate</i>	AYGESTIN	Generic
	1	<i>progesterone, micronized</i>	PROMETRIUM	Generic
Somatotropin Agonists and Antagonists				
PA	3	<i>somatropin</i>	GENTROPIN	Non-Preferred
PA	3	<i>somatropin</i>	HUMATROPE	Non-Preferred
PA	3	<i>somatropin</i>	NORDITROPIN	Non-Preferred
PA	3	<i>somatropin</i>	NUTROPIN AQ	Non-Preferred
PA	3	<i>somatropin</i>	OMNITROPE	Non-Preferred
PA	3	<i>somatropin</i>	SAIZEN	Non-Preferred
PA	3	<i>somatropin</i>	SEROSTIM	Non-Preferred
PA	3	<i>pegvisomant</i>	SOMAVERT	Non-Preferred
PA	3	<i>somatropin</i>	ZORBTIVE	Non-Preferred
Thyroid and Antithyroid Agent				
	1	<i>levothyroxine</i>	LEVOTHROID	Generic
	1	<i>levothyroxine</i>	LEVEXYL	Generic
	1	<i>levothyroxine</i>	SYNTHROID	Generic
	3	<i>levothyroxine</i>	TIROSINT	Non-Preferred
	1	<i>levothyroxine</i>	UNITHROID	Generic
	1	<i>liothyronine</i>	CYTOMEL	Generic
ST	3	<i>liotrix</i>	THYROLAR	Non-Preferred
	1	<i>methimazole</i>	TAPAZOLE	Generic
	2	<i>potassium iodide & iodine</i>	LUGOL'S SOLUTION	Brand
	1	<i>propylthiouracil</i>	PROPYLTHIOURACIL	Generic
	3	<i>thyroid</i>	ARMOUR THYROID	Non-Preferred
Miscellaneous Therapeutic Agents				
Miscellaneous Therapeutic Agents				
	2	<i>abatacept</i>	ORENCIA	Preferred Brand
	1	<i>acetylcysteine</i>	MUCOMYST-10	Generic

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PA	3	adalimumab	HUMIRA	Non-Preferred
PA	3	adalimumab	HUMIRA citrate free	Non-Preferred
	1	alendronate	FOSAMAX	Generic
	3	alendronate & cholecalciferol	FOSAMAX PLUS D	Non-Preferred
	1	allopurinol	ZYLOPRIM	Generic
PA	3	amifampridine	FIRDAPSE	Non-Preferred
	3	anakinra	KINERET	Non-Preferred
	2	apremilast	OTEZLA	Preferred Brand
PA, QL	3	avatrombopag	DOPTELET	Non-preferred
	1	azathioprine	AZASAN	Generic
	1	azathioprine	IMURAN	Generic
PA	3	baricitnib	OLUMIANT	Non-Preferred
	3	bedaquiline	SIRTURO	Non-Preferred
ST	3	betaine	CYSTADANE POWD	Non-Preferred
PA	3	brodalumab	SILIQ	Non-Preferred
PA	3	c-1 esterase inhibitor	HAEGARDA	Non-Preferred
PA	3	canakinumab	ILARIS	Non-Preferred
PA	3	cholic acid	CHOLBAM	Non-Preferred
	2	cinacalcet	SENSIPAR	Preferred Brand
ST	3	colchicine	COLCRYS	Non-Preferred
	1	cyclosporine	SANDIMMUNE	Generic
	1	cyclosporine, modified	NEORAL	Generic
PA	3	cysteamine delayed-release	PROCYSBI	Non-Preferred
ST	3	cysteamine immediate-release	CYSTAGON	Non-Preferred
PA	3	daclizumab	ZINBRYTA	Non-preferred
	1	dalfampridine	AMPYRA	Generic
QL, PA	3	dichlorphenamide	KEVEYIS	Non-Preferred
PA	3	daflazacort	EMFLAZA	Non-Preferred
PA	3	dimethyl fumarate	TECFIDERA	Non-Preferred
PA	3	dupilumab	DUPIXENT	Non-Preferred
	1	disulfiram	ANTABUSE	Generic
ST	1	dutasteride	AVODART	Generic
	1	dutasteride & tamsulosin	JALYN	Generic
PA	3	elagolix	ORILISSA	Non-Preferred
