

2019 Kaiser Permanente Federal Employees Health Benefit

FEHB Drug Formulary



Maryland, Virginia, and
District of Columbia Region

Member Services

Monday through Friday, 8 a.m. to 5 p.m.

1-877-KP4-FEDS (1-877-574-3337)

711 TTY

2019 Kaiser Permanente Federal Employees Health Benefit (FEHB) Drug Formulary

Mid-Atlantic States Region

This document contains information about the drugs we cover when you participate in a Federal Employees Health Benefits (FEHB) plan offered by Kaiser Permanente (Plan).

This formulary is effective **November 1, 2019**. Benefits described in this formulary are effective January 1 – December 31, 2019.

What is the Kaiser Permanente FEHB Drug Formulary?

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

How much will I pay for covered drugs?

The cost-sharing you will pay for most drugs depends on:

- The tier in which your drug is categorized,
- Where you get the drug, and
- Whether your drug is included in our formulary. Preferred drugs are included in our formulary. Non-preferred drugs are not included in our formulary.

Below is the copayment you pay for up to a 30-day supply of prescription drugs at a Plan medical center pharmacy, affiliated network pharmacy or through mail order. You pay only two copayments for up to a 90-day supply for most drugs dispensed through our mail order program.

Drug Tier	Type		High Option	Standard Option	Basic Option
Tier 1	Generic drugs	Plan medical center pharmacy	\$7	\$10	\$10
		Affiliated network pharmacy	\$17	\$20	\$20
		Mail order program	\$5	\$8	\$8
Tier 2	Preferred brand-name drugs	Plan medical center pharmacy	\$30	\$40	\$45
		Affiliated network pharmacy	\$50	\$60	\$65
		Mail order program	\$28	\$38	\$43
Tier 3	Non-preferred brand-name drugs	Plan medical center pharmacy	\$45	\$60	\$65
		Affiliated network pharmacy	\$65	\$80	\$85
		Mail order program	\$43	\$58	\$63
Tier 4	Specialty drugs	Plan medical center pharmacy	\$100	\$150	\$200
		Affiliated network pharmacy	\$150	\$200	\$250
		Mail order program	\$100	\$150	\$200

You pay 50% of our allowed amount for fertility, sexual dysfunction and weight management drugs. Some drugs may be covered at no cost sharing, such as tobacco cessation medications, women’s contraceptive drugs and devices and drugs required by ACA. Specific coverage information, including limitations and exclusions, is described in your FEHB brochure (RI 73-047), see Section 5(f) Prescription drug benefits. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-877-KP4-FEDS (1-877-574-3337) (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.

We define tiers as follows:

- Tier 1. Generic drugs are produced and sold under their generic names after the patent on the brand-name drug expires. Although the price is usually lower, the quality of generic drugs is the same as brand-name drugs. Generic drugs are also just as effective as brand-name drugs. The U.S. Food and Drug Administration (FDA) requires that a generic drug contain the same active drug ingredient in the same amount as the brand-name drug.
- Tier 2. Brand-name drugs are produced and sold under the original manufacturer's brand name. Preferred brand-name drugs are listed on our drug formulary.
- Tier 3. Non-preferred brand-name drugs are not listed on our drug formulary and are not covered unless approved through the exception process.
- Tier 4. Specialty drugs are high-cost drugs that are on our specialty drug list. Kaiser Permanente adopts the model used by most Medicare plans to determine which drugs are in the specialty tier.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, drugs that are extremely high cost, require special handling or requested to be mailed outside the states of Maryland and Virginia, and the District of Columbia) may not be eligible for mailing. We provide up to a 90-day supply for maintenance medications when dispensed through our mail order program for two copayments.

How do I use the FEHB Drug Formulary?

Our formulary drugs are listed in this formulary by medical condition and alphabetically. We consider drugs not listed on our formulary to be “non-preferred drugs”. You may pay higher cost-sharing for non-formulary drugs that are medically necessary.

The cost-sharing you pay and other coverage information is determined by the outpatient prescription drug benefit in your FEHB brochure (RI 73-047, see Section 5(f) Prescription drug benefits).

Formulary Drugs by Medical Condition

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

Formulary Drugs by Alphabetical Listing

If you are not sure what category to look under, the Index starting on page 26, provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to find the drug name and the page number where you can locate coverage information. Turn to the page listed in the Index and find the name of the drug on the list. If you are using a computer to view this document, you also use the search function (Ctrl F) to find the medication by name.

Columns on Medical Condition and Alphabetical Listings

There are three columns in the attached chart.

- The first column lists the drug name. Brand-name drugs are capitalized (e.g. ALBENZA) and generic drugs are listed in lower-case italics (e.g. *amoxicillin*). Some drugs include different dosage forms and strengths. All dosage forms and strengths for a particular drug listed may not be on the Formulary. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not. Some of these drugs may be available only in a clinic setting.
- The second column indicates drug tier. Some drugs may have more than one tier listed in this column. This means that the amount you pay may vary based on the dosage or the way the drug is administered. You will find cost-sharing for your drug in your FEHB brochure. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-877-KP4-FEDS (1-877- 574-3337) (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.
- The third column indicates additional requirements or limits on coverage. These requirements and limits may include:
 - PA** = Prior Authorization. You need to get approval from Kaiser Permanente to fill your prescription. If you don't get approval, we may not cover the drug.
 - QL** = Quantity Limit. For certain drugs, we may limit the amount of the drug you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.
 - LD** = Limited distribution. Some drugs may be subject to limited distribution or restricted access. A drug that is a limited distribution drug may only be available at one or a limited number of pharmacies.

Does the FEHB Drug Formulary ever change?

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

Our online formulary at kp.org/formulary is updated on a regular basis. To get updated information about the drugs covered by Kaiser Permanente or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-877-KP4-FEDS (1-877-574-3337) (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.

