

# KAISER PERMANENTE OF GEORGIA KPIF FORMULARY



This document includes Kaiser Permanente of Georgia's KPIF formulary as of January 1, 2013. For an updated formulary, please visit our Web site at [members.kp.org](http://members.kp.org) or call 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

## What is the Kaiser Permanente Drug Formulary?

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

## Does the formulary ever change?

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

The enclosed formulary is current as of **January 1, 2013**. To get updated information about the drugs covered by Kaiser Permanente, please visit our Web site at [members.kp.org](http://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 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 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 22. The Index provides an alphabetical list of all of the drugs included in this document. Both Brand-name drugs and generic drugs are listed in the Index. If a drug is available as a generic, it is only listed with the generic name. Look in the Index and find the drug. Next to the drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug on the list. You may also use the search function on your computer to search for the medication by name.

### What are generic drugs?

Kaiser Permanente covers both Preferred Brand-name drugs and generic drugs.

Brand-name drugs are drugs that are produced and sold under the original manufacturer's Preferred Brand 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) require that generic drugs contain the same active

ingredients in the same amount as the Brand-name drug. Kaiser Permanente pharmacies stock only generic drugs that have met the high standards of both the FDA and the experts in experts in our quality assurance program.

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

Generally, if a drug is available generically, the generic is on the formulary and the Brand is not. Because all drug product strengths and package sizes of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification.

### How much will I pay for Covered Drugs?

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

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

Coverage for prescription drugs is limited to drugs for which a prescription is required by law and those that are listed on the Kaiser Permanente drug formulary. Certain diabetic supplies do not require a

prescription, but must still be listed in our formulary in order to be covered under the benefit.

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

The standard prescription amount for the following items is:

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

### Are there any other restrictions on coverage?

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

- **Quantity Limits (QL):** For certain drugs, Kaiser Permanente limits the amount of the drug that will be covered.
- **Age Restriction (Age):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- **Quality Restricted Medication (QRM):** 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.

You can find out if the drug has any additional requirements or limits by looking in the formulary that begins on page 5.

### **What if my drug is not on the Formulary?**

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

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

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

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

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

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

### **For more information**

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

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

Or visit [members.kp.org](http://members.kp.org).

Tier	Drug Name	Coverage Status	Restrictions
<b>Antihistamine Drugs</b>			
<b>Antihistamine Drugs</b>			
2	<i>cyproheptadine</i>	Preferred Generic	
2	<i>promethazine</i>	Preferred Generic	
<b>Anti-infective Agents</b>			
<b>Anthelmintics</b>			
3	ALBENZA ( <i>albendazole</i> )	Preferred Brand	
<b>Antibacterials</b>			
2	<i>amoxicillin</i>	Preferred Generic	
2	<i>amoxicillin and clavulanic acid</i>	Preferred Generic	
2	<i>ampicillin</i>	Preferred Generic	
2	<i>azithromycin</i>	Preferred Generic	
2	<i>cefaclor</i>	Preferred Generic	
2	<i>cefdinir</i>	Preferred Generic	
2	<i>cefuroxime</i>	Preferred Generic	
2	<i>cephalexin</i>	Preferred Generic	
2	<i>ciprofloxacin</i>	Preferred Generic	
2	<i>clarithromycin</i>	Preferred Generic	
2	<i>clindamycin</i>	Preferred Generic	
2	<i>clindamycin palmitate (solution)</i>	Preferred Generic	
2	<i>dicloxacillin</i>	Preferred Generic	
2	<i>doxycycline</i>	Preferred Generic	
2	<i>erythromycin</i>	Preferred Generic	
2	<i>erythromycin-sulfisoxazole</i>	Preferred Generic	
2	<i>levofloxacin</i>	Preferred Generic	
2	<i>minocycline</i>	Preferred Generic	
2	<i>neomycin</i>	Preferred Generic	
2	<i>penicillin V potassium</i>	Preferred Generic	
2	<i>sulfadiazine</i>	Preferred Generic	
2	<i>sulfamethoxazole-trimethoprim</i>	Preferred Generic	
2	<i>sulfasalazine</i>	Preferred Generic	
2	<i>tetracycline</i>	Preferred Generic	
4	ZYVOX ( <i>linezolid</i> )	Specialty	<b>QL</b>
<b>Antifungals</b>			
4	ANCOBON ( <i>flucytosine</i> )	Specialty	
2	<i>clotrimazole lozenge</i>	Preferred Generic	
2	<i>fluconazole</i>	Preferred Generic	<b>QL</b>
2	<i>griseofulvin</i>	Preferred Generic	
2	<i>itraconazole</i>	Preferred Generic	
2	<i>ketoconazole</i>	Preferred Generic	
2	<i>nystatin</i>	Preferred Generic	
<b>Antimycobacterials</b>			

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Tier	Drug Name	Coverage Status	Restrictions
2	<i>dapsone</i>	Preferred Generic	
2	<i>ethambutol</i>	Preferred Generic	
2	<i>isoniazid</i>	Preferred Generic	
3	MYCOBUTIN ( <i>rifabutin</i> )	Preferred Brand	
2	<i>pyrazinamide</i>	Preferred Generic	
2	<i>rifampin</i>	Preferred Generic	
<b>Antiprotozoals</b>			
3	DARAPRIM ( <i>pyrimethamine</i> )	Preferred Brand	
2	<i>hydroxychloroquine</i>	Preferred Generic	
4	MEPRON ( <i>atovaquone</i> )	Specialty	
2	<i>metronidazole</i>	Preferred Generic	
2	<i>paromomycin</i>	Preferred Generic	
3	PRIMAQUINE ( <i>primaquine</i> )	Preferred Brand	
<b>Antivirals</b>			
2	<i>abacavir</i>	Generic	
2	<i>acyclovir</i>	Preferred Generic	
4	APTIVUS ( <i>tipranavir</i> )	Specialty	
4	ATRIPLA ( <i>efavirenz, emtricitabine and tenofovir</i> )	Specialty	
4	BARACLUDE ( <i>entecavir</i> )	Specialty	
3	CRIXIVAN ( <i>indinavir</i> )	Preferred Brand	
2	<i>didanosine</i>	Preferred Generic	
3	EMTRIVA ( <i>emtricitabine</i> )	Preferred Brand	
4	EPZICOM ( <i>abacavir and lamivudine</i> )	Specialty	
3	FLUMADINE ( <i>rimantadine</i> )	Preferred Brand	<b>QL</b>
4	FUZEON ( <i>enfuvirtide</i> )	Specialty	
4	HEPSERA ( <i>adefovir dipivoxil</i> )	Specialty	
4	INTELENCE ( <i>etravirine</i> )	Specialty	
4	INVIRASE ( <i>saquinavir</i> )	Specialty	
4	ISENTRESS ( <i>raltegravir</i> )	Specialty	
4	KALETRA ( <i>lopinavir and ritonavir</i> )	Specialty	
2	<i>lamivudine</i>	Preferred Generic	
2	<i>lamivudine and zidovudine</i>	Preferred Generic	
4	LEXIVA ( <i>fosamprenavir</i> )	Specialty	
2	<i>nevirapine tab</i>	Preferred Generic	
3	NORVIR ( <i>ritonavir</i> )	Preferred Brand	
4	PEGASYS ( <i>peginterferon alfa 2a</i> )	Specialty	
4	PEG-INTRON ( <i>peginterferon alfa-2b</i> )	Specialty	
4	PREZISTA ( <i>darunavir</i> )	Specialty	
3	RELENZA ( <i>zanamivir</i> )	Preferred Brand	<b>QL</b>
3	RESCRIPTOR ( <i>delavirdine</i> )	Preferred Brand	
4	REYATAZ ( <i>atazanavir</i> )	Specialty	
2	<i>ribavirin</i>	Preferred Generic	
4	SELZENTRY ( <i>maraviroc</i> )	Specialty	