PA	3	eliglustat	CERDELGA	Non-Preferred
PA	3	emicizumab-kxwh	HEMLIBRA	Non-Preferred
PA	3	erenumab-aooe	AIMOVIG	Non-Preferred
PA	3	etanercept	ENBREL	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	1	<i>etidronate</i>	DIDRONEL	Generic
QL	3	<i>everolimus</i>	ZORTRESS	Non-Preferred
ST	3	<i>febuxostat</i>	ULORIC	Non-Preferred
PA	3	<i>fingolimod</i>	GILENYA	Non-Preferred
PA	3	<i>fostamatinib</i>	TAVALISSE	Non-Preferred
PA	3	<i>galcanezumab</i>	EMGALITY	Non-Preferred
PA	3	<i>guselkumab</i>	TREMFYA	Non-Preferred
PA	3	<i>glatiramer acetate</i>	COPAXONE 20 mg	Non-Preferred
	1	<i>glatiramer acetate</i>	COPAXONE 40 mg	Generic
	1	<i>glatiramer acetate</i>	GLATOPA	Generic
PA	3	<i>golimumab</i>	SIMPONI	Non-Preferred
PA	3	<i>glutamine</i>	ENDARI	Non-Preferred
ST	1	<i>ibandronate</i>	BONIVA	Generic
PA	3	<i>icatibant</i>	FIRAZYR	Non-Preferred
PA	3	<i>immune globulin</i>	HYQVIA	Non-Preferred
PA	3	<i>Immune globulin</i>	HIZENTRA	Non-Preferred
PA	3	<i>Inotersen</i>	TEGSEDI	Non-Preferred
PA	3	<i>interferon beta-1a</i>	AVONEX	Non-Preferred
PA	3	<i>interferon beta-1a</i>	PLEGRIDY	Non-Preferred
PA	3	<i>interferon beta-1a</i>	REBIF	Non-Preferred
PA	3	<i>interferon beta-1a</i>	REBIF REBIDOSE	Non-Preferred
	3	<i>interferon beta-1b</i>	BETASERON	Non-Preferred
	2	<i>Interferon beta-1b</i>	EXTAVIA	Preferred Brand
	2	<i>interferon gamma-1b</i>	ACTIMMUNE	Preferred Brand
PA	3	<i>ixekizumab</i>	TALTZ	Non-Preferred
PA	3	<i>lanadelumab</i>	TAKHZYRO	Non-Preferred
	3	<i>lanreotide</i>	SOMATULINE DEPOT	Non-Preferred
	3	<i>lesinurad</i>	ZURAMPIC	Non-preferred
	1	<i>leflunomide</i>	ARAVA	Generic
	1	<i>leucovorin</i>	LEUCOVORIN	Generic
PA, QL	3	<i>lusutrombopag</i>	MULPLETA	Non-Preferred
	2	<i>mesna</i>	MESNEX	Preferred Brand
	1	<i>methenamine, sodium biphosphate, phenyl salicylate, methylene blue, and hyoscyamine</i>	URO-MP	Generic
	1	<i>methylergonovine maleate</i>	METHERGINE	Generic

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	3	<i>metreleptin</i>	MYALEPT	Non-Preferred
	3	<i>mifepristone</i>	MIFEPREX	Non-Preferred
PA	3	<i>migalastat</i>	GALAFOLD	Non-Preferred
PA	3	<i>miglustat</i>	ZAVESCA	Non-Preferred
	1	<i>mycophenolate mofetil</i>	CELLCEPT	Generic
	1	<i>mycophenolate sodium</i>	MYFORTIC	Generic
	3	<i>nitisinone</i>	ORFADIN	Non-Preferred
	1	<i>octreotide acetate</i>	SANDOSTATIN	Generic
PA	3	<i>parathyroid hormone</i>	NATPARA	Non-Preferred
PA	3	<i>pasireotide</i>	SIGNIFOR	Non-preferred
	1	<i>pediatric multivitamins w/ fluoride</i>	POLY-VI-FLOR	Generic
	1	<i>pediatric multivitamins w/ fluoride & iron</i>	POLY-VI-FLOR W/IRON	Generic
	1	<i>pediatric vitamins a, c, & d, w/ fluoride</i>	TRI-VI-FLOR	Generic
	1	<i>pediatric vitamins a, c, & d, w/ fluoride & iron</i>	TRI-VI-FLOR W/IRON	Generic