Formulary Drugs by Medical Condition

Name of drug	Drug Tier	Requirements / Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	1	
YODOXIN	2	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1, 2	
<i>amoxicillin & pot clavulanate</i>	1, 2	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin sodium</i>	1	
AVELOX	2	
<i>azithromycin</i>	1	
<i>aztreonam</i>	1	
<i>bacitracin</i>	1	
BICILLIN L-A	2	
<i>cefaclor</i>	1	
<i>cefazolin sodium</i>	1	
CEFAZOLIN SODIUM-DEXTROSE	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
CEFEPIME-DEXTROSE	2	
<i>cefixime</i>	1, 2	
<i>cefotaxime sodium</i>	1, 2	
<i>cefoxitin sodium</i>	1	
<i>ceftazidime</i>	1	
CEFTAZIDIME AND DEXTROSE	2	
<i>ceftriaxone sodium</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	1	
CEFTRIAZONE SODIUM-DEXTROSE	2	
<i>cefuroxime axetil</i>	1, 2	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin</i>	1	
<i>clindamycin hcl</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>colistimethate sodium</i>	1	
<i>daptomycin</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
<i>ertapenem sodium</i>	1, 2	
ERYTHROCIN LACTOBIONATE	2	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin-sulfisoxazole</i>	1	
<i>gentamicin sulfate</i>	1	
<i>imipenem-cilastatin</i>	1, 2	
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>linezolid</i>	1	
LINEZOLID IN SODIUM CHLORIDE	1	
<i>meropenem</i>	1	
<i>minocycline hcl</i>	1	
<i>nafcillin sodium</i>	1	
<i>neomycin sulfate</i>	1	
ORBACTIV	4	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	1	
PENICILLIN G SODIUM	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
STREPTOMYCIN SULFATE	1	
SULFADIAZINE	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
TIMENTIN	2	
<i>tobramycin</i>	1	
TOBRAMYCIN SULFATE	1	
<i>vancomycin hcl</i>	1	

Name of drug	Drug Tier	Requirements / Limits
VANCOMYCIN HCL IN DEXTROSE	1	
ANTIFUNGALS		
AMPHOTERICIN B	1	
<i>casprofungin acetate</i>	4	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>griseofulvin microsize</i>	1, 2	
<i>griseofulvin ultramicronsize</i>	1	
<i>itraconazole</i>	1, 2	PA
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>terbinafine hcl</i>	1	PA
<i>voriconazole</i>	1	
ANTIMYCOBACTERIALS		
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
ANTIPROTOZOALS		
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	2	
MEFLOQUINE HCL	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	2	
<i>primaquine phosphate</i>	1, 2	
ANTIVIRALS		
<i>abacavir sulfate</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
<i>adefovir dipivoxil</i>	1	
APTIVUS	2	
<i>atazanavir sulfate</i>	1, 2	
ATRIPLA	2	
BIKTARVY	2	
CIMDUO	2	

Name of drug	Drug Tier	Requirements / Limits
COMPLERA	2	
CRIVAN	2	
CYTOVENE	2	
DESCOVY	2	
<i>didanosine</i>	1, 2	
EDURANT	2	
<i>efavirenz</i>	1	
EMTRIVA	2	
<i>entecavir</i>	1, 2	
EPCLUSA	4	QL
<i>fosamprenavir calcium</i>	1	
FOSCAVIR	2	
GENVOYA	2	
HARVONI	4	QL
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	
<i>lamivudine</i>	1	
<i>lamivudine (hbv)</i>	1	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	1, 2	
<i>nevirapine</i>	1	
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1, 2	QL
PEGASYS	2, 4	QL
PEGINTRON	4	QL
PREZCOBIX	2	
PREZISTA	2	
RELENZA DISKHALER	2	QL
RESCRIPTOR	2	
<i>ribavirin (hepatitis c)</i>	1	
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	1, 2	
SELZENTRY	2	
<i>stavudine</i>	1	
STRIBILD	2	
SYMFI	2	
SYMTUZA	2	
SYNAGIS	4	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
<i>valganciclovir hcl</i>	1	
VIRACEPT	2	
VOSEVI	4	QL
<i>zidovudine</i>	1	

Name of drug	Drug Tier	Requirements / Limits
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>trimethoprim</i>	1	
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>promethazine hcl</i>	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	4	OC
AFINITOR	4	OC
ALIMTA	2	
ALUNBRIG	4	OC
<i>anastrozole</i>	1	OC
AVASTIN	2	
<i>azacitidine</i>	1	
BENDEKA	4	
<i>bexarotene</i>	4	OC
<i>bicalutamide</i>	1	OC
BICNU	2	
<i>bleomycin sulfate</i>	1	
CABOMETYX	4	OC
CAMPATH	2	LD
<i>capecitabine</i>	1	OC
CAPRELSA	2	LD, OC
<i>carboplatin</i>	1	
CEENU	2	OC
CERUBIDINE	1, 2	
<i>cisplatin</i>	1	
<i>cladribine</i>	1	
COSMEGEN	2	
<i>cyclophosphamide</i>	1, 2	PA
CYRAMZA	4	
<i>cytarabine</i>	1	
<i>dacarbazine</i>	1	
<i>decitabine</i>	1	
DOCETAXEL (NON-ALCOHOL)	4	
<i>doxorubicin hcl</i>	1	
<i>doxorubicin hcl liposomal</i>	1	
EMCYT	2	OC
<i>epirubicin hcl</i>	1	
ERBITUX	2	