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Tier	Drug Name	Coverage Status	Restrictions
2	<i>stavudine</i>	Preferred Generic	
3	SUSTIVA ( <i>efavirenz</i> )	Preferred Brand	
3	TAMIFLU ( <i>oseltamivir</i> )	Preferred Brand	<b>QL</b>
4	TRIZIVIR ( <i>abacavir, lamivudine and zidovudine</i> )	Specialty	
4	TRUVADA ( <i>emtricitabine and tenofovir</i> )	Specialty	
4	VALCYTE ( <i>valganciclovir</i> )	Specialty	
3	VIDEX ( <i>didanosine delayed release</i> )	Preferred Brand	
4	VIRACEPT ( <i>nelfinavir</i> )	Specialty	
3	VIRAMUNE ( <i>nevirapine</i> ) suspension	Preferred Brand	
4	VIREAD ( <i>tenofovir</i> )	Specialty	
2	<i>zidovudine</i>	Preferred Generic	
<b>Urinary Anti-infectives</b>			
2	<i>nitrofurantoin macrocrystals</i>	Preferred Generic	
2	<i>nitrofurantoin macrocrystals/monohydrate</i>	Preferred Generic	
2	<i>trimethoprim</i>	Preferred Generic	
<b>Antineoplastic Agents</b>			
<b>Antineoplastic Agents</b>			
4	AFINITOR ( <i>everolimus</i> )	Specialty	
3	ALKERAN ( <i>melphalan</i> )	Preferred Brand	
2	<i>anastrozole</i>	Preferred Generic	
2	<i>bicalutamide</i>	Preferred Generic	
3	CAPRELSA ( <i>vandetanib</i> )	Preferred Brand	
2	<i>cyclophosphamide</i>	Preferred Generic	
3	DROXIA ( <i>hydroxyurea</i> )	Preferred Brand	
3	EMCYT ( <i>estramustine</i> )	Preferred Brand	
2	<i>etoposide</i>	Preferred Generic	
3	FEMARA ( <i>letrozole</i> )	Preferred Brand	
2	<i>fluorouracil</i>	Preferred Generic	
2	<i>flutamide</i>	Preferred Generic	
4	GLEEVEC ( <i>imatinib mesylate</i> )	Specialty	
3	HYCAMTIN ( <i>topotecan</i> )	Preferred Brand	
2	<i>hydroxyurea</i>	Preferred Generic	
4	INTRON-A ( <i>interferon alfa-2b vaccine</i> )	Specialty	
2	<i>leucovorin calcium</i>	Preferred Generic	
3	LEUKERAN ( <i>chlorambucil</i> )	Preferred Brand	
3	LYSODREN ( <i>mitotane</i> )	Preferred Brand	
4	MATULANE ( <i>procarbazine</i> )	Specialty	
2	<i>megestrol</i>	Preferred Generic	
2	<i>mercaptopurine</i>	Preferred Generic	
3	MESNEX ( <i>mesna</i> )	Preferred Brand	
2	<i>methotrexate</i>	Preferred Generic	
3	MYLERAN ( <i>busulfan</i> )	Preferred Brand	
4	NEXAVAR ( <i>sorafenib</i> )	Specialty	

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Tier	Drug Name	Coverage Status	Restrictions
4	REVLIMID ( <i>lenalidomide</i> )	Specialty	
4	SPRYCEL ( <i>dasatinib</i> )	Specialty	
4	SUTENT ( <i>sunitinib</i> )	Specialty	
3	TABLOID ( <i>thioguanine</i> )	Preferred Brand	
2	<i>tamoxifen</i>	Preferred Generic	
4	TARCEVA ( <i>erlotinib</i> )	Specialty	
4	TARGRETIN ( <i>bexarotene</i> )	Specialty	
4	TASIGNA ( <i>nilotinib</i> )	Specialty	
3	TEMODAR ( <i>temozolomide</i> )	Preferred Brand	
4	TYKERB ( <i>lapatinib</i> )	Specialty	
4	VOTRIENT ( <i>pazopanib</i> )	Specialty	
4	XALKORI ( <i>crizotinib</i> )	Specialty	
2	XELODA ( <i>capecitabine</i> )	Preferred Brand	
4	ZELBORAF ( <i>vemurafenib</i> )	Specialty	
4	ZOLINZA ( <i>vorinostat</i> )	Specialty	
4	ZYTIGA ( <i>abiraterone</i> )	Specialty	
<b>Autonomic Drugs</b>			
<b>Anticholinergic Agents</b>			
2	<i>atropine sulfate</i>	Preferred Generic	
2	<i>dicyclomine</i>	Preferred Generic	
2	<i>glycopyrrolate</i>	Preferred Generic	
2	<i>hyoscyamine</i>	Preferred Generic	
1	<i>ipratropium bromide</i>	Preventive Generic	
2	<i>propantheline</i>	Preferred Generic	
3	SPIRIVA ( <i>tiotropium</i> )	Preferred Brand	
<b>Parasympathomimetic (Cholinergic) Agents</b>			
2	<i>bethanechol</i>	Preferred Generic	
3	COGNEX ( <i>tacrine</i> )	Preferred Brand	
2	<i>donepezil hydrochloride</i>	Preferred Generic	
2	<i>galantamine IR, ER</i>	Preferred Generic	
3	MESTINON TIMESPAN ( <i>pyridostigmine sustained-release</i> )	Preferred Brand	
2	<i>pyridostigmine</i>	Preferred Generic	
2	<i>rivastigmine</i>	Preferred Generic	
<b>Skeletal Muscle Relaxants</b>			
2	<i>baclofen</i>	Preferred Generic	
2	<i>carisoprodol</i>	Preferred Generic	
2	<i>chlorzoxazone</i>	Preferred Generic	
2	<i>cyclobenzaprine hydrochloride</i>	Preferred Generic	
2	<i>methocarbamol</i>	Preferred Generic	
2	<i>tizanidine</i>	Preferred Generic	
<b>Sympatholytic (Adrenergic Blocking) Agents</b>			
3	CAFERGOT ( <i>ergotamine and caffeine</i> )	Preferred Brand	