PA	3	<i>pegvaliase</i>	PALYNZIQ	Non-Preferred
	2	<i>pentosan polysulfate sodium</i>	ELMIRON	Preferred Brand
PA	3	<i>risankizumab</i>	SKYRIZI	Non-Preferred
ST	3	<i>risedronate sodium</i>	ACTONEL	Non-Preferred
	3	<i>risedronate sodium</i>	ATELVIA	Non-Preferred
PA	3	<i>sapropterin dihydrochloride</i>	KUVAN	Non-Preferred
PA	3	<i>sarilumab</i>	KEVZARA	Non-Preferred
PA	3	<i>secukinumab</i>	COSENTYX	Non-Preferred
solution	3	<i>sirolimus</i>	RAPAMUNE	Non-Preferred
	1	<i>sirolimus</i>	RAPAMUNE	Generic
	3	<i>sodium fluoride</i>	FLUORABON BASIC	Generic
	1	<i>sodium fluoride</i>	FLUORITAB	Generic
	1	<i>sodium fluoride</i>	LURIDE CHEW	Generic
	1	<i>sodium fluoride (dental)</i>	PREVIDENT	Generic
	1	<i>sodium fluoride (dental)</i>	PREVIDENT 5000 PLUS	Generic
	1	<i>sodium fluoride drops</i>	LURIDE DROPS	Generic
	2	<i>stannous fluoride</i>	GEL-KAM	Preferred Brand
	1	<i>tacrolimus</i>	PROGRAF	Generic
PA	3	<i>teriflunomide</i>	AUBAGIO	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	2	<i>thalidomide</i>	THALOMID	Preferred Brand
PA	3	<i>tildrakizumab-asmn</i>	ILUMYA	Non-Preferred
ST	3	<i>tiludronate</i>	SKELID	Non-Preferred
	2	<i>tocilizumab</i>	ACTEMRA	Preferred Brand
	2	<i>tofacitinib</i>	XELJANZ	Preferred Brand
PA	3	<i>ustekinumab</i>	STELARA	Non-Preferred
Respiratory Tract Agents				
Antitussives				
	1	<i>benzonatate</i>	TESSALON PERLES	Generic
	1	<i>guaifenesin & codeine</i>	CHERATUSSIN AC	Generic
	3	<i>hydrocodone & chlorpheniramine</i>	TUSSIONEX	Non-Preferred
	1	<i>hydrocodone & homatropine</i>	HYCODAN	Generic
	1	<i>promethazine & codeine</i>	PHENERGAN W/ CODEINE	Generic
	1	<i>promethazine & dextromethorphan</i>	PROMETHAZINE-DM	Generic
	1	<i>promethazine, phenylephrine & codeine</i>	PHENERGAN VC W/CODEINE	Generic
	3	<i>pseudoephedrine, brompheniramine & codeine</i>	M-END MAX D	Non-Preferred
Anti-Inflammatory Agents				
	3	<i>cromolyn sodium</i>	GASTROCROM	Non-Preferred
	1	<i>cromolyn sodium</i>	INTAL	Generic
	1	<i>montelukast</i>	SINGULAIR	Generic
ST	3	<i>zafirlukast</i>	ACCOLATE	Non-Preferred
ST	3	<i>zileuton</i>	ZYFLO	Non-Preferred
Respiratory Agents, Miscellaneous				
	3	<i>beclomethasone dipropionate</i>	QVAR	Non-Preferred
	3	<i>budesonide</i>	PULMICORT FLEXHALER	Non-Preferred
	1	<i>budesonide</i>	PULMICORT RESPULES	Generic
ST	3	<i>budesonide & formoterol</i>	SYMBICORT	Non-Preferred
	2	<i>ciclesonide</i>	ALVESCO	Preferred Brand
PA	3	<i>elexacaftor, tezacaftor, and ivacaftor</i>	TRIKAFTA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	<i>fluticasone & salmeterol (100/50 mcg)</i>	ADVAIR DISKUS	Non-Preferred
ST	2	<i>fluticasone & salmeterol (250/50 mcg and 500/50 mcg)</i>	ADVAIR DISKUS	Preferred Brand