Name of drug	Drug Tier	Requirements / Limits
<i>erlotinib hcl</i>	4	OC
<i>etoposide</i>	1	OC
<i>exemestane</i>	1	OC
<i>floxuridine</i>	1	
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	OC
<i>fulvestrant</i>	2, 4	
GAZYVA	4	
<i>gemcitabine hcl</i>	1	
HALAVEN	2	
HERCEPTIN	4	
HEXALEN	4	OC
<i>hydroxyurea</i>	1	OC
IBRANCE	4	OC
ICLUSIG	4	OC
<i>ifosfamide</i>	1, 2	
<i>imatinib mesylate</i>	1	OC
IMBRUVICA	4	OC
INLYTA	4	OC
IRESSA	4	OC
<i>irinotecan hcl</i>	1, 2	
IXEMPRA KIT	2, 4	
JAKAFI	4	OC
JEVTANA	2	
KADCYLA	4	
KANJINTI	4	
KYPROLIS	4	
LENVIMA (10 MG DAILY DOSE)	4	LD, OC
<i>letrozole</i>	1	OC
LEUKERAN	4	OC
<i>leuprolide acetate</i>	1, 2	PA, QL
LUPRON DEPOT (3-MONTH)	2	QL
LUPRON DEPOT (4-MONTH)	2	QL
LUPRON DEPOT (6-MONTH)	2	QL
LUPRON DEPOT-PED (1-MONTH)	2	QL
LUPRON DEPOT-PED (3-MONTH)	2	QL
LYSODREN	2	OC
MARQIBO	4	
MATULANE	4	OC
<i>megestrol acetate</i>	1	
MEKINIST	4	OC
<i>melfhalan</i>	1	OC

Name of drug	Drug Tier	Requirements / Limits
<i>mercaptopurine</i>	1, 4	OC
<i>methotrexate sodium</i>	1	
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	1	
MUSTARGEN	2	
MVASI	4	
MYLERAN	2	OC
NEXAVAR	4	OC
NINLARO	4	OC
ODOMZO	4	OC
ONCASPAR	2	
OPDIVO	4	
<i>oxaliplatin</i>	1	
<i>paclitaxel</i>	1	
POMALYST	4	LD, OC
PROLEUKIN	4	
REVLIMID	4	PA, LD
RITUXAN	2	
RYDAPT	4	OC
SPRYCEL	4	OC
STIVARGA	4	OC
SUTENT	4	OC
SYLVANT	4	
TABLOID	2	OC
TAFINLAR	4	OC
TAGRISSE	4	OC
<i>tamoxifen citrate</i>	1	PA
TASIGNA	4	OC
<i>temozolomide</i>	1, 2	OC
<i>temsirolimus</i>	1	
TENIPOSIDE	1	
<i>topotecan hcl</i>	1, 2	OC
<i>tretinoin (chemotherapy)</i>	1	OC
TYKERB	4	OC
UNITUXIN	4	
VECTIBIX	2	
VELCADE	2	
VENCLEXTA	2, 4	OC
VINBLASTINE SULFATE	1	
VINCRISTINE SULFATE	1	
<i>vinorelbine tartrate</i>	1	
VOTRIENT	4	OC
VYXEOS	4	
XALKORI	4	OC
XTANDI	4	OC
YERVOY	2	
ZELBORAF	4	OC
ZOLADEX	2	

Name of drug	Drug Tier	Requirements / Limits
ZOLINZA	4	OC
ZYKADIA	4	OC
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
BENZODIAZEPINES		
<i>alprazolam</i>	1	QL
<i>diazepam</i>	1	QL
<i>lorazepam</i>	1	QL
<i>midazolam hcl</i>	1	
<i>temazepam</i>	1	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1, 2	
<i>benztropine mesylate</i>	1	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
<i>trihexyphenidyl hcl</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX	2	QL
NICOTROL	2	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	
<i>galantamine hydrobromide</i>	1	
NEOSTIGMINE METHYLSULFATE	1, 2	
PHYSOSTIGMINE SALICYLATE	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1, 2	
<i>methocarbamol</i>	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS	2	
AKOVAZ	2	
<i>albuterol sulfate</i>	1, 2	
<i>dihydroergotamine mesylate</i>	1	QL
<i>dobutamine hcl</i>	1	
<i>dobutamine in d5w</i>	1	
<i>epinephrine</i>	1	

Name of drug	Drug Tier	Requirements / Limits
EPINEPHRINE	1, 2	QL
ERGOLOID MESYLATES	1	
<i>ipratropium-albuterol</i>	1	
<i>metaproterenol sulfate</i>	1, 2	
<i>midodrine hcl</i>	1	
<i>phenoxybenzamine hcl</i>	4	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>tamsulosin hcl</i>	1	
<i>terbutaline sulfate</i>	1	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
ALPROLIX	2	
<i>aminocaproic acid</i>	1, 2	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole</i>	1	
ELOCTATE	2	
<i>enoxaparin sodium</i>	1, 2	QL
HEMLIBRA	2	QL
<i>heparin sodium (porcine)</i>	1	QL
<i>heparin sodium (porcine) lock flush</i>	1	
KOVALTRY	2	
<i>pentoxifylline</i>	1	
PRADAXA	2	
<i>prasugrel hcl</i>	1	
<i>warfarin sodium</i>	1	
HEMATOPOIETIC AGENTS		
LEUKINE	2	
PROCRIT	2	QL
PROMACTA	4	LD
ZARXIO	4	QL
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	
NIACOR	1	