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Tier	Drug Name	Coverage Status	Restrictions
2	<i>ergoloid mesylates</i>	Preferred Generic	
3	MIGRANAL ( <i>dihydroergotamine</i> )	Preferred Brand	
2	<i>tamsulosin</i>	Preferred Generic	
<b>Sympathomimetic (Adrenergic) Agents</b>			
2	<i>albuterol sulfate neb</i>	Preferred Generic	
2	<i>albuterol sulfate tablet</i>	Preferred Generic	
3	COMBIVENT ( <i>ipratropium and albuterol</i> )	Preferred Brand	
3	COMBIVENTRESPIMAT ( <i>ipratropium and albuterol</i> )	Preferred Brand	
2	<i>epinephrine</i>	Preferred Generic	
2	<i>epinephrine injection auto injector</i>	Preferred Generic	
2	<i>metaproterenol</i>	Preferred Generic	
3	PROAIR HFA ( <i>alubterol sulfate</i> )	Preferred Brand	
3	SEREVENT ( <i>salmeterol</i> )	Preferred Brand	
2	<i>terbutaline</i>	Preferred Generic	
<b>Blood Formation, Coagulation, and Thrombosis</b>			
<b>Coagulants and Anticoagulants</b>			
3	AGGRENEX ( <i>aspirin and dipyridamole</i> )	Preferred Brand	
2	<i>aminocaproic acid</i>	Preferred Generic	
2	<i>anagrelide</i>	Preferred Generic	
2	<i>cilostazol</i>	Preferred Generic	
2	<i>clopidogrel</i>	Preferred Generic	
2	<i>enoxaparin</i>	Preferred Generic	
2	<i>pentoxifylline</i>	Preferred Generic	
1	<i>warfarin sodium</i>	Preventive Generic	
<b>Hematopoietic Agents</b>			
3	ARANESP ( <i>darbepoetin alfa</i> )	Preferred Brand	
3	LEUKINE ( <i>sargramostim</i> )	Preferred Brand	
4	NEUMEGA ( <i>oprelvekin</i> )	Specialty	
4	NEUPOGEN ( <i>filgrastim</i> )	Specialty	
3	PROCRIPT ( <i>epoetin alfa</i> )	Preferred Brand	
<b>Cardiovascular Drugs</b>			
<b>α-Adrenergic Blocking Agents</b>			
1	<i>doxazosin</i>	Preventive Generic	
1	<i>prazosin</i>	Preventive Generic	
1	<i>terazosin</i>	Preventive Generic	
<b>Antilipemic Agents</b>			
2	<i>atorvastatin</i>	Preferred Generic	
2	<i>cholestyramine resin</i>	Preferred Generic	
2	<i>colestipol</i>	Preferred Generic	
2	<i>fenofibrate</i>	Preferred Generic	
2	<i>gemfibrozil</i>	Preferred Generic	

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Tier	Drug Name	Coverage Status	Restrictions
1	<i>lovastatin</i>	Preventive Generic	
1	<i>pravastatin</i>	Preventive Generic	
1	<i>simvastatin</i>	Preventive Generic	
<b>Calcium-Channel Blocking Agents</b>			
1	<i>amlodipine</i>	Preventive Generic	
1	<i>diltiazem</i>	Preventive Generic	
2	<i>felodipine</i>	Preferred Generic	
2	<i>nifedipine</i>	Preferred Generic	
2	<i>nimodipine</i>	Preferred Generic	<b>QL</b>
1	<i>verapamil</i>	Preventive Generic	
<b>Cardiac Drugs</b>			
2	<i>amiodarone</i>	Preferred Generic	
1	<i>digoxin</i>	Preventive Generic	
2	<i>disopyramide phosphate</i>	Preferred Generic	
2	<i>flecainide</i>	Preferred Generic	
2	<i>mexiletine</i>	Preferred Generic	
3	NORPACE CR ( <i>disopyramide phosphate sustained release</i> )	Preferred Brand	
2	<i>procainamide</i>	Preferred Generic	
2	<i>propafenone</i>	Preferred Generic	
2	<i>quinidine</i>	Preferred Generic	
3	TIKOSYN ( <i>dofetilide</i> )	Preferred Brand	
<b>Hypotensive Agents</b>			
1	<i>clonidine</i>	Preventive Generic	
1	<i>guanfacine</i>	Preventive Generic	
1	<i>hydralazine</i>	Preventive Generic	
1	<i>methyldopa</i>	Preventive Generic	
2	<i>minoxidil</i>	Preferred Generic	
3	PROGLYCEM ( <i>diazoxide</i> )	Preferred Brand	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>			
1	<i>benazepril</i>	Preventive Generic	
1	<i>captopril</i>	Preventive Generic	
1	<i>enalapril</i>	Preventive Generic	
1	<i>lisinopril</i>	Preventive Generic	
1	<i>lisinopril and hydrochlorothiazide</i>	Preventive Generic	
2	<i>losartan</i>	Preferred Generic	
2	<i>losartan and hydrochlorothiazide</i>	Preferred Generic	
2	<i>ramipril</i>	Preferred Generic	
1	<i>spironolactone</i>	Preventive Generic	
<b>Vasodilating Agents</b>			
2	<i>dipyridamole</i>	Preferred Generic	
3	FLOLAN ( <i>epoprostenol</i> )	Preferred Brand	
2	<i>isosorbide dinitrate</i>	Preferred Generic	