ST	3	<i>fluticasone & salmeterol</i>	ADVAIR HFA	Non-Preferred
ST	3	<i>fluticasone & vilanterol</i>	BREO ELLIPTA	Non-Preferred
	3	<i>fluticasone propionate</i>	FLOVENT DISKUS AER	Non-Preferred
	3	<i>fluticasone propionate</i>	FLOVENT HFA	Non-Preferred
	3	<i>glycopyrrolate & indacaterol</i>	UTIBRON NEOHALER	Non-Preferred
ST	3	<i>indacaterol</i>	ARCAPTA NEOHALER	Non-Preferred
PA	3	<i>ivacaftor</i>	KALYDECO	Non-Preferred
PA	3	<i>lumacaftor & ivacaftor</i>	ORKAMBI	Non-Preferred
ST	3	<i>mometasone & formoterol</i>	DULERA	Non-Preferred
	2	<i>mometasone furoate</i>	ASMANEX	Preferred Brand
PA	3	<i>mepolizumab</i>	NUCALA	Non-Preferred
	3	<i>nintedanib</i>	OFEV	Non-Preferred
PA	3	<i>omalizumab</i>	XOLAIR	Non-Preferred
	3	<i>pirfenidone</i>	ESBRIET	Non-Preferred
ST	3	<i>roflumilast</i>	DALIRESP	Non-Preferred
	3	<i>salmeterol</i>	SEREVENT DISKUS	Non-Preferred
	3	<i>sodium chloride</i>	HYPERSAL	Non-Preferred
PA	3	<i>tezacaftor & ivacaftor</i>	SYMDEKO	Non-Preferred
	2	<i>tiotropium bromide and olodaterol</i>	STIOLTO RESPIMAT	Preferred Brand
Skin and Mucous Membrane Agents				
Anti-infectives (Skin and Mucous Membranes)				
ST	3	<i>acyclovir</i>	ZOVIRAX	Non-Preferred
	3	<i>benzoyl peroxide & erythromycin</i>	BENZAMYCIN	Non-Preferred
ST	3	<i>butenafine</i>	MENTAX	Non-Preferred
	3	<i>butoconazole nitrate (vaginal)</i>	GYNAZOLE-1	Non-Preferred
	1	<i>ciclopirox</i>	LOPROX	Generic
	1	<i>ciclopirox</i>	PENLAC	Generic
ST	3	<i>clindamycin & benzoyl peroxide</i>	BENZACLIN	Non-Preferred
	1	<i>clindamycin & benzoyl peroxide</i>	DUAC	Generic
PA		<i>clindamycin & benzoyl peroxide</i>	ONEXTON	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	clindamycin phosphate (topical)	CLEOCIN T	Generic
	1	clindamycin phosphate (topical)	CLINDAGEL	Generic
	3	clindamycin phosphate (topical)	EVOCLIN	Non-Preferred
	1	clindamycin phosphate (vaginal)	CLEOCIN	Generic
	1	clotrimazole	MYCELEX	Generic
ST	1	clotrimazole & betamethasone	LOTRISONE	Generic
ST	3	crotamiton	EURAX	Non-Preferred
	1	econazole nitrate	SPECTAZOLE	Generic
	3	erythromycin (acne acid)	AKNE-MYCIN	Non-Preferred
	1	erythromycin (acne acid)	ERYGEL	Generic
	1	gentamicin sulfate (topical)	GARAMYCIN	Generic
	3	hexachlorophene	PHISOHEX	Non-Preferred
	1	iodoquinol & hydrocortisone	VYTON	Generic
	1	ketoconazole (topical)	NIZORAL	Generic
	1	lindane	KWELL	Generic
ST	3	mafenide acetate	SULFAMYLON	Non-Preferred
	1	malathion	OVIDE	Generic
	1	metronidazole (topical)	METROCREAM	Generic
	1	metronidazole (topical)	METROGEL	Generic
	1	metronidazole (topical)	METROLOTION	Generic
	1	metronidazole (vaginal)	METROGEL-VAGINAL	Generic
	3	miconazole nitrate & zinc oxide	VUSION	Non-Preferred