Name of drug	Drug Tier	Requirements / Limits
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>esmolol hcl</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
CARDENE IV	2	
CLEVIPREX	2	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine</i>	1	
<i>verapamil hcl</i>	1	
CARDIAC DRUGS		
<i>adenosine</i>	1	
<i>amiodarone hcl</i>	1	
<i>digoxin</i>	1, 2	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl (cardiac)</i>	1	
MEXILETINE HCL	1	
NEXTERONE	2	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
QUINIDINE SULFATE	1	
HYPOTENSIVE AGENTS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
<i>minoxidil</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>captopril</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>enalapril maleate</i>	1, 2	
ENTRESTO	2	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASODILATING AGENTS		
AMYL NITRITE	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2	
<i>papaverine hcl</i>	1	
<i>sildenafil citrate (pulmonary hypertension)</i>	1	PA, QL
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen w/ codeine</i>	1	QL
<i>butorphanol tartrate</i>	1	
<i>choline & mag salicylate</i>	1	
<i>clonidine hcl (analgesia)</i>	1	
CODEINE PHOSPHATE	2	
<i>codeine sulfate</i>	1, 2	QL
<i>diclofenac sodium</i>	1	
EMBEDA	2	QL
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydromorphone hcl</i>	1, 2	QL
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1, 2	
<i>ketorolac tromethamine</i>	1	
<i>meloxicam</i>	1	
<i>meperidine hcl</i>	1	
<i>methadone hcl</i>	1	QL
<i>morphine sulfate</i>	1, 2	QL
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
OFIRMEV	2	
<i>oxycodone hcl</i>	1, 2	QL

Name of drug	Drug Tier	Requirements / Limits
<i>oxycodone w/ acetaminophen</i>	1	QL
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1, 2	
<i>caffeine citrate</i>	1	
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>methylphenidate hcl</i>	1, 2	
<i>midazolam hcl</i>	1	
ANTICHOLINERGIC AGENTS		
<i>benztropine mesylate</i>	1	
ANTICONVULSANTS		
BANZEL	2, 4	
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	QL
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>gabapentin</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
<i>magnesium sulfate</i>	1	
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1, 2	
<i>primidone</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1, 2	
ANTIMIGRAINE AGENTS		
MIGERGOT	2	
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate</i>	1	QL
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>buspirone hcl</i>	1	
<i>dexmedetomidine hcl</i>	1	
<i>dexmedetomidine hcl in sodium chloride</i>	1, 2	
DIASTAT ACUDIAL	2	QL
<i>droperidol</i>	1	
<i>etomidate</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>ketamine hcl</i>	1	
<i>midazolam hcl</i>	1	
<i>phenobarbital</i>	1	
PHENOBARBITAL SODIUM	1	
<i>propofol</i>	1, 2	
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	
<i>amantadine hcl</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>cisatracurium besylate</i>	1	
<i>entacapone</i>	1	
<i>flumazenil</i>	1	
<i>guanfacine hcl (adhd)</i>	1	
<i>memantine hcl</i>	1	
<i>pramipexole dihydrochloride</i>	1	
QUELICIN	2	
<i>riluzole</i>	1	
<i>rocuronium bromide</i>	1	
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
<i>sevoflurane</i>	1	
SUPRANE	2	
<i>vecuronium bromide</i>	1	
OPIATE ANTAGONISTS		
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>naloxone hcl</i>	1, 2	QL
<i>naltrexone hcl</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>aripiprazole</i>	1	
ARISTADA	4	
<i>bupropion hcl</i>	1	PA
<i>chlorpromazine hcl</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clozapine</i>	1	QL
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA	2, 4	
LITHIUM	1	
<i>lithium carbonate</i>	1	
<i>mirtazapine</i>	1	
NEFAZODONE HCL	1	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
<i>phenelzine sulfate</i>	1	
PIMOZIDE	1	
<i>prochlorperazine</i>	1	
PROCHLORPERAZINE EDISYLATE	1	
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL CONSTA	2	
<i>risperidone</i>	1	
<i>sertraline hcl</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trazodone hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ADVOCATE CONTROL SOLUTION	2	
ALBUSTIX	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD DISP NEEDLES	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U-500	2	
BD LANCET ULTRAFINE 30G	2	
DIASTIX	2	

Name of drug	Drug Tier	Requirements / Limits
FREESTYLE TEST	2	QL
KETO-DIASTIX	2	
KETOSTIX	2	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	2	
ONETOUCH VERIO FLEX SYSTEM	2	
PENLET II BLOOD SAMPLER	2	
PRECISION XTRA KETONE	2	
URISTIX	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE ACIDIFYING AND ALKALINIZING AGENTS		
K-PHOS NO 2	2	
<i>pot & sod citrates w/citric ac</i>	1, 2	
<i>potassium citrate (alkalinizer)</i>	1	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	1	
<i>sodium bicarbonate</i>	1	
<i>sodium citrate & citric acid</i>	1	
AMMONIA DETOXICANTS		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
CALORIC AGENTS		
<i>amino acid infusion</i>	2	
CLINIMIX E/DEXTROSE (5/15)	2	
CLINIMIX E/DEXTROSE (5/20)	2	
CLINIMIX/DEXTROSE (5/15)	2	
<i>dextrose</i>	1	
INTRALIPID	2	
PROCALAMINE	2	
DIURETICS		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
CHLOROTHIAZIDE	1	
<i>chlorthalidone</i>	1	
<i>ethacrynate sodium</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	1	
<i>metolazone</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>torseamide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
ION-REMOVING AGENTS		
<i>sevelamer carbonate</i>	1	
<i>sodium polystyrene sulfonate</i>	1, 2	
IRRIGATING SOLUTIONS		
<i>acetic acid</i>	1	
DIANEAL LOW CALCIUM/1.5% DEX	2	
EXTRANEAL	2	
<i>sodium chloride (gu irrigant)</i>	1	
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		
<i>bacteriostatic sodium chloride</i>	1	
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	1	
<i>calcium gluconate</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
HESPAN	2	
K-PHOS	2	
K-PHOS-NEUTRAL	2	
KCL-LACTATED RINGERS-D5W	1	
LACTATED RINGERS	2	
<i>potassium acetate</i>	1	
<i>potassium bicarbonate</i>	1, 2	
<i>potassium chloride</i>	1, 2	
<i>potassium chloride in dextrose & sodium chloride</i>	1	
<i>potassium chloride in nacl</i>	1	
<i>potassium chloride microencapsulated crystals cr</i>	1, 2	
<i>potassium phosphates</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride flush</i>	1	
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	1	
<i>trace minerals (cr-cu-mn-se-zn)</i>	1	
ZINC TRACE METAL	1	
URICOSURIC AGENTS		
<i>probenecid</i>	1	