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Tier	Drug Name	Coverage Status	Restrictions
1	<i>isosorbide mononitrate</i>	Preventive Generic	
2	<i>nitroglycerin</i>	Preferred Generic	
4	REMODULIN ( <i>trepostinil</i> )	Specialty	
4	TRACLEER ( <i>bosentan</i> )	Specialty	
<b>β-Adrenergic Blocking Agents</b>			
2	<i>acebutolol</i>	Preferred Generic	
1	<i>atenolol</i>	Preventive Generic	
1	<i>atenolol/chlorthalidone</i>	Preventive Generic	
2	<i>betaxolol</i>	Preferred Generic	
1	<i>bisoprolol</i>	Preventive Generic	
1	<i>bisoprolol and hydrochlorothiazide</i>	Preventive Generic	
1	<i>carvedilol</i>	Preventive Generic	
2	<i>labetalol</i>	Preferred Generic	
1	<i>metoprolol</i>	Preventive Generic	
2	<i>metoprolol sustained release</i>	Preferred Generic	
1	<i>nadolol</i>	Preventive Generic	
1	<i>propranolol</i>	Preventive Generic	
1	<i>sotalol</i>	Preventive Generic	
2	<i>timolol</i>	Preferred Generic	
<b>Central Nervous System Agents</b>			
<b>Analgesics and Antipyretics</b>			
2	<i>acetaminophen w/ codeine</i>	Preferred Generic	
2	<i>acetaminophen, isometheptene and dichloralphenazone</i>	Preferred Generic	
2	<i>buprenorphine</i>	Preferred Generic	
2	<i>butalbital-acetaminophen-caffeine</i>	Preferred Generic	
2	<i>butalbital-aspirin-caffeine</i>	Preferred Generic	
2	<i>butalbital-aspirin-caffeine w/codeine</i>	Preferred Generic	
2	<i>diclofenac</i>	Preferred Generic	
2	<i>etodolac</i>	Preferred Generic	
2	<i>fentanyl</i>	Preferred Generic	
2	<i>hydrocodone-acetaminophen</i>	Preferred Generic	
2	<i>hydromorphone</i>	Preferred Generic	
2	<i>ibuprofen</i>	Preferred Generic	
2	<i>indomethacin</i>	Preferred Generic	
2	<i>meloxicam</i>	Preferred Generic	
2	<i>meperidine</i>	Preferred Generic	
2	<i>methadone</i>	Preferred Generic	
2	<i>morphine</i>	Preferred Generic	
2	<i>nabumetone</i>	Preferred Generic	
2	<i>naproxen</i>	Preferred Generic	
2	<i>oxycodone immediate release</i>	Preferred Generic	
2	<i>oxycodone w/ acetaminophen</i>	Preferred Generic	

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Tier	Drug Name	Coverage Status	Restrictions
2	<i>oxycodone w/ aspirin</i>	Preferred Generic	
2	<i>salsalate</i>	Preferred Generic	
3	SUBOXONE ( <i>naloxone and buprenorphine</i> )	Preferred Brand	
2	<i>sulindac</i>	Preferred Generic	
2	<i>tolmetin</i>	Preferred Generic	
2	<i>tramadol</i>	Preferred Generic	
<b>Anorexic Agents and Respiratory and Cerebral Stimulants</b>			
2	<i>amphetamine and dextroamphetamine</i>	Preferred Generic	
2	<i>amphetamine and dextroamphetamine extended-release</i>	Preferred Generic	
2	<i>dextroamphetamine sulfate</i>	Preferred Generic	
2	<i>methylphenidate</i>	Preferred Generic	
2	<i>methylphenidate extended-release</i>	Preferred Generic	
<b>Anticonvulsants</b>			
2	<i>carbamazepine</i>	Preferred Generic	
3	CELONTIN ( <i>methsuximide</i> )	Preferred Brand	
3	DILANTIN ( <i>phenytoin</i> )	Preferred Brand	
2	<i>divalproex sodium</i>	Preferred Generic	
2	<i>divalproex sodium ER</i>	Preferred Generic	
2	<i>ethosuximide</i>	Preferred Generic	
2	<i>gabapentin</i>	Preferred Generic	
2	<i>lamotrigine</i>	Preferred Generic	
2	<i>levetiracetam</i>	Preferred Generic	
2	<i>levetiracetam extended-release</i>	Preferred Generic	
2	<i>primidone</i>	Preferred Generic	
3	SABRIL ( <i>vigabatrin</i> )	Preferred Brand	<b>QRM</b>
2	<i>topiramate</i>	Preferred Generic	
2	<i>valproic acid and derivatives</i>	Preferred Generic	
<b>Antimigraine Agents</b>			
2	<i>naratriptan</i>	Preferred Generic	<b>QL</b>
2	<i>sumatriptan</i>	Preferred Generic	<b>QL</b>
<b>Antiparkinsonian Agents</b>			
2	<i>amantadine</i>	Preferred Generic	
1	<i>benztropine mesylate</i>	Preventive Generic	
2	<i>bromocriptine mesylate</i>	Preferred Generic	
2	<i>cabergoline</i>	Preferred Generic	
2	<i>carbidopa-levodopa</i>	Preferred Generic	
3	COMTAN ( <i>entacapone</i> )	Preferred Brand	
2	<i>pramipexole</i>	Preferred Generic	
2	<i>ropinirole</i>	Preferred Generic	
2	<i>selegiline</i>	Preferred Generic	
3	STALEVO ( <i>levodopa/carbidopa/entacapone</i> )	Preferred Brand	
2	<i>trihexyphenidyl</i>	Preferred Generic	

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Tier	Drug Name	Coverage Status	Restrictions
<b>Anxiolytics, Sedatives, and Hypnotics</b>			
2	<i>alprazolam</i>	Preferred Generic	
1	<i>buspirone</i>	Preventive Generic	
2	<i>chlordiazepoxide</i>	Preferred Generic	
2	<i>clonazepam</i>	Preferred Generic	
2	<i>clorazepate</i>	Preferred Generic	
2	<i>diazepam</i>	Preferred Generic	
2	<i>hydroxyzine</i>	Preferred Generic	
2	<i>lorazepam</i>	Preferred Generic	
2	<i>meprobamate</i>	Preferred Generic	
2	<i>oxazepam</i>	Preferred Generic	
2	<i>phenobarbital</i>	Preferred Generic	
2	<i>temazepam</i>	Preferred Generic	
2	<i>zaleplon</i>	Preferred Generic	
2	<i>zolpidem</i>	Preferred Generic	
<b>Central Nervous System Agents Miscellaneous</b>			
3	NAMENDA ( <i>memantine hydrochloride</i> )	Preferred Brand	
4	RILUTEK ( <i>riluzole</i> )	Specialty	
<b>Opiate Antagonists</b>			
2	<i>naltrexone hydrochloride</i>	Preferred Generic	
<b>Psychotherapeutic Agents</b>			
3	ABILIFY ( <i>aripiprazole</i> )	Preferred Brand	
2	<i>amitriptyline</i>	Preferred Generic	
2	<i>bupropion IR, SR, XL</i>	Preferred Generic	
2	<i>chlorpromazine</i>	Preferred Generic	
1	<i>citalopram</i>	Preventive Generic	
2	<i>clomipramine</i>	Preferred Generic	
2	<i>clozapine</i>	Preferred Generic	
2	<i>desipramine</i>	Preferred Generic	
1	<i>doxepin</i>	Preventive Generic	
2	<i>escitalopram</i>	Preferred Generic	
1	<i>fluoxetine</i>	Preventive Generic	
2	<i>fluphenazine</i>	Preferred Generic	
2	<i>haloperidol</i>	Preferred Generic	
2	<i>imipramine</i>	Preferred Generic	
2	<i>lithium</i>	Preferred Generic	
2	<i>mirtazapine</i>	Preferred Generic	
1	<i>nortriptyline</i>	Preventive Generic	
2	<i>olanzapine</i>	Preferred Generic	
2	<i>olanzapine ODT</i>	Preferred Generic	
1	<i>paroxetine</i>	Preventive Generic	
2	<i>perphenazine</i>	Preferred Generic	
2	<i>phenelzine sulfate</i>	Preferred Generic	