	1	mupirocin	BACTROBAN	Generic
	3	mupirocin calcium	BACTROBAN NASAL	Non-Preferred
	3	na sulfacetamide/avobenzone/sulfur	ROSAC	Non-Preferred
ST	3	naftifine	NAFTIN	Non-Preferred
	1	nystatin (topical)	NYSTATIN	Generic
ST	3	oxiconazole nitrate	OXISTAT	Non-Preferred
ST	3	penciclovir	S	Non-Preferred
	1	permethrin	ELIMITE	Generic
ST	3	retapamulin	ALTABAX	Non-Preferred
	3	selenium sulfide	SELSEB	Non-Preferred
	3	selenium sulfide	SELSUN RX	Non-Preferred
ST	3	sertaconazole nitrate	ERTACZO	Non-Preferred
	1	silver sulfadiazine	SILVADENE	Generic
	3	spinosad	NATROBA	Non-Preferred
ST	3	sulconazole nitrate	EXELDERM	Non-Preferred
	1	sulfacetamide sodium (acne)	KLARON	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	<i>sulfacetamide sodium (acne)</i>	SEB-PREV	Non-Preferred
	3	<i>sulfanilamide</i>	AVC	Non-Preferred
ST	1	<i>terconazole</i>	TERAZOL 7	Generic
ST	1	<i>terconazole (vaginal)</i>	TERAZOL 3	Generic
Anti-inflammatory Agents (Skin and Mucous Membranes)				
	1	<i>alclometasone dipropionate</i>	ACLOVATE	Generic
ST	1	<i>amcinonide</i>	CYCLOCORT	Generic
ST	3	<i>bacitracin, polymyxin, neomycin & hydrocortisone</i>	CORTISPORIN	Non-Preferred
	3	<i>benzoyl peroxide & hydrocortisone</i>	VANOXIDE-HC	Non-Preferred
	1	<i>betamethasone dipropionate (topical)</i>	DIPROSONE	Generic
	1	<i>betamethasone dipropionate augmented</i>	DIPROLENE	Generic
	1	<i>betamethasone valerate</i>	LUXIQ	Generic
	1	<i>betamethasone valerate</i>	VALISONE	Generic
PA	3	<i>Betamethasone & calcipotriene</i>	ENSTILAR FOAM	Non-Preferred
ST	1	<i>calcipotriene & betamethasone</i>	TACLONEX	Generic
	1	<i>clobetasol propionate</i>	CLOBEX	Generic
	1	<i>clobetasol propionate</i>	TEMOVATE	Generic
	1	<i>clobetasol propionate emollient</i>	TEMOVATE E	Generic
	3	<i>clobetasol propionate emulsion</i>	OLUX-E	Non-Preferred
ST	1	<i>clocortolone pivalate</i>	CLODERM	Generic
ST	3	<i>crisaborole</i>	EUCRISA	Non-Preferred
QL	1	<i>desonide</i>	DESOWEN	Generic
ST	1	<i>desoximetasone</i>	TOPICORT	Generic
ST	1	<i>diflorasone diacetate</i>	APEXICON	Generic
	3	<i>fluocinolone acetonide</i>	CAPEX SHAMPOO	Non-Preferred
	1	<i>fluocinolone acetonide</i>	DERMA-SMOOTH/FS OIL	Generic
	1	<i>fluocinolone acetonide</i>	SYNALAR	Generic
	1	<i>fluocinonide</i>	LIDEX	Generic
	3	<i>fluocinonide</i>	VANOS	Non-Preferred
	1	<i>fluocinonide emollient</i>	LIDEX-E	Generic
ST	1, 3	<i>flurandrenolide</i>	CORDRAN	Generic
	1	<i>fluticasone propionate (topical)</i>	CUTIVATE	Generic
ST	3	<i>halcinonide</i>	HALOG	Non-Preferred
	1	<i>halobetasol propionate</i>	ULTRAVATE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	hydrocortisone (intrarectal)	CORTENEMA	Generic
	3	hydrocortisone (rectal)	ANUSOL-HC	Non-Preferred