Name of drug	Drug Tier	Requirements / Limits
ENZYMES		
ENZYMES		
ADAGEN	2	LD
FABRAZYME	4	
PULMOZYME	4	
VIMIZIM	4	
VITRASE	2	
VPRIV	4	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BETADINE OPHTHALMIC PREP	2	
<i>ciprofloxacin hcl (ophth)</i>	1, 2	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1, 2	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	2	
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>silver nitrate-potassium nitrate</i>	1	
<i>tobramycin (ophth)</i>	1, 2	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	1, 2	
CIPRODEX	2	
COLY-MYCIN S	2	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
FLUNISOLIDE	1	
<i>fluorometholone (ophth)</i>	1, 2	
<i>flurbiprofen sodium</i>	1	
<i>hydrocortisone w/ acetic acid</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>neomycin-polymy-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
PRED-G	2	

Name of drug	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE	1	
<i>tobramycin-dexamethasone</i>	1, 2	
VEXOL	2	
ANTIALLERGIC AGENTS		
<i>azelastine hcl</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
<i>olopatadine hcl</i>	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
<i>betaxolol hcl (ophth)</i>	1	
<i>brimonidine tartrate</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost</i>	1	
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	1	
METIPRANOLOL	1	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
ACETIC ACID-ALUMINUM ACETATE	1	
BSS	2	
LUCENTIS	4	LD
PHOTREXA VISCOUS	2	
LOCAL ANESTHETICS		
<i>fluorescein w/ benoxinate</i>	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	1	
MYDRIATICS		
<i>atropine sulfate (ophthalmic)</i>	1	
CYCLOMYDRIL	2	
<i>cyclopentolate hcl</i>	1	
<i>homatropine hbr</i>	1	
<i>tropicamide</i>	1	
VASOCONSTRICTORS		
<i>phenylephrine hcl (mydriatic)</i>	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>mesalamine</i>	1, 2	
ANTIEMETICS		
AKYNZEO	2	
<i>aprepitant</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>scopolamine</i>	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>famotidine</i>	1	
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1, 2	
<i>ranitidine hcl</i>	1	
<i>sucralfate</i>	1	
DIGESTANTS		
CREON	1, 2	
PANCRELIPASE 16000	2	
GI DRUGS, MISCELLANEOUS		
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>diphenoxylate w/ atropine</i>	1	
<i>metoclopramide hcl</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>ursodiol</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
MYOCHRYSSINE	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
<i>deferoxamine mesylate</i>	1	
DEPEN TITRATABS	2	
JADENU	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
<i>budesonide</i>	1	
CELESTONE SOLUSPAN	2	
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1, 2	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1, 2	
<i>methylprednisolone acetate</i>	1, 2	
<i>methylprednisolone sod succ</i>	1, 2	
<i>prednisolone</i>	1, 2	

Name of drug	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1, 2	
SOLU-CORTEF	2	
<i>triamcinolone acetonide</i>	1, 2	
ANDROGENS		
<i>danazol</i>	1	
TESTOSTERONE	1	
<i>testosterone cypionate</i>	1, 2	QL
<i>testosterone enanthate</i>	1	QL
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
NECON 1/50 (28)	1	
NECON 10/11 (28)	1	
<i>norethin acet & estrad-fe</i>	1	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acet & eth estra</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
NUVARING	2	
PLAN B ONE-STEP	2	
XULANE	1	
DIABETIC AGENTS		
<i>acarbose</i>	1	
<i>glipizide</i>	1	
GLUCAGON EMERGENCY	2	
HUMALOG	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
JARDIANCE	2	

Name of drug	Drug Tier	Requirements / Limits
LANTUS	2	
metformin hcl	1	
pioglitazone hcl	1	
ESTROGENS AND ANTIESTROGENS		
CLOMIPHENE CITRATE	1	
esterified estrogens & methyltestosterone	1	
estradiol	1, 2	
estradiol vaginal	1, 2	
raloxifene hcl	1	
GONADOTROPINS		
BRAVELLE	2	QL
CETROTIDE	2	QL
CHORIONIC GONADOTROPIN	2	QL
FOLLISTIM AQ	2	QL
GANIRELIX ACETATE	2	QL
GONAL-F	2	QL
MENOPUR	2	QL
IUD		
MIRENA (52 MG)	2	
NEXPLANON	2	
PARATHYROID		
calcitonin (salmon)	1, 2	
PITUITARY		
desmopressin acetate	1, 2	QL
desmopressin acetate refrigerated	1	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
PROGESTINS		
DEPO-PROVERA	2	
HYDROXYPROGESTERON E CAPROATE	1	
hydroxyprogesterone caproate	1	
medroxyprogesterone acetate	1	
medroxyprogesterone acetate (contraceptive)	1	QL
norethindrone acetate	1	
progesterone	1	PA, QL
progesterone micronized	1	PA
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
octreotide acetate	1, 4	QL
OMNITROPE	2	QL
THYROID AND ANTITHYROID AGENTS		