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Tier	Drug Name	Coverage Status	Restrictions
2	<i>prochlorperazine</i>	Preferred Generic	
2	<i>quetiapine</i>	Preferred Generic	
2	<i>risperidone</i>	Preferred Generic	
2	<i>sertraline</i>	Preferred Generic	
2	<i>thiothixene</i>	Preferred Generic	
2	<i>tranylcypromine sulfate</i>	Preferred Generic	
1	<i>trazodone</i>	Preventive Generic	
2	<i>trifluoperazine</i>	Preferred Generic	
2	<i>venlafaxine</i>	Preferred Generic	
2	<i>venlafaxine extended-release capsules</i>	Preferred Generic	
2	<i>ziprasidone</i>	Preferred Generic	
<b>Diabetic Supplies</b>			
<b>Diabetic Supplies</b>			
2	B-D INSULIN SYRINGE ( <i>syringe w-ndl, disp.</i> )	Preferred Generic	<b>QL</b>
2	ONE TOUCH ULTRA 2 ( <i>blood glucose meter</i> )	Preferred Generic	<b>QL</b>
2	ONE TOUCH ULTRA TEST STRIPS	Preferred Generic	<b>QL</b>
<b>Electrolytic, Caloric and Water Balance</b>			
<b>Acidifying and Alkalinizing Agents</b>			
2	<i>potassium citrate</i>	Preferred Generic	
2	<i>sod/potass/k cit/sodium cit/ca</i>	Preferred Generic	
<b>Ammonia Detoxicants</b>			
2	<i>lactulose</i>	Preferred Generic	
<b>Diuretics</b>			
1	<i>amiloride/hydrochlorothiazide</i>	Preventive Generic	
1	<i>bumetanide</i>	Preventive Generic	
1	<i>chlorthalidone</i>	Preventive Generic	
1	<i>furosemide</i>	Preventive Generic	
2	<i>toremide</i>	Preferred Generic	
1	<i>hydrochlorothiazide</i>	Preventive Generic	
1	<i>indapamide</i>	Preventive Generic	
2	<i>metolazone</i>	Preferred Generic	
1	<i>triamterene and hydrochlorothiazide</i>	Preventive Generic	
<b>Ion-Removing Agents</b>			
3	RENVELA ( <i>sevelamer carbonate</i> )	Preferred Brand	
2	<i>sodium polystyrene sulfonate</i>	Preferred Generic	
<b>Replacement Products</b>			
3	ELIPHOS ( <i>calcium acetate</i> )	Preferred Brand	
3	PHOSLO ( <i>calcium acetate</i> )	Preferred Brand	
3	PHOSLYRA ( <i>calcium acetate</i> )	Preferred Brand	
3	PHOSPHA ( <i>potassium phosphate dibasic and monobasic</i> )	Preferred Brand	
2	<i>potassium acid phosphate</i>	Preferred Generic	

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Tier	Drug Name	Coverage Status	Restrictions
2	<i>potassium chloride</i>	Preferred Generic	
2	<i>potassium phosphate and sodium phosphate</i>	Preferred Generic	
<b>Uricosuric Agents</b>			
2	<i>probenecid</i>	Preferred Generic	
<b>Eye, Ear, Nose and Throat (EENT)</b>			
<b>Anti-infectives</b>			
2	<i>aluminum acetate and acetic acid</i>	Preferred Generic	
2	<i>bacitracin (ophth)</i>	Preferred Generic	
2	<i>bacitracin-polmyxin B (ophth)</i>	Preferred Generic	
2	<i>chlorhexidine</i>	Preferred Generic	
2	<i>erythromycin (ophth)</i>	Preferred Generic	
2	<i>gentamicin sulfate (ophth)</i>	Preferred Generic	
3	NATACYN ( <i>natamycin</i> )	Preferred Brand	
2	<i>neomycin-polymyxin-gramicidin</i>	Preferred Generic	
2	<i>neomycin-bacitracin-polymyxin</i>	Preferred Generic	
2	<i>ofloxacin (ophth)</i>	Preferred Generic	
2	<i>ofloxacin (otic)</i>	Preferred Generic	
2	<i>polymyxin b-trimethoprim</i>	Preferred Generic	
2	<i>sulfacetamide sodium (ophth)</i>	Preferred Generic	
2	<i>tobramycin sulfate (ophth)</i>	Preferred Generic	
3	TOBEX ( <i>tobramycin</i> )	Preferred Brand	
2	<i>trifluridine</i>	Preferred Generic	
3	ZYMAXID ( <i>gatifloxacin</i> )	Preferred Brand	
<b>Anti-inflammatory Agents</b>			
2	<i>bacitracin-poly-neomycin-hc</i>	Preferred Generic	
3	CIPRODEX ( <i>dexamethasone and ciprofloxacin</i> )	Preferred Brand	
3	CORTISPORIN-TC ( <i>neomycin, colistin, hydrocortisone, and thonzonium</i> )	Preferred Brand	
2	<i>dexamethasone sodium phosphate (ophth)</i>	Preferred Generic	
2	<i>dicofenac sodium (ophth)</i>	Preferred Generic	
2	<i>flnisolide (nasal)</i>	Preferred Generic	
2	<i>fluticasone propionate (nasal)</i>	Preferred Generic	
2	<i>fuoromethalone (ophth)</i>	Preferred Generic	
2	<i>ketorolac tromethaine (ophth)</i>	Preferred Generic	
3	MAXIDEX ( <i>dexamethasone</i> )	Preferred Brand	
2	<i>neomycin-polymy-dexameth</i>	Preferred Generic	
2	<i>neomycin-polymyxin-hc (ophth)</i>	Preferred Generic	
2	<i>neomycin-polymyxin-hc (otic)</i>	Preferred Generic	
3	PRED-G ( <i>prednisolone and gentamicin</i> )	Preferred Brand	
2	<i>prednisolone acetate (ophth)</i>	Preferred Generic	
3	RESTASIS ( <i>cyclosporine</i> )	Preferred Brand	
2	<i>sulfacetamide sod-prednisolone</i>	Preferred Generic	
3	TOBRADEX ( <i>tobramycin and</i>	Preferred Brand	