	1	hydrocortisone (rectal)	PROCTOCORT	Generic
	1	hydrocortisone (topical)	HYTONE	Generic
	1	hydrocortisone acetate & urea	CARMOL HC	Generic
	3	hydrocortisone acetate (intrarectal)	CORTIFOAM	Non-Preferred
	1	hydrocortisone butyrate	LOCOID	Generic
	3	hydrocortisone butyrate hydrophilic lipo base	LOCOID LIPOCREAM	Non-Preferred
	3	hydrocortisone probutate	PANDEL	Non-Preferred
	1	hydrocortisone valerate	WESTCORT	Generic
	1	mometasone furoate	ELOCON	Generic
ST	1	nystatin & triamcinolone	MYCOLOG II	Generic
ST	1	prednicarbate	DERMATOP	Generic
	1	triamcinolone acetonide (topical)	KENALOG	Generic
Antipruritics and Local Anesthetics				
ST	3	doxepin (antipruritic)	ZONALON	Non-Preferred
	3	hydrocortisone & pramoxine	ANALPRAM HC	Non-Preferred
	3	hydrocortisone & pramoxine	PRAMOSONE	Non-Preferred
	3	hydrocortisone & pramoxine	PRAMOSONE-E	Non-Preferred
	3	hydrocortisone & pramoxine	PROCTOFOAM-HC	Non-Preferred
	1	lidocaine (jelly, topical)	XYLOCAINE	Generic
	3	lidocaine & hydrocortisone	LIDAMANTLE	Non-Preferred
	1	lidocaine & prilocaine	EMLA	Generic
ST	3	lidocaine & tetracaine	SYNERA PATCH	Non-Preferred
	1	pramoxine	PROCTOFOAM	Generic
Astringents				
	2	aluminum chloride hexahydrate	HYPERCARE	Preferred Brand
PA, QL	3	glycopyrronium	QBREXZA	Non-Preferred
Keratolytic Agents				
	3	sulfacetamide sodium & sulfur	AVAR	Non-Preferred
	1	sulfacetamide sodium & sulfur	PLEXION	Generic
	3	sulfacetamide sodium & sulfur	PLEXION SCT	Non-Preferred
	1	sulfacetamide sodium & sulfur	ROSULA	Generic
	1	urea	CARMOL	Generic
Keratoplastic Agents				
ST	3	anthralin	DRITHOCREME HP	Non-Preferred
	3	anthralin	PSORiatec	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Cell Stimulants and Proliferants				
QL, AGE	1	<i>tretinoin</i>	RETIN-A	Generic
QL, AGE	3	<i>tretinoin microspheres</i>	RETIN-A MICRO	Non-Preferred
Skin and Mucous Membrane Agents, Miscellaneous				
ST	1	<i>acitretin</i>	SORIATANE	Generic
QL, AGE, ST	1	<i>adapalene</i>	DIFFERIN	Generic
QL, AGE, ST	3	<i>adapalene & benzoyl peroxide</i>	EPIDUO EPIDUO FORTE	Non-Preferred
QL, AGE	3	<i>alitretinoin</i>	PANRETIN	Non-Preferred
	1	<i>ammonium lactate</i>	LAC-HYDRIN	Generic
ST	3	<i>azelaic acid</i>	FINACEA	Non-Preferred
ST	3	<i>azelaic acid (acne)</i>	AZELEX	Non-Preferred
	2	<i>becaplermin</i>	REGRANEX	Preferred Brand
	3	<i>bexarotene (topical)</i>	TARGETIN	Non-Preferred
PA, QL	3	<i>brimonidine (topical)</i>	MIRVASO	Non-Preferred
	1	<i>calcipotriene</i>	DOVONEX	Generic
	3	<i>calcipotriene</i>	SORILUX	Non-Preferred
	2	<i>calcitriol (topical)</i>	VECTICAL	Preferred Brand
AGE, ST	3	<i>clindamycin & tretinoin</i>	VELTIN	Non-Preferred
AGE, ST	3	<i>clindamycin & tretinoin</i>	ZIANA	Non-Preferred