Name of drug	Drug Tier	Requirements / Limits
levothyroxine sodium	1	
liothyronine sodium	1	
methimazole	1	
propylthiouracil	1	
MEDICAL DEVICE		
DIAPHRAGM		
WIDE-SEAL DIAPHRAGM 60	2	
IUD		
PARAGARD INTRAUTERINE COPPER	2	
MEDICAL DEVICE		
AEROCHAMBER Z-STAT PLUS	2	
AEROGEAR ACTION ASTHMA KIT	2	
CATHFLO ACTIVASE	2	
DEVILBISS COMPACT COMPRESSOR	2	
DEVILBISS DISPOSABLE NEBULIZER	2	
PIKO 1	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
adenosine (diagnostic)	1	
albumin, human	2	
alendronate sodium	1	
ALLERGIST TRAY	2	
allopurinol	1	
AVONEX	2, 4	QL
azathioprine	1	
BACTERIOSTATIC WATER(BENZ ALC)	1	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD FILTER NEEDLE/5 MICRON	2	
BD LUER-LOK SYRINGE	2	
BD LUER-LOK SYRINGE	2	
BD LUER-LOK SYRINGE	2	
BD SYRINGE BLUNT CANNULA 17G	2	
BD SYRINGE/NEEDLE SLIP TIP	2	
BOTOX	2	
BRIDION	2	

Name of drug	Drug Tier	Requirements / Limits
<i>bupivacaine hcl</i>	1	
<i>bupivacaine in dextrose</i>	1	
<i>bupivacaine w/ epinephrine</i>	1	
CAMPHOR	2	
CAMPHOR BLOCKS	2	
CAMPHOR SPIRIT	1	
CARBOCAINE PRESERVATIVE-FREE	2	
CERDELGA	4	LD
CHLORAMPHENICOL	2	
<i>cinacalcet hcl</i>	1	
COAL TAR	2	
COLCHICINE	1	
CORTROSYN	2	
<i>cyclosporine</i>	1, 2	
<i>cyclosporine modified (for microemulsion)</i>	1	
<i>dexrazoxane hcl</i>	1, 2	
DIETHYLSTILBESTROL	2	
DILTIAZEM HCL	2	
<i>disulfiram</i>	1	
<i>dopamine in d5w</i>	1	
ELMIRON	2	
ENBREL	4	QL
EOVIST	2	
ETIDRONATE DISODIUM	1	
EXTAVIA	2	QL
<i>finasteride</i>	1	
GADAVIST	2	
GELFOAM SPONGE	2	
<i>glatiramer acetate</i>	1	QL
GRASTEK	2	
HUMIRA	4	QL
HYDROCORTISONE	2	
HYDROCORTISONE MICRONIZED	2	
HYDROXYUREA	2	
<i>icatibant acetate</i>	4	QL
INFLECTRA	4	
INTRON A	2, 4	QL
KETAMINE HCL	2	
KETOPROFEN	2	
<i>leflunomide</i>	1	
LETS	2	
<i>leucovorin calcium</i>	1	
LEXISCAN	2	
LIDOCAINE	2	
LIDOCAINE HCL	2	

Name of drug	Drug Tier	Requirements / Limits
<i>lidocaine hcl (local anesth.)</i>	1	
<i>lidocaine w/ epinephrine</i>	1	
MAGNEVIST	2	
MENTHOL	2	
<i>mesna</i>	1, 2	
<i>methylergonovine maleate</i>	1	
MONOJECT SYRINGE	2	
<i>mycophenolate mofetil</i>	1	
NYSTATIN	2	
ODACTRA	2	
OMNITROPE PEN 5 INJ DEVICE	2	
ORENCIA	4	QL
OTEZLA	4	QL
<i>oxytocin</i>	2	
PAMIDRONATE DISODIUM	1	
PCCA LIPODERM BASE	2	
PHENOL	2	
PROVAYBLUE	1	
PROVOCHOLINE	2	
RAGWITEK	2	
RASUVO	2	QL
READI-CAT 2	2	
RIMSO-50	2	
SALICYLIC ACID	2	
SCULPTRA	2	
<i>sodium fluoride</i>	1, 2	
SSKI	1	
SULFAMETHOXAZOLE	2	
SULFUR	2	
<i>tacrolimus</i>	1, 2	
THALOMID	4	PA, LD
THYMOL	2	
THYROGEN	2	
TRIAMCINOLONE ACETONIDE	2	
TUBERSOL	2	
<i>water for injection, sterile</i>	1	
XELJANZ	4	
<i>zoledronic acid</i>	1	
MUSCULOSKELETAL THERAPY		
HYALGAN	2	
VITAMINS		
<i>potassium aminobenzoate</i>	1, 2	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate</i>	1	
MIFEPREX	2	

Name of drug	Drug Tier	Requirements / Limits
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium</i>	1	
<i>cromolyn sodium (mastocytosis)</i>	1	
<i>montelukast sodium</i>	1	
ANTITUSSIVES		
<i>benzonatate</i>	1	
DURATUSS HD	2	QL
<i>guaifenesin-codeine</i>	1	QL
<i>hydrocodone w/ homatropine</i>	1	QL
<i>phenyleph-cpm w/ hydrocod</i>	1	QL
<i>phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane</i>	1	
RESPIRATORY AGENTS, MISCELLANEOUS		
<i>acetylcysteine</i>	1	
ADEMPAS	4	LD
ALVESCO	2	
<i>ambrisentan</i>	1	LD
<i>brompheniramine & phenyleph</i>	1	
<i>budesonide (inhalation)</i>	1	
FLOVENT HFA	2	
OPSUMIT	4	LD
ORKAMBI	4	LD
QVAR	2	
<i>sodium chloride (inhalant)</i>	1	
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
FLEBOGAMMA DIF	2	
GAMASTAN S/D	2	
GAMMAGARD	2	QL
HYPERRHO S/D	2	
IMOGAM RABIES-HT	2	
NABI-HB	2	
TOXOIDS		
ADACEL	2	
INFANRIX	2	
KINRIX	2	
TDVAX	2	
TE ANATOXAL BERNA	2	
VACCINES		
ACTHIB	2	
BEXSERO	2	
ENGERIX-B	2	
FLULAVAL QUADRIVALENT	2	