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Tier	Drug Name	Coverage Status	Restrictions
	<i>dexamethasone</i> ointment		
2	<i>tobramycin-dexamethasone</i>	Preferred Generic	
<b>Antiglaucoma Agents</b>			
2	<i>acetazolamide</i>	Preferred Generic	
2	<i>betaxolol</i>	Preferred Generic	
3	BETOPTIC S ( <i>betaxolol</i> )	Preferred Brand	
2	<i>brimonidine</i>	Preferred Generic	
2	<i>dorzolamide</i>	Preferred Generic	
2	<i>dorzolamide-timolol</i>	Preferred Generic	
3	ISOPTO-CARBACHOL ( <i>carbachol</i> )	Preferred Brand	
2	<i>latanoprost</i>	Preferred Generic	
2	<i>levobunolol</i>	Preferred Generic	
2	<i>methazolamide</i>	Preferred Generic	
2	<i>methazolamide</i>	Preferred Generic	
3	PHOSPHOLINE IODIDE ( <i>echothiophate</i> )	Preferred Brand	
2	<i>pilocarpine</i>	Preferred Generic	
2	<i>timolol maleate (ophth)</i>	Preferred Generic	
<b>EENT Drugs, Miscellaneous</b>			
2	<i>acetic acid (otic)</i>	Preferred Generic	
3	IOPIDINE ( <i>apraclonidine</i> )	Preferred Brand	
<b>Local Anesthetics</b>			
2	<i>antipyrine-benzocaine</i>	Preferred Generic	
2	<i>lidocaine hcl (mouth-throat)</i>	Preferred Generic	
2	<i>proparacaine</i>	Preferred Generic	
<b>Mydriatics</b>			
2	<i>cyclopentolate</i>	Preferred Generic	
3	ISOPTO HOMATROPINE ( <i>homatropine</i> )	Preferred Brand	
3	ISOPTO HYOSCINE ( <i>scopolamine</i> )	Preferred Brand	
<b>Gastrointestinal Drugs</b>			
<b>Anti-inflammatory Agents</b>			
3	ASACOL ( <i>mesalamine</i> )	Preferred Brand	
2	<i>balsalazide</i>	Preferred Generic	
3	CANASA ( <i>mesalamine</i> )	Preferred Brand	
2	<i>mesalamine enema</i>	Preferred Generic	
3	PENTASA ( <i>mesalamine</i> )	Preferred Brand	
<b>Antidiarrhea Agents</b>			
2	<i>diphenoxylate and atropine</i>	Preferred Generic	
<b>Antiemetics</b>			
2	<i>dronabinol</i>	Preferred Generic	
2	<i>ondansetron</i>	Preferred Generic	
3	EMEND ( <i>aprepitant</i> )	Preferred Brand	
<b>Antiulcer Agents and Acid Suppressants</b>			
2	<i>cimetidine</i>	Preferred Generic	

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Tier	Drug Name	Coverage Status	Restrictions
3	HELICOBACTER PYLORI TREATMENT PACK	Preferred Brand	
2	<i>misoprostol</i>	Preferred Generic	
2	<i>ranitidine</i>	Preferred Generic	
2	<i>sucralfate</i>	Preferred Generic	
<b>Cathartics and Laxatives</b>			
3	COLYTE ( <i>polyethylene glycol-electrolyte solution</i> )	Preferred Brand	
<b>Digestants</b>			
2	<i>pancrelipase</i>	Preferred Generic	
3	ZENPEP ( <i>pancrelipase</i> )	Preferred Brand	
<b>GI Drug Miscellaneous</b>			
2	<i>clidinium and chlordiazepoxide</i>	Preferred Generic	
2	<i>metoclopramide</i>	Preferred Generic	
2	<i>phenobarbital and belladonna alkaloids</i>	Preferred Generic	
2	<i>ursodiol</i>	Preferred Generic	
<b>Gold Compounds</b>			
<b>Gold Compounds</b>			
3	RIDAURA ( <i>auranofin</i> )	Preferred Brand	
<b>Heavy Metal Antagonists</b>			
<b>Heavy Metal Antagonists</b>			
3	CUPRIMINE ( <i>penicillamine</i> )	Preferred Brand	
3	DEPEN ( <i>penicillamine</i> )	Preferred Brand	
4	EXJADE ( <i>deferasirox</i> )	Specialty	
<b>Hormone and Synthetic Substitutes</b>			
<b>Adrenals</b>			
2	<i>dexamethasone</i>	Preferred Generic	
2	<i>fludrocortisone</i>	Preferred Generic	
2	<i>hydrocortisone</i>	Preferred Generic	
2	<i>methylprednisolone</i>	Preferred Generic	
2	<i>prednisolone</i>	Preferred Generic	
2	<i>prednisone</i>	Preferred Generic	
<b>Androgens</b>			
3	ANDRODERM ( <i>testosterone</i> )	Preferred Brand	
2	<i>danazol</i>	Preferred Generic	
2	<i>fluoxymesterone</i>	Preferred Generic	
2	<i>methyltestosterone</i>	Preferred Generic	
2	<i>testosterone cypionate</i>	Preferred Generic	
<b>Contraceptives</b>			
2	AVIANE ( <i>ethinyl estradiol and levonorgestrel</i> )	Preferred Generic	
3	ELLA ( <i>ulipristal</i> )	Preferred Brand	
2	<i>ethinyl estradiol and ethynodiol diacetate</i>	Preferred Generic	
3	NEXPLANON( <i>etonogestrel</i> )	Preferred Brand	
2	LEVORA ( <i>ethinyl estradiol and levonorgestrel</i> )	Preferred Generic	