	2	<i>collagenase</i>	SANTYL	Preferred Brand
	3	<i>dapsone (topical)</i>	ACZONE	Non-Preferred
	3	<i>diclofenac epolamine</i>	FLECTOR	Non-Preferred
	1	<i>diclofenac sodium</i>	VOLTAREN GEL	Generic
	3	<i>diclofenac sodium (actinic keratosis)</i>	SOLARAZE	Non-Preferred
ST	3	<i>doxepin (antipruritic)</i>	PRUDOXIN	Non-Preferred
	3	<i>doxycycline (rosacea)</i>	ORACEA	Non-Preferred
	3	<i>fluorouracil (topical)</i>	CARAC	Non-Preferred
	1	<i>fluorouracil (topical)</i>	EFUDEX	Generic
	2	<i>fluorouracil (topical)</i>	FLUOROPLEX	Preferred Brand
	1	<i>imiquimod</i>	ALDARA	Generic
	3	<i>imiquimod</i>	ZYCLARA	Non-Preferred
PA	3	<i>ingenol mebutate</i>	PICATO	Non-Preferred
	1	<i>isotretinoin</i>	ACCUTANE	Generic

Multi-Choice Formulary is for medications covered at Network Pharmacies. Please see HMO Formulary for medications covered at KP Pharmacies

All drug product strengths and package sizes of a medication may not be included on the same tier on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed

Kaiser Permanente of Georgia Multi Choice Formulary

ST = Step Therapy, PA = Prior Authorization, QL = Quantity Limit, Age = Age Restriction

Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	<i>isotretinoin</i>	CLARAVIS	Generic
	3	<i>lactic acid (ammonium lactate)</i>	LACTINOL	Non-Preferred
	2	<i>methoxsalen</i>	8-MOP	Preferred Brand
	1	<i>methoxsalen, rapid</i>	OXSORALEN-ULTRA	Generic
	2	<i>pimecrolimus</i>	ELIDEL	Preferred Brand
	1	<i>podofilox</i>	CONDYLOX	Generic
ST	3	<i>sinecatechins</i>	VEREGEN	Non-Preferred
	1	<i>tacrolimus (topical)</i>	PROTOPIC	Generic
QL, AGE, ST	3	<i>tazarotene</i>	TAZORAC	Non-Preferred
Smooth Muscle Relaxants				
Smooth Muscle Relaxants				
ST	1	<i>darifenacin</i>	ENABLEX	Generic
ST	3	<i>dyphylline</i>	LUFYLLIN	Non-Preferred
ST	3	<i>fesoterodine</i>	TOVIAZ	Non-Preferred
ST	3	<i>flavoxate</i>	FLAVOXATE	Non-Preferred
ST	3	<i>mirabegron</i>	MYRBETRIQ	Non-Preferred
	1	<i>oxybutynin</i>	DITROPAN	Generic
	1	<i>oxybutynin extended-release</i>	DITROPAN XL	Generic
	3	<i>oxybutynin transdermal</i>	OXYTROL	Non-Preferred
	1	<i>solifenacin</i>	VESICARE	Generic
	1	<i>theophylline</i>	UNIPHYL	Generic
ST	1	<i>tolterodine</i>	DETROL	Generic
ST	1	<i>tolterodine extended-release</i>	DETROL LA	Generic
	1	<i>trospium</i>	SANCTURA	Generic
	3	<i>trospium extended-release</i>	SANCTURA XR	Non-Preferred
Vitamins				
Vitamins				
	1	<i>calcitriol</i>	ROCALTROL	Generic
ST	1	<i>doxercalciferol</i>	HECTOROL	Generic
	1	<i>ergocalciferol</i>	DRISDOL	Generic
	1	<i>niacin</i>	NIACOR	Generic
ST	1	<i>paricalcitol</i>	ZEMPLAR	Generic
	2	<i>phytonadione</i>	MEPHYTON	Preferred Brand

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