Name of drug	Drug Tier	Requirements / Limits
FLUZONE HIGH-DOSE	2	
GARDASIL 9	2	
HAVRIX	2	
IMOVAX RABIES	2	
IPOL	2	
IXIARO	2	
JE-VAX	2	
M-M-R II	2	
MENOMUNE	2	
MENVEO	2	
MERUVAX II W/DILUENT 10 DOSE	2	
MUMPSVAX W/DILUENT 10 DOSE	2	
PEDIARIX	2	
PNEUMOVAX 23	2	
PREVNAR 13	2	
PROQUAD	2	
RABAVERT	2	
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	
STAMARIL	2	
TICE BCG	2	
TYPHIM VI	2	
VARIVAX	2	
VAXCHORA	2	
VIVOTIF	2	
ZOSTAVAX	2	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>clotrimazole</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>gentamicin sulfate (topical)</i>	1	
<i>iodoquinol-hc</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>metronidazole (topical)</i>	1	
<i>metronidazole vaginal</i>	2	
<i>mupirocin</i>	1	
<i>nystatin (topical)</i>	1	
NYSTATIN VAGINAL	1	
<i>permethrin</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium w/ sulfur</i>	1	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
CLIOQUINOL/HYDROCORTISONE	2	
<i>clobetasol propionate</i>	1, 2	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (rectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
<i>urea-hc acetate</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin</i>	1, 2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	1	
<i>adapalene</i>	1, 2	
<i>adapalene-benzoyl peroxide</i>	1, 2	
<i>aluminum chloride</i>	1	
<i>azelaic acid</i>	1	
AZELEX	2	
<i>calcipotriene</i>	1	
<i>diclofenac sodium (topical)</i>	1	
<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
<i>methoxsalen rapid</i>	1	

Name of drug	Drug Tier	Requirements / Limits
OXSORALEN	2	
<i>podofilox</i>	1	
<i>salicylic acid</i>	1, 2	
SANTYL	2	
<i>tacrolimus (topical)</i>	1	
VECTICAL	2	
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	1, 2	
<i>darifenacin hydrobromide</i>	1	
<i>oxybutynin chloride</i>	1	
<i>solifenacin succinate</i>	1	
<i>theophylline</i>	1	
<i>tropium chloride</i>	1	
VASODILATING AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>yohimbine hcl</i>	1	
PHOSPHODIESTERASE INHIBITORS		
CAVERJECT	2	QL
VITAMINS		
VITAMINS		
AQUASOL A	2	
<i>ascorbic acid</i>	1	
<i>calcitriol</i>	1	
<i>cyanocobalamin</i>	1	QL
<i>ergocalciferol</i>	1	
<i>folic acid</i>	1	QL
INFED	2	
INFUVITE ADULT	2	
INFUVITE PEDIATRIC	2	
<i>multiple vitamins w/ minerals</i>	1	
<i>ped multivitamins w/fl & iron</i>	1, 2	
<i>pediatric multivitamins w/fl</i>	1	
<i>pediatric vitamins acid fluoride & iron</i>	1	
<i>pediatric vitamins acid w/ fluoride</i>	1	
<i>phytonadione</i>	1, 2	
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	1	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	1	
<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>	1	
PYRIDOXINE HCL	1	
<i>thiamine hcl</i>	1	
VENOFER	2	

A

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<i>azithromycin</i>	5
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<i>bacitracin-polymyxin b (ophth)</i>	13
<i>bacitracin-poly-neomycin-hc</i>	13
<i>baclofen</i>	8
<i>bacteriostatic sodium chloride</i>	12
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<i>benzonatate</i>	17
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<i>betamethasone dipropionate (topical)</i>	18
<i>betamethasone dipropionate augmented</i>	18
<i>betamethasone valerate</i>	18
<i>betaxolol hcl (ophth)</i>	13
<i>bethanechol chloride</i>	8
<i>bexarotene</i>	7
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<i>bicalutamide</i>	7
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<i>bisoprolol & hydrochlorothiazide</i>	9
<i>bisoprolol fumarate</i>	9
<i>bleomycin sulfate</i>	7
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<i>brimonidine tartrate</i>	13
<i>bromocriptine mesylate</i>	11
<i>brompheniramine & phenyleph</i>	17
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<i>budesonide</i>	14, 17
<i>budesonide (inhalation)</i>	17
<i>bupivacaine hcl</i>	16
<i>bupivacaine in dextrose</i>	16
<i>bupivacaine w/ epinephrine</i>	16
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	11
<i>bupropion hcl</i>	11
<i>bupirone hcl</i>	10
<i>butorphanol tartrate</i>	10

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<i>caffeine citrate</i>	10
<i>calcipotriene</i>	18
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<i>calcitriol</i>	18
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<i>calcium chloride (dihydrate)</i>	12
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<i>carbamazepine</i>	10
<i>carbidopa</i>	11
<i>carbidopa-levodopa</i>	11
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<i>carvedilol</i>	9
<i>caspofungin acetate</i>	6
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<i>cefaclor</i>	5
<i>cefazolin sodium</i>	5