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Tier	Drug Name	Coverage Status	Restrictions
2	MICROGESTIN FE ( <i>ethinyl estradiol and norethindrone</i> )	Preferred Generic	
2	NECON ( <i>ethinyl estradiol and norethindrone</i> )	Preferred Generic	
2	NECON ( <i>mestranol and norethindrone</i> )	Preferred Generic	
3	PLAN B ( <i>levonorgestrel</i> )	Preferred Brand	<b>Age</b>
2	RECLIPSEN ( <i>ethinyl estradiol and desogestrel</i> )	Preferred Generic	
2	SPRINTEC ( <i>ethinyl estradiol and norgestimate</i> )	Preferred Generic	
2	TRI-NORINYL ( <i>ethinyl estradiol and norethindrone</i> )	Preferred Generic	
2	TRI-SPRINTEC ( <i>ethinyl estradiol and norgestimate</i> )	Preferred Generic	
2	TRIVORA ( <i>ethinyl estradiol and levonorgestrel</i> )	Preferred Generic	
<b>Diabetic Agents</b>			
2	<i>acarbose</i>	Preferred Generic	
3	ACTOS ( <i>pioglitazone</i> )	Preferred Brand	
3	BYDUREON ( <i>exenatide extended-release</i> )	Preferred Brand	<b>QRM</b>
3	BYETTA ( <i>exenatide</i> )	Preferred Brand	<b>QRM</b>
2	<i>glimepiride</i>	Preferred Generic	
1	<i>glipizide</i>	Preventive Generic	
3	GLUCAGON ( <i>glucagon</i> )	Preferred Brand	
2	<i>glyburide</i>	Preferred Generic	
2	HUMULIN 70/30 ( <i>insulin isophane/insulin regular</i> )	Preferred Generic	
2	HUMULIN-N ( <i>insulin isophane (human)</i> )	Preferred Generic	
2	HUMULIN-R ( <i>insulin regular</i> )	Preferred Generic	
3	JANUMET ( <i>sitagliptin/metformin</i> )	Preferred Brand	<b>QRM</b>
3	JANUVIA ( <i>sitagliptin phosphate</i> )	Preferred Brand	<b>QRM</b>
3	JUVISYNC ( <i>sitagliptin/simvastatin</i> )	Preferred Brand	<b>QRM</b>
3	KOMBIGLYZE XR ( <i>saxagliptin/metformin extended-release</i> )	Preferred Brand	<b>QRM</b>
2	<i>metformin ER</i>	Preferred Generic	
1	<i>metformin hcl</i>	Preventive Generic	
3	ONGLYZA ( <i>saxagliptin</i> )	Preferred Brand	<b>QRM</b>
3	SYMLIN ( <i>pramlintide acetate</i> )	Preferred Brand	<b>QRM</b>
3	TRADJENTA ( <i>linagliptin</i> )	Preferred Brand	<b>QRM</b>
3	VICTOZA ( <i>liraglutide</i> )	Preferred Brand	<b>QRM</b>
<b>Estrogens and Antiestrogens</b>			
2	CLIMARA ( <i>estradiol</i> )	Preferred Generic	
2	<i>estradiol</i>	Preferred Generic	
2	<i>estrogens and methyltestosterone</i>	Preferred Generic	
2	<i>estropipate</i>	Preferred Generic	
3	EVISTA ( <i>raloxifene</i> )	Preferred Brand	
3	PREMARIN ( <i>conjugated estrogen</i> )( <i>vaginal cream</i> )	Preferred Brand	
3	VAGIFEM ( <i>estradiol</i> ) ( <i>vaginal tablets</i> )	Preferred Brand	

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Tier	Drug Name	Coverage Status	Restrictions
<b>Gonadotropins</b>			
3	SYNAREL ( <i>nafarelin</i> )	Preferred Brand	
<b>Parathyroid</b>			
2	<i>calcitonin</i>	Preferred Generic	
<b>Pituitary</b>			
3	ACTHAR ( <i>corticotropin</i> )	Preferred Brand	<b>QRM</b>
2	<i>desmopressin</i>	Preferred Generic	
<b>Progestins</b>			
2	<i>medroxyprogesterone acetate</i>	Preferred Generic	
2	NORA-BE ( <i>norethindrone</i> )	Preferred Generic	
<b>Somatotropin Agonists and Antagonists</b>			
3	GENTROPIN ( <i>somatropin</i> )	Preferred Brand	<b>QRM</b>
4	HUMATROPE ( <i>somatropin</i> )	Specialty	<b>QRM</b>
3	NORDITROPIN ( <i>somatropin</i> )	Preferred Brand	<b>QRM</b>
3	NUTROPIN AQ ( <i>somatropin</i> )	Preferred Brand	<b>QRM</b>
3	OMNITROPE ( <i>somatropin</i> )	Preferred Brand	<b>QRM</b>
3	SAIZEN ( <i>somatropin</i> )	Preferred Brand	<b>QRM</b>
3	SEROSTIM ( <i>somatropin</i> )	Preferred Brand	<b>QRM</b>
3	ZORBTIVE ( <i>somatropin</i> )	Preferred Brand	<b>QRM</b>
<b>Thyroid and Antithyroid Agents</b>			
2	<i>levothyroxine</i>	Preferred Generic	
2	<i>liothyronine</i>	Preferred Generic	
2	<i>methimazole</i>	Preferred Generic	
2	<i>propylthiouracil</i>	Preferred Generic	
<b>Miscellaneous Therapeutic Agents</b>			
<b>Miscellaneous Therapeutic Agents</b>			
2	<i>acetylcysteine</i>	Preferred Generic	
4	ACTIMMUNE ( <i>interferon gamma-1b</i> )	Specialty	
2	<i>alendronate</i>	Preferred Generic	
2	<i>allopurinol</i>	Preferred Generic	
3	AMPYRA ( <i>dalfampridine</i> )	Preferred Brand	<b>QRM</b>
4	AVONEX ( <i>interferon beta-1a</i> )	Specialty	
2	<i>azathioprine</i>	Preferred Generic	
4	COPAXONE ( <i>glatiramer</i> )	Specialty	
2	<i>cyclosporine</i>	Preferred Generic	
2	<i>disulfiram</i>	Preferred Generic	
3	ELMIRON ( <i>pentosan polysulfate sodium</i> )	Preferred Brand	
4	ENBREL ( <i>etanercept</i> )	Specialty	
2	<i>etidronate</i>	Preferred Generic	
2	EXTAVIA ( <i>interferon beta-1b</i> )	Preferred Generic	
2	<i>finasteride</i>	Preferred Generic	
3	FIRAZYR ( <i>icatibant</i> )	Preferred Brand	<b>QRM</b>
2	<i>fluoride sodium</i>	Preferred Generic	

\*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.\*

Tier	Drug Name	Coverage Status	Restrictions
3	FLUORITAB ( <i>fluoride</i> )	Preferred Brand	
3	FLURA-DROP ( <i>fluoride</i> )	Preferred Brand	
3	GILENYA ( <i>fingolimod</i> )	Preferred Brand	<b>QRM</b>
4	HUMIRA ( <i>adalimumab</i> )	Specialty	
3	KALYDECO ( <i>ivacaftor</i> )	Preferred Brand	<b>QRM</b>
2	<i>leflunomide</i>	Preferred Generic	
3	METHERGINE ( <i>methylergonovine maleate</i> )	Preferred Brand	
2	<i>mycophenolate mofetil</i>	Preferred Generic	
4	REBIF ( <i>interferon beta-1a</i> )	Specialty	
3	SENSIPAR ( <i>cinacalcet</i> )	Preferred Brand	
2	<i>tacrolimus</i>	Preferred Generic	
4	THALOMID ( <i>thalidomide</i> )	Specialty	
<b>Respiratory Tract Agents</b>			
<b>Antitussives</b>			
2	<i>benzonatate</i>	Preferred Generic	
2	<i>guaifenesin w/ codeine</i>	Preferred Generic	
2	<i>guaifenesin-pseudoephedrine w/ codeine</i>	Preferred Generic	
2	<i>promethazine-phenylephrine w/ codeine</i>	Preferred Generic	
2	<i>promethazine w/ codeine</i>	Preferred Generic	
2	<i>hydrocodone and homatropine</i>	Preferred Generic	
<b>Anti-Inflammatory Agents</b>			
2	<i>cromolyn sodium</i>	Preferred Generic	
2	<i>montelukast</i>	Preferred Generic	
<b>Mucolytic Agents</b>			
4	PULMOZYME ( <i>dornase alfa</i> )	Specialty	
<b>Respiratory Tract Agents, Miscellaneous</b>			
3	ASMANEX ( <i>mometasone</i> )	Preferred Brand	
2	<i>budesonide inhalation suspension</i>	Preferred Generic	
3	FLOVENT ( <i>fluticasone</i> )	Preferred Brand	
3	QVAR ( <i>beclomethasone</i> )	Preferred Brand	
<b>Skin and Mucous Membrane Agents</b>			
<b>Anti-infectives (Skin and Mucous Membranes)</b>			
2	<i>clindamycin phosphate</i>	Preferred Generic	
2	<i>erythromycin</i>	Preferred Generic	
2	<i>erythromycin and benzoyl peroxide</i>	Preferred Generic	
2	<i>iodoquinol and hydrocortisone</i>	Preferred Generic	
2	<i>ketoconazole (topical)</i>	Preferred Generic	
2	<i>lindane</i>	Preferred Generic	
2	<i>metronidazole (topical)</i>	Preferred Generic	
2	<i>mupirocin</i>	Preferred Generic	
2	<i>nystatin (topical)</i>	Preferred Generic	
2	<i>permethrin</i>	Preferred Generic	

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Tier	Drug Name	Coverage Status	Restrictions
2	<i>selenium sulfide</i>	Preferred Generic	
2	<i>silver sulfadiazine</i>	Preferred Generic	
<b>Anti-inflammatory Agents (Skin and Mucous Membrane)</b>			
2	<i>alclometasone dipropionate</i>	Preferred Generic	
2	<i>betamethasone</i>	Preferred Generic	
2	<i>betamethasone dipropionate</i>	Preferred Generic	
2	<i>clobetasol</i>	Preferred Generic	
2	<i>clobetasol propionate</i>	Preferred Generic	
2	<i>desonide</i>	Preferred Generic	
2	<i>fluocinolone</i>	Preferred Generic	
2	<i>fluocinolone (solution)</i>	Preferred Generic	
2	<i>fluocinonide</i>	Preferred Generic	
2	<i>halobetasol propionate</i>	Preferred Generic	
2	<i>hydrocortisone</i>	Preferred Generic	
2	<i>hydrocortisone butyrate</i>	Preferred Generic	
2	<i>mometasone furoate</i>	Preferred Generic	
2	<i>nystatin-triamcinolone</i>	Preferred Generic	
2	<i>triamcinolone</i>	Preferred Generic	
2	<i>triamcinolone acetonide</i>	Preferred Generic	
<b>Antipruritics and Local Anesthetics</b>			
2	<i>lidocaine ointment</i>	Preferred Generic	
3	PRAMOSONE ( <i>pramoxine and hydrocortisone</i> )	Preferred Brand	
3	PROCTOFOAM ( <i>pramoxine and hydrocortisone</i> )	Preferred Brand	
<b>Astringents</b>			
2	<i>aluminum chloride hexahydrate</i>	Preferred Generic	
<b>Cell Stimulants and Proliferants</b>			
2	<i>tretinoin</i>	Preferred Generic	<b>Limited to age &lt;=35</b>
<b>Keratolytic Agents</b>			
2	<i>sulfacetamidesodium w/ sulfur lotion</i>	Preferred Generic	
2	<i>sulfacetamide sodium w/ sulfur wash</i>	Preferred Generic	
2	<i>urea</i>	Preferred Generic	
<b>Keratoplastic Agents</b>			
3	DRITHO-CREME ( <i>anthralin</i> )	Preferred Brand	
3	DRITHO-SCALP ( <i>anthralin</i> )	Preferred Brand	
<b>Skin and Mucous Membrane Agents Miscellaneous</b>			
3	CONDYLOX ( <i>podofilox</i> )	Preferred Brand	
3	ELIDEL ( <i>pimecrolimus</i> )	Preferred Brand	
2	<i>imiquimod</i>	Preferred Generic	
2	<i>isotretinoin</i>	Preferred Generic	
3	OXSORALEN ( <i>methoxsalen</i> )	Preferred Brand	
5	REGRANEX ( <i>becaplermin</i> )	Specialty	
3	SANTYL ( <i>collagenase</i> )	Preferred Brand	

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QRM = Physician Review, QL = Quantity Limit; Age = Age Restriction

Tier	Drug Name	Coverage Status	Restrictions
3	VECTICAL ( <i>calcitriol</i> )	Preferred Brand	
<b>Smooth Muscle Relaxants</b>			
<b>Smooth Muscle Relaxants</b>			
2	<i>aminophylline</i>	Preferred Generic	
2	<i>oxybutynin</i>	Preferred Generic	
2	<i>oxybutynin XL</i>	Preferred Generic	
3	OXYTROL ( <i>oxybutynin</i> )	Preferred Brand	
2	<i>theophylline</i>	Preferred Generic	
<b>Vitamins</b>			
<b>Vitamins</b>			
2	<i>calcitriol</i>	Preferred Generic	
2	<i>ergocalciferol</i>	Preferred Generic	
3	MEPHYTON ( <i>phy tonadione</i> )	Preferred Brand	

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