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<i>cefdinir</i>	5	<i>clindamycin hcl</i>	5
<i>cefepime hcl</i>	5	<i>clindamycin palmitate hydrochloride</i>	5
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<i>cefixime</i>	5	<i>clindamycin phosphate (topical)</i>	17
<i>cefotaxime sodium</i>	5	<i>clindamycin phosphate in d5w</i>	5
<i>cefoxitin sodium</i>	5	<i>clindamycin phosphate vaginal</i>	17
<i>ceftazidime</i>	5	CLINIMIX E/DEXTROSE (5/15).....	12
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<i>ceftriaxone sodium</i>	5	CLINIMIX/DEXTROSE (5/15).....	12
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<i>cefuroxime axetil</i>	5	CLOMIPHENE CITRATE	15
<i>cefuroxime sodium</i>	5	<i>clonazepam</i>	10
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<i>cephalexin</i>	5	<i>clonidine hcl (analgesia)</i>	10
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<i>chlordiazepoxide hcl-clidinium bromide</i>	14	CODEINE PHOSPHATE.....	10
<i>chloroquine phosphate</i>	6	<i>codeine sulfate</i>	10
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<i>chlorpromazine hcl</i>	11	<i>colestipol hcl</i>	9
<i>chlorthalidone</i>	12	<i>colistimethate sodium</i>	5
<i>cholestyramine</i>	9	COLY-MYCIN S.....	13
<i>cholestyramine light</i>	9	COMPLERA	6
<i>choline & mag salicylate</i>	10	CORTISONE ACETATE	14
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<i>ciclopirox</i>	17	COSMEGEN	7
<i>ciclopirox olamine</i>	17	CREON	14
<i>cilostazol</i>	9	CRIXIVAN.....	6
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<i>cinacalcet hcl</i>	16	<i>cromolyn sodium (mastocytosis)</i>	17
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<i>ciprofloxacin</i>	5, 13	<i>cyanocobalamin</i>	18
<i>ciprofloxacin hcl</i>	5, 13	<i>cyclobenzaprine hcl</i>	8
<i>ciprofloxacin hcl (ophth)</i>	13	CYCLOMYDRIL.....	13
<i>ciprofloxacin in d5w</i>	5	<i>cyclopentolate hcl</i>	13
<i>cisatracurium besylate</i>	11	<i>cyclophosphamide</i>	7
<i>cisplatin</i>	7	<i>cyclosporine</i>	16
<i>citalopram hydrobromide</i>	11	<i>cyclosporine modified (for microemulsion)</i>	16
<i>cladribine</i>	7	<i>cyproheptadine hcl</i>	7
<i>clarithromycin</i>	5	CYRAMZA	7

<i>cytarabine</i>	7
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<i>danazol</i>	14
<i>dantrolene sodium</i>	8
<i>dapsone</i>	6
<i>daptomycin</i>	5
<i>darifenacin hydrobromide</i>	18
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<i>deferoxamine mesylate</i>	14
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<i>desipramine hcl</i>	11
<i>desmopressin acetate</i>	15
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<i>desmopressin acetate spray</i>	15
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<i>desogestrel & ethinyl estradiol</i>	14
<i>desoximetasone</i>	18
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<i>dexamethasone sodium phosphate</i>	13, 14
<i>dexamethasone sodium phosphate (ophth)</i>	13
<i>dexmedetomidine hcl</i>	10
<i>dexmedetomidine hcl in sodium chloride</i>	10
<i>dexmethylphenidate hcl</i>	10
<i>dexrazoxane hcl</i>	16
<i>dextroamphetamine sulfate</i>	10
<i>dextrose</i>	12
<i>dextrose in lactated ringers</i>	12
<i>dextrose w/ sodium chloride</i>	12
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<i>diazepam</i>	8
<i>diclofenac sodium</i>	10, 13, 18
<i>diclofenac sodium (ophth)</i>	13
<i>diclofenac sodium (topical)</i>	18
<i>dicloxacillin sodium</i>	5
<i>dicyclomine hcl</i>	8
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<i>diflorasone diacetate</i>	18
<i>digoxin</i>	9
<i>dihydroergotamine mesylate</i>	8
<i>diltiazem hcl</i>	9
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<i>diltiazem hcl coated beads</i>	9
<i>diphenhydramine hcl</i>	7
<i>diphenoxylate w/ atropine</i>	14
<i>dipyridamole</i>	9
<i>disopyramide phosphate</i>	9
<i>disulfiram</i>	16
<i>divalproex sodium</i>	10
<i>dobutamine hcl</i>	8
<i>dobutamine in d5w</i>	8
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<i>dofetilide</i>	9
<i>donepezil hydrochloride</i>	8
<i>dopamine in d5w</i>	16
<i>dorzolamide hcl</i>	13
<i>dorzolamide hcl-timolol maleate</i>	13
<i>doxepin hcl</i>	11
<i>doxorubicin hcl</i>	7
<i>doxorubicin hcl liposomal</i>	7
<i>doxycycline (monohydrate)</i>	5
<i>doxycycline hyclate</i>	5
<i>droperidol</i>	10
<i>drospirenone-ethinyl estradiol</i>	14
<i>duloxetine hcl</i>	11
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<i>erythromycin ethylsuccinate</i>	5
<i>erythromycin-sulfisoxazole</i>	5
<i>escitalopram oxalate</i>	11
<i>esmolol hcl</i>	9
<i>esterified estrogens & methyltestosterone</i>	15
<i>estradiol</i>	15
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Mid-Atlantic States Region Member Services
1-877-KP4-FEDS (1-877-574-3337) (TTY 711)
Monday through Friday, 8 a.m. to 5 p.m.

61099110 08/2018

Multi-language Interpreter Services

English

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call **1-888-777-5536** (TTY: **711**).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-777-5536** (TTY: **711**).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-777-5536** (TTY: **711**)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-777-5536** (TTY: **711**).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-777-5536** (TTY: **711**).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-777-5536** (TTY: **711**)번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-777-5536** (телетайп: **711**).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-888-777-5536** (TTY: **711**) まで、お電話にてご連絡ください。

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-777-5536** (TTY: **711**).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-777-5536** (TTY: **711**) पर कॉल करें।

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-888-777-5536** (መስማት ለተሳናቸው: **711**)።

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Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-888-777-5536 تماس بگیرید

Arabic

ملحوظة: إذا كنت تتحدث اذکر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-777-5536 (رقم هاتف الصم والبكم: -711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-777-5536 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-777-5536 (ATS : 711).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-777-5536 (TTY: 711).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-777-5536 (TTY: 711).

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-777-5536 (TTY: 711).

Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-888-777-5536 (TTY: 711)।

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-777-5536 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-777-5536 (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-777-5536 (TTY: 711).